

## NOTICE OF CONTRACT RENEWAL

State Of Missouri  
Office Of Administration  
Division Of Purchasing And Materials Management  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://content.oa.mo.gov/purchasing-materials-management>

<b>CONTRACT NUMBER</b> C310172001	<b>CONTRACT TITLE</b> Forensic Autopsy Services
<b>AMENDMENT NUMBER</b> Amendment #005	<b>CONTRACT PERIOD</b> March 11, 2014 through March 10, 2015
<b>REQUISITION NUMBER</b> NR 931 YYY14708120	<b>VENDOR NUMBER</b> 430654872A 2
<b>CONTRACTOR NAME AND ADDRESS</b> SAINT LOUIS UNIVERSITY PATHOLOGY DEPT 1402 SOUTH GRAND R512 ST. LOUIS MO 63104	<b>STATE AGENCY'S NAME AND ADDRESS</b> Missouri Department of Corrections 2715 Plaza Drive Jefferson City MO 65109
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  Contract C310172001 is hereby amended pursuant to the attached Amendment #005 dated 03/05/14.	
<b>BUYER</b> Megan Howser	<b>BUYER CONTACT INFORMATION</b> Email: <a href="mailto:megan.howser@oa.mo.gov">megan.howser@oa.mo.gov</a> Phone: (573) 751-1686 Fax: (573) 526-9816
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 3/11/14
<b>DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT</b> James Miluski	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)  
CONTRACT RENEWAL

AMENDMENT NO.: 005  
CONTRACT NO.: C310172001  
TITLE: Forensic Autopsy Services  
ISSUE DATE: 02/25/14

REQ NO.: NR 931 YYY1<sup>4</sup>7708120  
BUYER: Megan Howser  
PHONE NO.: (573) 751-1686  
E-MAIL: [megan.howser@oa.mo.gov](mailto:megan.howser@oa.mo.gov)

TO: SAINT LOUIS UNIVERSITY  
PATHOLOGY DEPT  
1402 SOUTH GRAND R512  
ST LOUIS MO 63104

RETURN AMENDMENT BY NO LATER THAN: 03/10/14 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)  
BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:megan.howser@oa.mo.gov">megan.howser@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	DPMM, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	DPMM, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections  
2715 Plaza Drive  
Jefferson City MO 65109

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.
MAILING ADDRESS	IRS FORM 1099 MAILING ADDRESS
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
1402 SOUTH GRAND BLVD	ST. LOUIS UNIVERSITY
ST. LOUIS, MO 63104	3545 LINDELL BLVD.
	ST. LOUIS, MO 63103

CONTACT PERSON	EMAIL ADDRESS	
PHONE NUMBER	FAX NUMBER	
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE)	VENDOR NUMBER (IF KNOWN)
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)		
AUTHORIZED SIGNATURE	DATE	
PRINTED NAME	TITLE	
MICK CONLEY	M.CONLEY8@SLU.EDU	
314-577-8471	314-268-5478	
43-0654872	<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	430654872A 2
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt		
<i>Michael Conley</i>	MARCH 5, 2014	
MICHAEL J. CONLEY	BUSINESS MANAGER	

**AMENDMENT #005 TO CONTRACT C310172001**

**CONTRACT TITLE:** Forensic Autopsy Services

**CONTRACT PERIOD:** March 11, 2014 through March 10, 2015

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate below the firm fixed prices for the above contract period. Any price increases quoted must not exceed the maximum price stated in the contract.

<b>Forensic Autopsy Services</b>	
Fourth Renewal Period	\$ <u>1,800.00</u> price per case

The contractor shall understand and agree if the contractor responds with any renewal period pricing increase, such increase may result in a justification request or in the state conducting a new procurement process rather than accepting the contractor's proposed renewal option pricing.

All other terms, conditions and provisions of the contract shall remain and apply hereto.

The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

MH

C 31017200

AM 005

NR 931 VVY14708120

RENEWAL: 4 PERIOD OF 4 TOTAL

Renewal - % Increase Cost Savings

Renewal - \$ Increase Cost Savings

Renewal - W/O Increase

SFS Renewal - Prices In Original Contract

SFS Renewal - Prices Not in Original Contract

Performance Security Deposit: \$ \_\_\_\_\_

Surety Bond: \$ \_\_\_\_\_

Annual Wage Order Number: \_\_\_\_\_

Annual Wage Order Date: \_\_\_\_\_

County(ies): \_\_\_\_\_

EXTENSION PERIOD: \_\_\_\_\_

Extension - 30-Day

Termination

Extension - \$ Increase Cost Savings

Extension - W/O Increase

Assignment

Cancellation/Termination

Other Amendment

Other Instructions: \_\_\_\_\_

A. Section 34.040.6, RSMo	Buyer/Section Support
B. DPMM Suspension List	Buyer/Section Support
C. Federal Suspension - SAM.GOV	Buyer/Section Support
D. Labor Stds - OA/FMDC Contractor Debarment Lists	Buyer/Section Support
E. Review of Participation Commitment Attainment - If app, Verify Receipt of 1* Renewal - Blind/She'l Wkshp Affidvt	Buyer
F. SFS Review/Justification - Insert Advertising Date, if applicable	Buyer

CE  
CE  
B

2/25/14  
2/25/14  
2/25/14

CE  
MH

2/25/14  
2/25/14

Buyer/Section Support	
Contractor E-Mail Address/Fax Number	meonley & @ slv.edu ✓
State Agency Contact E-Mail Address	Dave Dormire ✓
Section 34.040.6, RSMo, Letter	Follow-Up Notes:

A. Renewal/Extension Pricing	Buyer/Section Support
B. Section 34.040.6, RSMo	Buyer/Section Support
C. Performance Security Deposit/Surety Bond	Buyer/Section Support
D. Renewal/Extension with Cost Savings Language	Buyer
E. Statewide Notice	Buyer
F. SFS Authorized Limit \$	Buyer
G.	
1. E-Verify Exhibit/Affidavit/Documentation	Buyer/Section Support
2. Assignment and Consent Form	Buyer/Section Support
3. DPMM Suspension List	Buyer/Section Support
4. Federal Suspension - SAM.GOV	Buyer/Section Support
5. Labor Stds - OA/FMDC Contractor Debarment Lists	Buyer/Section Support

CE

3-16-14

CE

3-16-14

Buyer/Section Support	
Buyer	
Buyer/Section Support	
AM 300 PMM 000 6394505	Buyer/Section Support
Distribute E-Verify & SDV Documents	Buyer/Section Support
E-Mail/Fax NOA to Contractor/Assignee & Agency Contact	Buyer/Section Support
Copy/Save As Statewide Notice to Internet Folder	Buyer/Section Support

CE

3-16-14

CE

3-16-14

Central Support-Participation

Central Support-Imaging

201



## NOTICE OF AWARD

State Of Missouri  
Office Of Administration  
Division Of Purchasing And Materials Management  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://www.oa.mo.gov/purch>

CONTRACT NUMBER C310172001	CONTRACT TITLE Forensic Autopsy Services
AMENDMENT NUMBER Amendment #004	CONTRACT PERIOD March 11, 2013 through March 10, 2014
REQUISITION NUMBER NR 931 YYY13708076	VENDOR NUMBER 430654872A 2
CONTRACTOR NAME AND ADDRESS SAINT LOUIS UNIVERSITY PATHOLOGY DEPT 1402 SOUTH GRAND R512 ST. LOUIS MO 63104	STATE AGENCY'S NAME AND ADDRESS Missouri Department of Corrections 2715 Plaza Drive Jefferson City MO 65109
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:  Contract C310172001 is hereby amended pursuant to the attached Amendment #004 dated 11/16/12.	
BUYER Megan Howser	BUYER CONTACT INFORMATION Email: <a href="mailto:megan.howser@oa.mo.gov">megan.howser@oa.mo.gov</a> Phone: (573) 751-1686 Fax: (573) 526-9816
SIGNATURE OF BUYER <i>Megan Howser</i>	DATE 11/20/12
DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT <i>James Miluski</i> James Miluski	



STATE OF MISSOURI  
 OFFICE OF ADMINISTRATION  
 DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)  
 CONTRACT RENEWAL

AMENDMENT NO.: 004  
 CONTRACT NO.: C310172001  
 TITLE: Forensic Autopsy Services  
 ISSUE DATE: 10/17/12

REQ NO.: NR 931 YYY13708076  
 BUYER: Megan Howser  
 PHONE NO.: (573) 751-1686  
 E-MAIL: [megan.howser@oa.mo.gov](mailto:megan.howser@oa.mo.gov)

TO: SAINT LOUIS UNIVERSITY  
 PATHOLOGY DEPT  
 1402 SOUTH GRAND R512  
 ST LOUIS MO 63104

RETURN AMENDMENT BY NO LATER THAN: 10/31/12 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)  
 BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:megan.howser@oa.mo.gov">megan.howser@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	DPMM, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	DPMM, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections  
 2715 Plaza Drive  
 Jefferson City MO 65109

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.
MAILING ADDRESS	IRS FORM 1099 MAILING ADDRESS
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE

CONTACT PERSON		EMAIL ADDRESS
MICK CONLEY		MCONLEY8@SLU.EDU
PHONE NUMBER		FAX NUMBER
(314) 577-8471		(314) 268-5478
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE)	VENDOR NUMBER (IF KNOWN)
43-0654872	<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	430654872A 2
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)		
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt		
AUTHORIZED SIGNATURE		DATE
<i>Michael J Conley</i>		11/16/2012
PRINTED NAME		TITLE
MICHAEL J CONLEY		BUSINESS MANAGER

**AMENDMENT #004 TO CONTRACT C310172001**

**CONTRACT TITLE:** Forensic Autopsy Services

**CONTRACT PERIOD:** March 11, 2013 through March 10, 2014

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate below the firm fixed prices for the above contract period. Any price increases quoted must not exceed the maximum price stated in the contract.

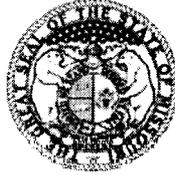
<b>Forensic Autopsy Services</b>	
Third Renewal Period	\$ <u>1800.00</u> price per case

The contractor shall understand and agree that due to the state's budgetary constraints, if the contractor responds with any renewal period pricing increase, such increase may result in the state conducting a new procurement process rather than accepting the contractor's proposed renewal option pricing.

All other terms, conditions and provisions of the contract shall remain and apply hereto.

The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

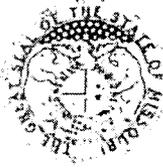
NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.



## NOTICE OF AWARD

State Of Missouri  
Office Of Administration  
Division Of Purchasing And Materials Management  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://www.oa.mo.gov/purch>

CONTRACT NUMBER C310172001	CONTRACT TITLE Forensic Autopsy Services
AMENDMENT NUMBER Amendment #003	CONTRACT PERIOD March 11, 2012 through March 10, 2013
REQUISITION NUMBER NR 931 YYY12708053	VENDOR NUMBER 430654872A 2
CONTRACTOR NAME AND ADDRESS SAINT LOUIS UNIVERSITY PATHOLOGY DEPT 1402 SOUTH GRAND R512 ST. LOUIS MO 63104	STATE AGENCY'S NAME AND ADDRESS Missouri Department of Corrections 2715 Plaza Drive Jefferson City MO 65109
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:  Contract C310172001 is hereby amended pursuant to the attached Amendment #003 dated 11/21/11.	
BUYER Stacia Dawson	BUYER CONTACT INFORMATION Email: <a href="mailto:Stacia.Dawson@oa.mo.gov">Stacia.Dawson@oa.mo.gov</a> Phone: (573) 522-3052 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 11/23/11
DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT James Miluski	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)  
CONTRACT RENEWAL

AMENDMENT NO.: 003  
CONTRACT NO.: C310172001  
TITLE: Forensic Autopsy Services  
ISSUE DATE: 10/7/11

REQ NO.: NR 931 YYY12708053  
BUYER: Stacia Dawson  
PHONE NO.: (573) 522-3052  
E-MAIL: [Stacia.Dawson@oa.mo.gov](mailto:Stacia.Dawson@oa.mo.gov)

TO: Saint Louis University  
Pathology Dept  
1402 South Grand R512  
St Louis MO 63104

RETURN AMENDMENT BY NO LATER THAN: 10/21/11 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)  
BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Stacia.Dawson@oa.mo.gov">Stacia.Dawson@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	DPMM, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	DPMM, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections  
2715 Plaza Drive  
Jefferson City MO 65109

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. ST. LOUIS UNIVERSITY
MAILING ADDRESS	IRS FORM 1099 MAILING ADDRESS 1402 SOUTH GRAND R512
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE ST. LOUIS, MO 63104

CONTACT PERSON MICK CONLEY		EMAIL ADDRESS MCONLEY@slu.edu	
PHONE NUMBER (314) 577-8471		FAX NUMBER (314) 268-5478	
TAXPAYER ID NUMBER (TIN) 43-0654872	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	VENDOR NUMBER (IF KNOWN) 430654872A 2	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE 		DATE 10/21/2011	
PRINTED NAME MICHAEL J. CONLEY		TITLE BUSINESS MANAGER	

AMENDMENT #003 TO CONTRACT C310172001

CONTRACT TITLE: Forensic Autopsy Services

CONTRACT PERIOD: March 11, 2012 through March 10, 2013

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate below the firm fixed prices for the above contract period. Any price increases quoted must not exceed the maximum price stated in the contract.

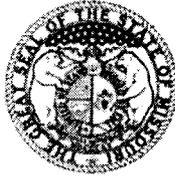
Forensic Autopsy Services	
Second Renewal Period	\$ 1,800.00 price per case

The contractor shall understand and agree that due to the state's budgetary constraints, if the contractor responds with any renewal period pricing increase, such increase may result in the state conducting a new procurement process rather than accepting the contractor's proposed renewal option pricing.

All other terms, conditions and provisions of the contract shall remain and apply hereto.

The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.



## NOTICE OF AWARD

State Of Missouri  
Office Of Administration  
Division Of Purchasing And Materials Management  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://www.oa.mo.gov/purch>

CONTRACT NUMBER C310172001	CONTRACT TITLE Forensic Autopsy Services
AMENDMENT NUMBER Amendment #002	CONTRACT PERIOD March 11, 2011 through March 10, 2012
REQUISITION NUMBER NR 931 YYY12708053	VENDOR NUMBER 430654872A 2
CONTRACTOR NAME AND ADDRESS SAINT LOUIS UNIVERSITY PATHOLOGY DEPT 1402 SOUTH GRAND R512 ST. LOUIS MO 63104	STATE AGENCY'S NAME AND ADDRESS Missouri Department of Corrections 2715 Plaza Drive Jefferson City MO 65109
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:  Contract C310172001 is hereby amended pursuant to the attached Amendment #002 dated 11/21/11.	
BUYER Stacia Dawson	BUYER CONTACT INFORMATION Email: <a href="mailto:Stacia.Dawson@oa.mo.gov">Stacia.Dawson@oa.mo.gov</a> Phone: (573) 522-3052 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 11/23/11
DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT James Miluski	



STATE OF MISSOURI  
 OFFICE OF ADMINISTRATION  
 DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)  
 CONTRACT AMENDMENT/RENEWAL

AMENDMENT NO.: 002  
 CONTRACT NO.: C310172001  
 TITLE: Forensic Autopsy Services  
 ISSUE DATE: 10/7/11

REQ NO.: NR 931 YYY12708053  
 BUYER: Stacia Dawson  
 PHONE NO.: (573) 522-3052  
 E-MAIL: [Stacia.Dawson@oa.mo.gov](mailto:Stacia.Dawson@oa.mo.gov)

TO: Saint Louis University  
 Pathology Dept  
 1402 South Grand R512  
 St Louis MO 63104

RETURN AMENDMENT BY NO LATER THAN: 10/21/11 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Stacia.Dawson@oa.mo.gov">Stacia.Dawson@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	DPMM, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	DPMM, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections  
 2715 Plaza Drive  
 Jefferson City MO 65109

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. <b>ST. LOUIS UNIVERSITY</b>
MAILING ADDRESS	IRS FORM 1099 MAILING ADDRESS <b>1402 SOUTH GRAND R512</b>
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE <b>ST. LOUIS, MO 63104</b>

CONTACT PERSON <b>MICK CONLEY</b>		EMAIL ADDRESS <b>MCONLEY8@SLU.EDU</b>	
PHONE NUMBER <b>(314) 577-<del>249-676</del> 8471</b>		FAX NUMBER <b>(314) 268-5478</b>	
TAXPAYER ID NUMBER (TIN) <b>43-0654872</b>	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	VENDOR NUMBER (IF KNOWN) <b>430654872A 2</b>	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE <i>Michael J Conley</i>		DATE <b>11/21/2011</b>	
PRINTED NAME <b>MICHAEL J CONLEY</b>		TITLE <b>BUSINESS MANAGER</b>	

**AMENDMENT #002 TO CONTRACT C310172001**

**CONTRACT TITLE:** Forensic Autopsy Services

**CONTRACT PERIOD:** March 11, 2011 through March 10, 2012

The State of Missouri hereby desires to amend the above-referenced contract. The contractor shall no longer provide services for the South Central Correctional Center in the eastern region. Therefore, sub-paragraph 2.2.6 e. is hereby deleted from the RFP portion of the contract.

All other terms, conditions and provisions of the contract, including pricing shall remain the same and apply hereto.

The contractor shall sign and return this document, on or before the date indicated, signifying acceptance of the amendment.



# NOTICE OF AWARD

State Of Missouri  
 Office Of Administration  
 Division Of Purchasing And Materials Management  
 PO Box 809  
 Jefferson City, MO 65102-0809  
<http://www.oa.mo.gov/purch>



<b>CONTRACT NUMBER</b> C310172001	<b>CONTRACT TITLE</b> Forensic Autopsy Services
<b>AMENDMENT NUMBER</b> 001	<b>CONTRACT PERIOD</b> March 11, 2011 through March 10, 2012
<b>REQUISITION NUMBER</b> NR 931 YYY11708075	<b>VENDOR NUMBER</b> 430654872A 2
<b>CONTRACTOR NAME AND ADDRESS</b> SAINT LOUIS UNIVERSITY PATHOLOGY DEPT 1402 SOUTH GRAND R512 ST. LOUIS MO 63104	<b>STATE AGENCY'S NAME AND ADDRESS</b> Missouri Department of Corrections 2715 Plaza Drive Jefferson City MO 65109
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  Contract C310172001 is hereby amended pursuant to the attached Amendment #001 dated 2/14/11 and email dated 3/9/11.	
<b>BUYER</b> Stacia Dawson	<b>BUYER CONTACT INFORMATION</b> Email: <a href="mailto:Stacia.Dawson@oa.mo.gov">Stacia.Dawson@oa.mo.gov</a> Phone: (573) 522-3052
<b>SIGNATURE OF BUYER</b> <i>Stacia Dawson</i>	<b>DATE</b> 3/10/11
<b>DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT</b> <i>James M. Filardi</i>	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)  
CONTRACT RENEWAL

AMENDMENT NO.: 001  
CONTRACT NO.: C310172001  
TITLE: Forensic Autopsy Services  
ISSUE DATE: 12/15/10

REQ NO.: NR 931 YYY11708075  
BUYER: Stacia Dawson  
PHONE NO.: (573) 522-3052  
E-MAIL: [Stacia.Dawson@oa.mo.gov](mailto:Stacia.Dawson@oa.mo.gov)

TO: SAINT LOUIS UNIVERSITY  
PATHOLOGY DEPT  
1402 SOUTH GRAND R512  
ST LOUIS MO 63104

RETURN AMENDMENT NO LATER THAN: 12/29/10 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO:

(U.S. Mail)  
Div of Purchasing & Matls Mgt (DPMM) OR  
PO BOX 809  
JEFFERSON CITY MO 65102-0809

(Courier Service)  
Div of Purchasing & Matls Mgt (DPMM)  
301 WEST HIGH STREET, ROOM 630  
JEFFERSON CITY MO 65101-1517

OR FAX TO: (573) 526-9817 (either mail or fax, not both)

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections  
2715 Plaza Drive  
Jefferson City MO 65109

SIGNATURE REQUIRED

2nd Notice

DOING BUSINESS AS (DBA) NAME <b>SAME</b>
MAILING ADDRESS
CITY, STATE, ZIP CODE

LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. <b>ST. LOUIS UNIVERSITY</b>
IRS FORM 1099 MAILING ADDRESS <b>3545 LINDELL BLVD</b>
CITY, STATE, ZIP CODE <b>ST LOUIS, MO 63103</b>

CONTACT PERSON <b>MICK CONLEY, BUSINESS MGR</b>		EMAIL ADDRESS <b>MCONLEY8@SLU.EDU</b>
PHONE NUMBER <b>(314) 577-8471</b>	FAX NUMBER <b>(314) 268-5478</b>	
TAXPAYER ID NUMBER (TIN) <b>43-0654872</b>	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	VENDOR NUMBER (IF KNOWN) <b>430654872A 2</b>
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt		
AUTHORIZED SIGNATURE <b>Mick Conley</b>	DATE <b>2/04/2011</b>	
PRINTED NAME <b>MICK CONLEY</b>	TITLE <b>BUSINESS MANAGER</b>	

Contract C310172001

Page 2

**AMENDMENT #001 TO CONTRACT C310172001**

**CONTRACT TITLE:** Forensic Autopsy Services

**CONTRACT PERIOD:** March 11, 2011 through March 10, 2012

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate below the firm fixed prices for the above contract period. Any price increases quoted must not exceed the maximum price stated in the contract.

<b>Forensic Autopsy Services</b>		<b>\$1800.00</b>
First Renewal Period	<del>\$ 1,850.00</del>	price per case

*per email dated 3/9/11 SW*

**The contractor shall understand and agree that due to the state's budgetary constraints, if the contractor responds with any renewal period pricing increase, such increase may result in the state conducting a new procurement process rather than accepting the contractor's proposed renewal option pricing.**

All other terms, conditions and provisions of the contract shall remain and apply hereto.

The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

**NOTE:** The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

## Dawson, Stacia

---

**From:** Mick Conley [mconley8@slu.edu]  
**Sent:** Wednesday, March 09, 2011 3:21 PM  
**To:** Dawson, Stacia  
**Subject:** Re: C310172001 Renewal Forensic Autopsy Services

Stacia:

As we discussed on the telephone, St. Louis University, Department of Pathology is happy to keep the price the same (\$1,800) as in the first year of the contract.

Mick Conley  
Business Manager

On Fri, Feb 18, 2011 at 10:44 AM, Dawson, Stacia <[Stacia.Dawson@oa.mo.gov](mailto:Stacia.Dawson@oa.mo.gov)> wrote:  
The Division of Purchasing and Materials Management is in receipt of your signed Amendment #001 for the renewal of Contract C310172001 for the Forensic Autopsy Services.

It was noticed that you proposed the full increase amount for the renewal period. Due to the state's budgetary constraints, any renewal period pricing increase request may result in the state conducting a new procurement for the services.

Therefore, before determining the appropriate action, you are requested to review your prices and give consideration to maintaining the same pricing as the previous contract period for the renewal of Contract C310172001. However, if any increase in pricing over the previous contract period is requested, please include documentation supporting the increase requested.

A copy of the previously issued amendment is attached. If you are willing to accept a reduction in pricing, please complete the attached amendment, including the reduction in pricing, and submit the completed amendment to me.

Please respond to this email by no later than February 25, 2011.

Thank you for your consideration and feel free to contact me with any questions.

*Stacia Dawson*

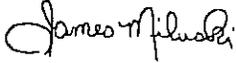
Buyer II  
OA, Division of Purchasing & Materials Management  
Phone: (573) 522-3052  
Fax: (573) 526-9816 (please note that the fax number has changed)  
Email: [stacia.dawson@oa.mo.gov](mailto:stacia.dawson@oa.mo.gov)

--  
Mick Conley, Business Manager  
Department of Pathology  
(314) 577-8471



## NOTICE OF AWARD

State Of Missouri  
Office Of Administration  
Division Of Purchasing And Materials Management  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://www.oa.mo.gov/purch>

<b>SOLICITATION NUMBER</b> B3Z10172	<b>CONTRACT TITLE</b> Forensic Autopsy Services
<b>CONTRACT NUMBER</b> C310172001	<b>CONTRACT PERIOD</b> March 11, 2010 through March 10, 2011
<b>REQUISITION NUMBER</b> NR 931 YYY10708203	<b>VENDOR NUMBER</b> 430654872A 2
<b>CONTRACTOR NAME AND ADDRESS</b> St. Louis University Pathology Dept 1402 South Grand St. Louis MO 63104	<b>STATE AGENCY'S NAME AND ADDRESS</b> Missouri Department of Corrections 2715 Plaza Drive Jefferson City MO 65109
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  The proposal submitted by St. Louis University in response to B3Z10172 is accepted in its entirety with the inclusion of the email dated 2/26/10.	
<b>BUYER</b> Stacia Dawson	<b>BUYER CONTACT INFORMATION</b> Email: <a href="mailto:Stacia.Dawson@oa.mo.gov">Stacia.Dawson@oa.mo.gov</a> Phone: (573) 522-3052
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 3/3/10
<b>DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT</b>  James Miluski	



STATE OF MISSOURI  
 OFFICE OF ADMINISTRATION  
 DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)  
 REQUEST FOR PROPOSAL (RFP)

AMENDMENT NO.: 001  
 RFP NO.: B3Z10172  
 TITLE: Forensic Autopsy Services  
 ISSUE DATE: 2/17/10

REQ NO.: NR 931 YYY10708203  
 BUYER: Stacia Dawson  
 PHONE NO.: (573) 522-3052  
 E-MAIL: Stacia.Dawson@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: 2/26/10 AT 2:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in DPMM office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND AMENDMENT(S) TO:

(U.S. Mail)  
 DPMM  
 PO BOX 809  
 JEFFERSON CITY MO 65102-0809

or

(Conrier Service)  
 DPMM  
 301 WEST HIGH STREET, ROOM 630  
 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: March 11, 2010 through March 10, 2011

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections  
 2715 Plaza Drive  
 Jefferson City, MO 65109

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP amendments. The offeror should, as a matter of clarity and assurance, also sign and return all previously issued RFP amendment(s) and the original RFP document. The offeror agrees that the language of the original RFP as modified by this and any previously issued RFP amendments shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME <i>SAME</i>
MAILING ADDRESS
CITY, STATE, ZIP CODE

LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. <i>ST. LOUIS UNIVERSITY</i>
IRS FORM 1099 MAILING ADDRESS <i>3545 LINDELL</i>
CITY, STATE, ZIP CODE <i>ST. LOUIS, MO 63103</i>

CONTACT PERSON <i>MICK CONLEY, BUS. MGR</i>		EMAIL ADDRESS <i>MCONLEY8@SLU.EDU</i>	
PHONE NUMBER <i>314-577-8471</i>		FAX NUMBER <i>314-268-5478</i>	
TAXPAYER ID NUMBER (TIN) <i>43-0654872</i>	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN		VENDOR NUMBER (IF KNOWN) <i>430654872A-2</i>
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other <small>(NOTE: LLC IS NOT A VALID TAX FILING TYPE.)</small>			
AUTHORIZED SIGNATURE <i>Michael J Conley</i>		DATE <i>2/24/2010</i>	
PRINTED NAME <i>MICHAEL J CONLEY</i>		TITLE <i>BUSINESS MANAGER</i>	

## **Dawson, Stacia**

---

**From:** Sharon Aubuschon [aubuschk@slu.edu]  
**Sent:** Friday, February 26, 2010 2:55 PM  
**To:** Dawson, Stacia  
**Cc:** Mick Conley  
**Subject:** Address Information

Stacia

Thank you for your phone call today for clarification on the addresses. Please note that the tax id number address is 3545 Lindell, St. Louis, MO 63103 (formerly Lafayette address)  
The payment address is 1402 South Grand, St. Louis, MO 63104  
The doing business address is 1402 South Grand, St. Louis, MO 63104

Please let me know if there is anything else I can assist you with.

--

Sincerely,  
Sharon Aubuschon  
Administrative Assistant  
Department of Pathology  
314-577-8475 (Main)  
314-268-5478 (Fax)  
[aubuschk@slu.edu](mailto:aubuschk@slu.edu)

**Forensic Autopsy Services**  
*Missouri Department of Corrections*

**Contract Period:** March 11, 2010 through March 10, 2011

Prospective offerors are hereby advised that return proposal date has changed from 2/17/10 CST to 2/26/10 CST.



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)  
REQUEST FOR PROPOSAL (RFP)

RFP NO.: B3Z10172  
TITLE: Forensic Autopsy Services  
ISSUE DATE: 1/20/10

REQ NO.: NR 931 YYY10708203  
BUYER: Stacia Dawson  
PHONE NO.: (573) 522-3052  
E-MAIL: [Stacia.Dawson@oa.mo.gov](mailto:Stacia.Dawson@oa.mo.gov)

RETURN PROPOSAL DATE REVISED VIA AMENDMENT #001 FROM 2/17/10 TO 2/26/10

RETURN PROPOSAL NO LATER THAN: 2/26/10 AT 2:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in DPMM office (301 W High Street, Room 630) by the return date and time.

(U.S. Mail) RETURN PROPOSAL TO: DPMM PO BOX 809 JEFFERSON CITY MO 65102-0809	or	(Courier Service) DPMM 301 WEST HIGH STREET, RM 630 JEFFERSON CITY MO 65101-1517
---	----	---

CONTRACT PERIOD: March 11, 2010 through March 10, 2011

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections  
2715 Plaza Drive  
Jefferson City, MO 65109

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 01/20/10). The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.	
MAILING ADDRESS		ST. LOUIS UNIVERSITY	
CITY, STATE, ZIP CODE		IRS FORM 1099 MAILING ADDRESS	
		3545 LINDELL	
		CITY, STATE, ZIP CODE	
		ST. LOUIS, MO 63103	
CONTACT PERSON		EMAIL ADDRESS	
MICHAEL J. CONLEY		MCONLEY8@SLU.EDU	
PHONE NUMBER		FAX NUMBER	
314-577-8471		314-268-5478	
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE)	VENDOR NUMBER (IF KNOWN)	
43-0654872	<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN		
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)		(NOTE: LLC IS NOT A VALID TAX FILING TYPE.)	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other			
AUTHORIZED SIGNATURE		DATE	
Michael J. Conley		2/24/2010	
PRINTED NAME		TITLE	
MICHAEL J. CONLEY		BUSINESS MANAGER	

4. PRICING PAGE

- 4.1 **Forensic Autopsy Services** - The offeror shall provide a firm, fixed price for the original contract period and a maximum price for each potential renewal period for providing the services in accordance with the provisions and requirements of this RFP. All costs associated with providing the required services shall be included in the stated prices. C/S code: 94943

<b>Forensic Autopsy Services</b>	
Original Contract Period	\$ <u>1800</u> firm, fixed price per case
First Renewal Period	\$ <u>1850</u> maximum price per case
Second Renewal Period	\$ <u>1900</u> maximum price per case
Third Renewal Period	\$ <u>1950</u> maximum price per case
Fourth Renewal Period	\$ <u>2000</u> maximum price per case

**EXHIBIT E**  
**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,**  
**AND AFFIDAVIT OF WORK AUTHORIZATION**

**BUSINESS ENTITY CERTIFICATION:**

**The offeror must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.**

<b>BOX A:</b>	To be completed by a non-business entity as defined below.
<b>BOX B:</b>	To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <a href="http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm">http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm</a> .
<b>BOX C:</b>	To be completed by a business entity who has already submitted documentation with a notarized date on or after <b>September 1, 2009</b> , to a Missouri state agency including Division of Purchasing and Materials Management.

**Business entity**, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term “**business entity**” shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term “**business entity**” shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term “**business entity**” shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

**BOX A – CURRENTLY NOT A BUSINESS ENTITY**

I certify that \_\_\_\_\_ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

I am a self-employed individual with no employees; **OR**

The company that I represent utilizes the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if \_\_\_\_\_ (Company/Individual Name) is awarded a contract for the services requested herein under \_\_\_\_\_ (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, \_\_\_\_\_ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing and Materials Management with all documentation required in Box B of this exhibit.

_____	_____
Authorized Representative’s Name (Please Print)	Authorized Representative’s Signature
_____	_____
Company Name (if applicable)	Date

LEFT BLANK INTENTIONALLY.

**EXHIBIT E, continued**

**BOX B – CURRENT BUSINESS ENTITY STATUS**

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

\_\_\_\_\_  
Authorized Business Entity  
Representative's Name  
(Please Print)

\_\_\_\_\_  
Authorized Business Entity  
Representative's Signature

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

As a business entity, the offeror must perform/provide the following. The offeror should check each to verify completion/submission:

- Enroll and participate in the E-Verify federal work authorization program (Website: [http://www.dhs.gov/xprevprot/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm); Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND
- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the offeror's name and the MOU signature page completed and signed, at minimum, by the offeror and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the offeror's name and company ID, then no additional pages of the MOU must be submitted.; AND
- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.



**EXHIBIT E, continued**

**BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ A page from the E-Verify Memorandum of Understanding (MOU) listing the offeror's name and the MOU signature page completed and signed by the offeror and the Department of Homeland Security – Verification Division.
- ✓ A completed, notarized Affidavit of Work Authorization signed and dated on or after **September 1, 2009**.

KENNETH E. FLEISCHMANN

Authorized Business Entity  
Representative's Name  
(Please Print)

Authorized Business Entity  
Representative's Signature

13660

FLEISCHMANN@SLU.edu

E-Verify MOU Company ID  
Number

E-Mail Address

ST. LOUIS UNIVERSITY

2/24/2010

Business Entity Name

Date

Missouri State Agency or Public University\* Name \_\_\_\_\_

Date of Submission

2/24/2010  
B3Z10172

Bid/RFP/Contract No. (If known)

B3Z10172

\* Public University includes the following five schools:

- Harris-Stowe State University - St. Louis
- Missouri Southern State University - Joplin
- Missouri Western State University - St. Joseph
- Northwest Missouri State University – Maryville
- Southeast Missouri State University - Cape Girardeau

**EXHIBIT F**

**MISCELLANEOUS INFORMATION**

**Licensure**

Provide the name of the person providing autopsies and proof of licensure to practice medicine in the State of Missouri pursuant to Chapter 334 RSMo and proof of board certification in pathology with specialty certification in forensic pathology.

Name: SEE ATTACHED LIST

Certification: \_\_\_\_\_

**Outside United States**

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the offeror MUST disclose such fact and provide details in the space below or on an attached page.

Are products and/or services being manufactured or performed at sites outside the United States?	Yes _____	No _____
Describe and provide details:		

**Employee Bidding/Conflict of Interest**

Offerors who are employees of the State of Missouri, a member of the General Assembly or a statewide elected official must comply with Sections 105.450 to 105.458 RSMo regarding conflict of interest. If the offeror and/or any of the owners of the offeror's organization are currently an employee of the State of Missouri, a member of the General Assembly or a statewide elected official, please provide the following information.

Name of State Employee, General Assembly Member, or Statewide Elected Official:	
In what office/agency are they employed?	
Employment Title:	
Percentage of ownership interest in offeror's organization:	_____ %

***EXHIBIT F***  
***Saint Louis University***  
***Department of Forensics***

Michael Graham, M.D. State of Missouri license number R7B41 valid through 01/31/2011

Mary Case, M.D. State of Missouri license number 32097 valid through 01/31/2011

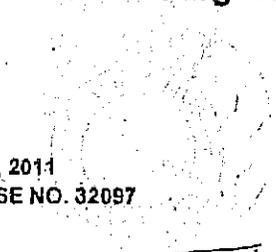
Jane Turner, M.D., PhD State of Missouri license number 109677 valid through 01/31/2011

# State of Missouri

Department of Insurance, Financial Institutions and Professional Registration  
Division of Professional Registration  
Missouri State Board of Registration for the Healing Arts  
Physician and Surgeon

VALID THROUGH JANUARY 31, 2011  
ORIGINAL CERTIFICATE/LICENSE NO. 32097

MARY ELIZABETH S CASE, M.D.  
1402 SOUTH GRAND  
SAINT LOUIS MO 63104  
USA

  
*Tom M. Steinman*

EXECUTIVE DIRECTOR

*James A. Parker*

DIVISION DIRECTOR

# The American Board of Pathology

*Herewith certifies that*

**Mary Elizabeth Cane, M.D.**

*Has pursued an accepted course of graduate study and clinical work and has demonstrated her proficiency to the satisfaction of the Board of Trustees*

*Therefore on this twenty-second day of May, 1975*

**The American Board of Pathology**

*has granted this certificate of qualification for special competence in*

**Anatomic Pathology and Neuropathology**



*W. C. Coleman*  
President

*James H. Day*  
Vice-President

*R. W. Wilson*  
Secretary

*Carl E. Riem*  
Treasurer

*Henry R. Abel*

*Ellis Benson*

*Russell S. Fisher*

*William L. Anderson*

*Jack M. Denton*

*W. D. Hale*

# The American Board of Pathology

Herewith certifies that

Mary Elizabeth Case, M.D.

Has pursued an accepted course of graduate study and clinical work and has demonstrated proficiency to the satisfaction of the Board of Trustees

Therefore on the first day of June, 1983.

The American Board of Pathology  
has granted this certificate of qualification for special competence in  
Forensic Pathology



J.M. Cheek  
President

Joseph E. Jensen  
Vice-President

Jack M. Layton  
Secretary

William W. Miller  
Treasurer

W. W. Reber

Charles A. Hirsch

Douglas E. Nelson

Jack P. Strick

J. I. Hill

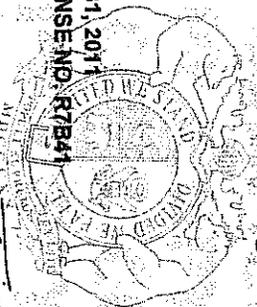
Robert D. Jones

Harold W. Swanson

Richard S. Miller

# State of Missouri

Department of Insurance, Financial Institutions and Professional Registration  
Division of Professional Registration  
Missouri State Board of Registration for the Healing Arts  
Physician and Surgeon



VALID THROUGH JANUARY 31, 2011  
ORIGINAL CERTIFICATE LICENSE NO. R7B41

MICHAEL A GRAHAM, M.D.  
3556 CAROLINE C-305  
SAINT LOUIS MO 63104  
USA

*Thomas M. Steiman*  
EXECUTIVE DIRECTOR

*James O. Ralston*  
DIVISION DIRECTOR

# The American Board of Pathology

Michael Alan Braham, M.D.

*Stamwell writes that*

*Has pursued an arduous course of graduate study and research work and has demonstrated proficiency to the satisfaction of the Board of Trustees.*

*Therefore on the twenty-ninth day of May, 1981.*

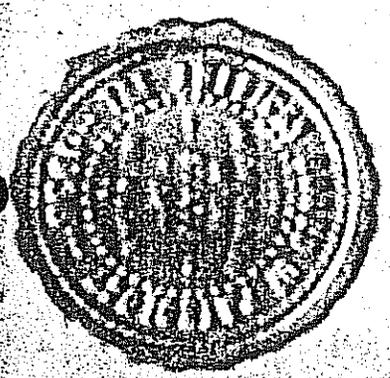
The American Board of Pathology

*has granted this certificate of qualification for the practice of*

Anatomic and Clinical Pathology

Wm. Ross, M.D.     Wm. Ross, M.D.     John Storer, M.D.     George F. ...

Dr. W. Ross, M.D.     Dr. W. Ross, M.D.     Dr. W. Ross, M.D.     Dr. W. Ross, M.D.



# The American Board of Pathology

Herewith certifies that

Michael Alton Braham, M.D.

Has pursued an accepted course of graduate study and clinical work and has demonstrated proficiency to the satisfaction of the Board of Trustees.

Therefore on the thirty-first day of May, 1932.

The American Board of Pathology

has granted this certificate of qualification for special competence in

Forensic Pathology

W. B. Keen

President

Thos. G. F. Keen

Director

John M. Taylor

Secretary

James D. Owen

Chairman

Wm. W. Allen

Charles F. Hinkle

Wm. H. Potts

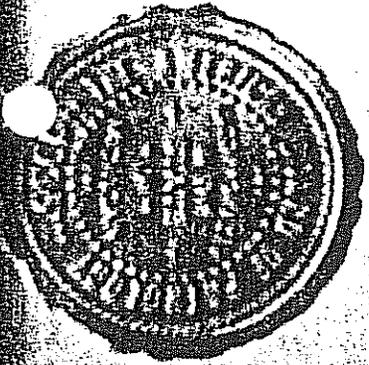
Seaford A. Allen

Chas. W. Hays

Paul W. Hays

Wm. H. Potts

Seaford A. Allen



*State of Missouri*  
Division of Professional Registration  
Physician and Surgeon

VALID THROUGH JANUARY 31, 2011  
ORIGINAL CERTIFICATE/LICENSE NO. 109677  
JANE W. TURNER, M.D.  
1402 S GRAND BLVD  
SAINT LOUIS MO 63104  
USA

JANE W TURNER, M.D.  
1402 S GRAND BLVD  
SAINT LOUIS MO 63104  
USA

*State of Missouri*  
Department of Insurance, Financial Institutions and Professional Registration  
Division of Professional Registration  
Missouri State Board of Registration for the Healing Arts  
Physician and Surgeon

VALID THROUGH JANUARY 31, 2011  
ORIGINAL CERTIFICATE/LICENSE NO. 109677

JANE W TURNER, M.D.  
1402 S GRAND BLVD  
SAINT LOUIS MO 63104  
USA

*Tim M. Steinman*  
EXECUTIVE DIRECTOR

*Jane A. Rackus*  
DIVISION DIRECTOR

# The American Board of Pathology

Herewith appears that

James William Turner, M.D.

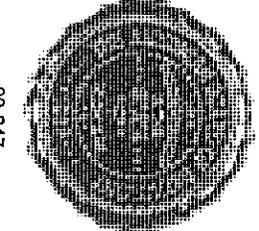
has pursued an accepted course of graduate study and clinical work and has demonstrated proficiency to the satisfaction of the Board of Trustees.

Therefore, on this eleventh day of September, 2000,

The American Board of Pathology

grants this certificate and declares the above physician to be a Diplomate and certified in

Anatomic Pathology and Clinical Pathology



00-347

<i>Don E. Finner</i> President	<i>William M. Hirsch</i> Vice President	<i>Stephen R. Hill</i> Secretary	<i>David B. Smith</i> Treasurer
<i>Richard Johnson</i>	<i>W. Bruce Brown</i>	<i>Alan</i>	<i>Frederic G. Davy</i>
<i>Stephen McCallough</i>	<i>Augusta Oley</i>	<i>James S. Powell</i>	<i>Donald M. M</i>

# The American Board of Pathology

Herewith appears that

James Millman Turner, M.D., M.H.D.

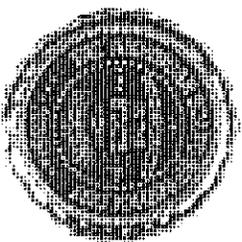
has pursued an accepted course of graduate study and clinical work and has demonstrated proficiency to the satisfaction of the Board of Trustees.

Therefore, on this fourth day of November, 2002,

The American Board of Pathology

grants this certificate and declares the above physician to be a Diplomate and certified in

Forensic Pathology



D.B. Fry  
President

Richard Johnson  
Past President

John Q. Allen  
Past President

Richard Johnson  
Secretary

Walter Davis  
Secretary

John Q. Allen  
Secretary

Arthur S. Powell  
Treasurer

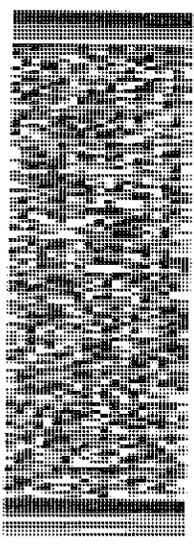
John Q. Allen  
Treasurer

# EXPRESS

## Express

SHIP TO: (573) 522-3052 BILL SENDER

DPMM  
301 W HIGH ST RM 630  
JEFFERSON CITY, MO 65101



Base 10172  
2/26/10

RCVD FEB 25/10 AM 8:54 04-DPMM



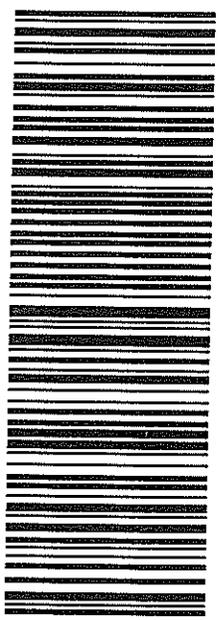
Ref #  
Invoice #  
PO #  
Dept #

TRK# 7984 1905 5335  
0207

THU - 25 FEB AA  
STANDARD OVERNIGHT

59 JEFA

65101  
MO-US  
STL



SHIP DATES

*The World On Time.*

# Envelope

Align bottom of Peel and Stick Airbill here.