



CONTRACT MODIFICATION NO. 1

**BETWEEN THE UNIVERSITY of MARY WASHINGTON and VIRGINIA ADVANCED HEALTH SERVICES
d/b/a ANY LAB TEST NOW
May 13, 2020**

In accordance with the terms and conditions of the original Contract, UMW 16-530, "Changes to the Contract", under the General Terms and Conditions, the following modifications have been mutually agreed upon, and will take effect after full execution of this document by both parties.

Relative to the general scope of the above referenced contract, the University of Mary Washington hereby modifies the contract as follows:

Upon request from the University, the Contractor shall provide COVID-19 testing services as follows:

- UMW and Contractor will jointly determine the location and type of testing to be performed as required.
- Testing may be performed curbside at Contractor's facility.
- Testing conducted indoors or outdoors may be provided at either of the University's Virginia campus locations in Fredericksburg, Dahlgren, and Stafford. University accommodations will be compliant with Contractor's specifications. Areas within a University building, utilized for testing, shall be disinfected by Contractor upon completion.
- The types of testing offered by Contractor are as follows:
 - A rapid IgG/IgM test, which consists of a finger prick, with results within 10 to 15 minutes.
 - Pricing shall be \$40 each for a total of 1 to 10 individuals; and \$30 each for 11 or more individuals.
 - A blood draw IgG/IgM test that is sent out to a lab with results reported within 1 to 2 days.
 - Pricing shall be \$169 per individual.
- Contractor's staff who perform the testing services shall have tested negative for the COVID-19 virus, and shall wear masks and gloves while in contact with UMW students, faculty, and staff. UMW students, faculty, and staff shall wear a mask while the test is being performed. Contractor shall provide disposable masks to individuals as needed.

All other terms and conditions of the original contract referenced above shall remain in force.

By signing this modification, representatives of each party are certifying authorization to sign and agree to be bound by the terms and conditions of the contract.

CONTRACTOR

Virginia Advanced Health
d/b/a Any Lab Test Now

Signature: _____

Name (Printed): _____

Title: _____

Email: _____

Phone: _____

Date: _____

AGENCY

University of Mary Washington

Signature: _____

Name (Printed): _____

Title: _____

Date: _____