



**Contract Number**

24-786 – A3

**SAP Number**

## Purchasing Department

**Department Contract Representative** Jessica Barajas  
**Telephone Number** 909-387-2065

**Contractor** Phamatech Inc.  
**Contractor Representative** Dana Conde  
**Telephone Number** 858-643-5555  
**Contract Term** October 1, 2024 – September 30, 2029

**Original Contract Amount** \_\_\_\_\_  
**Amendment Amount** \_\_\_\_\_  
**Total Contract Amount** \_\_\_\_\_  
**Cost Center** \_\_\_\_\_  
**Grant Number (if applicable)** \_\_\_\_\_

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 3:**

**WHEREAS**, On April 21, 2026, San Bernardino County (“County”) and Phamatech, Inc. (“Contractor”) entered into an agreement whereby Contractor agreed to provide Drug and Alcohol Testing Services for a period from October 1, 2024, through September 30, 2029 (“Contract”); and

**WHEREAS**, the parties now desire to amend the Contract to update and clarify contract language regarding testing turnaround timeframes for urine and oral fluid testing, including Medical Review Officer (“MRO”) review and reporting requirements;

**NOW, THEREFORE**, effective as of the date this Amendment No. 3 is fully executed, the Contract is amended as follows:

## 1. Amendment to Section C – General Contract Requirements

Section **B. Contractor Responsibilities**, subsection **B.40, Contractor shall fulfill the requirements of the departments as listed below, 2) Human Resources, j.**, is hereby **amended and replaced in its entirety** to read as follows:

### **B.40 Drug and Alcohol Test Result Review and Reporting**

Contractor shall provide test result notifications to the County via results portal to the respective County submitter within the following timeframes, measured from the date of specimen collection:

a. **Urine Testing:** Test results shall be provided within **seventy-two (72) hours** and shall not exceed **three (3) business days**, including positive test results.

b. **Oral Fluid Testing:** Test results shall be provided within **four (4) to five (5) business days**, including positive test results.

c. Test result reports shall be provided in alphabetical order by employee's last name and shall include, at a minimum, the following information:

- Employee last name and first name
- Date of birth
- Date of specimen collection
- Date the test was resulted
- Test result

d. Contractor acknowledges that higher-level confirmatory testing may require additional processing time beyond the timeframes stated above.

e. Any test result initially referenced as "positive" shall clearly indicate that formal Medical Review Officer ("MRO") reviewed results are pending and will be issued upon completion of the MRO review process.

f. Rush test result requests shall be processed within **twenty-four (24) hours** and shall be provided on an as-needed basis only, subject to County request and authorization.

**All other terms and conditions of Contract No. 24-781 remain in full force and effect.**

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

**IN WITNESS WHEREOF**, the San Bernardino County and the Contractor have each caused this Contract Amendment to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

▶

\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

Dated: \_\_\_\_\_

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

By

\_\_\_\_\_  
Deputy

Phamatec, Inc.

\_\_\_\_\_  
*(Print or type name of corporation, company, contractor, etc.)*

By

▶

\_\_\_\_\_  
*(Authorized signature - sign in blue ink)*

Name: Dana M Conde

*(Print or type name of person signing contract)*

Title Contract Manager

\_\_\_\_\_  
*(Print or Type)*

Dated: \_\_\_\_\_

Address 15175 Innovation Drive  
San Diego, CA 92128

**FOR COUNTY USE ONLY**

Approved as to Legal Form

▶ \_\_\_\_\_  
\_\_\_\_\_, County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

▶ \_\_\_\_\_

Date \_\_\_\_\_

Reviewed/Approved by Department

▶ \_\_\_\_\_

Date \_\_\_\_\_