

**AMENDMENT TO COUNTY OF MENDOCINO
STANDARD SERVICES AGREEMENT NO. SO-S18-032 & PA 18-303**

This Amendment to Agreement No. SO-S18-032 & PA 18-303 is entered into this 14th day of May, 2019, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and Dr. Greg Pizarro, hereinafter referred to as "CONTRACTOR".

WHEREAS, Agreement No. SO-S18-032 & PA 18-303 was entered into on March 24, 2019; and

WHEREAS, upon execution of this document by the County of Mendocino and the Contractor, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of the CONTRACTOR and the COUNTY to increase the total amount of Agreement SO-S18-032 & PA 18-303 by adding \$250,000 changing the total amount of the agreement from \$50,000 to \$300,000; and

WHEREAS, it is the desire of the CONTRACTOR and the COUNTY to extend the term date of Agreement SO-S18-032 & PA 18-303 by changing the end date from September 24, 2019 to December 31, 2019; and

NOW, THEREFORE, we agree as follows:

1. **Amount of agreement:** The amount set out in the original Agreement No. SO-S18-032 & PA 18-303 will be changed from \$50,000 to \$300,000.
2. **Payment Terms:** The Payment Terms, Exhibit B, set out in the original Agreement No. SO-S18-032 & PA 18-303 have changed and a new Exhibit B is attached. Changes are noted in bold italicized font.
3. **Term:** The end date on the original Agreement No. SO-S18-032 & PA 18-303 has changed from September 24, 2019 to December 31, 2019.

All other terms and conditions of Agreement No. SO-S18-032 & PA 18-303 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

COUNTY OF MENDOCINO

Fiscal Review:
Mendocino County Sheriff's Office

By: [Signature] 5-9-19
Sheriff Date

Budgeted: ☒ Yes ☐ No

Budget Unit: 2310

Line Item: 862185

Grant: ☐ Yes ☒ No

Grant No.: n/a

CONTRACTOR/COMPANY NAME:

By: [Signature]
NAME AND ADDRESS OF CONTRACTOR:

Dr. Greg Pizarro

159 Virginia Hills Dr. Suite#2

Martinez, Ca. 94553-6242

PH: 401-378-8187

EM: gbpizarro5860@hotmail.com

COUNTY OF MENDOCINO

By: [Signature]
Carre Brown, Chair
BOARD OF SUPERVISORS MAY 15 2019

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement.

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]
Deputy MAY 15 2019

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]
Deputy MAY 15 2019

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:
KATHARINE L. ELLIOTT
County Counsel

By: Brina Blanton
Deputy

INSURANCE REVIEW:

By: [Signature]
Risk Management

EXECUTIVE OFFICE/PHYSICAL REVIEW:

APPROVAL RECOMMENDED

By: [Signature]
Deputy CEO

Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; 50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☐ 18-310 _____
Mendocino County Business License: Valid ☐ Exempt
Exempt Pursuant to MCC Section: _____

EXHIBIT B

PAYMENT TERMS

A. COUNTY shall pay CONTRACTOR per the following instructions:

1. Rates: the following rates shall apply for the term of this Agreement:

Service (unless specified by hour)	Fee Per Case
Autopsy- full, standard	\$1,500
Autopsy-Homicide	\$2,000
Autopsy-Infant	\$2,000
Autopsy-partial	\$1,100
External examination	\$800
Examination at scene	\$500 per scene
Case review, consultation, training or expert witness testimony, billed in 15 minute increments	\$500 per hour
Additional Services	
Service	Fee
Neuropathology Consultations	\$2,000 per case
Forensic Technician Autopsy	\$120 for full and partial \$60 for externals
Doctor Trip Fee	\$175 per day working in Mendocino County
Meeting Attendance	\$100 per hour (\$500 max per day)

2. **Histology Fee Schedule:**

Immunohistochemical Stains. Unless otherwise indicated, each of the following is \$60:

- Actin (muscle specific)
- Actin (smooth muscle)
- Alpha fetoprotein (AFP)
- Alpha-1 antitrypsin
- BCL-2 (oncoprotein)
- BCL-6
- Beta-amyloid (Alzheimer's)
- B lymphocyte antigen 36 (BLA-36)
- BG-8 \$80
- Breast carcinoma B72.3

EXHIBIT B-page 2
PAYMENT TERMS

- Breast tumor-associated glycoprotein
- BrdU (Bromodeoxyuridine)
- B.R.S.T. -2
- B.T.A.G. 323/A3
- Bombesin
- CA 125 (ovarian tumor marker)
- CA 15-3 (breast tumor marker)
- CA 19-9
- Calcitonin
- Calretinin
- Calponin
- Carcinoembryonic antigen (CEA)
- CD 1a
- CD 3 (T cell)
- CD4
- CD5 T CELCD-7
- CD 8
- CD 10
- CD 11b
- CD 15 (Reed Sternberg cell)
- CD 20 (B cell) (L26)
- CD 23
- CD 30 (Hodgkins)
- CD 31 endothelial cell
- CD 33 myloid
- CD 34 hematopoietic progenitor cell, class II (Leukemias, endothelial cell)
- CD 40
- CD 43
- CD 45 (L.C.A.)
- CD 68 (macrophage)
- CD 95 (APO/1 Fas, DX2)
- CD 117 (stem cell factor receptor)
- CD 138
- Chorionic gonadotropin (HCG)
- Collagen type III, IV
- Chromogranin A
- Cyclin D1
- Cytokeratin (PAN)
- Cytokeratin (clone 34BE12) high mo. Wt. (prostate)
- Cytokeratin 5/6
- Cytokeratin 7
- CK 10
- Cytokeratin 17 basal cell
- Cytokeratin 18
- Cytokeratin 20
- Cytomegalo virus (CVM)
- D2-40

EXHIBIT B-page 3
PAYMENT TERMS

- Desmin
- E-cadherin
- Estrogen receptor ER \$80
- Endothelial cell
- Epithelial membrane antigen (EMA)
- Factor VIII-related antigen
- Gastrin
- Glial fibrillary acidic protein (GFAP)
- Growth Hormone – human (HGH)
- Helicobacter pylori
- Hepatitis B surface antigen (HBsAg)
- Herpes simplex virus I & II
- HMB 45 melanoma
- HPV papilloma virus
- Human glomerular epithelial cells
- Inhibin
- Insulin
- KI 67 (proliferative tumor cell)
- Kappa
- Lambda
- Leukocyte common antigen (LCA/CD45)
- Lysozyme
- Macrophage (LN5)
- Macrophage (D11)
- MAC 387 myeloid/hisicyte
- Malignant melanoma (HMB45)
- Melan-A
- Melanoma-associated antigen (NKI/C-3)
- Mesothelial cell HBME-1
- Milk fat globule protein (MAM-6)
- Myoglobin
- Myosin
- Neurofilaments
- Neuron specific enolase (NSE)
- Progesterone receptor PR \$80
- P16
- P504S prostate
- P53 protein
- P63 protein
- Papilloma virus (HPV)
- Parathyroid hormone
- PCNA (PC10) proliferating cell nuclear antigen
- Placental lactogen, human (HPL)
- Pneumocystis carinii
- Prostate specific antigen (PSA)
- Prostatic acid phosphatase (PSAP)
- S100
- Serotonin

EXHIBIT B-page 4
PAYMENT TERMS

EXHIBIT B-page 4
PAYMENT TERMS

- Synaptophysin
- Thyroglobulin
- TTF-1 thyroid transcription factor
- Toxoplasma gondii
- WT1 Wilm's tumor
- Vimentin

Routine Special Stains. Unless otherwise indicated, each of the following is \$35:

- AFG
- Argentaffin
- Argyophil
- Amyloid
- Alcian blue
- Amniotic fluid embolism
- Bile
- Carcinoid tumor
- Copper
- Calcium
- Elastic fiber
- Fite – lepra bacilli
- Gram
- Hyaluronidase
- Trichrome
- Legionella
- Pneumocystis
- Cat scratch
- Giemsa
- Iron
- Myelin
- Mucicarmine
- Methyl green pyronine
- Melanin
- Mast cells
- Melanin bleach
- PTAH
- PAS
- PAS – digestion method
- Reticulum
- Testicular
- GMS
- Spriochetes
- Alzheimer's disease
- Nerve and nerve-ending stains
- Fat stain (using osmium tetroxide on formalin fixed tissue)

EXHIBIT B-page 5
PAYMENT TERMS

Other Histology Fees Each

H&E stain per block	\$15.00
Additional slides, re-cuts or levels from same block	\$10.00
Measured levels from tissue block	\$11.50
Tissue processing and blocking only	\$10.00
Special Stains	\$35.00
Osmium fat stains	\$100.00
Pick-up and delivery	\$50.00
Shipping	\$50.00
Slide tray containers	\$15.00

3. Invoices will be issued weekly by the CONTRACTOR and are due within 30 days of receipt. A finance fee of 1.5% will be assessed to invoices over 30 days overdue. The CONTRACTOR reserves the right to withhold services in the event of non-payment of invoices. CONTRACTOR shall send invoices to:

Mendocino County Sheriff-Coroner Office
 951 Low Gap Rd.
 Ukiah, Ca. 95482
 Attn. Fiscal

OR

Email invoices to: mcsso-accounting@mendocinocounty.org

4. **Payment under this agreement shall not exceed \$300,000 for the term of the agreement.**

////////////////////////////////////[END OF PAYMENT TERMS]////////////////////////////////////