RFP #20PSX0054
PRICE SCHEDULE

PROPOSER NAME: _____

			GEOGRAPHIC LOCATION							
ITEM	**TEST TYPE**	**SERVICE**	**Fairfield County**	**Hartford County**	**Litchfield County**	**Middlesex County**	**New Haven County**	**New London County**	**Tolland County**	**Windham County**
		EXAMPLE:								
Site Visit	SARS CoV-2	Collection Only		$1.00		1.05				
		Collection Kit								
		Transport Only	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00
		Collection, Transport, Test								
		Testing Only	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00
		Test Kit	$1.00	$1.00						$1.00
Drive-up										
Mobile										
Other										