

Care Station Medical Group

*Primary, Urgent and
Occupational Medical Care*
www.carestationmedical.com

FACSIMILE COVER SHEET

TO: Kimberly Gentilcore **DATE:** March 5, 2012
COMPANY: Union Township Board of Education
PHONE: 908-851-6425
FAX: 908-851-9688

FROM: Diana Stock **EMAIL:** dstock@carestationmedical.com
PHONE: 908-925-7519 x113 (ADMINISTRATIVE OFFICE)
FAX: 908-925-2842

PAGES INCLUDING THIS COVER PAGE: 4

Attached is the completed paperwork you requested. Please feel free to contact me if any additional information is needed.

Thank you.

Confidentiality Note: This information contained in this facsimile message is privileged and confidential and is intended only for the use of the addressee. The term "privileged and confidential" includes, without limitation, doctor-client privileged communications, doctor work product, trade secrets, and any other proprietary information. Nothing in this facsimile is intended by the doctor or the client to constitute a waiver of the intended recipient, you are hereby notified that any duplication, or distribution of this communication is unauthorized. If you have received this message in error, please notify us by telephone immediately so that we can arrange for the return of the original documents to us at no cost to you.

Corporate Office: 328 West St. Georges Ave., Linden, New Jersey 07036 Phone: 908-925-7519 Fax: 908-587-5294
Locations At:
Care Station I: 328 West St. Georges Ave., Linden, NJ 07036 Phone: 908-925-2273 Fax: 908-925-2235
Care Station II: 90 Route 22 West, Springfield, NJ 07081 Phone: 973-467-2273 Fax: 973-467-5385
Care Station III: 456 Prospect Ave., West Orange, NJ 07052 Phone: 973-731-6767 Fax: 973-731-9881
Care Station IV: 210 Meadowlands Pkwy, Secaucus, NJ 07094 Phone: 201-348-3636 Fax: 201-583-0713

Gentilcore, Kimberly

From: Diana Stock [dstock@carestationmedical.com]
Sent: Tuesday, March 13, 2012 9:17 AM
To: Gentilcore, Kimberly
Cc: Stefanie Flodmand
Subject: RE: Information Needed

Kim,

Yes, the Chain of Custody procedure is followed for all samples. It's actually referred to as a Custody and Control Form (CCF) now, so if you hear different terminology from us, this is why.

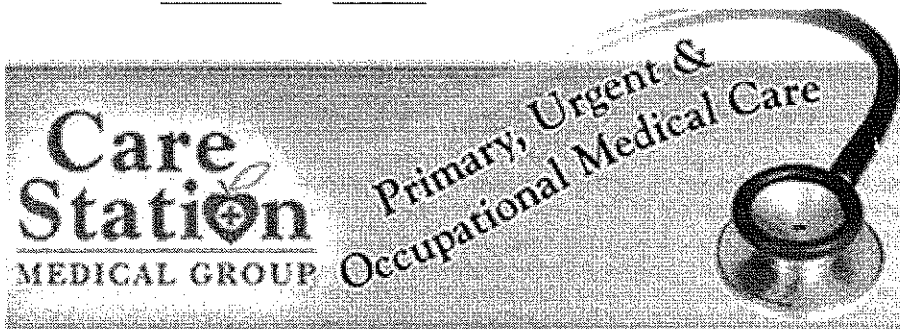
Diana

Inclement Weather Hotline, 908-925-7519 x400

Diana Stock

Client Services Manager
Care Station Medical Group
PO Box 352
Linden, NJ 07036
Phone: 908-925-7519 x113
Fax: 908-925-2842

Please visit us at www.carestationmedical.com
or visit us on [Facebook](#) and [Twitter!](#)



From: Gentilcore, Kimberly [mailto:kgentilcore@twpunionschools.org]
Sent: Monday, March 12, 2012 3:59 PM
To: Diana Stock
Subject: RE: Information Needed

Hi Diana,

Mr. Damato is asking if the Chain of Custody procedure is followed for all samples. Please advise. Thank you!

*Kimberly Gentilcore, PHR
Human Resources Manager
Union Township Board of Education
e-mail: kgentilcore@twpunionschools.org
Phone: 908-851-6425
Fax: 908-851-9688*

**CARE STATION
FEE SCHEDULE FOR STUDENT
DRUG/ALCOHOL TESTING
FOR UNION BOARD OF EDUCATION
FEBRUARY 8, 2012**

Brief Physical Exam Includes blood pressure, temperature, pulse, respiration, examination by physician to determine any signs of substance abuse.	No Charge
SAP 9 w/ ETOH (Substance Abuse Panel 9 with ETOH) Panel includes the following: Amphetamines, Barbiturates, Benzodiazepines, Cannabinoid (Marijuana), Cocaine, Opiates, Phencyclidine (PCP/Angel Dust), Methadone, Propoxyphene, and alcohol.	\$ 71
Anabolic Steroids	\$190
Ecstasy	\$108
Ketamine Testing	\$ 55
Lysergic Acid Diethylamide (LSD)	\$130
Mescaline	\$225

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit no later than 10 days prior to the award of the contract.

Part I - Vendor Information

Vendor Name:	CARE STATION MEDICAL GROUP		
Address:	328 W. SAINT GEORGES AVE.		(CORPORATE OFFICE)
City:	LINDEN	State:	NJ
		Zip:	07036

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the instructions accompanying this form.

Diana Stock
Signature

DIANA STOCK
Printed Name

CLIENT SERVICES MGR.
Title

Part II - Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

Check here if disclosure is provided in electronic form.

Contributor Name	Recipient Name	Date	Dollar Amount
			\$

Check here if the information is continued on subsequent page(s)

STOCKHOLDER DISCLOSURE CERTIFICATION

Name of Business:

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

- Partnership
- Corporation
- Sole Proprietorship
- Limited Partnership
- Limited Liability Corporation
- Limited Liability Partnership
- Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

Name:	Name:
Home Address:	Home Address:
Name:	Name:
Home Address:	Home Address:
Name:	Name:
Home Address:	Home Address:

Subscribed and sworn before me this 5TH day of MARCH, 2012

(Notary Public) Andrea Gidzinski

My Commission expires: ANDREA GIDZINSKI
NOTARY PUBLIC OF NEW JERSEY
 Commission Expires 12/18/2015

Diana Stock
 (Affiant)
DIANA STOCK, CLIENT SVCS MGR.
 (Print name & title of affiant)

(Corporate Seal)



James J. Quigley
 James J. Quigley
 Director
 New Jersey Division of Revenue

STATE OF NEW JERSEY
 BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY
 DIVISION OF REVENUE
 P.O. BOX 282
 TRENTON, N.J. 08646-0282

TAXPAYER NAME:
 CARE STATION MEDICAL GROUP, P.A.

TRADE NAME:

ADDRESS:
 328 W. ST. GEORGE AVE
 LINDEN, NJ 07036

SEQUENCE NUMBER:

0007389

EFFECTIVE DATE:

11/26/01

ISSUANCE DATE:

06/24/09

James J. Quigley
 Director
 New Jersey Division of Revenue

FORM 100