



3414 1st Avenue North, BILLINGS, MT 59101 * PHONE (406)-256-2037 * FAX 888-979-8156

SERVICE AGREEMENT CONTRACT FOR HEALTH FAIR BLOOD DRAWS

HEALTH FAIR BLOOD DRAWS

Health Fair Provider:

Name: **The Chemnet Consortium**
Address: **3414 1st Ave North Billings, MT 59101**
Contact Person: **Samantha Morris**
Phone: **406-256-2037**
Email: **sam@mtchemnet.com**

AND

Client/Host Organization:

Name: **Yellowstone County (YCT)**
Address: **PO Box 35041**
Contact Person: **LynnDee Schmidt**
Phone: **406-256-2737**
Email: **lschmidt@yellowstonecountymt.gov**

WHERE AS, the Health Fair Provider agrees to provide blood draw services for the Health Fair organized by the Client, the parties agree as follows:

1. Scope of Services

The Health Fair Provider will provide blood draw services at the Health Fair scheduled for **June 15th through June 30th 2026**. The services to be provided include, but are not limited to:

- Blood draws performed by phlebotomists or qualified healthcare professionals.
- Appropriate labeling, handling, and transportation of blood samples to a certified laboratory for testing.
- Provision of test results to participants via USPS mail and/or My Quest website.

2. Service Dates and Times

The blood draw services will be available on:

Riverstone Health - 2 onsite collection dates TBD

Yellowstone County Detention Facility – 1 onsite collection dates TBD

Yellowstone County Courthouse - 2 onsite collection dates TBD



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Both parties agree to ensure proper planning for setup and breakdown time.

3. Responsibilities of the Health Fair Provider

The Health Fair Provider agrees to:

- Provide all necessary equipment and supplies, including needles, blood collection tubes, gloves, sharps containers, and sanitizing materials.
- Ensure that all staff involved are trained to perform the required services.
- Maintain confidentiality and protect the privacy of all participants' health information.
- Chemnet will organize the scheduling of health fair participants through our office and a self-scheduling platform to all participants to choose their appointments.
- Chemnet and our contracted lab (Quest) will provide a health summary report to the participants.

4. Responsibilities of the Client

The Client agrees to:

- Promote the event and inform participants of the availability of blood draw services.
- Provide a suitable space at the event location for the Health Fair Provider to set up and perform blood draws, ensuring cleanliness and privacy.
- Coordinate with the Health Fair Provider to manage the participant flow and prevent overcrowding.
- Provide a list of participants (if required for scheduling purposes) and ensure they are aware of any requirements (such as fasting) prior to the blood draw.

5. Compensation

The Client agrees to pay the Health Fair Provider the sum of **\$175.00**/person for the services provided. (Price is based on a 350-participant minimum. Price adjustments will be accessed by 15% increase if the minimum is not met.)

Blood Screen includes the Chemscreen Panel, CBC, and Hemoglobin A1C added. Plus additional testing for PSA (Male Participants) and VIT D (Female Participants)

While this is a very comprehensive panel, if there is interest in adding additional panels to the above listed, Chemnet can accept payment on site for additional blood screen options.



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Payment is due within **30 days** after the completion of services. Additional costs for laboratory testing and other services may be billed separately as per agreement.

6. Cancellation Policy

Either party may cancel or reschedule the event with written notice provided at least **10** days prior to the event date. If the event is canceled within less than **10** days' notice, the Client agrees to pay a cancellation fee of **\$1000 per event** to cover the Health Fair Provider's expenses.

7. Liability and Insurance

The Health Fair Provider agrees to maintain liability insurance covering its employees and the services provided under this agreement with liability limits equal to or greater than Seven Hundred Fifty Thousand Dollars (\$750,000.00) for each claim and One Million Five Hundred Thousand Dollars, (\$1,500,000.00) in the aggregate.

The Client agrees to indemnify and hold harmless the Health Fair Provider from any claims, damages, or liabilities resulting from the Client's actions, omissions, or negligence during the event.

8. Confidentiality

Both parties agree to maintain the confidentiality of all participant information.

9. Termination

This Agreement may be terminated by either party with **30** days' written notice. Upon termination, the Health Fair Provider will be compensated for any services rendered up to the date of termination.

10. Dispute Resolution

In the event of a dispute arising out of this Agreement, the parties agree to attempt to resolve the matter through good faith negotiations. If the dispute cannot be resolved, the matter will be submitted to mediation or binding arbitration in **Billings, MT**.

11. Entire Agreement

This Agreement constitutes the entire understanding between the parties with respect to the subject matter and supersedes all prior discussions, agreements, or understandings of any kind.



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IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

Health Fair Provider – The Chemnet Consortium

By: _____

Name: **Samantha Morris**

Title: **Vice President**

Date: **03/25/2026** _____

Client/Host Organization – Yellowstone County

By: _____

Name: _____

Title: _____

Date: _____