

**AGREEMENT FOR LABORATORY SERVICES**

Date of Agreement: March 4, 2026	Purchaser Name: Baldwin County Sheriff's Office
Facility Name: Foley Hospital Company, LLC d/b/a Baldwin Health  Address of Facility: 1613 North McKenzie St., Foley, AL 36535	Select One: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Service Corp. <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other  Address of Contractor at Date of Agreement: 320 N Hoyle Avenue, Bay Minette, AL 36507
Effective Date: Upon signature	Expiration Date: 12 months from signature

The attached Standard Terms and Conditions are incorporated into the Agreement for Laboratory Services by this reference. The capitalized terms in the attached Standard Terms and Conditions not otherwise defined shall have the definition of such terms as set forth on this Face Sheet. The following Addenda are also attached to and incorporated into the Service Agreement by this reference.

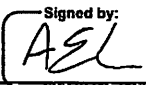
ADDENDUM	TITLE	CHECK IF INCLUDED
1	Additional Services	<input type="checkbox"/>
2	Billing and Fees	<input checked="" type="checkbox"/>
3	Clinical and Lab Services	<input type="checkbox"/>

Neither the Agreement nor any amendment or modification hereto shall be effective or legally binding upon Facility, or any officer, director, employee or agent thereof, unless and until it has been reviewed and approved electronically by the President of the Division within which Facility is located and Facility's Legal Counsel.

**SIGNATURES AND APPROVALS:**

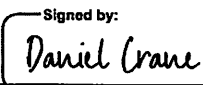
(see the section that pertains to Approvals in the Standard Terms and Conditions)

**PURCHASER:**

By:   
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Anthony Lowery  
 Sheriff  
 4/23/2026 | 8:35:58 AM PDT

**FACILITY**

By:   
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Daniel Crane  
 SVP, Clinical Hospital Operations  
 5/8/2026 | 1:26:21 PM PDT