Invoice # 485

STATE HYGIENIC LABORATORY
2490 CROSSPARK ROAD
CORALVILLE, IA 52241

PLEASE REMIT WITHIN 21 DAYS TO:
STATE HYGIENIC LABORATORY
PO BOX 310405
DES MOINES, IA 50331-0405

FOR PROPER CREDIT, PLEASE DETACH TOP OR INCLUDE INVOICE # AND AMOUNT WITH YOUR PAYMENT.

Client # will be your new organization number.

INVOICE HISTORY

<table>
<thead>
<tr>
<th>DATE</th>
<th>INVOICE</th>
<th>CHARGES</th>
<th>PAYMENTS</th>
<th>ADJUSTMENTS</th>
<th>BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/31/2015</td>
<td>485</td>
<td>$216.13</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$216.13</td>
</tr>
</tbody>
</table>

BALANCE $216.13

Invoice History will display any outstanding invoices or invoices with activity.

CURRENT 1-60 DAYS 61-90 DAYS 91-120 DAYS OVER 120 DAYS Account Balance
$216.13 $0.00 $0.00 $0.00 $0.00 $216.13

INVOiced TO
33 STATE HYGIENIC LABORATORY
01/31/2015 $216.13 485

Invoices # Will Display any outstanding invoices or invoices with activity.
INVOICE# 485
INVOICE AMOUNT: $216.13
INVOICE DATE 01/31/2015
ACCOUNT BALANCE DUE $216.13

PLEASE REMIT WITHIN 21 DAYS TO:
STATE HYGIENIC LABORATORY
PO BOX 310405
DES MOINES, IA 50331-0405

Detailed list of charges include the accession # plus patient information including birthdate and MRN if provided.

### DETAIL FOR CURRENT INVOICE

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACCESSION# + PATIENT TESTING PERFORMED</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/20/2015</td>
<td>154522; DOO, SCOBY 01/01/1969; REF-15A-369123 Ova and Parasite Testing</td>
<td>$14.88</td>
</tr>
<tr>
<td>01/21/2015</td>
<td>154523; SAM, YOSEMITI 04/03/1943; REF-15A-567147 Ova and Parasite Testing</td>
<td>$14.88</td>
</tr>
<tr>
<td>01/23/2015</td>
<td>154629; MOUSE, MICKEY 11/18/1928 Norovirus by PCR ANALYTE QUANTITY = x 2</td>
<td>$58.69</td>
</tr>
<tr>
<td>01/22/2015</td>
<td>154636; LEGHORN, FOGHORN 08/31/1946; REF-15A-123456 Bordetella Pertussis PCR ANALYTE QUANTITY = x 2</td>
<td>$58.64</td>
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<tr>
<td>01/22/2015</td>
<td>154720; MOUSE, MINNIE 11/18/1928; REF-15A-258369 Fungus Culture</td>
<td>$17.26</td>
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<tr>
<td>01/22/2015</td>
<td>154722; DEVIL, TASMANIAN 10/01/1954; REF-15A-456147 Fungus Culture</td>
<td>$17.26</td>
</tr>
<tr>
<td>01/13/2015</td>
<td>154723; DUCK, DONALD 01/01/1934; REF-15A-456789 Fungus Culture</td>
<td>$17.26</td>
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<tr>
<td>01/23/2015</td>
<td>154734; DUCK, DAFFY 12/01/1937; REF-15A-789258 Fungus Culture</td>
<td>$17.26</td>
</tr>
</tbody>
</table>

INVOICE TOTAL $216.13

##### BALANCE FORWARD $0.00

ACCOUNT BALANCE DUE $216.13

INVOICED TO    BILLING DATE  AMOUNT OWED INVOICE#
33 STATE HYGIENIC LABORATORY 01/31/2015 $216.13 485
The last page displays summary of charges included on invoice with CPT codes associated with tests.