

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		Eastern District of Virginia		PROOF OF CLAIM							
Name of Debtor: HEALTH DIAGNOSTIC LABORATORY, INC.			Case Number: 15-32919 (KRH)								
<p>NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</p> <p>Name of Creditor (the person or other entity to whom the debtor owes money or property): KAMIYA BIOMEDICAL COMPANY</p> <p>Name and address where notices should be sent: KAMIYA BIOMEDICAL COMPANY 12779 Gateway Drive Seattle, WA 98168</p> <p>Telephone number: (206) 575-8068 email: diagnostics@k-assay.com</p> <p>Name and address where payment should be sent (if different from above): As above.</p> <p>Telephone number: email:</p>											
<p>RECEIVED JUL 07 2015 AMERICAN LEGAL CLAIMS</p>			<p>RICHMOND DIVISION</p> <p>JUL - 2 2015</p> <p>FILED</p>								
			<p>COURT USE ONLY</p> <p><input type="checkbox"/> Check this box if this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p> <p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>								
<p>1. Amount of Claim as of Date Case Filed: \$ <u>9,745.41</u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>											
<p>2. Basis for Claim: <u>Test assays (Goods) manufactured specifically for HDL</u> (See instruction #2)</p>											
<p>3. Last four digits of any number by which creditor identifies debtor: <u>8 6 7 8</u></p>		<p>3a. Debtor may have scheduled account as: _____ (See instruction #3a)</p>		<p>3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)</p>							
<p>4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)</p>				<p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>							
<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). </td> </tr> </table> <p style="text-align: right;">Amount entitled to priority: \$ <u>159.55</u></p>						<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)().
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).									
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)().									
<p>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>											
<p>6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)</p> <p style="text-align: right;"><i>Sharon Kuylen</i></p>											

B10 (Official Form 10) (04/13)

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent.

(See Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Shawn Kaplan

Title: Clinical Diagnostics Product Manager

Company: Kamiya Biomedical Company

Address and telephone number (if different from notice address above):
Address, Telephone Number, Email As above

Shawn Kaplan
(Signature)

06/29/2015
(Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim.

However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

KAMIYA BIOMEDICAL COMPANY

12779 Gateway Drive, Seattle, WA 98168 USA

TEL: (206) 575-8068

FAX: (206) 575 8094

June 29, 2015

United States Bankruptcy Court
For The Eastern District of Virginia
Richmond Division

RE: Health Diagnostic Laboratory, Inc.
Chapter 11, Case No. 15-32919 (KRH)

Your Honor,

This Proof of Claim is to show that Health Diagnostics Laboratory (HDL) currently has 3 unpaid outstanding balances with us totaling \$9,745.41 for medical testing assay kits shipped and received prior to their June 7 filing.

Date	Invoice #	Purchase Order #	Amount
May 13, 2015	A2150512-06	8894.12A	\$1,855.64
May 13, 2015	A2150512-07	100985.5	\$7,517.78
June 1, 2015	A2150529-05	101704^1	\$371.99
Total			\$9,745.41

These kits were made solely for HDL. They are special large size kits that we manufacture only for their lab so that they can run Fibrinogen testing in large quantities. These kits have been made for HDL on a regular basis since February 2011 and always with their knowledge the orders must be purchased in full once manufacture is underway as we do not have any other customers using this size of kit.

As per HDL's special requests with these orders, shipments and quantities were delayed to help with their finances and stock management earlier this year. This caused some hardship for us as we had already spent our own expenses to manufacture the kits and it was additional cost to keep the kits refrigerated at our facility, further delaying receipt of payments until 30 days after each shipment was received by HDL.

As we are a small company, it would cause much further undue hardship were HDL not to pay these outstanding invoices in full.

Also, please note that our Fibrinogen assay is needed for the day to day functioning of their lab. Without our kits, they would be unable to perform Fibrinogen testing on patient samples, and thus unable to bill their customers or make profits for their testing services.

For these reasons we ask that you require HDL to pay these 3 invoices in full so that we can continue to manufacture these kits and help keep their Fibrinogen lab testing running smoothly.

Sincerely,



Shawn Kaplan, Clinical Diagnostics Product Manager

KAMIYA BIOMEDICAL COMPANY

www.k-assay.com

KAMIYA BIOMEDICAL COMPANY**INVOICE**

#: A2150512-06

12779 Gateway Dr. Seattle, WA 98168
 TEL: 206-575-8068 FAX: 206-575-8094
 Federal ID: 91-1970556

SALES ORDER #:
 A2150512-06

Page 1 of 1

SOLD TO:

Attn: Accounts Payable Dept.
 Health Diagnostic Laboratory, Inc.
 737 North 5th Street
 Richmond, VA 23219
 USA 804-343-2718 x 109

SHIPPED TO:

Health Diagnostic Laboratory, Inc.
 737 North 5th Street,
 Richmond, VA 23219
 USA 804-343-2718 x1116

INVOICE DATE		YOUR ORDER #		PAYMENT TERMS		SALESMAN		ORDER SOURCE		SHIPPED VIA	
2015-05-13		PO8894.12A		PO net 30		Kristin				FedExP1	
Qty	Shp'd	Item #	Description				Disc	Tax	Price	Amount	
10	10	KAI-089C	Fibrinogen Calibrator				0.0%	<input checked="" type="checkbox"/>	\$173.60	\$1,736.00	
1	1	PH-3	Packing and Handling				0.0%	<input type="checkbox"/>	\$9.00	\$9.00	

Comments: Ship PD

SUBTOTAL: \$1,745.00
 FREIGHT: \$80.69
 0.00% TAX: \$0.00
 OTHER TAX: \$0.00
 Excise TAX: \$29.95
TOTAL \$1,855.64

PAYMENTS:

LATE**AMOUNT DUE** \$1,855.64



[Customer Support](#) | [Logout](#)
Logged in as karniyabio

FedEx InSight

Welcome

My Options

Find a Shipment

Inbound View

Outbound View

Third Party View

Customized Views

FedEx InSight® Shipment Detail

Tracking Number
449711107705

Shipment Information

Status

Ship (P/U) Date

Est. Delivery Date

Service Type

Number of Pieces

Weight

Delivered: 05/14/2015 09:20 AM Signed for By:

B.TLER; RICHMOND, VA

05/13/2015

05/14/2015

FedEx Priority Overnight

1

10 lb.

Shipper

Attn: Colin Getty

KAMIYA BIOMEDICAL COMPANY

12779 GATEWAY DRIVE S

SEATTLE, WA 98168

US

2065758068

Recipient

Health Diagnostic Laboratory, Inc.

737 North 5th Street

RICHMOND, VA 23219

US

8043432718

Shipment Reference

Reference Type

Reference

Purchase Order Number

Invoice Number

Description

A2150512-06

PO8894.12A

A2150512-06

Associated Shipments

Shipment Description

Tracking Results

Date/Time	Activity	Location	Details
May 14, 2015 09:20 AM	Delivered	RICHMOND, VA	
08:20 AM	On FedEx vehicle for delivery	MECHANICSVILLE, VA	
08:10 AM	At local FedEx facility	MECHANICSVILLE, VA	
06:26 AM	At destination sort facility	RICHMOND, VA	
03:54 AM	Departed FedEx location	MEMPHIS, TN	
01:15 AM	Arrived at FedEx location	MEMPHIS, TN	
May 13, 2015 8:02 PM	Left FedEx origin facility	SEATTLE, WA	
3:51 PM	Picked up	SEATTLE, WA	
12:03 PM	Shipment information sent to FedEx		

Signature Proof of Delivery (US deliveries only)

[Track More Shipments](#)

Subscribe to tracking updates (optional)

Your name:

Your e-mail address:

E-mail address	Language	Tendered updates	Exception updates	Delivery updates	Detailed Results
<input type="text"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select format: ☒ HTML ☐ Text ☐ Wireless

Add personal message:

Not available for Wireless or non-English characters.

☐ By selecting this check box and the Submit button, I agree to these [Terms and Conditions](#).

Submit

This is your default tab.

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HealthDiagnosticLaboratoryInc.

beyond disease diagnosis

Health Diagnostic Laboratory
737 North 5th Street
Suite 203
Richmond VA 23219
Tax Reg. Number 263740119

Purchase Order	
Purchase Order No.	PO8894
Date	2/20/2014

Vendor:

Kamiya Biomedical Company
12779 Gateway Dr.
Seattle WA 98168

Tax Reg. Number

Contract Number:

^ Changed Since the Previous Revision

Ship To:

Health Diagnostic Laboratory, Inc.
737 N. 5th St.
Richmond Virginia 23219

Shipping Method	Payment Terms	Contract With	Page
	NET 30		1
1 KAI-089C Calibrator 2/21/2014 EA 240 \$173.60 \$41,664.00			
DELIVERY KAI-089C None			
20 to be delivered monthly around the 15th of each month			

Complete order received February 24, 2014.
240 x KAI-089C, specially made only
for HDL with understanding cannot be
cancelled or reduced.

Subtotal	\$41,664.00
Trade Discount	\$0.00
Freight	\$0.00
Miscellaneous	\$0.00
Tax	\$0.00
Order Total	\$41,664.00

Eugene H. Chester
Authorized Signature

HealthDiagnosticLaboratoryInc.

beyond disease diagnosis

Health Diagnostic Laboratory
737 North 5th Street
Suite 203

Richmond VA 23219

Tax Reg. Number 263740119

Purchase Order	
Purchase Order No.	PO8894.12
Date	2/24/2014

★

Vendor:

Kamiya Biomedical Company
12779 Gateway Dr.
Seattle WA 98168

Tax Reg. Number

Contract Number:

^ Changed Since the Previous Revision

Ship To:

Health Diagnostic Laboratory, Inc.
737 N. 5th St.
Richmond Virginia 23219

Shipping Method		Payment Terms	Confirm With		Page		
		NET 30			1		
LN	Item Number	Description	Req. Date	U/M	Ordered	Unit Price	Ext. Price
Project Number		Est. Category ID	Billing Note				
Shipping Method		Reference Number	FOB				
1	KAI-089C	Calibrator	3/13/2015	EA	20	\$173.60	\$3,472.00
DELIVERY		KAI-089C	None				

★ Order was originally 12 shipments of 20 kits each. As per HOL's request, the schedule was changed and shipments became 10 kits twice a month rather than 1 shipment of 20. 10 kits from PO8894.12(A) were shipped on May 13, delivered on May 14 2015. The invoice must still be paid: A 2150512-06

Subtotal	\$3,472.00
Trade Discount	\$0.00
Freight	\$0.00
Miscellaneous	\$0.00
Tax	\$0.00
Order Total	\$3,472.00

Elizabeth Chestnut
Authorized Signature

Shawn Kaplan

From: Elizabeth Chrestensen [EChrestensen@hdlabinc.com]
Sent: Tuesday, February 25, 2014 5:00 AM
To: diagnostics@k-assay.com
Subject: RE: KAI-089C Order

(5) Yes, I am confirming. Thanks.

Elizabeth Chrestensen
Purchasing Agent
Accounting Finance

Health Diagnostic Laboratory, Inc.
737 N 5th Street, Suite 200
Richmond, Virginia 23219
Phone: 804-343-2718 Ext 1116
Cell Phone: 804-393-8997
Fax:
EChrestensen@hdlabinc.com

Visit our website: www.myhdl.com



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If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in or attached to this transmission is **STRICTLY PROHIBITED**. If you have received this transmission in error, please immediately notify me by reply e-mail and destroy the original transmission and its attachments without saving them in any manner.

From: Shawn Kaplan [mailto:diagnostics@k-assay.com]
Sent: Monday, February 24, 2014 5:25 PM
To: Elizabeth Chrestensen
Subject: KAI-089C Order

(4)

Hi Elizabeth,

Yes, this is in reference to the order you placed this morning as per your email below.

Please confirm at your earliest convenience and we can then begin production on the first batch.

Best Regards,

continued

2

Dear Elizabeth,

Thanks so much. I know you are aware, but it is our policy to confirm specialty orders before we start manufacture.

Can you please confirm you understand these products will be made special for HDL as per these orders and cannot be canceled or reduced once production for a batch begins?

We will break these orders into quarterly production batches to ensure you are receiving good shelf life, yet only changing lots every 3 months.

Thanks for your help!

Best Regards,

Shawn Kaplan

KAMIYA BIOMEDICAL COMPANY
12779 Gateway Drive
Seattle, WA 98168
Phone: 800-526-4925, x111
Phone: (+001) 206-575-8068, x111
FAX: (+001) 206-575-8094

KAMIYA BIOMEDICAL COMPANY is an ISO 13485:2003 certified company.

From: Elizabeth Chrestensen [<mailto:EChrestensen@hdlabinc.com>]

Sent: Monday, February 24, 2014 8:25 AM

To: diagnostics@k-assay.com

Cc: Michael Buzzard

Subject: RE: Fibrinogen, Lp(a) Controls PO8894 Series

This message was sent securely using ZixCorp.

Shawn, attached is the renewal PO series for item KAI-089C. We must now have a separate PO for each shipment delivered so attached you will find a PO for each delivery with the first PO being the blanket PO for the order. Please let me know if you have any questions. Thanks, Liz

Elizabeth Chrestensen
Purchasing Agent
Accounting Finance

Health Diagnostic Laboratory, Inc.
737 N 5th Street, Suite 200
Richmond, Virginia 23219
Phone: 804-343-2718 Ext 1116
Cell Phone: 804-393-8997
Fax:
EChrestensen@hdlabinc.com

KAMIYA BIOMEDICAL COMPANY**INVOICE**

#: A2150512-07

12779 Gateway Dr. Seattle, WA 98168
 TEL: 206-575-8068 FAX: 206-575-8094
 Federal ID: 91-1970556

SALES ORDER #:
 A2150512-07

Page 1 of 1

SOLD TO:

Attn: Accounts Payable Dept.
 Health Diagnostic Laboratory, Inc.
 737 North 5th Street
 Richmond, VA 23219
 USA 804-343-2718 x 109

SHIPPED TO:

Health Diagnostic Laboratory, Inc.
 737 North 5th Street,
 Richmond, VA 23219
 USA 804-343-2718 x1116

INVOICE DATE		YOUR ORDER #		PAYMENT TERMS		SALESMAN		ORDER SOURCE		SHIPPED VIA	
2015-05-13		PO100985.5		PO net 30		Kristin				FedExP1	
Qty	Shp'd	Item #	Description				Disc	Tax	Price	Amount	
20	20	KAI-088	Fibrinogen Reagent (L)				0.0%	<input checked="" type="checkbox"/>	\$360.50	\$7,210.00	
1	1	PH-4	Packing and Handling				0.0%	<input type="checkbox"/>	\$11.00	\$11.00	

Comments: Ship PD

SUBTOTAL: \$7,221.00
FREIGHT: \$172.41
0.00% TAX: \$0.00
OTHER TAX: \$0.00
Excise TAX: \$124.37
TOTAL \$7,517.78

PAYMENTS:**LATE****AMOUNT DUE** \$7,517.78

Customer - "Excise Tax" shows the applicable Medical Device Excise Tax.



[Customer Support](#) | [Logout](#)
 Logged in as kamiyabio

FedEx InSight

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FedEx InSight® Shipment Detail

Tracking Number
449711107716

Shipment Information

Status Delivered: 05/14/2015 09:20 AM Signed for By: B.TLER; RICHMOND, VA
Ship (P/U) Date 05/13/2015
Est. Delivery Date 05/14/2015
Service Type FedEx Priority Overnight
Number of Pieces 1
Weight 30 lb.

Shipment Reference

Reference Type Description
Reference A2150512-07
Purchase Order Number PO100985.5
Invoice Number A2150512-07

Shipper

Attn: Colin Getty
 KAMIYA BIOMEDICAL COMPANY
 12779 GATEWAY DRIVE S
 SEATTLE, WA 98168
 US
 2065758068

Recipient

Health Diagnostic Laboratory, Inc.
 737 North 5th Street
 RICHMOND, VA 23219
 US
 8043432718

Associated Shipments

Shipment Description

Tracking Results

Date/Time	Activity	Location	Details
May 14, 2015	09:20 AM Delivered	RICHMOND, VA	
	08:21 AM On FedEx vehicle for delivery	MECHANICSVILLE, VA	
	08:11 AM At local FedEx facility	MECHANICSVILLE, VA	
	06:26 AM At destination sort facility	RICHMOND, VA	
	03:54 AM Departed FedEx location	MEMPHIS, TN	
	01:15 AM Arrived at FedEx location	MEMPHIS, TN	
May 13, 2015	6:02 PM Left FedEx origin facility	SEATTLE, WA	
	3:51 PM Picked up	SEATTLE, WA	
	12:04 PM Shipment information sent to FedEx		

[Signature Proof of Delivery \(US deliveries only\)](#)

[Track More Shipments](#)

Subscribe to tracking updates (optional)

Your name:
 Your e-mail address:

E-mail address	Language	Tendered updates	Exception updates	Delivery updates	Detailed Results
<input type="text"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	English <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select format: ☒ HTML ☐ Text ☐ Wireless

Add personal message:

Not available for Wireless or non-English characters.

☐ By selecting this check box and the Submit button, I agree to these [Terms and Conditions](#).

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HealthDiagnosticLaboratoryInc.

beyond disease diagnosis

Health Diagnostic Laboratory
737 North 5th Street
Suite 203
Richmond VA 23219
Tax Reg. Number 263740119

Purchase Order	
PO Number	PO100885
Date	11/24/2014

Vendor:

Kamiya Biomedical Company
12779 Gateway Dr.
Seattle WA 98168

Ship To:

Health Diagnostic Laboratory, Inc.
737 N. 5th St.
Richmond Virginia 23219

Tax Reg. Number

Contract Number:

A Changed Since the Previous Revision

		NET 30			1
1	KAI-088	FIBRINOGEN	1/4/2015	EA	100
					\$360.50
					\$36,050.00
DELIVERY	KAI-088	None			
	2/6/15 & 2/20/15 - 10 Per shipment				
	3/6/15 thru 4/17/15 - 20 Per shipment				
<p>Complete order received November 24, 2014.</p> <p>100 x KAI-088, specially made <u>only</u></p> <p>for HDL with understanding cannot be</p> <p>Cancelled or reduced.</p>					

Subtotal	\$36,050.00
Shipping	\$0.00
Handling	\$0.00
Insurance	\$0.00
Tax	\$0.00
Order Total	\$36,050.00


Authorized Signature

HealthDiagnosticLaboratoryInc.

beyond disease diagnosis

Health Diagnostic Laboratory
737 North 5th Street
Suite 203
Richmond VA 23219
Tax Reg. Number 263740119

Purchase Order	
PO Number/Date	PO100985.5
Date	11/24/2014

Vendor:

Kamiya Biomedical Company
12779 Gateway Dr.
Seattle WA 98168

Ship To:

Health Diagnostic Laboratory, Inc.
737 N. 5th St.
Richmond Virginia 23219

Tax Reg. Number

Contract Number:

A Changed Since the Previous Revision

		NET 80			1
1	KAI-088	FIBRINOGEN	4/3/2015	EA	20
					\$360.50
					\$7,210.00
DELIVERY	KAI-088	None			

Suborder #5 of 20 kits. This shipment was changed to mid May as per HDL's request. These were shipped on May 13, delivered on May 14 2015.

The invoice must still be paid: A2150512-07

Subtotal	\$7,210.00
Trade Discount	\$0.00
Freight	\$0.00
Manufacturers	\$0.00
Tax	\$0.00
Order Total	\$7,210.00


Authorized Signature

Shawn Kaplan

From: Elizabeth Chrestensen [EChrestensen@hdlabinc.com]
Sent: Monday, November 24, 2014 1:48 PM
To: diagnostics@k-assay.com
Subject: RE: New standing order PO Series PO100985 - Fibrinogen

3) Thanks Shawn! ☺

Elizabeth Chrestensen
Purchasing Agent
Accounting Finance

Health Diagnostic Laboratory, Inc.
737 N 5th Street, Suite 200
Richmond, Virginia 23219
Phone: 804-343-2718 Ext 1116
Cell Phone:
Fax:
EChrestensen@hdlabinc.com

Visit our website: www.myhdl.com

 **HealthDiagnosticLaboratoryInc.**
beyond disease diagnosis

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?) **From:** Shawn Kaplan [<mailto:diagnostics@k-assay.com>]
Sent: Monday, November 24, 2014 4:46 PM
To: Elizabeth Chrestensen
Cc: Tamika Givens; Tanya Chung
Subject: RE: New standing order PO Series PO100985 - Fibrinogen

Dear Elizabeth,

Thanks for the new order. We will start on the manufacture right away.

I know that you know, but since it's a special order, we're supposed to mention:
These kits will be made specifically for HDL so the order cannot be canceled or reduced.

KAMIYA BIOMEDICAL COMPANY**INVOICE**

#: A2150529-05

12779 Gateway Dr. Seattle, WA 98168
 TEL: 206-575-8068 FAX: 206-575-8094
 Federal ID: 91-1970556

SALES ORDER #:
 A2150529-05

Page 1 of 1

SOLD TO:

Attn: Accounts Payable Dept.
 Health Diagnostic Laboratory, Inc.
 737 North 5th Street
 Richmond, VA 23219
 USA 804-343-2718 x 109

SHIPPED TO:

Health Diagnostic Laboratory, Inc.
 737 North 5th Street,
 Richmond, VA 23219
 USA 804-343-2718 x1116

INVOICE DATE	YOUR ORDER #	PAYMENT TERMS	SALESMAN	ORDER SOURCE	SHIPPED VIA
2015-06-01	PO101704^1	PO net 30	Kristin		FedExP1

Qty	Shp'd	Item #	Description	Disc	Tax	Price	Amount
3	3	K63C-10M	Fibrinogen Control	0.0%	<input checked="" type="checkbox"/>	\$101.15	\$303.45
1	1	PH-2	Packing and Handling	0.0%	<input type="checkbox"/>	\$7.00	\$7.00

Comments: Ship PD

SUBTOTAL: \$310.45

FREIGHT: \$56.31

0.00% TAX: \$0.00

OTHER TAX: \$0.00

Excise TAX: \$5.23

TOTAL \$371.99

PAYMENTS:

AMOUNT DUE \$371.99

Customer - "Excise Tax" shows the applicable Medical Device Excise Tax.

HealthDiagnosticLaboratoryInc.

beyond disease diagnosis

Health Diagnostic Laboratory
737 North 5th Street
Suite 203
Richmond VA 23219
Tax Reg. Number 263740119

PO101704
3/19/2015

Vendor:

Kamiya Biomedical Company
12779 Gateway Dr.
Seattle WA 98168

Ship To:

Health Diagnostic Laboratory, Inc.
737 N. 5th St.
Richmond Virginia 23219

Tax Reg. Number

Contract Number:

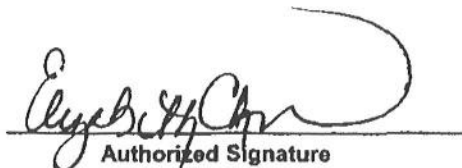
^ Changed Since the Previous Revision

		NET 30			1		
^1	K63C-10M	Fibrinogen control	6/1/2015	EA	3	\$101.15000	\$303.45
DELIVERY		K63C-10M	None				
^2	K63C-10M	Fibrinogen control	7/1/2015	EA	5	\$101.15000	\$505.75
DELIVERY		K63C-10M	None				
^3	K63C-10M	Fibrinogen control	7/31/2015	EA	5	\$101.15000	\$505.75
DELIVERY		K63C-10M	None				
^4	K63C-10M	Fibrinogen control	9/1/2015	EA	5	\$101.15000	\$505.75
DELIVERY		K63C-10M	None				

This part of order shipped on June 1, delivered June 2, 2015. Invoice # AZ150529-05 \$371.99

This part of order shipped on June 1, delivered
June 2, 2015. Invoice # AZ150529-05
\$371.99

\$1,820.70
\$0.00
\$0.00
\$0.00
\$0.00
\$1,820.70


Authorized Signature

Shawn Kaplan

From: Shawn Kaplan [diagnostics@k-assay.com]
Sent: Monday, May 04, 2015 11:09 AM
To: 'Elizabeth Chrestensen'
Cc: 'Tanya Chung'
Subject: RE: PO101704 HDL

(4)

Hi Elizabeth,

Yes, we have the first two shipments already reserved for you. If you need the product earlier, just let us know.

The final two shipments will be from a different lot and are in production now. They will be done ahead of the scheduled shipping dates so there will not be any problem.

Best Regards,

Shawn Kaplan

KAMIYA BIOMEDICAL COMPANY
12779 Gateway Drive
Seattle, WA 98168
Phone: 800-526-4925, x111
Phone: (+001) 206-575-8068, x111
FAX: (+001) 206-575-8094

KAMIYA BIOMEDICAL COMPANY is an ISO 13485:2003 certified company.

From: Elizabeth Chrestensen [mailto:EChrestensen@hdlabinc.com]
Sent: Monday, May 04, 2015 10:42 AM
To: Shawn Kaplan
Cc: Tanya Chung
Subject: FW: PO101704 HDL

This message was sent securely using ZixCorp.

(3)

Shawn, could you confirm we are still on track to receive the first shipment on 6/1/15? Thanks, Liz

Elizabeth Chrestensen
Purchasing Agent
Accounting Finance

Health Diagnostic Laboratory, Inc.
737 N 5th Street, Suite 200
Richmond, Virginia 23219
Phone: 804-343-2718 Ext 1116
Cell Phone:
Fax:
EChrestensen@hdlabinc.com

If you could confirm receipt when you have a moment?

Please let me know if you have any questions. Thanks, Liz

Elizabeth Chrestensen

Purchasing Agent

Accounting Finance

Health Diagnostic Laboratory, Inc.

737 N 5th Street, Suite 200

Richmond, Virginia 23219

Phone: 804-343-2718 Ext 1116

Cell Phone:

Fax:

EChrestensen@hdlabinc.com

Visit our website: www.myhdl.com



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