

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <i>Health Diagnostic Laboratory, Inc.</i>	Case Number: <i>15-32919</i>	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> RICHMOND DIVISION <div style="border: 1px solid black; padding: 5px; display: inline-block;">JUL 13 2015</div> <small>CLERK U.S. BANKRUPTCY COURT</small> </div> <div style="display: flex; justify-content: space-between; font-weight: bold; font-size: small;">FILED</div>
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.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Any Lab Test Now Dakotas</i>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ <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.
Name and address where notices should be sent: <i>Any Lab Test Now 6701 S. Louise Ave Sioux Falls, SD 57108 Attn: Elizabeth Hyser</i>		
Telephone number: <i>605-271-5757</i> email: <i>Sioux Falls @ any lab test now - com</i>		
Name and address where payment should be sent (if different from above): <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">JUL 13 2015</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 0.8em;">American Legal Claims</div>		
1. Amount of Claim as of Date Case Filed: \$ <u><i>1550.00</i></u>		In re: HEALTH DIAGNOSTIC LABORATORY - HDL INC Case No: 15-32919 <div style="background-color: #e0f0ff; padding: 2px; display: inline-block; font-weight: bold;">COURT FILED CLAIM 1015</div>
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <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.		
2. Basis for Claim: <u><i>services performed</i></u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
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.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
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.		
<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). Amount entitled to priority: \$ _____
<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 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)(____).
*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.		
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)		

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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. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

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: Elizabeth Hysu
Title: Clinic manager
Company: Any Lab Test Now
Address and telephone number (if different from notice address above):

Elizabeth Hysu 7-6-15
(Signature) (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.

I, Elizabeth Hyser, appeared in front of a notary Public to sign on 7.6.15

Elizabeth Hyser
Elizabeth Hyser

State of South Dakota

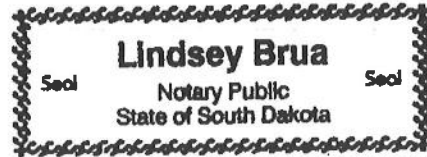
County of Lincoln

On 7.6.2015, before me, Lindsey Brua

Personally appeared, Elizabeth Hyser, personally known

To me.

Lindsey Brua
Notary Public



My Commission Expires: April 24th 2018

DBA ANY LAB TEST NOW

Copyright © 2013 ANY LAB TEST NOW



Health Diagnostics Laboratory (HDL)

Date: 7/14/2014

Health Diagnostics Laboratory (HDL)

Partner Overview:

Health Diagnostics Laboratory ("HDL"), located in Richmond, VA, is the leader in health management providing the most comprehensive test menu of risk factors and biomarkers for cardiovascular and related diseases. See www.hdlabinc.com for more details.

Service:

ANY LAB TEST NOW® locations, which can be found through our location finder on our website, www.anylabtestnow.com, will collect and process blood collections for HDL.

Price Per Collection:

The price per collection is \$25.00

The specimen collection fee of \$25.00 includes specimen processing, completion of chain-of-custody or other documentation, centrifuging (when applicable) and packaging for shipment.

Payment:

ANY LAB TEST NOW® locations can invoice HDL for services rendered. HDL maintains an internal tracking system that shows each patient and the location utilized for collections. HDL will allocate payments, at the end of billing cycle, to the ANY LAB TEST NOW® locations accordingly.

Supplies:

HDL patients will provide the ANY LAB TEST NOW® locations with their kits to include pre-printed shipping materials needed for specimen collection.

Process:

ANY LAB TEST NOW® locations to participate in partnership are to complete HDL's Process and Handling (P&H) Agreement and submit a W9 in order to participate in collections. For completion of P&H, please reach out to Russell Wiles (contact info below). HDL patients will come to their local ANY LAB TEST NOW® for four (4) tube blood collections.

HDL Contact(s):

For any questions regarding the specimen collection, please contact Russell Wiles at (804)-343-2718 ext.1929 or at rwiles@hdlabinc.com



HDL, Inc. Phlebotomy and Specimen Collection Services Agreement

March 25, 2015

Any Lab Test Now Dakotas Dba/ Any Lab Test Now – Sioux Falls
6701 S. Louise Ave
Sioux Falls, SD 57108

Re: Phlebotomy and Specimen Collection Services for Health Diagnostic Laboratory, Inc.

Dear Any Lab Test Now Dakotas Dba/ Any Lab Test Now – Sioux Falls:

This letter (the "Agreement") will confirm our understanding regarding the phlebotomy and specimen collection services to be provided by [Company] ("Company") to Health Diagnostic Laboratory, Inc. ("HDL, Inc.").

HDL, Inc. and Company hereby agree as follows:

Company Commitment

1. Company is responsible for performing the following services on behalf of HDL, Inc.: (i) phlebotomist services necessary for collecting HDL, Inc. specimens (the "Collection Services"); and (ii) directly related services in coordinating with patients and processing specimens for shipment to and testing by HDL, Inc. (the "Preparation Services"), collectively, the "Services".

HDL, Inc. Commitment

2. HDL, Inc. will reimburse Company \$3.00 per encounter for Collection Services and \$22.00 per encounter for Preparation Services (collectively, the "Fees"). HDL, Inc. will reimburse Company for its Fees on a monthly basis.

Representations, Warranties and Covenants

3. Company and HDL, Inc. represent and warrant that the compensation paid under this Agreement is fair market value for the Services.
4. Company represents and warrants that it does not, and covenants that it will not, pay any Health Care Professional (as that term is defined below) in a manner that varies with, or takes into account, the volume or value of any referrals to or other business generated for HDL, Inc., if any. Company represents and warrants that it has no ability to influence the referral pattern of any Health Care Professional, and that any



relationship that may exist between Company and a Health Care Professional shall not cause the provision of the Services to be illegal or improper.

- 4.1. "Health Care Professional" means any physician (including doctors of medicine and doctors of osteopathy), doctor of dental surgery or dental medicine, doctor of podiatric medicine, doctor of optometry, advanced practice provider (including physician's assistants and advanced registered nurse practitioners), nurses and medical office staff, as well as their Immediate Family Members (as that term is defined below), who are or could become an actual or potential referral source.
- 4.2. An "Immediate Family Member" is a spouse, birth or adoptive parent, child, sibling, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, grandchild or spouse of a grandparent or grandchild.
5. Company represents and warrants that an authorized representative of Company has truthfully completed the "Questionnaire for Phlebotomy and Specimen Collection Services Agreements" (the "Questionnaire") that is attached to this Agreement and incorporated herein by reference. Company agrees that if circumstances change such that information provided on the Questionnaire is no longer accurate, Company shall notify HDL, Inc. of such fact within five (5) business days of such change. If HDL, Inc. discovers that any information provided on the Questionnaire is false or that Company has failed to notify HDL, Inc. of changes to information provided on the Questionnaire within five (5) business days of such changes taking place, HDL, Inc. may terminate this Agreement immediately and HDL, Inc. shall not be responsible for paying Fees to Company, and Company shall repay to HDL, Inc. all Fees received, for dates of service occurring after the information became false.
6. Company represents and warrants that it does not have the authority to change or otherwise alter the ordering directions of the physician.
7. Each party represents and warrants that it has not been, and covenants that during the term of this Agreement will not be, convicted of a crime related to healthcare or listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federally funded programs (including, without limitation, Medicare and Medicaid).
8. Company covenants that it shall not bill, receive or collect any reimbursement from patients or from any third-party payor, including commercial insurers and governmental programs such as Medicare and Medicaid, for any Services for which Company receives any Fees from HDL, Inc.
9. Company covenants that to the extent the Services furnished under this Agreement are provided in physician practices, Company's employees and agents shall under no



circumstances perform any services for the physician practice that would normally be the responsibility of the physician practice or its staff. Services that Company is prohibited from performing for physician practices include, but are not limited to, (i) taking patient vital signs or performing other nursing functions, (ii) drawing specimens or performing testing for a physician practice's in-office laboratory, or (iii) performing clerical services.

10. Company covenants that it shall maintain at all times during the term of this agreement a commercial general liability insurance policy with a minimum benefit of one million dollars (\$1,000,000) per occurrence, and an errors and omission insurance policy with a minimum benefit of one million dollars (\$1,000,000) per occurrence.

Compliance

11. Company shall provide the Services in accordance with all applicable laws, rules and regulations.
12. Company shall at all times maintain the appropriate licensures, permits and certifications necessary for phlebotomy services in the state in which it practices.
13. Company agrees that all individuals providing Services must abide by and follow the HDL, Inc. Code of Conduct and Business Ethics, and HDL's policies and procedures relating to the Anti-Kickback Statute and Stark Law.
14. Company agrees that all individuals providing Services must complete and abide by all required HDL, Inc. training, including compliance training, prior to engaging in any Services on behalf of HDL, Inc.

Patient Privacy

15. For purposes of this section 15, all terms appearing in quotation marks have the same meaning as that given them in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder ("HIPAA"). The parties agree that the Services constitute "treatment" and that any "protected health information" that is disclosed pursuant to this agreement is disclosed for purposes of "treatment" or "payment." To the extent that Company is a "covered entity," Company agrees to use any PHI received from HDL, Inc. in accordance with Company's obligations under HIPAA. To the extent that Company is not a "covered entity," Company agrees to protect any PHI it receives while performing Preparation Services and Collection Services as Company would protect its own confidential information.

Miscellaneous

16. This Agreement shall have an initial term of 12 months from the date hereof and shall thereafter be automatically renewed on each anniversary of the date hereof for an

17. Nothing in this Agreement or in any other written or oral agreement between HDL, Inc. and Company with respect to the subject matter hereof, nor any consideration offered or paid in connection with this Agreement is intended to be an inducement for the referral of any item or service to HDL, Inc.
18. The parties to this Agreement are independent contractors. Nothing in this Agreement shall be deemed to create between the parties a relationship of partnership, agency, employment, franchise or joint venture.
19. This Agreement constitutes the entire understanding between the parties hereto with respect to the subject matter herein and supersedes all prior agreements between the parties hereto with respect to the subject matter herein. No amendment or modification of its terms shall be valid or binding upon any party unless addressed in writing and signed by an authorized representative of both parties hereto.
20. Please indicate your agreement to the terms set forth above by countersigning in the space indicated below and returning a fully executed copy of this Agreement to: Department of Compliance, Health Diagnostic Laboratory, Inc., 737 N. 5th St., Suite 103, Richmond, VA 23219; Fax (888) 862-6312. Should you have further questions or if we may assist you in any way, please contact us at (804) 343-2718 ex 1929 or (877) 4HD-LABS or (877) 443-5227 ex 1929.

[illegible]



HEALTH DIAGNOSTIC LABORATORY, INC.

Signature: _____
Date: _____
Printed Name: _____
Title: _____

ACCEPTED AND AGREED TO AS OF THE DATE SET FORTH BELOW

Signature: Elizabeth A. Hyser
Date: 3-25-15
Printed Name: Elizabeth A Hyser
Title: Clinic Manager

Company Name: Any Lab Test Now Dakotas DBA/ Any Lab Test Now – Sioux Falls



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/1/2015	5803

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Sonja Swanson DOB: [REDACTED] 1957	25.00	00058340063488	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/1/2015	5805

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Lynne Stanford DOB: [REDACTED]-1967	25.00	00058340554167	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/4/2015	5818

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Lori Christenson DOB: [REDACTED]-1970	25.00	00058340075604	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/6/2015	5832

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Michelle Marino DOB: [REDACTED]-1969	25.00	00058340554136	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/6/2015	5841

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Gala Byrum DOB: [REDACTED]-1958	25.00	00058340100434	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/7/2015	5843

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Sandra Kasten DOB: [REDACTED] 1949	25.00	00058340100407	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/7/2015	5845

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Julie Westendorf DOB: [REDACTED]-1960	25.00	00058340100406	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/8/2015	5859

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Weston Blasius DOB: [REDACTED]-1986	25.00	00058340100404	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/8/2015	5860

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Michael Beeson DOB: [REDACTED]-1954	25.00	00058340100403	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/8/2015	5861

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Sandra Ferrie DOB: [REDACTED]-1960	25.00	00058340100436	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/11/2015	5878

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Lynn Bowers DOB: [REDACTED]-1966	25.00	00058340100389	25.00
Total						\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/11/2015	5879

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Katie White DOB: [REDACTED] 1985	25.00	00058340100411	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/11/2015	5880

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Rence Bruggeman DOB: [REDACTED]-1961	25.00	00058340551138	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-3757

Date	Invoice #
5/13/2015	5901

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Tracey Hagen DOB: [REDACTED] 1971	25.00	00058340063489	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/14/2015	5916

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Karl Hellem DOB: [REDACTED]-1973	25.00	00058340100447	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/14/2015	5921

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Joy Jacobson DOB: [REDACTED] 1951	25.00	00058340100370	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/14/2015	5922

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Teresa DeBoer DOB: [REDACTED]-1966	25.00	00058340100391	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/15/2015	5938

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Jeanette Miller DOB: [REDACTED] 1974	25.00	00058340099191	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/15/2015	5945

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Cassi Crittenden DOB: [REDACTED]-1984	25.00	00058340100405	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/18/2015	5961

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Joy Groen DOB: [REDACTED] 1952	25.00	00058340100439	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/18/2015	5967

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Rodney Faulhaber DOB: [REDACTED]-1959	25.00	00058340090505	25.00
Total						\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/20/2015	5982

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Brenda Bossly DOB: [REDACTED]-1972	25.00	00225720088176	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/21/2015	5999

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Cassandra Aegerter DOB [REDACTED]-1984	25.00	00058340100350	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/22/2015	6007

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Corey Carlson DOB: [REDACTED]-1974	25.00	00058340099189	25.00
Total						\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/22/2015	6008

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Denise Hanson DOB: [REDACTED]-1965	25.00	00058340063476	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/22/2015	6009

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Jordyn Hanson DOB: [REDACTED]-1998	25.00	00058340100437	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/22/2015	6014

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Dawn Johnson DOB: [REDACTED]-1968	25.00	00058340100461	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/22/2015	6016

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Megan Serfling DOB: [REDACTED]-1976	25.00	00058340100387	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/26/2015	6032

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Sandra Hoffman DOB: [REDACTED] 1963	25.00	00058340100431	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/27/2015	6057

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	McKenzie Wilson DOB: [REDACTED]-2001	25.00	00058340100424	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/28/2015	6066

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Sharla Rand DOB: [REDACTED]-1961	25.00	00058340100415	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-3757

Date	Invoice #
5/29/2015	6075

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Karen VanBockern DOB: [REDACTED] 1949	25.00	00058340100416	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
5/29/2015	6078

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Edie Schoenwald DOB: [REDACTED]-1963	25.00	00058340556866	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/1/2015	6096

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Julie Feikert DOB: [REDACTED]-1979	25.00	00058340100458	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date

Invoice #

6/1/2015

6097

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Laurie Nold DOB: [REDACTED]-1974	25.00	00058340090448	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/1/2015	6101

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Peggy Carter DOB: [REDACTED]-1970	25.00	00058340090457	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/1/2015	6102

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Myra Nelson DOB: [REDACTED]-09	25.00	00058340286895	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/2/2015	6118

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Maureen Moriarty DOB: [REDACTED]-1934	25.00	00225720088172	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/2/2015	6119

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Dori Quam DOB: [REDACTED]-1962	25.00	00058340556882	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/2/2015	6120

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Janice Jaacks DOB: [REDACTED]-1972	25.00	00058340100392	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/2/2015	6121

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Sharon McConnell DOB: [REDACTED]-1963	25.00	00058340100383	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/2/2015	6122

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Melissa Kasten DOB: [REDACTED]-1979	25.00	00058340556859	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/2/2015	6123

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Mary Root DOB: [REDACTED]-1955	25.00	00225720088175	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/2/2015	6124

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Deborah Jurgenson DOB: [REDACTED] 1951	25.00	00225720088174	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/2/2015	6125

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Melissa Fikse DOB: [REDACTED]-1971	25.00	0008340556877	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/3/2015	6138

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Terence Louwagie DOB: [REDACTED]-1965	25.00	00225720088169	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/3/2015	6139

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Karl Stollenberg DOB: [REDACTED]-1960	25.00	00058340100394	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/3/2015	6140

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Jill Entenman DOB: [REDACTED]-1954	25.00	00058340099186	25.00
Total						\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/3/2015	6142

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Connie Johnson DOB: [REDACTED]-1959	25.00	00058340556864	25.00
Total						\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/3/2015	6143

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Marlene Fullenberg DOB: [REDACTED]-1953	25.00	00058340100460	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/3/2015	6144

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Krista Brost DOB: [REDACTED] 1972	25.00	00058340075605	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/3/2015	6145

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Joan Murphy DOB: [REDACTED]-1952	25.00	00058340090461	25.00
Total						\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/3/2015	6146

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Jill Speirs DOB: [REDACTED] 1976	25.00	00058340100376	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/3/2015	6156

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Cara Hull DOB: [REDACTED]-1975	25.00	00058340556874	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/4/2015	6165

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Julie Lindemann DOB [REDACTED] 1956	25.00	00228840081787	25.00
Total						\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/4/2015	6167

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Elizabeth Rowbotham DOB: [REDACTED]-1961	25.00	00058340100459	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/4/2015	6168

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Ronda Klein DOB: [REDACTED] 1958	25.00	00058340556861	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-3757

Date	Invoice #
6/4/2015	6173

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Barbara Young DOB: [REDACTED] 1947	25.00	00058340556871	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/4/2015	6177

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Janette Spreckels DOB: [REDACTED]-1950	25.00	00058340556891	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/5/2015	6184

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Pamela Berendsen DOB: [REDACTED]-1960	25.00	00058340090472	25.00
Total						\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/5/2015	6187

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Judy Enerson DOB: [REDACTED]-1938	25.00	00058340556860	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00



Invoice

6701 S Louise Ave
Sioux Falls, SD 57108
605-271-5757

Date	Invoice #
6/5/2015	6188

Bill To

Health Diagnostic Laboratory, Inc.
737 N. 5th St., Suite 103
Richmond, VA 23219

Ship To

Health Diagnostic Laboratory, Inc.

Terms

Item Code	Quantity	Description	Name	Price Each	COC #	Amount
HDL	1	Health Diagnostics Lab Draw/Processing Fee	Ann Flynn Crowe DOB: [REDACTED]-1971	25.00	00058340090495	25.00
					Total	\$25.00

Payments/Credits \$0.00

Balance Due \$25.00