

Fill in this information to identify the case:

Debtor 1 Curae Health Inc.
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
 Case number: 18-05665

FILED

U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE

9/21/2018

MATTHEW T. LOUGHNEY, Clerk

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents**; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Instrumentation Laboratory</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Instrumentation Laboratory</u> Name 180 Hartwell Rd Bedford, MA 01730 Contact phone <u>7818614148</u> Contact email <u>dgarcia2@ilww.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim

page 1

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">7097</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>7759.05</u></div><div>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p style="text-align: center;"><u>Medical supplies</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div>Basis for perfection: _____</div> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* 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"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies	\$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- ☒ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 9/21/2018
MM / DD / YYYY

/s/ Diana Garcia

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>Diana Garcia</u>		
	First name	Middle name	Last name
Title	<u>Credit & Collections Specialist</u>		
Company	<u>Instrumentation Laboratory</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>180 Hartwell Rd</u>		
	Number Street		
	<u>Bedford, MA 01730</u>		
	City State ZIP Code		
Contact phone	<u>7818614148</u>	Email	<u>dgarcia2@ilww.com</u>

Customer 227097
Company Code 186

Name GILMORE MEMORIAL HOSPITAL
City AMORY

Se Assignment	DocumentNo	Typ	Doc. Date	S	DP	Amt in loc. cur.	Letter	Cling doc.	Text
<input type="checkbox"/> 9110405479	9610016512	DL	09/18/2017			16.45-	USD		0060447867 / 754-6427312
<input type="checkbox"/> 9110458200	9110523600	DI	05/03/2018			200.37	USD		0000102000 / CASE:00001103971 7/31 CK 33907
<input type="checkbox"/> 9110518826	9110518826	DI	05/09/2018			569.91	USD		0008866442 / 00738 08/22 EM to Cindy
<input type="checkbox"/> 9110524263	9110524263	DI	05/23/2018			569.91	USD		0008896630 / 00901
<input type="checkbox"/> 9110525416	9110525416	DI	05/29/2018			60.00	USD		0008903331 / 00943
<input type="checkbox"/> 9110525417	9110525417	DI	05/29/2018			1,018.36	USD		0008905779 / 906
<input type="checkbox"/> 9110529898	9110529898	DI	06/06/2018			167.93	USD		0008905779 / 906
<input type="checkbox"/> 9110529899	9110529899	DI	06/06/2018			587.01	USD		0008924814 / 01051
<input type="checkbox"/> 9110536813	9110536813	DI	06/22/2018			357.13	USD		0008905779 / 906
<input type="checkbox"/> 9110537340	9110537340	DI	06/25/2018			690.32	USD		0008905779 / 906
<input type="checkbox"/> 9110538086	9110538086	DI	06/26/2018			587.01	USD		0008965792 / 01288
<input type="checkbox"/> 9110540096	9110540096	DI	07/02/2018			587.01	USD		0008976883 / 01355
<input type="checkbox"/> 9110549432	9110549432	DI	07/24/2018			980.75	USD		0008905779 / 906
<input type="checkbox"/> 9110552121	9110552121	DI	07/31/2018			587.01	USD		0009032806 / 01647
<input type="checkbox"/> 9110553479	9110553479	DI	08/02/2018			273.00	USD		0009038070 / 01694
<input type="checkbox"/> 9110559013	9110559013	DI	08/15/2018			587.01	USD		0009068344 / 01874
<input type="checkbox"/> 9110669610	1400682121	DI	08/14/2018			771.87	USD		9/16/18 filed for Chapter 11 on 8/31/18
<input type="checkbox"/> 9110669610	9110669610	DI	09/18/2018			768.23	USD		0009119546 / 02101
<input type="checkbox"/> 9110623886	100100100	AD	09/17/2018			280.97	USD		PRR REQUEST MOVED FROM 56242 TO 227097
* <input type="checkbox"/>						7,038.39	USD		
** Account 227097							2,038.39	USD	

4-765.91

A Werfen Company



CREDIT NOTICE

REMIT TO:

Werfen USA LLC

P O Box 347934

Pittsburgh PA 15251-4934

Invoice Number

9610016512

TIN

461130936

Terms Payable within 30 days due net

9110405479

Ship To: 338907

GILMORE MEMORIAL HOSPITAL

PO# 754-6427312

1105 EARL FRYE BOULEVARD

AMORY MS 38821

Bill To: 227097

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BOULEVARD

AMORY MS 38821

Sales Order No.	60447867	P.O. No.	754-6427312	Inco CPT	Carriage Paid To
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Delivery Number

60447867

Item	Material No.	Description	Quantity	Unit Price	Extension
2001	000MISCINV	TAX CREDIT	UN	1.00	16.45
Subtotal:				16.45	16.45
Subtotal:				16.45	16.45

Invoice Total

USD

16.45

A Werfen Company

Ship To: 8500236900
 AMORY REGIONAL MEDICAL CENTER LLC
 D/B/A GILMORE MEMORIAL HOSPITAL
 PO 00738
 1105 EARL FRYE BLVD
 AMORY MS 38821
 Bill To: 227097
 GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BOULEVARD
 AMORY MS 38821

Werfen USA LLC
 P O Box 347934
 Pittsburgh PA 15251-4934
 Invoice Number 9110518826
 Billing Date 05/09/2018
 TIN 461130936
 Terms Payable within 30 days due net

Sales Order No.	8866442	P.O. No.	00738	Inco CPT	Carriage Paid To
Delivery Number	51879896				
Tracking Number	00000000431133452323				
Item	Material No.	Description	Quantity	Unit Price	Extension
1002	00026407584	GEM 3/3.5 BG/HCT 075 TEST IQM 4WK PAK	UN	1.00	569.91
		LOT/SERIAL # 812435-013	10/31/2018		
Subtotal:		569.91			
Subtotal:		569.91			
Invoice Total		USD 569.91			

GILLMORE MEMORIAL HOSPITAL

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

MS 38821
PHN: (662) 256-6218
FAX: (662) 256-6149

Ordered By
GMHMRIGH

Order Date
5/08/18

Expected Delivery Date: 5/08/18

Terms/Freight
30 NET 30 DAYS
BW BEST WAY

Order Qty	1
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Order
Unit
EA

Description/ Catalog# / Mfr	CARTR	GEM 35

ID-Number
BG/HCT 75

Dept/
Expense
754
754425

Extended
Price
569.91

4

SUBTOTAL:
TAX:
TOTAL AMOUNT:

A Werfen Company

Ship To: 8500236900
AMORY REGIONAL MEDICAL CENTER LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO# 00901
1105 EARL FRYE BLVD
AMORY MS 38821
Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934
Invoice Number 9110524263
Billing Date 06/23/2018
TIN 461130936
Terms Payable within 30 days due net

Sales Order No.	8896630	P.O. No.	00901	Inco CPT	Carriage Paid To
Delivery Number	51918989				
Tracking Number	00000000431133460994				
Item	Material No.	Description	Quantity	Unit Price	Extension
1002	00026407584	GEM 3/3.5 BG/HCT 075 TEST IQM 4WK PAK	UN	1.00	569.91
LOT/SERIAL # 813535-028			11/11/2018		
Subtotal:			569.91		
Subtotal:			569.91		
Invoice Total			USD	569.91	

GILMORE MEMORIAL HOSPITAL

00901

Purchase Order Number:

VENDOR:

WERFEN USA LLC
PO BOX 347934

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS
PHN: (662) 256-6226
FAX: (662) 256-1693

PITTSBURGH, PA 15251-0000
PHN: (800) 955-9525
FAX: 17818616135
ID: 210032

MS 38821

PHN: (662) 256-6218
FAX: (662) 256-6149

Vendor No. Ordered By
W010 GMHDCAMPB

Order Date
5/22/18

Expected Delivery Date
5/22/18

Terms/Freight
30 NET 30 DAYS
BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 467016	1	EA	CARTR GEM 3500 BG/HCT 75 00026407584 00026407584 REQUEST FROM DEPT LOCATION 754	754 754425	569.91	569.91

1
SUBTOTAL: 569.91
TAX: .00
TOTAL AMOUNT: 569.91

A Werfen Company



Ship To: 338907
GILMORE MEMORIAL HOSPITAL
PO 00943
1105 EARL FRYE BOULEVARD
AMORY MS 38821
Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934
Invoice Number 9110525416
Billing Date 05/29/2018
TIN 461130936
Terms Payable within 30 days due net

Sales Order No. 8903331		P.O. No. 00943		Inco CPT Carriage Paid To		
Delivery Number 51934497						
Item	Material No.	Description		Quantity	Unit Price	Extension
1001	00003316200	Multi-4 Multi Level 3 x 10 x 1.7 mL.		UN	1.00	60.00
		LOT/SERIAL # N1273911		02/28/2019		
Subtotal:				60.00		60.00
Subtotal:				60.00		60.00
Invoice Total		USD		60.00		

GILMORE MEMORIAL HOSPITAL

00943

Purchase Order Number:

VENDOR:

WERFEN USA LLC
PO BOX 347934

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS
PHN: (662) 256-6226
FAX: (662) 256-1693

PITTSBURGH, PA 15251-0000
PHN: (800) 955-9525
FAX: 17818616135
ID: 210032

Vendor No. Ordered By
W010 GMHMMWRIGH

Order Date
5/25/18

Expected Delivery Date
5/25/18

Terms/Freight
30 NET 30 DAYS
BW BEST WAY

Line No. /
Item Number Order Qty

311620 1 Unit

Order Description/
Catalog# / Mfg ID-Number
CONTROL MULTI-4 CO-OXIMETER
00003316200 00003316200

Dept/
Expense To
754
754425

Unit Price Extended
60.00 Price
60.00

REQUEST FROM DEPT LOCATION 754

1
SUBTOTAL: 60.00
TAX: .00
TOTAL AMOUNT: 60.00

A Werfen Company

Ship To: 56243
 AMORY REGIONAL MEDICAL CENTER, LLC
 D/B/A GILMORE MEMORIAL HOSPITAL
 PO# 906
 TOMMY GANN
 1105 EARL FRYE BLVD
 AMORY MS 38821-5500
 Billing To: 227097
 GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BOULEVARD
 AMORY MS 38821

Werfen USA LLC
 P O Box 347934
 Pittsburgh PA 15251-4934
 Invoice Number 9110525417
 Billing Date 05/29/2018
 TIN 461130936
 Terms Payable within 30 days due net

Sales Order No.	8905779	P.O. No.	906	Inco CPT	Carriage Paid To
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Item	Material No.	Description	Quantity	Unit Price	Extension
7002	00009756800	Hemosil Sample diluent	1.00	9.20	9.20
	LOT/SERIAL # N0870411		08/31/2019		
8002	00009757600	Hemosil Factor Diluent	1.00	9.20	9.20
	LOT/SERIAL # N0485805		10/31/2020		
11002	00006800000	ROTORS 20 POS., 100/PK, ACL	1.00	170.28	170.28
	LOT/SERIAL # LSF1711		12/31/9999		
Subtotal:					
					188.68

Delivery Number 51935144

Item	Material No.	Description	Quantity	Unit Price	Extension
11003	00009756710	Hemosil PT-Fibrinogen	4.00	28.48	113.92
	LOT/SERIAL # N0570092		05/31/2020		
11004	00020006300	Hemosil APTT-SP	2.00	29.78	59.56
	LOT/SERIAL # N0285728		02/29/2020		
11005	00020003700	Hemosil Calibration plasma	2.00	38.60	77.20
	LOT/SERIAL # N1072754		10/31/2020		
11006	00020005600	Hemosil Routine Control Level 1	14.00	15.54	217.56
	LOT/SERIAL # N0386408		03/31/2021		
11007	00020005800	Hemosil Routine Control Level 3	14.00	17.60	246.40
	LOT/SERIAL # N0386790		03/31/2020		
11008	00020004200	Hemosil Low Fibrinogen Control	2.00	38.60	77.20
	LOT/SERIAL # N0487381		04/30/2020		

Werfen USA LLC, 180 Hartwell Road, Bedford, MA 01730 USA Tel (800)955-9525 / Fax (781)861-6135

Ship To: 56243
AMORY REGIONAL MEDICAL CENTER, LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO# 906
TOMMY GANN
1105 EARL FRYE BLVD
AMORY MS 38821-5500
Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821

Invoice Number 9110525417
Billing Date 05/29/2018
TIN 461130936
Terms Payable within 30 days due net

Subtotal: 791.84

Delivery Number 51935145

Item	Material No.	Description	Quantity	Unit Price	Extension
11010	00009831700	HemosIL Cleaning Solution (Clean A)	UN	18.92	37.84
		LOT/SERIAL # N0284510	02/29/2020		
Subtotal:					37.84

Subtotal: 1,018.36

Invoice Total USD 1,018.36

Ship To: 56243
AMORY REGIONAL MEDICAL CENTER, LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO# 906
TOMMY GANN
1105 EARL FRYE BLVD
AMORY MS 38821-5500
Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Invoice Number 9110529898
Billing Date 06/06/2018
TIN 461130936
Terms Payable within 30 days due net

Sales Order No.	8905779	P.O. No.	906	Inco CPT	Carriage Paid To
Delivery Number	51962883				

Item	Material No.	Description	Quantity	Unit Price	Extension
6002	00020002400	Hemosil Wash-R	UN	7.00	167.93
			LOT/SERIAL # N0586704	05/31/2020	
			Subtotal:	23.99	167.93

			Subtotal:	167.93
			Invoice Total	USD 167.93

A Werfen Company

Ship To: 56243
AMORY REGIONAL MEDICAL CENTER, LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO# 906
TOMMY GANN
1105 EARL FRYE BLVD
AMORY MS 38821-5500
Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934
Invoice Number 9110536813
Billing Date 06/22/2018
TIN 461130936
Terms Payable within 30 days due net

Sales Order No.	8905779	P.O. No.	906	Inco CPT	Carriage Paid To
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Item	Material No.	Description	Quantity	Unit Price	Extension
6003	00020002400	Hemosil Wash-R	UN	7.00	167.93
		LOT/SERIAL # N0586704			
		05/31/2020			
11003	00006800000	ROTORS 20 POS., 100/PK, ACL	UN	1.00	170.28
		LOT/SERIAL # LSF1712			
		12/31/9999			
Subtotal: 338.21					

Delivery Number 52010269					
Item	Material No.	Description	Quantity	Unit Price	Extension
11005	00009831700	Hemosil Cleaning Solution (Clean A)	UN	1.00	18.92
		LOT/SERIAL # N0586721			
		05/31/2020			
Subtotal: 18.92					

Invoice Total USD 357.13

A Werfen Company

Ship To: 56243
AMORY REGIONAL MEDICAL CENTER, LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO# 906
TOMMY GANN
1105 EARL FRYE BLVD
AMORY MS 38821-5500
Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934
Invoice Number 9110537340
Billing Date 06/25/2018
TIN 461130936
Terms Payable within 30 days due net

Sales Order No.	8905779	P.O. No.	906	Inco CPT	Carriage Paid To
Delivery Number	52010268				

Item	Material No.	Description	Quantity	Unit Price	Extension
1002	00009756710	Hemosil PT-Fibrinogen	UN	4.00	28.48
2002	000200006300	Hemosil APTT-SP	UN	1.00	29.78
3002	000200003700	Hemosil Calibration plasma	UN	1.00	38.60
4002	000200005600	Hemosil Routine Control Level 1	UN	13.00	15.54
5002	000200005800	Hemosil Routine Control Level 3	UN	13.00	17.60
10002	000200004200	Hemosil Low Fibrinogen Control	UN	2.00	38.60
Subtotal:			690.32		
Subtotal:			690.32		

Invoice Total USD 690.32

A Werfen Company

Ship To: 56243
 AMORY REGIONAL MEDICAL CENTER, LLC
 D/B/A GILMORE MEMORIAL HOSPITAL
 PO# 906
 TOMMY GANN
 1105 EARL FRYE BLVD
 AMORY MS 38821-5500
 Bill To: 227097
 GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BOULEVARD
 AMORY MS 38821

Invoice Number 9110549432
 Billing Date 07/24/2018
 TIN 461130936
 Terms Payable within 30 days due net

Werfen USA LLC
 P O Box 347934
 Pittsburgh PA 15251-4934

Sales Order No.	8905779	P.O. No.	906	Inco CPT	Carriage Paid To
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Item	Material No.	Description	Quantity	Unit Price	Extension
6004	00020002400	Hemosil Wash-R	UN	23.99	167.93
		LOT/SERIAL # N0687444	05/31/2020		
8003	00009757600	Hemosil Factor Diluent	UN	1.00	9.20
		LOT/SERIAL # N0687438	11/30/2020		
11004	00006800000	ROTORS 20 POS., 100/PK, ACL	UN	1.00	170.28
		LOT/SERIAL # LSF1801	12/31/9999		
Subtotal:					
					347.41

Delivery Number 52102098

Item	Material No.	Description	Quantity	Unit Price	Extension
11005	00009756710	Hemosil PT-Fibrinogen	UN	3.00	85.44
		LOT/SERIAL # N0570092	05/31/2020		
11006	00020006300	Hemosil APTT-SP	UN	2.00	59.56
		LOT/SERIAL # N0285728	02/29/2020		
11007	00020005600	Hemosil Routine Control Level 1	UN	13.00	202.02
		LOT/SERIAL # N0386408	03/31/2021		
11008	00020005800	Hemosil Routine Control Level 3	UN	13.00	228.80
		LOT/SERIAL # N0386790	03/31/2020		
11009	00020004200	Hemosil Low Fibrinogen Control	UN	1.00	38.60
		LOT/SERIAL # N0487381	04/30/2020		
Subtotal:					
					614.42

Delivery Number 52102099

Werfen USA LLC, 180 Hartwell Road, Bedford, MA 01730 USA Tel (800)955-9525 / Fax (781)861-6135

Ship To: 56243
AMORY REGIONAL MEDICAL CENTER, LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO# 906
TOMMY GANN
1105 EARL FRYE BLVD
AMORY MS 38821-5500
Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Invoice Number 9110549432
Billing Date 07/24/2018
TIN 461130936
Terms Payable within 30 days due net

Item	Material No.	Description	Quantity	Unit Price	Extension
11011	00009831700	Hemosil Cleaning Solution (Clean A)	UN	18.92	18.92
		LOT/SERIAL # N0687469	06/30/2020		

Subtotal: 18.92

Subtotal: 980.75

Invoice Total USD 980.75

From: - lgame1@ilw.com
Head_rxeft4_F4192ee3d

Date: Jueves, 24 de mayo de 2018 - 20:58

To:

- ORDERS.US.ESKER@ilw.com

Copy:

Subject: 906 COAG STANDING ORDER

From: Tommy Gann
Sent: Wednesday, May 23, 2018 12:24 PM
To: customers@ilw.com
Cc: Deborah Campbell
Subject: Coag Standing order

please see below standing order , please confirm pricing

PO NUMBER >>>		906			
ORDERED BY T.		Customer Number		56243	
GANN					
Vendor		Vendor Number		PM#	
Unit Price/				Description	
Unit				Ordered	
kg					
IL COAG/Werfen		9756710		115110	
bx 28.48				PT-FIBRINOGEN KIT	
				45	

Head_rxf4_F4192ee3d	164485	APTT-SP IL TEST	18
IL COAG/Werfen	20006300	264063	ACCESS CAL PLASMA
bx	38.60		8
IL COAG/Werfen	20005600	255849	ACCESS NORM. CONTROL
bx	15.54		160
IL COAG/Werfen	20005800	255850	ACCESS HIGH ABN CONTROL
bx	17.60		160
IL COAG/Werfen	20002400	219276	ACL REF. EMULSION SOL.
bx	23.99		80
IL COAG/Werfen	9756800	96013	SAMPLE DIL. 1X10mL
ea	9.20		2
IL COAG/Werfen	9757600	115212	FACTOR DIL 1X10mL repl
ea	9.20		6
IL COAG/Werfen	9831700	104926	CLEANING AGENT A
bx	18.92		16
IL COAG/Werfen	20004200	93843	Fibrinogen Low Control
bx	38.60		20
IL COAG/Werfen	6800000	94051	ACL ROTORS (100/pk)
pk	170.28		12

Conf. #

Head_rxef4_F4192ee3d

Gilmore Memorial
12 month standing order
Ship in 12 separate
month shipments please

1105 earl Frye
Blvd

Amory, MS 38821

662-256-6013

Tommy R. Gann BSMT(ASCP) Clinical Laboratory Director
Gilmore Memorial Hospital Curae Health
Amory Ms 38821
Office # 662-256-6013

The Christian does not think God will love us because we are good, but that God will make us good because He loves us. C S Lewis

Head_xref4_F4192ee3d

CURAE HEALTH CONFIDENTIALITY STATEMENT: The documents accompanying this transmission may contain confidential and/or legally privileged health or other information. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Invoice Total USD 587.01

Subtotal: 587.01

Subtotal: 587.01

Item	Material No.	Description	Quantity	Unit Price	Extension
1002	00026407584	GEM 3/3.5 BG/HCT 075 TEST IQM 4WK PAK	UN	1.00	587.01
Tracking Number 00000000431133471340					
Delivery Number 51963472					
Sales Order No.	8924814	P.O. No.	01051	Inco CPT	Carriage Paid To

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Invoice Number 9110529899
Billing Date 06/06/2018
TIN 461130936
Terms Payable within 30 days due net

Ship To: 8500236900
AMORY REGIONAL MEDICAL CENTER LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO 01051
1105 EARL FRYE BLVD
AMORY MS 38821
Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821



GILMORE MEMORIAL HOSPITAL

Purchase
Order
Number:

01051

V WERFEN USA LLC
E PO BOX 347934
N
S GILMORE MEMORIAL HOSPITAL
H 1105 EARL FRYE BLVD
I AMORY
P MS
T PHN: (662) 256-6218
O FAX: (662) 256-6149
B GILMORE MEMORIAL HOSPITAL
I PO BOX 459
L 1105 EARL FRYE BLVD
L AMORY, MS
T PHN: (662) 256-6226
O FAX: (662) 256-1693

Vendor No.	Ordered by	Order Date	Expected Delivery Date	Terms/Freight		
W010	GMHMRIGH	6/05/18	6/05/18	30 NET 30 DAYS BW BEST WAY		
Line No./Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dep't/ Expense To	Unit Price	Extended Price
001 467016	1	EA	CARTR GEM 3500 BG/HCT 75 00026407584 00026407584 REQUEST FROM DEPT LOCATION 754	754 754425	587.01	587.01
SUBTOTAL:					587.01	
TAX:					.00	
TOTAL AMOUNT:					587.01	

Revision

Revision

Authorized Signature

Ship To: 8500236900
AMORY REGIONAL MEDICAL CENTER LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO #01288
1105 EARL FRYE BLVD
AMORY MS 38821
Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821

Invoice Number 9110538086

Billing Date 06/26/2018

TIN 461130936

Terms Payable within 30 days due net

Sales Order No.	8965792	P.O. No.	01288	Inco CPT	Carriage Paid To
Delivery Number	52022116				
Tracking Number	00000000448489266710				
Item	Material No.	Description	Quantity	Unit Price	Extension
1002	00026407584	GEM 3/3.5 BG/HCT 075 TEST IQM 4WK PAK	UN	1.00	587.01
		LOT/SERIAL # 817035-038	12/16/2018		

Subtotal: 587.01

Subtotal: 587.01

Invoice Total USD 587.01

GILMORE MEMORIAL HOSPITAL

01288

Purchase Order Number:

VENDOR:

WERFEN USA LLC
PO BOX 347934

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS
PHN: (662) 256-6226
FAX: (662) 256-1693

PITTSBURGH, PA 15251-0000
PHN: (800) 955-9525
FAX: 17818616135
ID: 210032

MS 38821

PHN: (662) 256-6218
FAX: (662) 256-6149

Vendor No. W010
Ordered By GMHMMWRIGH

Order Date 6/25/18

Expected Delivery Date 6/25/18

Terms/Freight 30 NET 30 DAYS
BW BEST WAY

Line No. / Item Number	Order Qty	Order Unit	Description / Catalog# / Mfg ID-Number	Dept / Expense To	Unit Price	Extended Price
001 467016	1	EA	CARTR GEM 3500 BG/HCT 75 00026407584 00026407584 REQUEST FROM DEPT LOCATION 754	754 754425	587.01	587.01

SUBTOTAL: 587.01
TAX: .00
TOTAL AMOUNT: 587.01

Ship To: 8500236900
AMORY REGIONAL MEDICAL CENTER LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO #01355
1105 EARL FRYE BLVD
AMORY MS 38821
Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Invoice Number 9110540096
Billing Date 07/02/2018
TIN 461130936
Terms Payable within 30 days due net

Sales Order No.	8976883	P.O. No.	01355	Inco	CPT	Carriage Paid To
Delivery Number	52039909					
Tracking Number	00000000448489270920					
Item	Material No.	Description	Quantity	Unit Price	Extension	
1002	00026407584	GEM 3/3.5 BG/HCT 075 TEST IQM 4WK PAK	UN	1.00	587.01	
		LOT/SERIAL # 817635-024	12/22/2018			
Subtotal:					587.01	
Subtotal:					587.01	

Invoice Total USD 587.01

GILMORE MEMORIAL HOSPITAL

01355

Purchase Order Number:

VENDOR:

WERFEN USA LLC
PO BOX 347934

PITTSBURGH, PA

PHN: (800) 955-9525

FAX: 17818616135

ID: 210032

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

MS

PHN: (662) 256-6218

FAX: (662) 256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS

38821

PHN: (662) 256-6226

FAX: (662) 256-1693

Vendor No.	Ordered By	Order Date	Expected Delivery Date	Terms/Freight
W010	GMHMMWRIGH	6/29/18	6/29/18	30 NET 30 DAYS
				BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 467016	1	EA	CARTR GEM 3500 BG/HCT 75 00026407584 00026407584 REQUEST FROM DEPT LOCATION 754	754 754425	587.01	587.01
SUBTOTAL:						587.01
TAX:						.00
TOTAL AMOUNT:						587.01

Ship To: 8500236900
AMORY REGIONAL MEDICAL CENTER LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO 01647
1105 EARL FRYE BLVD
AMORY MS 38821

Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Invoice Number 9110552121
Billing Date 07/31/2018
TIN 461130936
Terms Payable within 30 days due net

Sales Order No.	9032806	P.O. No.	01647	Inco CPT	Carriage Paid To
-----------------	---------	----------	-------	----------	------------------

Tracking Number		00000000448489288759	
Item	Material No.	Description	
1002	00026407584	GEM 3/3.5 BG/HCT 075 TEST IQM 4WK PAK UN	
		LOT/SERIAL # 820635-022	01/21/2019
			UN
		Quantity	1.00
		Unit Price	587.01
		Extension	587.01

Subtotal:	587.01
Subtotal:	587.01

Invoice Total

USD

587.01

GILMORE MEMORIAL HOSPITAL

01647

Purchase Order Number:

VENDOR:

WERFEN USA LLC
PO BOX 347934

PITTSBURGH, PA

PHN: (800) 955-9525

FAX: 17818616135

ID: 210032

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

MS

PHN: (662) 256-6218

FAX: (662) 256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS

38821

PHN: (662) 256-6226

FAX: (662) 256-1693

Vendor No. Ordered By
W010 GMHMMWRIGH

Order Date
7/26/18

Expected Delivery Date
7/26/18

Terms/Freight
30 NET 30 DAYS

BW BEST WAY

Line No./
Item Number Qty

Order Unit
1 EA

Description/
Catalog# / Mfg ID-Number
CARTR GEM 3500 BG/HCT 75
00026407584 00026407584
REQUEST FROM DEPT LOCATION 754

Dept/
Expense To
754
754425

Unit
Price
587.01

Extended
Price
587.01

1

SUBTOTAL: 587.01
TAX: .00
TOTAL AMOUNT: 587.01

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Invoice Number 9110553479
Billing Date 08/02/2018
TIN 461130936
Terms Payable within 30 days due net

Ship To: 56243
AMORY REGIONAL MEDICAL CENTER, LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO 01694
1105 EARL FRYE BLVD
AMORY MS 38821-5500
Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821

Sales Order No.	9038070	P.O. No.	01694	Inco CPT	Carriage Paid To
Delivery Number	52126576				

Item	Material No.	Description	Quantity	Unit Price	Extension
1002	00018110840	REFERENCE EMULSION SENSOR	UN	1.00	260.00
		LOT/SERIAL # 00000000000	12/31/9999		

Subtotal:	260.00
Subtotal:	260.00
Freight:	13.00

Invoice Total

USD

273.00

GILMORE MEMORIAL HOSPITAL

01694

Purchase Order Number:

VENDOR:

WERFEN USA LLC
PO BOX 347934

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS
PHN: (662) 256-6226
FAX: (662) 256-1693

PITTSBURGH, PA 15251-0000
PHN: (800) 955-9525
FAX: 17818616135
ID: 210032

MS 38821

PHN: (662) 256-6218
FAX: (662) 256-6149

Vendor No. Ordered By
W010 GMHMRIGH

Order Date
7/30/18

Expected Delivery Date
7/30/18

Terms/Freight
30 NET 30 DAYS
BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 10840	1	EA	FLUSH SENSOR ASSY 18110840 18110840	736 736425	260.00	260.00

SUBTOTAL: 260.00
TAX: .00
TOTAL AMOUNT: 260.00

AMORY REGIONAL MEDICAL CENTER LLC
D/B/A GILMORE MEMORIAL HOSPITAL
PO 01874
1105 EARL FRYE BLVD
AMORY MS 38821
Bill To: 227097
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BOULEVARD
AMORY MS 38821

Ship To: 8500236900

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Invoice Number 9110559013
Billing Date 08/15/2018
TIN 461130936
Terms Payable within 30 days due net

Sales Order No.	9068344	P.O. No.	01874	Inco CPT	Carriage Paid To
Delivery Number	52165218				

Tracking Number	00000000448489298359				
Item	Material No.	Description	Quantity	Unit Price	Extension
1002	00026407584	GEM 3/3.5 BG/HCT 075 TEST IQM 4WK PAK	UN	1.00	587.01
		LOT/SERIAL # 822035-024	02/04/2019		

Subtotal:		587.01
Subtotal:		587.01

Invoice Total

USD

587.01

GILMORE MEMORIAL HOSPITAL

01874

VENDOR:

WERFEN USA LLC
PO BOX 347934
PITTSBURGH, PA
PHN: (800) 955-9525
FAX: 17818616135
ID: 210032

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY
MS
PHN: (662) 256-6218
FAX: (662) 256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS
PHN: (662) 256-6226
FAX: (662) 256-1693

Purchase Order Number:

Vendor No.	Ordered By	Order Date	Expected Delivery Date	Terms/Freight
W010	GMHMRIGH	8/15/18	8/15/18	30 NET 30 DAYS BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 467016	1	EA	CARTR GEM 3500 BG/HCP 75 00026407584 00026407584 REQUEST FROM DEPT LOCATION 754	754 754425	587.01	587.01

SUBTOTAL:	587.01
TAX:	.00
TOTAL AMOUNT:	587.01

Customer 56242
Company Code 186

Name GILMORE MEMORIAL REGIONAL MEDICAL C
City AMORY

St	Assignment	Document No	Typ	Doc. Date	S	DD	Am't in loc. cur.	Curr	Clng doc.	Next
<input type="checkbox"/>	9110424449	1400038679	DZ	10/30/2017			623.24-	USD		0008061282 / 854-6322982
<input type="checkbox"/>	9110424449	9110424449	DI	09/05/2017			776.38	USD		
*							153.14	USD		
** Account 56242							153.14	USD		

Ship To: 56243
 GILMORE MEMORIAL REGIONAL MEDICAL C
 AMORY HMA INC
 ATTN: Receiving PO#854-6322982
 TOMMY GANN
 1105 EARL FRYE BLVD
 AMORY MS 38821-5500
 Bill To: 56242
 GILMORE MEMORIAL REGIONAL MEDICAL C
 AMORY HMA INC
 ACCOUNTS PAYABLE
 1105 EARL FRYE BLVD
 AMORY MS 38821-5500

Werfen USA LLC
 P O Box 347934
 Pittsburgh PA 15251-4934

Invoice Number 9110424449
 Billing Date 09/05/2017
 TIN 461130936
 Terms Payable within 30 days due net

Sales Order No.	8061282	P.O. No.	854-6322982	Inco	CPT	Carriage Paid To
Delivery Number	51164556					

Item	Material No.	Description	Quantity	Unit Price	Extension
6008	00020002400	Hemosil Wash-R	UN	23.99	143.94
LOT/SERIAL # N0779696			07/31/2019		
Subtotal:					
					143.94

Delivery Number						51164557
Item	Material No.	Description	Quantity	Unit Price	Extension	

10006	00020004200	Hemosil Low Fibrinogen Control	UN	1.00	38.60
6012	00020005600	Hemosil Routine Control Level 1	UN	13.00	202.02
LOT/SERIAL # N1166161			11/30/2018		
6011	00020003700	Hemosil Calibration plasma	UN	1.00	38.60
LOT/SERIAL # N1266764			12/31/2019		
6013	00020005800	Hemosil Routine Control Level 3	UN	13.00	228.80
LOT/SERIAL # N1166227			11/30/2018		
6010	00020006300	Hemosil APTT-SP	UN	1.00	29.78
LOT/SERIAL # N1266885			12/31/2018		
6009	00009756710	Hemosil PT-Fibrinogen	UN	3.00	85.44
LOT/SERIAL # N0965307			09/30/2019		
Subtotal:					623.24
Delivery Number					51165079

A Werfen Company

Instrumentation
Laboratory



REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Invoice Number 9110424449
Billing Date 09/05/2017
TIN 461130936
Terms Payable within 30 days due net

Ship To: 56243
GILMORE MEMORIAL REGIONAL MEDICAL C
AMORY HMA INC
ATTN: Receiving PO#854-6322982
TOMMY GANN
1105 EARL FRYE BLVD
AMORY MS 38821-5500
Bill To: 56242
GILMORE MEMORIAL REGIONAL MEDICAL C
AMORY HMA INC
ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY MS 38821-5500

Tracking Number		Material No.	Description	Quantity	Unit Price	Extension
10008	00009757600	HemosIL Factor Diluent	UN	1.00	9.20	9.20
		LOT/SERIAL # N0870410		02/29/2020		

Subtotal: 9.20
Subtotal: 776.38

Invoice Total USD 776.38

- Paid 623.24

Still owed:

153.14

**GMRMC Laboratory
Coagulation Order**

3/31/2017

PO NUMBER >>>>		854-6322982					
ORDERED BY T. GANN		Customer Number		56243		Total Qty	
Vendor	Vendor Number	PMM#	Description	Ordered Yr	Unit	Price/ pkg	
IL COAG/Werfen	9756710	115110	PT-FIBRINOGEN KIT	45	bx	28.48	
IL COAG/Werfen	20006300	164485	APTT-SP IL TEST	18	bx	29.78	
IL COAG/Werfen	20003700	264063	ACCESS CAL PLASMA	8	bx	38.60	
IL COAG/Werfen	20005600	255849	ACCESS NORM. CONTROL	160	bx	15.54	
IL COAG/Werfen	20005800	255850	ACCESS HIGH ABN CONTROL	160	bx	17.60	
IL COAG/Werfen	20002400	219276	ACL REF. EMULSION SOL.	80	bx	23.99	
IL COAG/Werfen	9756800	96013	SAMPLE DIL. 1X100mL repl	2	ea	9.20	
IL COAG/Werfen	9757600	115212	FACTOR DIL 1X100mL repl	6	ea	9.20	
IL COAG/Werfen	9831700	104926	CLEANING AGENT A	16	bx	18.92	
IL COAG/Werfen	20004200	93843	Fibrinogen Low Control	10	bx	38.60	
IL COAG/Werfen	6800000	94051	ACL ROTORS (100/pk)	12	pk	170.28	
		Conf.#					

12 month standing order
Ship in 12 separate
month shipments please

Merit Health
Gilmore Memorial

1105 earl Frye
Blvd

Amory, MS 38821
662-256-6013

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6745052)
Instrumentation Laboratory
180 Hartwell Rd
Bedford, MA 01730

Claim No: 49
Original Filed
Date: 09/21/2018
Original Entered
Date: 09/21/2018

Status:
Filed by: CR
Entered by: admin
Modified:

Amount claimed: \$7759.05

History:

[Details](#) [49-1](#) 09/21/2018 Claim #49 filed by Instrumentation Laboratory, Amount claimed: \$7759.05 (admin)

Description:

Remarks: (49-1) Account Number (last 4 digits):7097

Claims Register Summary

Case Name: Curae Health Inc.

Case Number: 3:18-bk-05665

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$7759.05
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		