

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
11/1/2018
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>Bio-Rad Laboratories, Inc.</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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Bio-Rad Laboratories, Inc.</u> Name 1000 Alfred Nobel Drive Legal Department, Mailstop 1-130 Mailstop 1-130 Hercules, CA 94547 Contact phone <u>510-741-1000</u> Contact email <u>larisha_jordan@bio-rad.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 _____ MM / DD / YYYY	
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? _____	

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;">3297</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>12757.30</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>Goods sold</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> <div>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.)</div> <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)(<u> </u>) 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 11/1/2018
 MM / DD / YYYY

/s/ Timothy S. Ernst

 Signature

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

Name	Timothy S. Ernst		
	First name	Middle name	Last name
Title	General Counsel		
Company	Bio-Rad Laboratories, Inc.		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	1000 Alfred Nobel Drive		
	Number Street		
	Hercules, CA 94547		
Contact phone	City	State	ZIP Code
	5107416008		
	Email	tim_ernst@bio-rad.com	



Customer Statement

Page 1 / 3

REMIT TO:

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES, California 90084-9740, USA

Accounts Receivable Contact: 510-741-4378
Maria "Peachy" Tarver

NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale MS 38614-1218

Customer Number: 1003297
Statement Date 10/18/2018

TRANSACTION DATE	P.O.NUMBER	CHARGES	CREDITS	AMOUNT DUE	CURR	INVOICE NO.
10-03-2017	POST DAR PAYMENT	0.00	-760.38	-760.38	USD	1400627719
03-21-2018	829-5833989	521.18	0.00	521.18	USD	1400792135
04-11-2018	7495916428	650.76	0.00	650.76	USD	902740520
05-07-2018	749-6723549	60.80	0.00	60.80	USD	902786219
05-07-2018	749-6726871	1,759.50	0.00	1,759.50	USD	902786218
05-09-2018	7495916428	299.20	0.00	299.20	USD	902792913
05-16-2018	749-6733902	123.72	0.00	123.72	USD	902804779
05-16-2018	829-5572172	1,065.96	0.00	1,065.96	USD	902804778
05-18-2018	829-5572172	358.90	0.00	358.90	USD	902809780
05-24-2018	749-6737480	60.80	0.00	60.80	USD	902821838
05-29-2018	749-5572172	237.32	0.00	237.32	USD	902825222
05-31-2018	749-5572172	1,453.50	0.00	1,453.50	USD	902831125



Customer Statement

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BIO-RAD LABORATORIES, INC
P.O. Box 849740
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Maria "Peachy" Tarver

NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale MS 38614-1218

Customer Number: 1003297
Statement Date 10/18/2018

TRANSACTION DATE	P.O.NUMBER	CHARGES	CREDITS	AMOUNT DUE	CURR	INVOICE NO.
06-27-2018	749-6755283	323.00	0.00	323.00	USD	902885743
06-27-2018	749-6754362	60.80	0.00	60.80	USD	902885742
07-05-2018	7495572172	413.40	0.00	413.40	USD	902897391
07-11-2018	7495916428	949.96	0.00	949.96	USD	902908356
07-13-2018	829-5572172	358.90	0.00	358.90	USD	902912253
07-25-2018	749-6726871	1,759.50	0.00	1,759.50	USD	902934791
08-02-2018	749-5572172	237.32	0.00	237.32	USD	902951251
08-13-2018	749-6783991	60.80	0.00	60.80	USD	902970091
09-10-2018	749-6797700	60.80	0.00	60.80	USD	903021641
09-12-2018	7495916428	299.20	0.00	299.20	USD	903030203
09-14-2018	829-5572172	358.90	0.00	358.90	USD	903032362
09-17-2018	749-5572172	1,453.50	0.00	1,453.50	USD	903035495



Customer Statement

Page 3 / 3

REMIT TO:

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES, California 90084-9740, USA

Accounts Receivable Contact: 510-741-4378
Maria "Peachy" Tarver

NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale MS 38614-1218

Customer Number: 1003297

Statement Date 10/18/2018

TRANSACTION DATE	P.O.NUMBER	CHARGES	CREDITS	AMOUNT DUE	CURR	INVOICE NO.
10-10-2018	7495916428	650.76	0.00	650.76	USD	903082059
10-12-2018	070356	0.00	-60.80	-60.80	USD	1400796228

0-30	31-60	61-90	OVER 90	TOTAL BALANCE DUE	CURR
589.96	2,172.40	2,057.62	7,937.32	12,757.30	USD



INVOICE : 902700388

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902700388		03-21-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
829-5833989				Irvine,ORANGE,CA			Net 30 Days		
Sales Order: 1001760260		Order Date: 08-21-2017		Contact Name: ANGELA MORGAN					
Contact Phone Number: (662) 624-3373									
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION		UNIT PRICE	EXTENDED PRICE		
397 66801	3	3	EA	URINE CHEMISTRY 1 LIQ 12X10ML		88.83	266.49		
398 66802	3	3	EA	URINE CHEMISTRY 2 LIQ 12X10ML		88.83	266.49		

Subtotal : 532.98
Tax : 0.00
Total USD : 532.98

Please state Invoice number with your payment: 902700388

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723

**INVOICE : 902740520****Ship To:**

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale, MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale, MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

2% price increase applied per HPG-761 Laboratory Quality Controls, effective 10/16/18. Prices firm through 11/30/2020.

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902740520		04-11-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
7495916428				Irvine,ORANGE,CA			Net 30 Days		
Sales Order: 1002063969		Order Date: 01-08-2018		Contact Name: ANGIE MORGAN					
Contact Phone Number: (662) 624-3373									
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION		UNIT PRICE	EXTENDED PRICE		
594 66381	2	2	EA	IMMUNOLOGY 1 LIQ 6X3ML		162.69	325.38		
596 66383	2	2	EA	IMMUNOLOGY 3 LIQ 6X3ML		162.69	325.38		

Subtotal : 650.76
Tax : 0.00
Total USD : 650.76

Please state Invoice number with your payment: 902740520

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902786219

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	CARRIER	FREIGHT		
1003297	902786219	05-07-2018	FEDEX	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
749-6723549		Woodinville,WA		Net 30 Days		
Sales Order: 1002326218		Order Date: 05-01-2018	Contact Name: YATASHA MUSKIN			
Contact Phone Number: 662-624-3435						
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
63747	2	2	EA	MRSASelect 20x90mm plates	30.40	60.80
64184888						

Subtotal : 60.80

Tax : 0.00

Total USD : 60.80

Please state Invoice number with your payment: 902786219

For Credit or Invoice question call:

510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902786218

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale, MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale, MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT			
1003297		902786218		05-07-2018		FEDEX		DAP			
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS				
749-6726871				Irvine,ORANGE,CA			Net 30 Days				
Sales Order:		1002334288		Order Date:		05-04-2018		Contact Name:		ANGELA MORGAN	
MATERIAL NUMBER BATCH S/N		QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION			UNIT PRICE		EXTENDED PRICE	
365 60242		3	3	EA	SPECIALTY IA LIQ 2 6X5ML			293.25		879.75	
366 60243		3	3	EA	SPECIALTY IA LIQ 3 6X5ML			293.25		879.75	

Subtotal : 1,759.50

Tax : 0.00

Total USD : 1,759.50

Please state Invoice number with your payment: 902786218

For Credit or Invoice question call:

510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723

**INVOICE : 902792913****Ship To:**

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

2% price increase applied per HPG-761 Laboratory Quality Controls, effective 10/16/18. Prices firm through 11/30/2020.

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902792913		05-09-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
7495916428				Irvine,ORANGE,CA			Net 30 Days		
Sales Order:		1002063969		Order Date:		01-08-2018		Contact Name: ANGIE MORGAN	
Contact Phone Number: (662) 624-3373									
MATERIAL NUMBER BATCH S/N		QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION		UNIT PRICE	EXTENDED PRICE	
694 45791		4	4	EA	MULTIQUAL ASSAYED 1 LIQ 12X3ML		37.40	149.60	
696 45793		4	4	EA	MULTIQUAL ASSAYED 3 LIQ 12X3ML		37.40	149.60	

Subtotal : 299.20
Tax : 0.00
Total USD : 299.20

Please state Invoice number with your payment: 902792913

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902804778

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902804778		05-16-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
829-5572172				Irvine,ORANGE,CA			Net 30 Days		
Sales Order: 1001327570		Order Date: 01-23-2017		Contact Name: ANGELA MORGAN					
Contact Phone Number: (662) 624-3373									
MATERIAL NUMBER BATCH S/N		QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION		UNIT PRICE	EXTENDED PRICE	
361	40921	4	4	EA	IA PLUS LIQ 1 12X5ML		88.83	355.32	
362	40922	4	4	EA	IA PLUS LIQ 2 12X5ML		88.83	355.32	
363	40923	4	4	EA	IA PLUS LIQ 3 12X5ML		88.83	355.32	

Subtotal : 1,065.96
Tax : 0.00
Total USD : 1,065.96

Please state Invoice number with your payment: 902804778

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902804779

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902804779		05-16-2018		FEDEX		DAP	
PURCHASE ORDER ID			SHIP FROM			PAYMENT TERMS			
749-6733902			Irvine,ORANGE,CA			Net 30 Days			
Sales Order: 1002359317		Order Date: 05-16-2018		Contact Name: YATASHA MUSKIN					
Contact Phone Number: 662-624-3435									
MATERIAL NUMBER BATCH S/N		QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE		
995		3	3	EA	QUANTIFY PLUS LIQ BI 10X12ML	41.24	123.72		
80560									

Subtotal : 123.72

Tax : 0.00

Total USD : 123.72

Please state Invoice number with your payment: 902804779

For Credit or Invoice question call:

510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902809780

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

2% price increase applied per HPG-761 Laboratory Quality Controls, effective 10/16/18. Prices firm through 11/30/2020.

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902809780		05-18-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
829-5572172				Irvine,ORANGE,CA			Net 30 Days		
Sales Order:		1001842758		Order Date:		09-27-2017		Contact Name: ANGELA MORGAN	
Contact Phone Number: (662) 624-3373									
MATERIAL NUMBER BATCH S/N		QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION			UNIT PRICE	EXTENDED PRICE
740		5	5	EA	DIABETES BI LYPH 6X0.5ML			71.78	358.90
33950									

Subtotal : 358.90
Tax : 0.00
Total USD : 358.90

Please state Invoice number with your payment: 902809780

For Credit or Invoice question call:

510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902821838

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale, MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale, MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	CARRIER	FREIGHT		
1003297	902821838	05-24-2018	FEDEX	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
749-6737480		Woodinville,WA		Net 30 Days		
Sales Order: 1002371455		Order Date: 05-22-2018	Contact Name: YATASHA MUSKIN			
Contact Phone Number: 662-624-3435						
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
63747	2	2	EA	MRSASelect 20x90mm plates	30.40	60.80
64190797						

Subtotal : 60.80

Tax : 0.00

Total USD : 60.80

Please state Invoice number with your payment: 902821838

For Credit or Invoice question call:

510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723

**INVOICE : 902825222****Ship To:**

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902825222		05-29-2018		FEDEX		DAP	
PURCHASE ORDER ID			SHIP FROM			PAYMENT TERMS			
749-5572172			Irvine,ORANGE,CA			Net 30 Days			
Sales Order: 1002219885		Order Date: 03-14-2018		Contact Name: ANGELA MORGAN					
Contact Phone Number: 662-624-3373									
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION		UNIT PRICE	EXTENDED PRICE		
544 54231	2	2	EA	ETHANOL/AMMONIA 1 LIQ 6X3ML		59.33	118.66		
546 54233	2	2	EA	ETHANOL/AMMONIA 3 LIQ 6X3ML		59.33	118.66		

Subtotal : 237.32
Tax : 0.00
Total USD : 237.32

Please state Invoice number with your payment: 902825222

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723

**INVOICE : 902831125****Ship To:**

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902831125		05-31-2018		FEDEX		FCA	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
749-5572172				Irvine,ORANGE,CA			Net 30 Days		
Sales Order: 1002219885		Order Date: 03-14-2018		Contact Name: ANGELA MORGAN					
Contact Phone Number: 662-624-3373									
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION			UNIT PRICE	EXTENDED PRICE	
181 29871	5	5	EA	CARD MKRS PLUS 1 LIQ 6X3ML			96.90	484.50	
182 29872	5	5	EA	CARD MKRS PLUS 2 LIQ 6X3ML			96.90	484.50	
183 29873	5	5	EA	CARD MKRS PLUS 3 LIQ 6X3ML			96.90	484.50	

Subtotal : 1,453.50
Tax : 0.00
Total USD : 1,453.50

Please state Invoice number with your payment: 902831125

For Credit or Invoice question call:

510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902885742

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902885742		06-27-2018		FEDEX		DAP	
PURCHASE ORDER ID			SHIP FROM			PAYMENT TERMS			
749-6754362			Woodinville,WA			Net 30 Days			
Sales Order: 1002452306		Order Date: 06-27-2018		Contact Name: YATASHA MUSKIN					
Contact Phone Number: 662-624-3453									
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION		UNIT PRICE	EXTENDED PRICE		
63758	2	2	EA	MRSASelect II 20x90mm plates US		30.40	60.80		
64195483									

Subtotal : 60.80
Tax : 0.00
Total USD : 60.80

Please state Invoice number with your payment: 902885742

For Credit or Invoice question call:

510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902885743

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902885743		06-27-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
749-6755283				Irvine,ORANGE,CA			Net 30 Days		
Sales Order: 1002452334		Order Date: 06-27-2018		Contact Name: YATASHA MUSKIN					
Contact Phone Number: 662-624-3453									
MATERIAL NUMBER BATCH S/N		QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION			UNIT PRICE	EXTENDED PRICE
12000070		1	1	EA	HB A1C Lin Lyph 6 x 0.5ml			323.00	323.00
34700									

Subtotal : 323.00

Tax : 0.00

Total USD : 323.00

Please state Invoice number with your payment: 902885743

For Credit or Invoice question call:

510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902897391

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902897391		07-05-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
7495572172				Irvine,ORANGE,CA			Net 30 Days		
Sales Order: 1002477271		Order Date: 07-05-2018		Contact Name: ANGELA MORGAN					
Contact Phone Number: 662-624-3373									
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION			UNIT PRICE	EXTENDED PRICE	
751 55691	3	3	EA	SPINAL FLUID 1 LIQ 6X3ML			68.90	206.70	
752 55692	3	3	EA	SPINAL FLUID 2 LIQ 6X3ML			68.90	206.70	

Subtotal : 413.40

Tax : 0.00

Total USD : 413.40

Please state Invoice number with your payment: 902897391

For Credit or Invoice question call:

510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902908356

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

2% price increase applied per HPG-761 Laboratory Quality Controls, effective 10/16/18. Prices firm through 11/30/2020.

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	CARRIER	FREIGHT		
1003297	902908356	07-11-2018	FEDEX	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
7495916428		Irvine,ORANGE,CA		Net 30 Days		
Sales Order:	1002063969	Order Date:	01-08-2018	Contact Name: ANGIE MORGAN		
Contact Phone Number: (662) 624-3373						
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
594 66381	2	2	EA	IMMUNOLOGY 1 LIQ 6X3ML	162.69	325.38
596 66383	2	2	EA	IMMUNOLOGY 3 LIQ 6X3ML	162.69	325.38
694 45791	4	4	EA	MULTIQUAL ASSAYED 1 LIQ 12X3ML	37.40	149.60
696 45793	4	4	EA	MULTIQUAL ASSAYED 3 LIQ 12X3ML	37.40	149.60

For Credit or Invoice question call:

510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902908356

MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
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Subtotal : 949.96

Tax : 0.00

Total USD : 949.96

Please state Invoice number with your payment: 902908356

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 903032362

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

2% price increase applied per HPG-761 Laboratory Quality Controls, effective 10/16/18. Prices firm through 11/30/2020.

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		903032362		09-14-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
829-5572172				Irvine,ORANGE,CA			Net 30 Days		
Sales Order:		1001842758		Order Date:		09-27-2017		Contact Name: ANGELA MORGAN	
Contact Phone Number: (662) 624-3373									
MATERIAL NUMBER BATCH S/N		QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION			UNIT PRICE	EXTENDED PRICE
740		5	5	EA	DIABETES BI LYPH 6X0.5ML			71.78	358.90
33950									

Subtotal : 358.90
Tax : 0.00
Total USD : 358.90

Please state Invoice number with your payment: 903032362

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902934791

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902934791		07-25-2018		FEDEX		DAP	
PURCHASE ORDER ID			SHIP FROM			PAYMENT TERMS			
749-6726871			Irvine,ORANGE,CA			Net 30 Days			
Sales Order: 1002334288		Order Date: 05-04-2018		Contact Name: ANGELA MORGAN					
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION		UNIT PRICE	EXTENDED PRICE		
365 60242	3	3	EA	SPECIALTY IA LIQ 2 6X5ML		293.25	879.75		
366 60243	3	3	EA	SPECIALTY IA LIQ 3 6X5ML		293.25	879.75		

Subtotal : 1,759.50

Tax : 0.00

Total USD : 1,759.50

Please state Invoice number with your payment: 902934791

For Credit or Invoice question call:

510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902951251

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902951251		08-02-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
749-5572172				Irvine,ORANGE,CA			Net 30 Days		
Sales Order: 1002219885		Order Date: 03-14-2018		Contact Name: ANGELA MORGAN					
Contact Phone Number: 662-624-3373									
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION			UNIT PRICE	EXTENDED PRICE	
544 54231	2	2	EA	ETHANOL/AMMONIA 1 LIQ 6X3ML			59.33	118.66	
546 54233	2	2	EA	ETHANOL/AMMONIA 3 LIQ 6X3ML			59.33	118.66	

Subtotal : 237.32
Tax : 0.00
Total USD : 237.32

Please state Invoice number with your payment: 902951251

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 902970091

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		902970091		08-13-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
749-6783991				Woodinville,WA			Net 30 Days		
Sales Order:		1002565296		Order Date:		08-10-2018			
MATERIAL NUMBER BATCH S/N		QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION		UNIT PRICE		EXTENDED PRICE
63758		2	2	EA	MRSASelect II 20x90mm plates US		30.40		60.80
64205694									

Subtotal : 60.80
Tax : 0.00
Total USD : 60.80

Please state Invoice number with your payment: 902970091

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 903021641

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale, MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale, MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		903021641		09-10-2018		FEDEX		DAP	
PURCHASE ORDER ID			SHIP FROM			PAYMENT TERMS			
749-6797700			Woodinville,WA			Net 30 Days			
Sales Order: 1002631151		Order Date: 09-07-2018		Contact Name: YATASHA MUSKIN					
Contact Phone Number: 662-624-3435									
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION		UNIT PRICE	EXTENDED PRICE		
63747	2	2	EA	MRSASelect 20x90mm plates		30.40	60.80		
64206678									

Subtotal : 60.80
Tax : 0.00
Total USD : 60.80

Please state Invoice number with your payment: 903021641

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 903030203

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

2% price increase applied per HPG-761 Laboratory Quality Controls, effective 10/16/18. Prices firm through 11/30/2020.

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		903030203		09-12-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
7495916428				Irvine,ORANGE,CA			Net 30 Days		
Sales Order:		1002063969		Order Date:		01-08-2018		Contact Name: ANGIE MORGAN	
Contact Phone Number: (662) 624-3373									
MATERIAL NUMBER BATCH S/N		QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION			UNIT PRICE	EXTENDED PRICE
694 45791		4	4	EA	MULTIQUAL ASSAYED 1 LIQ 12X3ML			37.40	149.60
696 45793		4	4	EA	MULTIQUAL ASSAYED 3 LIQ 12X3ML			37.40	149.60

Subtotal : 299.20
Tax : 0.00
Total USD : 299.20

Please state Invoice number with your payment: 903030203

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 903032362

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale, MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale, MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

2% price increase applied per HPG-761 Laboratory Quality Controls, effective 10/16/18. Prices firm through 11/30/2020.

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	CARRIER	FREIGHT		
1003297	903032362	09-14-2018	FEDEX	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
829-5572172		Irvine,ORANGE,CA		Net 30 Days		
Sales Order: 1001842758		Order Date: 09-27-2017	Contact Name: ANGELA MORGAN			
Contact Phone Number: (662) 624-3373						
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
740 33950	5	5	EA	DIABETES BI LYPH 6X0.5ML	71.78	358.90

Subtotal : 358.90
Tax : 0.00
Total USD : 358.90

Please state Invoice number with your payment: 903032362

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 903035495

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	CARRIER	FREIGHT		
1003297	903035495	09-17-2018	FEDEX	FCA		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
749-5572172		Irvine,ORANGE,CA		Net 30 Days		
Sales Order: 1002219885		Order Date: 03-14-2018	Contact Name: ANGELA MORGAN			
Contact Phone Number: 662-624-3373						
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
181 29871	5	5	EA	CARD MKRS PLUS 1 LIQ 6X3ML	96.90	484.50
182 29872	5	5	EA	CARD MKRS PLUS 2 LIQ 6X3ML	96.90	484.50
183 29873	5	5	EA	CARD MKRS PLUS 3 LIQ 6X3ML	96.90	484.50

Subtotal : 1,453.50
Tax : 0.00
Total USD : 1,453.50

Please state Invoice number with your payment: 903035495

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 903082059

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

2% price increase applied per HPG-761 Laboratory Quality Controls, effective 10/16/18. Prices firm through 11/30/2020.

CUSTOMER NO.		INVOICE NO.		INVOICE DATE		CARRIER		FREIGHT	
1003297		903082059		10-10-2018		FEDEX		DAP	
PURCHASE ORDER ID				SHIP FROM			PAYMENT TERMS		
7495916428				Irvine,ORANGE,CA			Net 30 Days		
Sales Order:		1002063969		Order Date:		01-08-2018		Contact Name: ANGIE MORGAN	
Contact Phone Number: (662) 624-3373									
MATERIAL NUMBER BATCH S/N		QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION		UNIT PRICE	EXTENDED PRICE	
594 66381		2	2	EA	IMMUNOLOGY 1 LIQ 6X3ML		162.69	325.38	
596 66383		2	2	EA	IMMUNOLOGY 3 LIQ 6X3ML		162.69	325.38	

Subtotal : 650.76
Tax : 0.00
Total USD : 650.76

Please state Invoice number with your payment: 903082059

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723



INVOICE : 903095591

Ship To:

Customer # 2005544
NW. MISSISSIPPI MEDICAL CENTER
1970 Hospital Dr
Clarksdale,MS 38614-7202 US

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules CA 94547

Bill To:

Customer # 1003297
NORTHWEST MS REGIONAL MEDICAL CTR
P.O. Box 1218
Clarksdale,MS 38614-1218 US

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
P.O. Box 849740
LOS ANGELES 90084-9740
FEIN : 94-1381833

2% price increase applied per HPG-761 Laboratory Quality Controls, effective 10/16/18. Prices firm through 11/30/2020.

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	CARRIER	FREIGHT		
1003297	903095591	10-17-2018	FEDEX	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
749-5572172		Irvine,ORANGE,CA		Net 30 Days		
Sales Order: 1002219885		Order Date: 03-14-2018	Contact Name: ANGELA MORGAN			
Contact Phone Number: 662-624-3373						
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
544 54231	2	2	EA	ETHANOL/AMMONIA 1 LIQ 6X3ML	60.52	121.04
546 54233	2	2	EA	ETHANOL/AMMONIA 3 LIQ 6X3ML	60.52	121.04

Subtotal : 242.08
Tax : 0.00
Total USD : 242.08

Please state Invoice number with your payment: 903095591

For Credit or Invoice question call:
510-741-4378

To place an order or schedule service call:
800-2BioRad (800) 224-6723

BANKRUPTCY CHECK LIST

Today's Date: October 17, 2018

Original Filing Date: 8/24/2018

Bankrupt Entity: Curae Health, Inc.

DBA's: NORTHWEST MS REGIONAL MEDICAL C

Account #'s 1003297

BK TYPE: Chapter 11

BK CASE #: -3:18-bk-05665

Product Type

☐ CDG ☐ LSG ☒ BOTH

CHECK OFF PROCESS – COLLECTOR

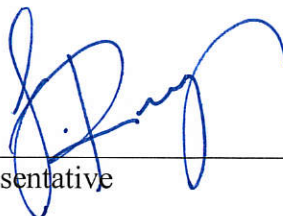
☒ Please file POC. Invoices and Statement attached.

☐ No Open Invoices Prior to Filing Date

☐ SUPPLEMENTAL DOUMENTS ONLY

A/R Representative

Date

 10-18-18



**Northwest
Mississippi**
MEDICAL CENTER

August 27, 2018

Dear Vendor:

As you may be aware, on August 24, 2018, Curae Health, Inc and certain affiliates which included Northwest Mississippi Medical Center, filed voluntary petitions for relief under Chapter 11 of the U.S. Bankruptcy Code. More information is available at www.bmcgroup.com/curaehealth.

We are still open and operating and expect the process to take about 90-120 days to get thru the required actions of Bankruptcy. We have secured additional financing during this period and expect to pay for post-petition supplies and invoices per the terms of our agreement.

The goal of the organization going forward is to keep payments to vendors current to ensure supplies and services are available for the care of our patients.

Thanks,

Erika Stapleton, Controller
Northwest MS Medical Center

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: (6777365)

Claim No: 113

Status:

Bio-Rad Laboratories, Inc.

Original Filed

Filed by: CR

1000 Alfred Nobel Drive

Date: 11/01/2018

Entered by: admin

Legal Department, Mailstop 1-130

Original Entered

Modified:

Date: 11/01/2018

Mailstop 1-130

Hercules, CA 94547

Amount claimed: \$12757.30

History:

[Details](#) [113-1](#) 11/01/2018 Claim #113 filed by Bio-Rad Laboratories, Inc., Amount claimed: \$12757.30 (admin)

Description:

Remarks: (113-1) Account Number (last 4 digits):3297

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*	\$12757.30
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		