

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID: s1559

Debtor: Terre Haute Medical Laboratory, Inc.

Amount/Classification

\$1,473.52 Unsecured

Indicate Debtor against which you assert a claim by checking the appropriate box. (Check only one Debtor per claim form.)

- Laboratory Partners, Inc. (Case No. 13-12769)
- Kilbourne Medical Laboratories, Inc. (Case No. 13-12771)
- MedLab Ohio, Inc. (Case No. 13-12772)
- Suburban Medical Laboratory, Inc. (Case No. 13-12773)
- Biological Technology Laboratory, Inc. (Case No. 13-12774)
- Terre Haute Medical Laboratory, Inc. (Case No. 13-12775)
- Pathology Associates of Terre Haute, Inc. (Case No. 13-12776)

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):

Name and address where notices should be sent:



33654712011549

ORASURE TECHNOLOGIES INC
DEPARTMENT# 269701
PO BOX 67000
DETROIT, MI 48267-2697

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JAN 27 2014

BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (410) 822-1820 email: bkeller@orasure.com

Name and address where payment should be sent (if different from above):

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number (if known):

Filed on:

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF OCTOBER 25, 2013: \$ 1473.52

If all or part of your claim is secured, complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM: Goods sold
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 3681

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 your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff:

Describe:

Real Estate Motor Vehicle Other

Value of Property: \$

Annual Interest Rate: % Fixed or Variable
(when case was filed)

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$

Basis for Perfection:

Amount of Secured Claim: \$

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.

Amount entitled to priority: \$

You MUST specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- 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).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
- Wages, salaries, or commissions (up to \$12,475*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
- 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.

Laboratory Partners



00340

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)

7. SUPPORTING DOCUMENTS: Attached are redacted copies of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and 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 definition of "redacted").

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

If the documents are not available, please explain:

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, Central Standard Time on February 3, 2014 for Non-Governmental Claimants OR on or before April 23, 2014 for Governmental Units.

BY MAIL TO:
 BMC Group, Inc.
 Attn: Laboratory Partners Claims Processing
 PO Box 3020
 Chanhassen, MN 55317-3020

BY MESSENGER OR OVERNIGHT DELIVERY TO:
 BMC Group, Inc.
 Attn: Laboratory Partners Claims Processing
 18675 Lake Drive East
 Chanhassen, MN 55317

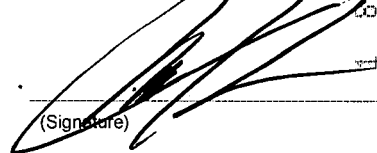
8. SIGNATURE: (See instruction #8)

Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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

Print Name: Mark Kona
 Title: Controller
 Company: Orasure Technologies, Inc
 Address and telephone number (if different from notice address above):
220 E First St.
Bethlehem PA 18015
 Telephone number: _____ email: _____


 (Signature)

January 19, 2014
 (Date)

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.

LIST OF DEBTORS:

Debtor Name	Case Nbr
Laboratory Partners, Inc.	13-12769-PJW
Kilbourne Medical Laboratories, Inc.	13-12771-PJW
MedLab Ohio, Inc.	13-12772-PJW
Suburban Medical Laboratory, Inc.	13-12773-PJW
Biological Technology Laboratory, Inc.	13-12774-PJW
Terre Haute Medical Laboratory, Inc.	13-12775-PJW
Pathology Associates of Terre Haute, Inc.	13-12776-PJW

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***BR**TERRE HAUTE MED LAB
TERRE HAUTE

St	Assignment	Typ	Reference	Sales D	Pstng Date	DD	Amt in loc.cur.	Arrear	Clrng doc.	Text	DocumentNo
<input type="checkbox"/>	0090151187	RV	0090151187	142803	08/19/2013	3	712.28	91			90142127
<input type="checkbox"/>	0090155264	RV	0090155264	146303	10/08/2013	3	712.59	41			90146129
<input type="checkbox"/>	0090155826	RV	0090155826	146761	10/16/2013	3	48.65	33			90146682
*							1,473.52				
**	Account 103681										
							1,473.52				

*
*
*

St Assignment	Typ Reference	Sales D	Pstng Date	DD	Ant in loc.cur.	Arrear	Clrng doc.	Text	DocumentNo
***					1,473.52				

Orasene Technologies, Inc
200 E First St
Bethlehem, PA 18015

Master

01212014

US POSTAGE

FIRST-CLASS MAIL

\$00.462

POSTNET
9505 13015
011011616558

ZIP 13015

011011616558

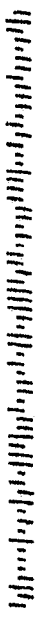
BMC Group, Inc.
Attn: Laboratory Partners Claims Processing
PO Box 3020
Chanhausen, MN 55317-3020

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JAN 27 2014

BMC GROUP

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