UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM

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

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.

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID: s2003
Debtor: Biological Technology Laboratory, Inc.
Amount/Classification
$17,069.93 Unsecured

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Quest Diagnostics Nichols Institute, Inc.

Name and address where notices should be sent:
33654765900762
MORRIS JAMES LLP
(RE: QUEST DIAGNOSTICS)
BRETT D. FALLON
500 DELAWARE AVENUE, SUITE 1500
PO BOX 2306
WILMINGTON, DE 19899-2306

RECEIVED
JAN 31 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.

Creditor Telephone Number: 302 888-6888 email: BFallon@MorrisJames.com

THIS SPACE IS FOR COURT USE ONLY

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

Payment Telephone Number ( ) email:

☐ 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: _____

1. AMOUNT OF CLAIM AS OF OCTOBER 25, 2013: $ 18,553.37

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: (See instruction #2) Diagnostic Testing Services

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 735 and 6168

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.

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

Nature of property or right of setoff:
Describe:

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

Basis for Perfection: _____

Amount of Secured Claim: $ _____

Value of Property: $ _____

Amount Unsecured: $ _____

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

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).

☐ 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).

☐ 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).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ 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
00443

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 providedin this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Brett D. Fallon
Title: Attorney
Company: Morris James LLP

Address and telephone number (if different from notice address above):

Telephone number: email:

Brett D. Fallon (Signature) January 30, 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

SUMMARY OF CLAIMS OF
QUEST DIAGNOSTICS NICHOLS INSTITUTE, INC.

Quest Diagnostics Nichols Institute, Inc. ("QDNI") provided diagnostic testing services to debtor, Biological Technical Laboratories, Inc. (referred to in QDNI's records simply as Medlab) ("Debtor") prior to the petition date in this case. Under the Debtor's agreement with QDNI, the Debtor was required to pay QDNI for those services. Certain services for the year 2013 remain unpaid. The invoice numbers, account numbers and months to which those charges are attributable are summarized in the attached summary invoices.[1] The actual invoices have not been included because such invoices are voluminous and contain confidential medical records of individuals. However, such invoices and information are available upon request and appropriate assurance of confidentiality.

Reservation of Rights to Amend: QDNI serviced several different debtors in Debtor's procedurally consolidated bankruptcy case and filed claims against several of the debtors. To the extent that any claim has been made against the wrong debtor, and should be made against this debtor, such claim is incorporated herein, and QDNI reserves all rights to amend its claim against the correct debtor.

[1] The second summary invoice attached hereto is accounted for separately, as these are invoices that were originally submitted to be paid by third party payors, but were denied.

Quest Diagnostics

PAYMENTS RECEIVED AFTER BILL DATE
DO NOT APPEAR ON THIS INVOICE.

AMOUNT OF BILL	AMOUNT PAID
18163.28	

ACCOUNT NO.	BILL DATE
735	12/31/2013

THERE ARE IMPORTANT TERMS AND CONDITIONS ON REVERSE SIDE OF THIS INVOICE GOVERNING YOUR ACCOUNT WITH QUEST DIAGNOSTICS, PLEASE READ THEM.

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132

INVOICE NUMBER # 735C201312-00SUM

Quest Diagnostics Nichols Institute
12436 Collections Center Drive
Chicago, Illinois 60693-2436

PLEASE RETURN THIS COUPON UNFOLDED, IN THE ENVELOPE PROVIDED & MAKE SURE ADDRESS SHOWS THROUGH THE WINDOW

MAKE CHECKS PAYABLE TO:
QUEST DIAGNOSTICS

DETACH HERE AND KEEP LOWER PORTION FOR YOUR RECORDS

Quest Diagnostics Nichols Institute
14225 NEWBROOK DRIVE
CHANTILLY, VA 20151-2224

MEDLAB
10126 WOODFIELD LN
SAINT LOUIS, MO 63132

Tax ID# 54-0854787

ALL INVOICES ARE DUE AND PAYABLE UPON RECEIPT.
FOR BILLING INQUIRIES PLEASE CALL 703-802-7171 OR VISIT OUR WEBSITE AT WWW.QUESTDIAGNOSTICS.COM; USE LAB CODE: CHA. TIN:54-0854787.

DATE	ACCOUNT NO	DESCRIPTION	CHARGE	CREDIT
		STATEMENT OF ACCOUNT		
12/31/2013	735	June 2013 – Invoice #735C201306-00	$ 2987.35	
		July 2013 – Invoice #735C201307-00	$ 2400.86	
		Aug 2013 – Invoice #735C201308-00	$ 2792.94	
		Sept 2013 – Invoice #735C201309-00	$ 2417.00	
		Oct 2013 – Invoice #735C201310-00	$ 5416.51	
		Nov 2013 – Invoice #735C201311-00	$ 616.43	
		Dec 2013 – Invoice #735C201312-00	$ 1532.19	
		Contact Info – Kathleen J. DeMoss Client Collections Administrator (703) 802-6900 x4601		

0-30 DAYS	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	PAY THIS AMOUNT	18,163.28

Quest Diagnostics

PAYMENTS RECEIVED AFTER BILL DATE
DO NOT APPEAR ON THIS INVOICE.

AMOUNT OF BILL	AMOUNT PAID
390.09	

ACCOUNT NO.	BILL DATE
10006168	12/31/2013

THERE ARE IMPORTANT TERMS AND CONDITIONS ON REVERSE SIDE OF THIS INVOICE GOVERNING YOUR ACCOUNT WITH QUEST DIAGNOSTICS, PLEASE READ THEM.

MEDLAB ST LOUIS DENIAL ACCT
10126 WOODFIELD LN
SAINT LOUIS, MO 63132

INVOICE NUMBER # 10006168C201312-00SUM

Quest Diagnostics Nichols Institute
12436 Collections Center Drive
Chicago, Illinois 60693-2436

PLEASE RETURN THIS COUPON UNFOLDED, IN THE ENVELOPE PROVIDED & MAKE SURE ADDRESS SHOWS THROUGH THE WINDOW

MAKE CHECKS PAYABLE TO:
QUEST DIAGNOSTICS

DETACH HERE AND KEEP LOWER PORTION FOR YOUR RECORDS

Quest Diagnostics Nichols Institute
14225 NEWBROOK DRIVE
CHANTILLY, VA 20151-2224

MEDLAB ST LOUIS DENIAL ACCT
10126 WOODFIELD LN
SAINT LOUIS, MO 63132

Tax ID# 54-0854787

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FOR BILLING INQUIRIES PLEASE CALL 703-802-7171 OR VISIT OUR WEBSITE AT WWW.QUESTDIAGNOSTICS.COM; USE LAB CODE: CHA. TIN:54-0854787.

DATE	ACCOUNT NO.	DESCRIPTION	CHARGE	CREDIT
		STATEMENT OF ACCOUNT		
12/31/2013	10006168	Dec 2012 – Invoice #10006168C201212-00	$ 40.13	
		July 2013 – Invoice #10006168C201307-00	$ 00.00	
		Aug 2013 – Invoice #10006168C201308-00	$ 5.84	
		Sept 2013 – Invoice #10006168C201309-00	$ 42.94	
		Oct 2013 – Invoice #10006168C201310-00	$ 301.18	
		Contact Info – Kathleen J. DeMoss Client Collections Administrator (703) 802-6900 x4601		

0-30 DAYS	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	PAY THIS AMOUNT	390.09

Morris James LLP

Brett D. Fallon
302.888.6888
bfallon@morrisjames.com

January 30, 2014

VIA FEDERAL EXPRESS
BMC Group, Inc.
18675 Lake Drive East
Chanhassen, MN 55317
(Attn: Laboratory Partners Claims Processing)

Re: ***In re Laboratory Partners, Inc., et al, Debtors***
Proofs of Claim of Quest Diagnostics Nichols Institute, Inc.

Dear Sir/Madam:

I have enclosed **five** (5) separate proofs of claim in this procedurally consolidated case. For each claim, I have enclosed one (1) original and one (1) copy. There should be one Proof of Claim of Quest Diagnostics Nichols Institute, Inc. to be filed in each of the five the below-referenced case:

1. Kilbourne Medical Laboratories, Inc., Case No. 13-12771.
2. MedLab Ohio, Inc., Case No. 13-12772.
3. Suburban Medical Laboratory, Inc., Case No. 13-12773.
4. Biological Technology Laboratory, Inc., Case No. 13-12774.
5. Terre Haute Medical Laboratory, Inc., Case No. 13-12775.

For each of the five (5) claims, please file the original and date stamp the copy, and return the copies to me in the enclosed self-addressed stamped envelope. Thank you for your cooperation in this matter. If you have any questions with respect to the foregoing, please do not hesitate to contact me.

Very truly yours,

Brett D. Fallon

Brett D. Fallon

Enclosures
BDF/asd

6922166/

RECEIVED
JAN 31 2014
BMC GROUP

From: (302) 888-5843
Alyssa Domorod
MORRIS JAMES LLP
500 Delaware Ave
Suite 1500
Wilmington, DE 19801

Origin ID: ZWIA

FedEx Express

J14101312270326

Ship Date: 30JAN14
ActWgt: 1.0 LB
CAD: 9757435/INET3490

Delivery Address Bar Code

Ref # 114194-0071
Invoice #
PO #
Dept #

SHIP TO: (302) 888-5843 BILL SENDER

Laboratory PartnerClaims Processing
BMC Group, Inc.
18675 Lake Drive East

CHANHASSEN, MN 55317

FRI - 31 JAN 10:30A
PRIORITY OVERNIGHT

TRK# 0201 7977 7625 8658

XH FBLA

55317
MN-US
MSP

522G1/D6EC/F220

After printing this label:
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Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com.FedEx will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery,misdelivery,or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim.Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental,consequential, or special is limited to the greater of $100 or the authorized declared value. Recovery cannot exceed actual documented loss.Maximum for items of extraordinary value is $1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.