

**Fill in this information to identify the case:**

Debtor Tehum Care Services, Inc.

United States Bankruptcy Court for the: Southern District of Texas  
(State)

Case number 23-90086

Official Form 410  
**Proof of Claim**

04/22

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 or 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?** Bio-Rad Laboratories, Inc.  
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?**  No  
 Yes. From whom? \_\_\_\_\_

3. **Where should notices and payments to the creditor be sent?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Bio-Rad Laboratories, Inc. C/O BIALSON, BERGEN AND SCHWAB ATTN: LAWRENCE SCHWAB/GAYE HECK 830 MENLO AVE., SUITE 201 MENLO PARK, CA 94025  Contact phone <u>6508579500</u> Contact email <u>GHECK@BBSLAW.COM</u>	      Contact phone _____ Contact email _____

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. **Does this claim amend one already filed?**  No  
 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?**  No  
 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?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_ \_

7. How much is the claim? \$ 60,365.42. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? 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 health care information.  
  
SEE ATTACHMENT 1

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature or property:**  
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
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.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,350\* 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 \$15,150\*) 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).

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 subsection of 11 U.S.C. § 507(a)( ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/25 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 acknowledgement 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 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 07/21/2023  
MM / DD / YYYY

/s/GAYE N. HECK  
Signature

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

Name GAYE N. HECK  
First name Middle name Last name

Title ATTORNEY FOR CREDITOR

Company BIALSON, BERGEN AND SCHWAB  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0491 | International 001-424-236-7244

<b>Debtor:</b> 23-90086 - Tehum Care Services, Inc.		
<b>District:</b> Southern District of Texas, Houston Division		
<b>Creditor:</b> Bio-Rad Laboratories, Inc. C/O BIALSON, BERGEN AND SCHWAB ATTN: LAWRENCE SCHWAB/GAYE HECK 830 MENLO AVE., SUITE 201 MENLO PARK, CA, 94025  <b>Phone:</b> 6508579500 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> GHECK@BBSSLAW.COM	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Authorized agent	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> SEE ATTACHMENT 1	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 60,365.42	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No  <b>Based on Lease:</b> No  <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b>  <b>Annual Interest Rate:</b>  <b>Arrearage Amount:</b>  <b>Basis for Perfection:</b>  <b>Amount Unsecured:</b>	
<b>Submitted By:</b> GAYE N. HECK on 21-Jul-2023 1:44:11 p.m. Eastern Time  <b>Title:</b> ATTORNEY FOR CREDITOR  <b>Company:</b> BIALSON, BERGEN AND SCHWAB		

**Attachment 1 to Proof of Claim of Bio-Rad Laboratories, Inc.**

**Debtor:** Tehum Care Services, Inc.  
**Creditor:** Bio-Rad Laboratories, Inc.

**Case Number: 23-90086**

**Amount of Claim: Not less than \$60,365.42**

**Statement of Claim**

Tehum Care Services, Inc. (the “**Debtor**”) is liable to Bio-Rad Laboratories, Inc. (the “**Creditor**”) in the amount of not less than \$60,365.42 (the “**Claim**”) for amounts payable in relation to pre-petition orders placed by the Debtor to the Creditor. A summary of the Claim amount is set forth below. True and accurate copies of the Invoices are attached hereto as Exhibit A and incorporated by reference herein as if fully set forth.

P.O. #	Order No	Order Date	Invoice No.	Transaction Date	Amount Due
903-17899	1005213231	19-Aug-21	905012373	30-Aug-21	\$ 8,236.66
903-17899	1005213231	19-Aug-21	905012374	30-Aug-21	\$ 3,971.42
903-17899	1005213231	19-Aug-21	905045209	15-Sep-21	\$ 3,669.96
903-154-61	70103372	3-Nov-22	950355235	29-Nov-22	\$ 11,153.60
903-154-61	70103372	3-Nov-22	950355325	30-Nov-22	\$ 12,141.30
903-154-61	70103372	3-Nov-22	950355326	30-Nov-22	\$ 10,727.85
903-154-61	70103372	3-Nov-22	950355327	30-Nov-22	\$ 10,738.05
			1401432943	30-Nov-22	\$ (273.42)
					<b><u>\$ 60,365.42</u></b>

This Proof of Claim is filed to protect the Creditor from forfeiture of its Claim. The execution and filing of this Proof of Claim is not: (a) a waiver or release of the Creditor’s rights against any other entity or person liable for all or part of the Claim; (b) a consent by the Creditor to the jurisdiction of this Court with respect to any proceeding commenced in this case against or otherwise involving the Creditor; (c) a waiver of the right to withdraw the reference with respect to the subject matter of the Proof of Claim, any objection or other proceedings commenced with respect thereto or any other proceeding commenced in this case against or otherwise involving the Creditor; or (d) an election of remedy which waives or otherwise affects any other remedy.

The Creditor expressly reserves all rights, including without limitation, its rights to file other Proofs of Claim or requests for allowance and payment of any administrative expense with respect to the Claim set forth herein or otherwise (which proof of claim or request, if so filed, shall not be deemed to supersede this claim), to amend or supplement this Proof of Claim in any respect, including with respect to the filing of an amended claim or to file additional Proofs of Claim for claims not covered by this claim. Notwithstanding anything contained in this Proof of Claim, Creditor expressly reserves its rights in respect to the Claim set forth herein or any other claims, cause of action, chose in action, and preserves all rights including, without limitation, to assert its rights against any third party whatsoever.

Creditor asserts the following additional claims including, without limitation, (i) the right to claim administrative expense priority for any unsecured portion of the Claim; (ii) interest, attorneys’ fees and costs which continue to accrue and be incurred; (iii) rights to estimate contingent and assert additional

**Attachment 1 to Proof of Claim of Bio-Rad Laboratories, Inc.**

claims if contingent claims are estimated and/or liquidated; and (iv) any other claim Creditor may have against the Debtor relating to or incidental to any loans made by Creditor to the Debtor (collectively, the “Additional Claims”). Notwithstanding anything to the contrary as may be set forth in the Proof of Claim, Creditor expressly reserves and preserves all rights with regard to the Additional Claims.

# EXHIBIT A



**INVOICE : 905012373**

**Ship To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

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

**Bill To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

**PLEASE REMIT TO**

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

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	CARRIER	FREIGHT		
1004885	905012373	08-30-2021	FedEx	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
903-17899		Woodinville,WA		Net 30 Days		
Sales Order: 1005213231		Order Date: 08-19-2021		Contact Name: Sharon Ely		
Contact Phone Number: 573-592-4040						
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
32591 139RCC-05	4	4	EA	GS HBsAg EIA 3.0 480 tests	942.00	3,768.00
25220 135REE	6	6	EA	Monolisa Anti-HBs EIA 192 tests	510.00	3,060.00
26186 125RGG	6	1	EA	MONOLISA Anti-HBc EIA,192 Test	713.00	713.00

Subtotal : 7,541.00  
Tax : 695.66  
Total USD : 8,236.66

Please state Invoice number with your payment: 905012373

For Credit or Invoice question call:  
510-741-6090

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

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





**INVOICE : 905012374**

**Ship To:**

Customer # 1004885  
CORIZON  
1393 Highway O 1393 State Road 0,  
Fulton,MO 65251 US

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

**Bill To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

**PLEASE REMIT TO**

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

<b>CUSTOMER NO.</b>	<b>INVOICE NO.</b>	<b>INVOICE DATE</b>	<b>CARRIER</b>	<b>FREIGHT</b>		
1004885	905012374	08-30-2021	FedEx	DAP		
<b>PURCHASE ORDER ID</b>		<b>SHIP FROM</b>		<b>PAYMENT TERMS</b>		
903-17899		Woodinville,WA		Net 30 Days		
Sales Order:	1005213231	Order Date:	08-19-2021	Contact Name: Sharon Ely		
Contact Phone Number: 573-592-4040						
<b>MATERIAL NUMBER BATCH S/N</b>	<b>QUANTITY ORDERED</b>	<b>QUANTITY SHIPPED</b>	<b>UNIT</b>	<b>DESCRIPTION</b>	<b>UNIT PRICE</b>	<b>EXTENDED PRICE</b>
72496 893965	6	6	EA	Monolisa Anti-HAV EIA 192 tests	606.00	3,636.00

Subtotal : 3,636.00  
Tax : 335.42  
Total USD : 3,971.42

Please state Invoice number with your payment: 905012374

For Credit or Invoice question call:  
510-741-6090

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

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



**INVOICE : 905045209**

**Ship To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

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

**Bill To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

**PLEASE REMIT TO**

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

<b>CUSTOMER NO.</b>	<b>INVOICE NO.</b>	<b>INVOICE DATE</b>	<b>CARRIER</b>	<b>FREIGHT</b>		
1004885	905045209	09-15-2021	FedEx	DAP		
<b>PURCHASE ORDER ID</b>		<b>SHIP FROM</b>		<b>PAYMENT TERMS</b>		
903-17899		Woodinville,WA		Net 30 Days		
Sales Order: 1005213231	Order Date: 08-19-2021	Contact Name: Sharon Ely				
Contact Phone Number: 573-592-4040						
<b>MATERIAL NUMBER BATCH S/N</b>	<b>QUANTITY ORDERED</b>	<b>QUANTITY SHIPPED</b>	<b>UNIT</b>	<b>DESCRIPTION</b>	<b>UNIT PRICE</b>	<b>EXTENDED PRICE</b>
26186 170RGG	5	5	EA	MONOLISA Anti-HBc EIA,192 Test	672.00	3,360.00

Subtotal : 3,360.00  
Tax : 309.96  
Total USD : 3,669.96

Please state Invoice number with your payment: 905045209

For Credit or Invoice question call:  
510-741-6090

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

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



**DEBIT MEMO 950355235**

**Ship To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

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

**Bill To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

**PLEASE REMIT TO**

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

11/3/2022:SG DEBIT TO CORRECT QTY ON INV  
#905148564. DISPUTED 3% INC. WAIVE INCREASE AND REBILL

CUSTOMER NO.	Order No.	INVOICE DATE	CARRIER	FREIGHT		
1004885	950355235	11-29-2022	FedEx	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
903-154-61		Woodinville,WA		Net 30 Days		
Sales Order:	0070103371	Order Date:	11-03-2022			
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
19000072	1,103	1,103	EA	BPX2200 Syphilis Total CPR	2.18	2,404.54
6653455C	2,244	2,244	EA	BPX 2200 HIV Ag-Ab CPR(US)	3.50	7,854.00

Subtotal : 10,258.54  
Tax : 895.06  
Total USD : 11,153.60

Please state Invoice number with your payment: 950355235

For Credit or Invoice question call:  
510-741-6646

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

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



**DEBIT MEMO 950355325**

**Ship To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

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

**Bill To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

**PLEASE REMIT TO**

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

11/3/2022:SG DEBIT TO CORRECT QTY ON INV #905119506 DISPUTED 3% INC. WAIVE INCREASE AND REBILL

CUSTOMER NO.	Order No.	INVOICE DATE	CARRIER	FREIGHT		
1004885	950355325	11-30-2022	FedEx	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
903-154-61		Woodinville,WA		Net 30 Days		
Sales Order:	0070103372	Order Date:	11-03-2022			
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
19000072	1,136	1,136	EA	BPX2200 Syphilis Total CPR	2.18	2,476.48
6653455C	2,483	2,483	EA	BPX 2200 HIV Ag-Ab CPR(US)	3.50	8,690.50

Subtotal : 11,166.98  
Tax : 974.32  
Total USD : 12,141.30

Please state Invoice number with your payment: 950355325

For Credit or Invoice question call:  
510-741-6646

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

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



**DEBIT MEMO 950355326**

**Ship To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

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

**Bill To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

**PLEASE REMIT TO**

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

11/13/2022:SG DEBIT TO CORRECT QTY ON INV #90504472 DISPUTED 3% INC. WAIVE INCREASE AND REBILL

CUSTOMER NO.	Order No.	INVOICE DATE	CARRIER	FREIGHT		
1004885	950355326	11-30-2022	FedEx	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
903-154-61		Woodinville,WA		Net 30 Days		
Sales Order:	0070103373	Order Date:	11-03-2022			
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
19000072	1,047	1,047	EA	BPX2200 Syphilis Total CPR	2.18	2,282.46
6653455C	2,167	2,167	EA	BPX 2200 HIV Ag-Ab CPR(US)	3.50	7,584.50

Subtotal : 9,866.96  
Tax : 860.89  
Total USD : 10,727.85

Please state Invoice number with your payment: 950355326

For Credit or Invoice question call:  
510-741-6646

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

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



**DEBIT MEMO 950355327**

**Ship To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

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

**Bill To:**

Customer # 1004885  
CORIZON  
1393 Highway O  
Fulton,MO 65251 US

**PLEASE REMIT TO**

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

11/3/2022:SG DEBIT TO CORRECT QTY ON INV # 905010876. DISPUTED 3% INC. WAIVE INCREASE AND REBILL

CUSTOMER NO.	Order No.	INVOICE DATE	CARRIER	FREIGHT		
1004885	950355327	11-30-2022	FedEx	DAP		
PURCHASE ORDER ID		SHIP FROM		PAYMENT TERMS		
903-154-61		Woodinville,WA		Net 30 Days		
Sales Order:	0070103374	Order Date:	11-03-2022			
MATERIAL NUMBER BATCH S/N	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
19000072	963	963	EA	BPX2200 Syphilis Total CPR	2.18	2,099.34
6653455C	2,222	2,222	EA	BPX 2200 HIV Ag-Ab CPR(US)	3.50	7,777.00

Subtotal : 9,876.34  
Tax : 861.71  
Total USD : 10,738.05

Please state Invoice number with your payment: 950355327

For Credit or Invoice question call:  
510-741-6646

This order is subject to Bio-Rad's standard terms and conditions of sale which can be accessed at [www.bio-rad.com/terms-conditions](http://www.bio-rad.com/terms-conditions)

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