



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/11/2014		1028482
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/11/2014	671104	8593	21	Thymus, 2nd Trimester	REDACTED	325.00
4/11/2014	671104	8594	21	Liver, 2nd Trimester		325.00
<i>received 4-12-14</i> <i>pay across multiple grants</i> <i>invoice to REDACTED 4-29-14</i>						
Total						\$650.00

REDACTED



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/17/2014		1028502
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

15782122

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/17/2014	671703	4869	17	Thymus, 2nd Trimester	REDACTED	325.00
4/17/2014	671703	4870	17	Liver, 2nd Trimester		325.00
received 4-18-14 Pay over multiple payments invoice to REDACTED 4-29-14.						
Total						\$650.00

REDACTED



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/17/2014		1028502
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/17/2014	671703	4869	17	Thymus, 2nd Trimester	REDACTED	325.00
4/17/2014	671703	4870	17	Liver, 2nd Trimester		325.00
received 4-18-14 Pay across multiple patient invoices to REDACTED 4-29-14.						
Total						\$650.00

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TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/24/2014	W403441	1028528
TERMS	CUSTOMER #	
Due Upon Receipt	0218	

W403441
1028528

BILL TO
University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/24/2014	642401	4877	21	Thymus, 2nd Trimester	REDACTED	325.00
4/24/2014	642401	4878	21	Liver, 2nd Trimester		325.00
4/24/2014	642401	4882		RIV7HBsAG/HC		150.00
<p>P A I D MAY 2014 REDACTED</p> <p>UNC-CH INVOICE APPROVAL PO #: W403441 LINE ITEM: See above RECEIVED DATE: REDACTED AUTHORIZE APPROVAL DATE: 5/15/14</p>						
Total						\$800.00



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/24/2014		1028529
TERMS		CUSTOMER #
Due Upon Receipt		0264

REDACTED

BILL TO
University of NC at Chapel Hill
REDACTED

K786322

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/24/2014	642403	4885	17	Thymus, 2nd Trimester	REDACTED	325.00
4/24/2014	642403	4885	17	Liver, 2nd Trimester		325.00
<p>received 4-25-14 pay across multiply invoices invoice to 5-8-14</p>						
Total					\$650.00	

**TISSUE ACQUISITION INVOICE**

DATE	P.O. #	INVOICE #
4/30/2014	S001883	1028445
TERMS		CUSTOMER #
Due Upon Receipt		0151

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/3/2014	740301	7945	19	Liver, 2nd Trimester	REDACTED	325.00
4/3/2014	740301	7946		HIV/HBsAG		95.00
					Total	\$420.00



REDACTED

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/1/2014		1028555
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/1/2014	310102	8181	17	Thymus, 2nd Trimester	REDACTED	325.00
5/1/2014	310102	8182	17	Liver, 2nd Trimester		325.00
<div>received 5-2-14</div> <div>pay from multiple</div> <div>grants REDACTED</div> <div>invoice to</div> <div>5-13-14</div>						
Total						\$650.00

ABR

ADVANCED BIOSCIENCE RESOURCES, INC. PAYABLE DEPT

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/14/2014	W403441	1028618
TERMS	CUSTOMER #	
Due Upon Receipt REDACTED	0218	

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BILL TO

University of NC at Chapel Hill
REDACTED

U403441
1028618

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/14/2014	311401	8259	21	Thymus, 2nd Trimester	REDACTED Line 2	325.00
5/14/2014	311401	8260	21	Liver, 2nd Trimester	REDACTED Line 1	325.00
5/14/2014	311401	8266		HIV/HBsAG/HC	REDACTED Line 3	150.00
<p>UNC-CH INVOICE APPROVAL</p> <p>PO #: <u>W/403441</u></p> <p>LINE ITEM: _____</p> <p>RECEIVED DREDACTED</p> <p>AUTHORIZE!</p> <p>APPROVAL DATE: <u>6/17/14</u></p>						
Total						\$800.00

REDACTED

5142833

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/15/2014		1028627
TERMS		CUSTOMER #
Due Upon Receipt		0264

ABR
ADVANCED BIOSCIENCE RESOURCES, INC.

REDACTED

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/15/2014	641502	4935	19	Thymus, 2nd Trimester	REDACTED	325.00
5/15/2014	641502	4936	19	Liver, 2nd Trimester		325.00
				received 5-16-14 pay for multiple grants invoice to 5-29-14		
Total						\$650.00



K822200

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/22/2014	Awaiting P.O.	1028656
TERMS		CUSTOMER #
Due Upon Receipt		0264

REDACTED

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/22/2014	642204	4955	19	Thymus, 2nd Trimester	REDACTED	325.00
5/22/2014	642204	4956	19	Liver, 2nd Trimester		325.00
				07/23/14 UNPAID DUPLICATE Emailed to REDACTED for P.O. assistance.		
				received 5-23-14 Pay from multiple grants invoice to REDACTED 7-28-14		
Total						\$650.00



K822200

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/22/2014	Awaiting P.O.	1028656
TERMS		CUSTOMER #
Due Upon Receipt		0254

REDACTED

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/23/2014	642204	4955	19	Thymus, 2nd Trimester	REDACTED	325.00
5/22/2014	642204	4956	19	Liver, 2nd Trimester		325.00
				07/23/14 UNPAID DUPLICATE Emailed to REDACTED for P.O. assistance.		
				received 5-23-14 Pay from multiple grants invoice to REDACTED 7-28-14		
Total						\$650.00

K822205



REDACTED

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/29/2014	Awaiting P.O.	1028584
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/29/2014	642905	4987	20	Thymus, 2nd Trimester	REDACTED	325.00
5/29/2014	642905	4988	20	Liver, 2nd Trimester		325.00
				07/23/14 UNPAID DUPLICATE Emailed to REDACTED for P.O. assistance.		
				received 5-30-14 Pay from multiple grant invoice to REDACTED 7-28-14		
					Total	\$650.00

K822205



REDACTED

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/29/2014	Awaiting P.O.	1028684
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/29/2014	642905	4987	20	Thymus, 2nd Trimester	REDACTED	325.00
5/29/2014	642905	4988	20	Liver, 2nd Trimester		325.00
				07/23/14 UNPAID DUPLICATE Emailed to REDACTED for P.O. assistance.		
				received 5-30-14 Pay from multiple grant invoice to REDACTED 7-28-14		
Total						\$650.00

**TISSUE ACQUISITION INVOICE**

DATE	P.O. #	INVOICE #
5/31/2014	S001884	1028565
	TERMS	CUSTOMER #
	Due Upon Receipt	0151

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/2/2014	310201	8188	18	Liver, 2nd Trimester	REDACTED	325.00
5/2/2014	310201	8189		HIV/HBsAG		95.00
5/14/2014	921401	9607	17	Liver, 2nd Trimester		325.00
5/14/2014	921401	9610		HIV/HBsAG		95.00
					Total	\$840.00

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ADVANCED BIOSCIENCE RESOURCES, INC.

K 822206
REDACTED

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/5/2014	Awaiting P.O.	1028720
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/5/2014	640504	7093	17	Thymus, 2nd Trimester	REDACTED	325.00
6/5/2014	640504	7094	17	Liver, 2nd Trimester		325.00
				07/23/14 UNPAID DUPLICATE Emailed to assistance. for P.O.		
				received 6-6-14 Pay for many multiple grants invoice to REDACTED 7-28-14		
Total						\$650.00

K 822206

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/5/2014	Awaiting P.O.	1028720
TERMS		CUSTOMER #
Due Upon Receipt		0264

ABR
ADVANCED BIOSCIENCE RESOURCES, INC.

REDACTED

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/5/2014	640504	7093	17	Thymus, 2nd Trimester	REDACTED	325.00
6/5/2014	640504	7094	17	Liver, 2nd Trimester		325.00
				07/23/14 UNPAID DUPLICATE Emailed to REDACTED for P.O. assistance. received 6-6-14 Pay for many multiple qmnts invoiced to REDACTED 7-28-14		
Total						\$650.00

K822207

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ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/20/2014	Awaiting P.O.	1028785
TERMS	CUSTOMER #	
Due Upon Receipt	0264	

REDACTED

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/20/2014	742001	5023	19	Thymus, 2nd Trimester	REDACTED	325.00
6/20/2014	742001	5024	19	Liver, 2nd Trimester		325.00
				07/23/14 UNPAID DUPLICATE Emailed to REDACTED for P.O. assistance.		
				received 6-20-14 pay from multiple grants invoice to REDACTED 7-28-14		
Total						\$650.00

K822207

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ADVANCED BIOSCIENCE RESOURCES, INC.

REDACTED

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/20/2014	Awaiting P.O.	1028785
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/20/2014	742001	5023	19	Thymus, 2nd Trimester	REDACTED	325.00
6/20/2014	742001	5024	19	Liver, 2nd Trimester		325.00
				07/23/14 UNPAID DUPLICATE Emailed to REDACTED for P.O. assistance.		
				received 6-21-14 pay from multiple grants invoice to REDACTED 7-28-14		
Total						\$650.00

K822212

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ADVANCED BIOSCIENCE RESOURCES, INC.

REDACTED

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/27/2014	Awaiting P.O.	1028825
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/27/2014	672702	8710	21	Thymus, 2nd Trimester	REDACTED	325.00
6/27/2014	672702	8711	21	Liver, 2nd Trimester		325.00
6/27/2014	942701	1137	21	Liver, 2nd Trimester		325.00
07/23/14 UNPAID DUPLICATE Emailed to REDACTED for P.O. assistance.						
received 6-28-14 Pay from multiple 9 mnts invoice to REDACTED 7-28-14						
Total						\$975.00

K822212

ABR

ADVANCED BIOSCIENCE RESOURCES, INC.

REDACTED

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/27/2014	Awaiting P.O.	1028825
TERMS	CUSTOMER #	
Due Upon Receipt	0264	

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/27/2014	672702	8710	21	Thymus, 2nd Trimester	REDACTED	325.00
6/27/2014	672702	8711	21	Liver, 2nd Trimester		325.00
6/27/2014	942701	1137	21	Liver, 2nd Trimester		325.00
				07/23/14 UNPAID DUPLICATE Emailed to REDACTED for P.O. assistance.		
				received 6-28-14 Pay from multiple g mts invoice to REDACTED 7-28-14		
Total						\$975.00

**TISSUE ACQUISITION INVOICE**

DATE	P.O. #	INVOICE #
6/30/2014	S001885	1028752
TERMS		CUSTOMER #
Due Upon Receipt		0151

RESEARCHER REFERENCE COPY**BILL TO**

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/13/2014	741301	5012	20	Liver, 2nd Trimester	REDACTED	325.00
6/13/2014	741301	5013		HIV/HBsAG		95.00
6/17/2014	731701	5016	17	Liver, 2nd Trimester		325.00
6/17/2014	731701	5017		HIV/HBsAG		95.00
6/25/2014	312501	8372	18	Liver, 2nd Trimester		325.00
6/25/2014	312501	8377		HIV/HBsAG		95.00
					Total	\$1,260.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/17/2014	W403441	1028917
	TERMS	CUSTOMER #
	Due Upon Receipt	0218

1028917

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/17/2014	311701	8467	23	Thymus, 2nd Trimester	REDACTED	325.00
7/17/2014	311701	8468	23	Liver, 2nd Trimester		325.00
7/17/2014	311701	8469		HIV/HBsAG/HC		150.00
<p>UNC-CH INVOICE APPROVAL</p> <p>O #: <u>W403441</u></p> <p>LINE ITEM: _____</p> <p>RECEIVED DATE: <u>9/5/14</u></p> <p>AUTHORIZED: REDACTED</p> <p>APPROVAL DATE: <u>9/5/14</u></p> <p>PAID SEP 09 2014 REDACTED</p>						
Total						\$800.00

DATE	P.O. #	INVOICE #
8/21/2014	W403441	1029105
TERMS		CUSTOMER #
Due Upon Receipt		0218

1029105

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
8/21/2014	332101	8653	19	Thymus, 2nd Trimester	REDACTED	325.00
8/21/2014	332101	8654	19	Liver, 2nd Trimester		325.00
8/21/2014	332101	8656		HIV/HBsAG/HC		150.00
<div>RECEIVED 2014 SEP -8 P 3:31 JNC-CH INVOICE APPROVAL PO #: W403441 LINE ITEM: RECEIVED DATE: 9/5/14 REDACTED AUTHORIZED APPROVAL DATE: 9/5/14 PAID SEP 09 2014 REDACTED</div>						
					Total	\$800.00

DATE	P.O. #	INVOICE #
8/28/2014	W403441	1029160
TERMS		CUSTOMER #
Due Upon Receipt		0218

1029160

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
8/28/2014	642803	7363	19	Thymus, 2nd Trimester	REDACTED	325.00
8/28/2014	642803	7364	19	Liver, 2nd Trimester		325.00
8/28/2014	642803	7366		HIV/HBsAG/HC		150.00
<div>UNC-CH INVOICE APPROVAL</div> <div>PO #: <u>W403441</u></div> <div>LINE ITEM: _____</div> <div>RECEIVED DATE: _____</div> <div>AUTHORIZED: REDACTED</div> <div>APPROVAL DATE: <u>9/24/14</u></div> <div>P A I D</div> <div>SEP 24 2014</div> <div>REDACTED</div>						
Total						\$800.00



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
8/31/2014	S002139	1029035
TERMS		CUSTOMER #
Due Upon Receipt		0151

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
8/7/2014	730701	5107	19	Liver, 2nd Trimester	REDACTED	325.00
8/7/2014	730701	5109		HIV/HBsAG		95.00
8/14/2014	641404	7312	17	Liver, 2nd Trimester		325.00
8/14/2014	641404	7315		HIV/HBsAG		95.00
8/28/2014	312806	8708	16	Liver, 2nd Trimester		325.00
8/28/2014	312806	8709		HIV/HBsAG		95.00
8/28/2014	922801	9637	17	Liver, 2nd Trimester		325.00
8/28/2014	922801	9638		HIV/HBsAG		95.00
Total						\$1,680.00

REDACTED

ABR

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/5/2014	Not Required	1029193
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/5/2014	670501	8826	20	Thymus, 2nd Trimester	REDACTED	325.00
9/5/2014	670501	8827	20	Liver, 2nd Trimester		325.00
9/5/2014	670501	8828	20	Lung, 2nd Trimester		325.00
				Received 9.6.14 Pay across multiple grants invoice to 9.18.14 REDACTED		
					Total	\$975.00

Processed 10/3/14

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/11/2014	W403441	1029228
	TERMS	CUSTOMER #
	Due Upon Receipt	0218

BILL TO
 University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/11/2014	741102	5162	21	Thymus, 2nd Trimester	REDACTED	325.00
9/11/2014	741102	5163	21	Liver, 2nd Trimester		325.00
9/11/2014	741102	5164		HIV/HBsAG/HC		150.00
REDACTED						
					<i>Submitted 10/22/14</i>	
					Total	\$800.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/18/2014	W403441	1029251
	TERMS	CUSTOMER #
	Due Upon Receipt	0218

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/18/2014	311804	8774	22	Thymus, 2nd Trimester	REDACTED	325.00
9/18/2014	311804	8775	22	Liver, 2nd Trimester		325.00
9/18/2014	311804	8777		HIV/HBsAG/HC		150.00
	REDACTED					
					Total	\$800.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/18/2014	W403441	1029251
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/18/2014	311804	8774	22	Thymus, 2nd Trimester	REDACTED	325.00
9/18/2014	311804	8775	22	Liver, 2nd Trimester		325.00
9/18/2014	311804	8777		HIV/HBsAG/HC		150.00
				12/09/14 UNPAID DUPLICATE Second Request Over 80 Days Outstanding. Please Remit.		
				W403441		
					Total	\$800.00

REDACTED



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/19/2014	Not Required	1029263
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/19/2014	741901	5194	18	Liver, 2nd Trimester <i>Received 9-22-14 Pay across multiply grants invoice to 10-3-14</i> REDACTED	REDACTED	325.00
					Total	\$325.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/30/2014	S002140	1029189
TERMS		CUSTOMER #
Due Upon Receipt		0151

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/4/2014	730401	5133	18	Liver, 2nd Trimester	REDACTED	325.00
9/4/2014	730401	5134		HIV/HBsAG		95.00
9/19/2014	671901	8848	18	Liver, 2nd Tri-N/C schedule error		0.00
9/19/2014	671901	8849		HIV/HBsAG-N/C schedule error		0.00
9/26/2014	312602	8791	20	Liver, 2nd Trimester		325.00
9/26/2014	312602	8792		HIV/HBsAG		95.00
9/30/2014	923001	9648	17	Liver, 2nd Trimester		325.00
9/30/2014	923001	9649		HIV/HBsAG		95.00
					Total	\$1,260.00



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

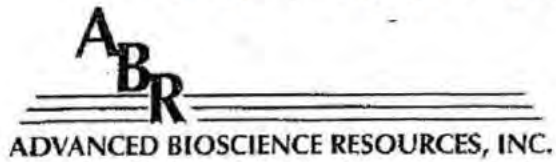
DATE	P.O. #	INVOICE #
10/2/2014	W403441	1029322
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/2/2014	640203	7474	19	Thymus, 2nd Trimester 2	REDACTED	325.00
10/2/2014	640203	7475	19	Liver, 2nd Trimester 1		325.00
10/2/2014	640203	7476		HIV/HBsAG/HC 3		150.00
				12/09/14 UNPAID DUPLICATE Second Request Over 65 Days Outstanding. Please Remit.		
				01/22/15 UNPAID DUPLICATE Third Request Emailed to REDACTED per request for payment assistance.		
				W403441		
					Total	\$800.00

REDACTED



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/3/2014	Not Required	1029332
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/3/2014	670301	8863	18	Liver, 2nd Trimester	REDACTED	325.00
10/3/2014	740304	5279	22	Thymus, 2nd Trimester		325.00
10/3/2014	740304	5258	22	Liver, 2nd Trimester		325.00
				<i>received 10/13/14</i> <i>Pay from multiple accounts</i> <i>invoice to REDACTED</i> <i>10-20-14</i>		
					Total	\$975.00

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**TISSUE ACQUISITION INVOICE**

DATE	P.O. #	INVOICE #
10/9/2014	W403441	1029361
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO

University of NC at Chapel Hill
REDACTED

YLD 50215053

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/9/2014	640901	7493	20	Thymus, 2nd Trimester	REDACTED	325.00
10/9/2014	640901	7494	20	Liver, 2nd Trimester		325.00
10/9/2014	640901	7497		HIV/HBsAG/HC		150.00
				12/09/14 UNPAID DUPLICATE Second Request Over 60 Days Outstanding. Please Remit.		
				01/22/15 UNPAID DUPLICATE Third Request Emailed to REDACTED per request for payment assistance.		
				03/20/15 UNPAID DUPLICATE FOURTH Request Over 160 days outstanding. Emailed to REDACTED to followup on payment assistance.		
Total						\$800.00

REDACTED



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/10/2014	Not Required	1029367
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/10/2014	671001	8873	19	Thymus, 2nd Trimester	REDACTED	325.00
10/10/2014	671001	8874	19	Liver, 2nd Trimester		325.00
<p><i>received 10/10/14</i> <i>pay from multiple</i> <i>grants</i> <i>invoice to</i> <i>11-7-14</i></p> <p>REDACTED</p>						
					Total	\$650.00



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/16/2014	W403441	1029389
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/16/2014	641603	7524	19	Thymus, 2nd Trimester	REDACTED	325.00
10/16/2014	641603	7525	19	Liver, 2nd Trimester		325.00
10/16/2014	641603	7528		HIV/HBsAG/HC		150.00
				12/09/14 UNPAID DUPLICATE Second Request Over 50 Days Outstanding. Please Remit.		
				01/22/15 UNPAID DUPLICATE Third Request Emailed to REDACTED per request for payment assistance.		
				W403441		
Total						\$800.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/22/2014	W403441	1029412
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/22/2014	312201	8830	20	Thymus, 2nd Trimester	REDACTED	325.00
10/22/2014	312201	8831	20	Liver, 2nd Trimester		325.00
10/22/2014	312201	8837		HIV/HBsAG/HC		150.00
				12/09/14 UNPAID DUPLICATE Second Request Over 45 Days Outstanding. Please Remit.		
				01/22/15 UNPAID DUPLICATE Third Request Emailed to REDACTED per request for payment assistance.		
				W403441		
					Total	\$800.00

REDACTED



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/24/2014	Not Required	1029434
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill

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PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/24/2014	312401	8862	21	Thymus, 2nd Trimester	REDACTED	325.00
10/24/2014	312401	8863	21	Liver, 2nd Trimester		325.00
<p><i>received 10/25/14</i> <i>pay from method</i> <i>grants REDACTED</i> <i>invoice to 11-7-14</i></p>						
Total						\$650.00



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/30/2014	W403441	1029460
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/30/2014	733003	5327	20	Thymus, 2nd Trimester	REDACTED	325.00
10/30/2014	733003	5328	20	Liver, 2nd Trimester		325.00
10/30/2014	733003	5330		HIV/HBsAG/HC		150.00
				12/09/14 UNPAID DUPLICATE Second Request Over 40 Days Outstanding. Please Remit.		
				01/22/15 UNPAID DUPLICATE Third Request Emailed to REDACTED per request for payment assistance.		
				W403441		
					Total	\$800.00

REDACTED



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/31/2014	Not Required	1029465
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill

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PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/31/2014	673101	8892	19	Thymus, 2nd Trimester	REDACTED	325.00
10/31/2014	673101	8893	19	Liver, 2nd Trimester		325.00
				<i>received 11/1/14 pay from multiple grants invoice to</i>	REDACTED	
					Total	\$650.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/31/2014	S002141	1029382
TERMS		CUSTOMER #
Due Upon Receipt		0151

BILL TO

University of NC at Chapel Hill
 REDA
 CTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/15/2014	921502	9652	18	Liver, 2nd Trimester	REDACTED	325.00
10/15/2014	921502	9655		HIV/HBsAG		95.00
					Total	\$420.00



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/6/2014	W403441	1029490
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/6/2014	640601	7585	18	Thymus, 2nd Trimester	REDACTED	325.00
11/6/2014	640601	7586	18	Liver, 2nd Trimester		325.00
11/6/2014	640601	7588		HIV/HBsAG/HC		150.00
				12/09/14 UNPAID DUPLICATE Second Request Over 30 Days Outstanding. Please Remit.		
				01/22/15 UNPAID DUPLICATE Third Request Emailed to REDACTED per request for payment assistance.		
				W403441		
					Total	\$800.00

REDACTED



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/7/2014	Not Required	1029498
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/7/2014	730701	5364	20	Thymus, 2nd Trimester	REDACTED	325.00
11/7/2014	730701	5365	20	Liver, 2nd Trimester		325.00
<p>received 11/8/14 Pay for multiple growth REDACTED issue to 11/18/14</p>						
Total					\$650.00	

REDACTED



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/20/2014	Not Required	1029554
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/20/2014	332001	8899	18	Thymus, 2nd Trimester	REDACTED	325.00
11/20/2014	332001	8900	18	Liver, 2nd Trimester		325.00
<div>received 11/21/14</div> <div>Pay from multiple</div> <div>grants</div> <div>invoice +</div> <div>11-25-14</div> <div>REDACTED</div>						
Total					\$650.00	

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
12/4/2014	Not Required	1029609
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
12/4/2014	730403	5423	19	Thymus, 2nd Trimester	REDACTED	325.00
12/4/2014	730403	5424	19	Liver, 2nd Trimester	-----	325.00
<p>Received 12/04/14 Pay across multiple grants REDACTED invoice for 1-27-15</p>						
					Total	\$650.00

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TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
12/12/2014	Not Required	1029644
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
12/12/2014	941201	1202	21	Thymus, 2nd Trimester	REDACTED	325.00
12/12/2014	941201	1203	21	Liver, 2nd Trimester		325.00
12/12/2014	941201	1204	21	Lung, 2nd Trimester		325.00
03/20/15 UNPAID DUPLICATE Second Request Over 95 days outstanding. Emailed to REDACTED for payment assistance.						
REDACTED						
Total					\$975.00	

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
12/18/2014	Not Required	1029662
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
12/18/2014	641805	7699	21	Thymus, 2nd Trimester	REDACTED	325.00
12/18/2014	641805	7700	21	Liver, 2nd Trimester		325.00
				03/20/15 UNPAID DUPLICATE Second Request Over 90 days outstanding. Emailed to REDACTED for payment assistance.		
				REDACTED		
					Total	\$650.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
12/31/2014	S002142	1029614
TERMS		CUSTOMER #
Due Upon Receipt		0151

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
12/5/2014	310501	8926	18	Liver, 2nd Trimester	REDACTED	325.00
12/5/2014	310501	8927		HIV/HBsAG		95.00
					Total	\$420.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
1/9/2015	Not Required	1029723
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
1/9/2015	670901	8986	20	Thymus, 2nd Trimester	REDACTED	340.00
1/9/2015	670901	8987	20	Liver, 2nd Trimester		340.00
<p><i>Received 1.9.15</i> <i>Pay from multiple</i> <i>grants</i> <i>invoice to</i> <i>1-22-15</i></p> <p>REDACTED</p>						
Total						\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
1/23/2015	Not Required	1029803
TERMS	CUSTOMER #	
Due Upon Receipt	0264	

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
1/23/2015	672301	2009	17	Thymus, 2nd Trimester	REDACTED	340.00
1/23/2015	672301	2010	17	Liver, 2nd Trimester		340.00
				Received 1/23/15 Pay Across multiple grants REDACTED invoice to 2-10-15		
Total					\$680.00	

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
1/29/2015	W403441	1029829
	TERMS	CUSTOMER #
	Due Upon Receipt	0218

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
1/29/2015	732901	5499	20	Thymus, 2nd Trimester	REDACTED	340.00
1/29/2015	732901	5500	20	Liver, 2nd Trimester		340.00
1/29/2015	732901	5502		HIV/HBsAG/HC		150.00
03/20/15 UNPAID DUPLICATE Second Request 50 days outstanding. Emailed to REDACTED for payment assistance.						
Total						\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
1/30/2015	Not Required	1029833
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
1/30/2015	943001	1231	20	Liver, 2nd Trimester	REDACTED	340.00
1/30/2015	943001	1232	20	Thymus, 2nd Trimester		340.00
<p>Received 1/30/15 pay from multiple grants REDACTED invoice to 2-12-15</p>						
Total					\$680.00	

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
1/31/2015	S002522	1029771
	TERMS	CUSTOMER #
	Due Upon Receipt	0151

BILL TO
 University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
1/16/2015	731601	5474	18	Liver, 2nd Trimester	REDACTED	340.00
1/16/2015	731601	5475		HIV/HBsAG		95.00
1/28/2015	312802	9039	16	Liver, 2nd Trimester		340.00
1/28/2015	312802	9041		HIV/HBsAG		95.00
					Total	\$870.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/6/2015	Not Required	1029864
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/6/2015	310601	9083	22	Thymus, 2nd Trimester	REDACTED	340.00
2/6/2015	310601	9084	22	Liver, 2nd Trimester		340.00
<p>Received 2/6/15 Pay from multiple grants REDACTED invoice to 2-79-15</p>						
Total					\$680.00	



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TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/12/2015	W403441	1029909
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/12/2015	331202	9120	19	Thymus, 2nd Trimester	REDACTED	340.00
2/12/2015	331202	9121	19	Liver, 2nd Trimester		340.00
2/12/2015	331202	9122		HIV/HBsAG/HC		150.00
				03/20/15 UNPAID DUPLICATE Second Request Over 30 days outstanding. Emailed to REDACTED payment assistance.		
					Total	\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/13/2015	Not Required	1029919
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/13/2015	731302	5544	18	Thymus, 2nd Trimester	REDACTED	340.00
2/13/2015	731302	5545	18	Liver, 2nd Trimester		340.00
03/20/15 UNPAID DUPLICATE Second Request 35 days outstanding. Emailed to REDACTED for payment assistance.						
REDACTED						
Total					\$680.00	

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/19/2015	W403441	1029955
	TERMS	CUSTOMER #
	Due Upon Receipt	0218

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/19/2015	641901	7835	17	Thymus, 2nd Trimester	REDACTED	340.00
2/19/2015	641901	7836	17	Liver, 2nd Trimester		340.00
2/19/2015	641901	7837		HIV/HBsAG/HC		150.00
					Total	\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/20/2015	Not Required	1029960
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/20/2015	672002	2052	20	Thymus, 2nd Trimester	REDACTED	340.00
2/20/2015	672002	2053	20	Liver, 2nd Trimester		340.00
<p>Received 2-21-15 Pay from multiple grants invoice to 3-5-15</p> <p>REDACTED</p>						
Total						\$680.00



ADVANCED BIOSCIENCE RESOURCES, INC.

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TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/27/2015	Not Required	1030005
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/27/2015	732701	5583	21	Thymus, 2nd Trimester	REDACTED	340.00
2/27/2015	732701	5584	21	Liver, 2nd Trimester		340.00
Received 2/28/15 Pay from multiple grants invoice to 3-18-15 REDACTED						
Total						\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
3/13/2015	Not Required	1030085
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
3/13/2015	671303	2091	20	Thymus, 2nd Trimester	REDACTED	340.00
3/13/2015	671303	2092	20	Liver, 2nd Trimester		340.00
<p><i>Received 3/13/15</i> <i>Pay across multiple</i> <i>grants</i> <i>Invoice to</i> <i>4-7-15</i></p> <p>REDACTED</p>						
Total						\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
3/20/2015	Not Required	1030121
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
3/20/2015	672002	2106	17	Thymus, 2nd Trimester	REDACTED	340.00
3/20/2015	672002	2107	17	Liver, 2nd Trimester		340.00
<p>Received 3/20/15 Pay across multiple grants invoice to 4-7-15</p> <p>REDACTED</p>						
Total						\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
3/26/2015	Not Required	1030142
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
3/26/2015	332601	9278	19	Thymus, 2nd Trimester	REDACTED	340.00
3/26/2015	332601	9279	19	Liver, 2nd Trimester		340.00
<p><i>Received 3/25/15 Pay across multiple grants invoice to - 4-7-15</i></p> <p>REDACTED</p>						
Total						\$680.00

D039070

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/9/2015	<u>D039070</u> W40344E	1030206
	TERMS	CUSTOMER #
	Due Upon Receipt	0218

VID 50262645

RESEARCHER REFERENCE COPY

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University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/9/2015	640903	7980	20	Thymus, 2nd Trimester	REDACTED	340.00
4/9/2015	640903	7981	20	Liver, 2nd Trimester		340.00
4/9/2015	640903	7982		HIV/HBsAG/HC		150.00
					Total	\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/9/2015	Not Required	1030207
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/9/2015	640902	7977	20	Thymus, 2nd Trimester	REDACTED	340.00
4/9/2015	640902	7978	20	Liver, 2nd Trimester		340.00
Received 4-10-15 Pay on multiple accounts invoice to REDACTED 4-29-15						
Total						\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/17/2015	Not Required	1030243
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/17/2015	671702	2145	18	Thymus, 2nd Trimester	REDACTED	340.00
4/17/2015	671702	2146	18	Liver, 2nd Trimester		340.00
4/17/2015	671702	2147	18	Lung, 2nd Trimester		340.00
<p>Received 4-18-15 Pay on multiple accounts invoice to REDACTED 4-29-15</p>						
Total						\$1,020.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/24/2015	Not Required	1030267
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/24/2015	742401	5724	17	Thymus, 2nd Trimester	REDACTED	340.00
4/24/2015	742401	5725	17	Liver, 2nd Trimester		340.00
<p><i>Received 4-24-15</i> <i>Pay some multiple grants</i> <i>invoice to 5-7-15</i></p> <p>REDACTED</p>						
Total						\$680.00

DATE	P.O. #	INVOICE #
4/29/2015	W103441	1030286
TERMS		CUSTOMER #
Due Upon Receipt		0218

RESEARCHER REFERENCE COPY

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/29/2015	732901	5738	18	Thymus, 2nd Trimester	REDACTED	340.00
4/29/2015	732901	5739	18	Liver, 2nd Trimester		340.00
4/29/2015	732901	5740		HIV/HBsAG/HC		150.00
Total						\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/30/2015	Not Required	1030299
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/30/2015	943001	1307	21	Thymus, 2nd Trimester	REDACTED	340.00
4/30/2015	943001	1308	21	Liver, 2nd Trimester		340.00
<div>Received 4-30-15 Pay across multiple grants invoice for 1. 5-14-15</div> <div>REDACTED</div>						
Total						\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/30/2015	S002523	1030194
TERMS		CUSTOMER #
Due Upon Receipt		0151

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/8/2015	940801	1286	20	Liver, 2nd Trimester	REDACTED	340.00
4/8/2015	940801	1291		HIV/HBsAG		95.00
4/22/2015	312204	9339	17	Liver, 2nd Trimester		340.00
4/22/2015	312204	9341		HIV/HBsAG		95.00
					Total	\$870.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/8/2015	Not Required	1030343
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/8/2015	670801	2165	17	Thymus, 2nd Trimester	REDACTED	340.00
5/8/2015	670801	2166	17	Liver, 2nd Trimester		340.00
<p>Received 5/8/2015 Pay from multiple grants REDACTED 5-20-15 invoice to</p>						
Total						\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/15/2015	Not Required	1030375
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/15/2015	671502	2191	20	Thymus, 2nd Trimester	REDACTED	340.00
5/15/2015	671502	2192	20	Liver, 2nd Trimester		340.00
<p>Received 5/15/15 pay across multiple grants invoice to 6-8-15</p> <p>REDACTED</p>						
Total						\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/31/2015	S002524	1030337
TERMS		CUSTOMER #
Due Upon Receipt		0151

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/6/2015	940601	1312	22	Liver, 2nd Trimester	REDACTED	340.00
5/6/2015	940601	1318		HIV/HBsAG		95.00
					Total	\$435.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/4/2015	Not Required	1030459
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

RESEARCHER REFERENCE COPY

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/4/2015	940401	1327	17	Liver, 2nd Trimester <i>Received 6/4/15 pay across muchob grants invoice to REDACTED 7-14-15</i>	REDACTED	340.00
					Total	\$340.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/5/2015	W403441	1030462
	TERMS	CUSTOMER #
	Due Upon Receipt	0218

BILL TO

University of NC at Chapel Hill
REDACTED

7041358

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/5/2015	670501	2206	19	Liver, 2nd Trimester	REDACTED	340.00
6/5/2015	670501	2207		HIV/HBsAG/HC		150.00
Total						\$490.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/18/2015	Not Required	1030504
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/18/2015	331801	9452	18	Thymus, 2nd Trimester	REDACTED	340.00
6/18/2015	331801	9453	18	Liver, 2nd Trimester		340.00
6/18/2015	331801	9454	18	Lung, 2nd Trimester		340.00
<p><i>Received 6-18-15</i> <i>Pay on multiple grants invoices 6-29-15</i> REDACTED</p>						
Total						\$1,020.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/25/2015	Not Required	1030534
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/25/2015	312501	9472	20	Thymus, 2nd Trimester	REDACTED	340.00
6/25/2015	312501	9473	20	Liver, 2nd Trimester		340.00
<p>Received 6-25-15 Pay on multiple grants. REDACTED invoice to 7-6-15</p>						
					Total	\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/30/2015	S002525	1030449
TERMS		CUSTOMER #
Due Upon Receipt		0151

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/3/2015	920302	9697	18	Liver, 2nd Trimester	REDACTED	340.00
6/3/2015	920302	9699		HIV/HBsAG		95.00
					Total	\$435.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/10/2015	Not Required	1030601
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/10/2015	741001	5898	19	Thymus, 2nd Trimester	REDACTED	340.00
7/10/2015	741001	5899	19	Liver, 2nd Trimester		340.00
7/10/2015	741001	5900	19	Lung, 2nd Trimester		340.00
<p>Received 7-10-15 pay for multiple grants REDACTED invoice to 8-3-15</p>						
Total						\$1,020.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/17/2015	Not Required	1030638
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/17/2015	671703	2279	21	Liver, 2nd Trimester	REDACTED	340.00
7/17/2015	941701	1362	22	Liver, 2nd Trimester		340.00
<p>Received 7/17/15 pay on multiple grants REDACTED invoice for 8-3-15</p>						
					Total	\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/24/2015	Not Required	1030671
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO
University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/24/2015	732401	5943	20	Thymus, 2nd Trimester	REDACTED	340.00
7/24/2015	732401	5944	20	Liver, 2nd Trimester		340.00
<p>Received 7-24-15 Pay on multiple grants invoice to REDACTED 8-18-15</p>						
Total					\$680.00	

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/9/2015	W403441 <i>Do 42 498</i>	1030589
TERMS	CUSTOMER #	
Due Upon Receipt	0218	

RESEARCHER REFERENCE COPY

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/9/2015	640901	16367	21	Thymus, 2nd Trimester	REDACTED	340.00
7/9/2015	640901	16368	21	Liver, 2nd Trimester		340.00
7/9/2015	640901	16371		HIV/HBsAG/HC		150.00
					Total	\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
8/7/2015	Not Required	1030731
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
8/7/2015	310701	9564	19	Liver, 2nd Trimester	REDACTED	340.00
<p><i>Received 8-7-15</i> <i>Pay multiple grants</i> <i>invoice to</i> <i>8-18-15</i></p> <p>REDACTED</p>						
Total						\$340.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
8/14/2015	Not Required	1030752
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill

REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
8/14/2015	731401	5991	21	Thymus, 2nd Trimester	REDACTED	340.00
8/14/2015	731401	5992	21	Liver, 2nd Trimester		340.00
				09/01/15 UNPAID DUPLICATE Emailed per request to REDA for payment assistance.		
				Received 8-14-15 Please pay on multiple grants invoice to 9-1-15 REDACTED		
Total						\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/10/2015	W403441	1030846
	TERMS	CUSTOMER #
	Due Upon Receipt	0218

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/10/2015	311002	9589	17	Thymus, 2nd Trimester	REDACTED	340.00
9/10/2015	311002	9590	17	Liver, 2nd Trimester		340.00
9/10/2015	311002	9594		HIV/HBsAG/HC		150.00
					Total	\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/10/2015	Not Required	1030847
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/10/2015	311001	9585	19	Thymus, 2nd Trimester	REDACTED	340.00
9/10/2015	311001	9586	19	Liver, 2nd Trimester		340.00
9/10/2015	311001	9587	19	Lung, 2nd Trimester		340.00
				<p>Received 9.10.15 Pay from multiple accounts invoice to ... 9.28.15</p> <p>REDACTED</p>		
					Total	\$1,020.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/18/2015	Not Required	1030875
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/18/2015	731801	9099	20	Thymus, 2nd Trimester	REDACTED	340.00
9/18/2015	731801	9100	20	Liver, 2nd Trimester		340.00
<p><i>Received 9/18/15</i> <i>Pay for multiple accounts</i> <i>invoice to 19-2-15</i></p> <p>REDACTED</p>						
Total						\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/24/2015	Not Required	1030889
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/24/2015	312401	9602	19	Thymus, 2nd Trimester	REDACTED	340.00
9/24/2015	312401	9603	19	Liver, 2nd Trimester		340.00
<p><i>Reel 2</i> <i>9-24-15</i> <i>pay on multi grant</i> <i>invoice</i> <i>10-6-15</i></p>						
					Total	\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/30/2015	S003130	1030818
	TERMS	CUSTOMER #
	Due Upon Receipt	0151

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/2/2015	920201	9720	19	Liver, 2nd Trimester	REDACTED	340.00
9/2/2015	920201	9725		HIV/HBsAG		95.00
9/10/2015	731001	9078	19	Liver, 2nd Trimester		340.00
9/10/2015	731001	9080		HIV/HBsAG		95.00
					Total	\$870.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/9/2015	Not Required	1030960
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/9/2015	310902	9651	18	Thymus, 2nd Trimester	REDACTED	340.00
10/9/2015	310902	9652	18	Liver, 2nd Trimester		340.00
<p><i>Received 10-9-15 fat on multiple joints invoice to 11-2-15</i></p> <p>REDACTED</p>						
					Total	\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/16/2015	Not Required	1030994
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/16/2015	311601	9677	20	Thymus, 2nd Trimester	REDACTED	340.00
10/16/2015	311601	9678	20	Liver, 2nd Trimester		340.00
10/16/2015	311601	9679	20	Lung, 2nd Trimester		340.00
<div>Received 10-16-15 pay on multiple invoices sent 11-2-15</div> <div>REDACTED</div>						
Total						\$1,020.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/31/2015	S003131	1030985
	TERMS	CUSTOMER #
	Due Upon Receipt	0151

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/14/2015	741401	9142	19	Liver, 2nd Trimester	REDACTED	340.00
10/14/2015	741401	9144		HIV/HBsAG		95.00
					Total	\$435.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/12/2015	W403441	1031130
	TERMS	CUSTOMER #
	Due Upon Receipt	0218

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/12/2015	641202	16594	19	Thymus, 2nd Trimester	REDACTED	340.00
11/12/2015	641202	16595	19	Liver, 2nd Trimester		340.00
11/12/2015	641202	16596		HIV/HBsAG/HC		150.00
					Total	\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/13/2015	Not Required	1031133
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/13/2015	311301	9760	19	Thymus, 2nd Trimester	REDACTED	340.00
11/13/2015	311301	9761	19	Liver, 2nd Trimester		340.00
11/13/2015	311301	9762	19	Lung, 2nd Trimester		340.00
				<p><i>Received</i> <i>11/13/15</i> <i>pay on multiple</i> <i>grants</i> <i>invoice to</i> <i>12/8/15</i></p>		
					Total	\$1,020.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/18/2015	W403441 <i>D047219</i>	1031151
TERMS	CUSTOMER #	
Due Upon Receipt	0218	

RESEARCHER REFERENCE COPY

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/18/2015	741801	9213	21	Thymus, 2nd Trimester	REDACTED	340.00
11/18/2015	741801	9214	21	Liver, 2nd Trimester		340.00
11/18/2015	741801	9217		HIV/HBsAG/HC		150.00
					Total	\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/20/2015	Not Required	1031173
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/20/2015	732002	9225	20	Thymus, 2nd Trimester	REDACTED	340.00
11/20/2015	732002	9226	20	Liver, 2nd Trimester		340.00
<p><i>Rec'd 11/20/15 pay on multiple accounts invoice to 11/3/15</i></p> <p>REDACTED</p> <p>REDACTED</p>						
					Total	\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
12/2/2015	Awaiting P.O.	1031211
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
12/2/2015	730202	9248	19	Thymus, 2nd Trimester	REDACTED	340.00
12/2/2015	730202	9249	19	Liver, 2nd Trimester		340.00
12/2/2015	730202	9251		HIV/HBsAG/HC		150.00
				12/11/15 UNPAID DUPLICATE Emailed to REDACTED for P.O. and payment assistance.		
Total						\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O.#	INVOICE #
12/4/2015	Not Required	1031225
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
12/4/2015	730402	9260	21	Thymus, 2nd Trimester	REDACTED	340.00
12/4/2015	730402	9261	21	Liver, 2nd Trimester		340.00
				01/06/16 UNPAID DUPLICATE Emailed per request of REDACTED <i>Received 12/4/15</i> <i>pay on multiple</i> <i>quantity</i> <i>invoiced 1/6/16</i> REDACTED		
					Total	\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
12/11/2015	Not Required	1031266
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill
 REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
12/11/2015	741101	9286	21	Thymus, 2nd Trimester	REDACTED	340.00
12/11/2015	741101	9287	21	Liver, 2nd Trimester		340.00
12/11/2015	741101	9288	21	Lung, 2nd Trimester		340.00
<div>Received 12/11/15 pay on monthly grant invoice to 1/6/16</div> <div>REDACTED</div>						
Total						\$1,020.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
12/17/2015	Not Required	1031299
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
12/17/2015	641703	16651	20	Thymus, 2nd Trimester	REDACTED	340.00
12/17/2015	641703	16652	20	Liver, 2nd Trimester		340.00
<p><i>Received 12/17/15</i> <i>pay across multiple</i> <i>invoices</i> <i>1/6/16</i></p> <p>REDACTED</p>						
Total						\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
12/31/2015	S003249	1031293
TERMS		CUSTOMER #
Due Upon Receipt		0151

BILL TO

University of NC at Chapel Hill
REDACTED

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
12/17/2015	311702	9892	19	Liver, 2nd Trimester	REDACTED	340.00
12/17/2015	311702	9895		HIV/HBsAG		95.00
				01/08/16 UNPAID DUPLICATE Please process using recently acquired P.O. #S003249.		
					Total	\$435.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
1/14/2016	Not Required	1031403
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO
 University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
1/14/2016	641403	16697	19	Thymus, 2nd Trimester		340.00
1/14/2016	641403	16698	19	Liver, 2nd Trimester		340.00
invoice to 1/28/16						



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
1/20/2016	Awaiting P.O.	1031433
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
1/20/2016	672003	2580	21	Thymus, 2nd Trimester		340.00
1/20/2016	672003	2581	21	Liver, 2nd Trimester		340.00
1/20/2016	672003	2582		HIV/HBsAG/HC		150.00
				02/09/16 UNPAID DUPLICATE Emailed to for P.O. and payment assistance.		-
					Total	\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
1/29/2016	Not Required	1031482
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
1/29/2016	312902	7031	17	Thymus, 2nd Trimester		340.00
1/29/2016	312902	7032	17	Liver, 2nd Trimester		340.00
<p><i>invoice to 2/4/16</i></p>						
Total						\$680.00



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/3/2016	Awaiting P.O.	1031511
	TERMS	CUSTOMER #
	Due Upon Receipt	0218

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/3/2016	730302	9406	21	Thymus, 2nd Trimester		340.00
2/3/2016	730302	9407	21	Liver, 2nd Trimester		340.00
2/3/2016	730302	9411		HIV/HBsAG/HC		150.00
				02/09/16 UNPAID DUPLICATE Emailed to for P.O. and payment assistance.		
					Total	\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/12/2016	Not Required	1031563
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/12/2016	311202	7100	18	Thymus, 2nd Trimester		340.00
2/12/2016	311202	7101	18	Liver, 2nd Trimester		340.00
Invoice 2/23/16						

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/17/2016	Awaiting P.O.	1031584
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/17/2016	731702	9460	19	Thymus, 2nd Trimester		340.00
2/17/2016	731702	9461	19	Liver, 2nd Trimester		340.00
2/17/2016	731702	9465		HIV/HBsAG/HC		150.00
02/25/16 UNPAID DUPLICATE Emailed to assistance. for P.O. and payment						
Total						\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/19/2016	Not Required	1031610
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/19/2016	311905	7169	21	Thymus, 2nd Trimester		340.00
2/19/2016	311905	7170	21	Liver, 2nd Trimester		340.00
						</



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/25/2016	Awaiting P.O.	1031642
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/25/2016	642501	16804	20	Thymus, 2nd Trimester		340.00
2/25/2016	642501	16805	20	Liver, 2nd Trimester		340.00
2/25/2016	642501	16807		HIV/HBsAG/HC		150.00
03/07/16 UNPAID DUPLICATE Emailed to _____ for P.O. and payment assistance.						
Total						\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/26/2016	Not Required	1031648
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/26/2016	312601	7193	19	Thymus, 2nd Trimester		340.00
2/26/2016	312601	7194	19	Liver, 2nd Trimester		340.00
<i>invoice to 3/9/16</i>						
					Total	\$680.00

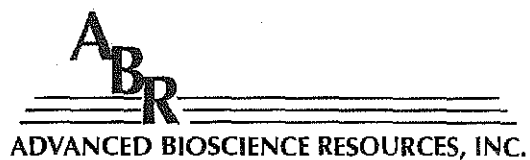
TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/29/2016	S003250	1031555
TERMS		CUSTOMER #
Due Upon Receipt		0151

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/11/2016	311102	7087	17	Liver, 2nd Trimester		340.00
2/11/2016	311102	7089		HIV/HBsAG		95.00
2/25/2016	742501	9480	19	Liver, 2nd Trimester		340.00
2/25/2016	742501	9482		HIV/HBsAG		95.00
					Total	\$870.00



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
3/3/2016	Awaiting P.O.	1031686
TERMS		CUSTOMER #
Due Upon Receipt		0218

RESEARCHER REFERENCE COPY

BILL TO
University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
3/3/2016	740301	9504	20	Thymus, 2nd Trimester		340.00
3/3/2016	740301	9505	20	Liver, 2nd Trimester		340.00
3/3/2016	740301	9507		HIV/HBsAG/HC		150.00
04/05/16 UNPAID DUPLICATE						
Total						\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
3/4/2016	Not Required	1031690
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
3/4/2016	310402	7216	21	Thymus, 2nd Trimester		340.00
3/4/2016	310402	7217	21	Liver, 2nd Trimester		340.00
<i>Invoice to 3/14/16</i>						
					Total	\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
3/18/2016	Not Required	1031759
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
3/18/2016	311801	7272	20	Thymus, 2nd Trimester		340.00
3/18/2016	311801	7273	20	Liver, 2nd Trimester		340.00
3/18/2016	311801	7274	20	Lung, 2nd Trimester		340.00
<i>note to 4/12/16</i>						
Total						\$1,020.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/1/2016	Not Required	1031826
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/1/2016	310101	7336	19	Thymus, 2nd Trimester		340.00
4/1/2016	310101	7337	19	Liver, 2nd Trimester		340.00
4/1/2016	310101	7338	19	Lung, 2nd Trimester		340.00
<p><i>Invoice to 4/13/16</i></p>						
					Total	\$1,020.00



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/21/2016	Awaiting P.O.	1031926
TERMS		CUSTOMER #
Due Upon Receipt		0218

BILL TO
University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/21/2016	642101	16924	21	Thymus, 2nd Trimester		340.00
4/21/2016	642101	16925	21	Liver, 2nd Trimester		340.00
4/21/2016	642101	16927		HIV/HBsAG/HC		150.00
04/29/16 UNPAID DUPLICATE						
Total						\$830.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/29/2016	Not Required	1031970
	TERMS	CUSTOMER #
	Due Upon Receipt	0264

BILL TO
University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/29/2016	732901	9666	19	Thymus, 2nd Trimester		340.00
4/29/2016	732901	9667	19	Liver, 2nd Trimester		340.00
<i>invoiced 5/10/16</i>						
					Total	\$680.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/6/2016	Not Required	1032001
TERMS		CUSTOMER #
Due Upon Receipt		0264

BILL TO

University of NC at Chapel Hill

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/6/2016	730601	9674	19	Thymus, 2nd Trimester		340.00
5/6/2016	730601	9675	19	Liver, 2nd Trimester		340.00
<i>invoice to 5/19/2016</i>						
					Total	\$680.00

REDACTED

Novogenix
Laboratories LLC

**INVOICE**

Novogenix Laboratories, LLC
1425 San Pablo BCC 205
Los Angeles, CA 90033
info@novogenixlabs.com
(213) 545-1603

Invoice Number 10-25-227-1401
Invoice Date 7/1/2014
PO#

Bill to:
Name REDACTED

Address LINC-Chadwell Hill
REDACTED

Email

REDACTED

8.12.14

Bill Details:

Service	Identification Code	Price per Unit	Number of Units	Total Service Price
1 Procurement and processing FL/TS, EDA: 17M60	74294-12-18-1 74294-20-18-1	500.00	1	500.00
Date of Service 6/26/2014 (1)				
Taxes				N/A
Shipping				Pad By Client
Total				\$500.00

TO BE PAID FOR WITHIN 30 DAYS
Delinquent payments will incur additional fees

K819463

REDACTED

Novogenix
Laboratories LLC

**INVOICE**

Novogenix Laboratories, LLC	Invoice Number 10-25-227-1412
1425 San Pablo BCC 205	Invoice Date 7/14/2014
Los Angeles, CA 90033	PO#
info@novogenixlabs.com	
(213) 545-1803	

Bill to:	
Name: REDACTED	
Address: UNC Chapel Hill	
REDACTED	
Email:	

Bill Details:				
Service	Identification Code	Price per Unit	Number of Units	Total Service Price
1 Procurement and processing FL/TS, EDA, 15w3d	65068-12-11-1 65068-20-10-1	500.00	1	500.00
Date of Service 7/10/2014 (1)				
			Taxes	N/A
			Shipping	Paid By Client
			Total	\$500.00

TO BE PAID FOR WITHIN 30 DAYS
Delinquent payments will incur additional fees

V R0147470

K 819462

REDACTED

Novogenix
Laboratories LLC

**INVOICE**

Novogenix Laboratories, LLC
1425 San Pablo BGC 205
Los Angeles, CA 90033
info@novogenixlabs.com
(213) 545-1803

Invoice Number 10-25-227-1418

Invoice Date 7/18/2014

PO#

Bill to:
Name REDACTED

Address UNC Chapel Hill
REDACTED

Email

Received 7/18/14

P. Adams

Accounts

Invoice# REDACTED

7-21-14

Bill Details:

Service	Identification Code	Price per Unit	Number of Units	Total Service Price
1 Procurement and processing FLTS EDA-15w3d	61900-12-18-1 61900-20-19-1	500.00	1	500.00
Date of Service 7/17/2014 (1)				
Taxes				N/A
Shipping				PAID BY Check
Total				\$500.00

TO BE PAID FOR WITHIN 30 DAYS*Delinquent payments will incur additional fees*

REDACTED

Novogenix
Laboratories LLC

**INVOICE**

Novogenix Laboratories LLC
1425 San Pablo BCC 205
Los Angeles, CA 90033
info@novogenixlabs.com
(213) 545 1803

Invoice Number: 20-227-1404
Invoice Date: 8/4/2014
PO:

Bill to:

Name: REDACTED

Address: UNC Chapel Hill
REDACTED

Email:

*received 8.8.14
pay amount within 6
weeks
invoice for*

REDACTED 8.12.14

Bill Details

Service	Identification Code	Price per Unit	Number of Units	Total Service Price
1 Procurement and processing FL/TS, EDA, 15w4d	55253-12-19-1 55253-20-19-1	500.00	1	500.00
2 Procurement and processing FL/TS, EDA, 17w5d	72421-12-19-1 72421-20-19-1	500.00	1	500.00
Date of Service: 7/24/2014 (1) 7/31/2014 (2)				
				Taxes: N/A
				Shipping: Paid By Client
				Total: \$1000.00

TO BE PAID FOR WITHIN 30 DAYS
Delinquent payments will incur additional fees

REDACTED

Novogenix
Laboratories LLC



INVOICE

Novogenix Laboratories, LLC	Invoice Number 1-20-227-14-18
1425 San Pablo BCC 205	Invoice Date 8/18/2014
Los Angeles, CA 90033	PO#
info@novogenixlabs.com	
(213) 545-1803	

Bill to:
Name REDACTED
Address UNC Chapel Hill
Email REDACTED

*Received 8-15-14
Pay from the 11th grants
Invoice for REDACTED @ 19.04*

Bill Details				
Service	Identification Code	Price per Unit	Number of Units	Total Service Price
1 Procurement and processing FL/IS EDA 16w2c	49942-12-10 49942-20-13	500.00	1	500.00
Date of Service 8/11/2014 (1)			Taxes	N/A
			Shipping	Paid By Client
			Total	\$500.00

TO BE PAID FOR WITHIN 30 DAYS
Delinquent payments will incur additional fees

REDACTED

Novogenix
Laboratories LLC**INVOICE**

Novogenix Laboratories, LLC
1425 San Pablo BCC 205
Los Angeles, CA 90033
info@novogenixlabs.com
(213) 545-1803

Invoice Number 1-20-227-1426
Invoice Date 8/26/2014
PO#

Bill to:

Name REDACTED

Address UNC Chapel Hill
REDACTED

Email

Received 8-27-14
by access multiple
grants
invoice to REDACTED
8-27-14

Bill Details:

Service	Identification Code	Price per Unit	Number of Units	Total Service Price
1 Procurement and processing HITS EDA-16w12	55694-12 16-1 55694-20 16-1	500.00	1	500.00
Date of Service 8/21/2014 (1)			Taxes	N/A
			Shipping	Paid by Client
			Total	\$500.00

TO BE PAID FOR WITHIN 30 DAYS
Delinquent payments will incur additional fees

REDACTED

REDACTED

Novogenix
Laboratories LLC



INVOICE

Novogenix Laboratories, LLC
1425 San Pablo BCC 205
Los Angeles, CA 90033
info@novogenixlabs.com
(213) 545-1803

Invoice Number 19-18-227-1419
Invoice Date 9/19/2014
PO#

Bill to: REDACTED
Name
Address UNC-Chapel Hill

REDACTED

Email

Received 9-19-14
Pay from nrc/hdc grants
invoice to REDACTED 9-29-14

Bill Details:

Service	Identification Code	Price per Unit	Number of Units	Total Service Price
1. Procurement and processing EL/TS, EDA: 17w5d	66919-12-18-1 66919-20-19-1	500.00	1	500.00
Date of Service 9/18/2014 (1)				
Taxes				N/A
Shipping				Paid By Client
Total				\$500.00

TO BE PAID FOR WITHIN 30 DAYS
Delinquent payments will incur additional fees

Novogenix
Laboratories LLC



INVOICE

Novogenix Laboratories, LLC
1425 San Pablo BCC 205
Los Angeles, CA 90033
info@novogenixlabs.com
(213) 545-1803

Invoice Number 15.18-227-1413
Invoice Date 10/13/2014
PO#

Bill to:

Name REDACTED
Address UNC-Chapel Hill
REDACTED

Email

Bill Details:

Service	Identification Code	Price per Unit	Number of Units	Total Service Price
1 Procurement and processing FL/TS, EDA, 17w5d	57855-12-18-1 57855-20-19-1	500.00	1	500.00

Date of Service 9/25/2014 (1)

received 10/13/14

Taxes	N/A
Shipping	Paid By Client
Total	\$500.00

TO BE PAID FOR WITHIN 30 DAYS

Delinquent payments will incur additional fees

*Pay from multiple accounts
invoice to REDACTED 10.20.14*

Novogenix
Laboratories LLC



INVOICE

Novogenix Laboratories, LLC
1425 San Pablo BCC 205
Los Angeles, CA 90033
info@novogenixlabs.com
(213) 545-1803

Invoice Number 15.18-227-1427
Invoice Date 10/27/2014
PO#

Bill to:
Name REDACTED
Address UNC-Chapel Hill
REDACTED
Email

received 10/17/14
pay from multiple grants
invoice to REDACTED *10/31/14*

Bill Details:

Service	Identification Code	Price per Unit	Number of Units	Total Service Price
1-Procurement and processing FL/TS, EDA: 17w0d	58830-12.18-1 58830-20.19-1	500.00	1	500.00
Date of Service 10/16/2014 (1)				
				Taxes N/A
				Shipping Paid By Client
				Total \$500.00

TO BE PAID FOR WITHIN 30 DAYS
Delinquent payments will incur additional fees

K 448'133

Received 6/22/12
 Pay from REDACTED
 Invoice to REDACTED 6/26/12

**stem
express**

STEMEXPRESS, LLC
 778 Pacific St
 Placerville, CA
 95667
 530.626.7000
 stemexpress.com

Invoice

Date	Invoice #
06/22/2012	1626
Terms	Due Date
Due on receipt	06/22/2012

Bill To

UNC, University of NC Chapel Hill

REDACTED

Ship To

UNC, University of NC Chapel Hill

REDACTED

Ship Date	Ship Via	Tracking #	Researcher	PO#	No.	Shipping
06/21/2012	FedEx	REDACTED		PO#	REDACTED	Recipient Acct
Description	Qty	Price	Amount	Due		
06/21/2012						
• Fetal Cadaverous Procurement: 2nd Trimester D & E (13-24 weeks), POC #01 - Liver	1:00	180.00		180.00		
• Fetal Cadaverous Procurement: 2nd Trimester D & E (13-24 weeks), POC #01 - Thymus	1:00	180.00		180.00		
				Total		\$360.00

****NOTE NEW ADDRESS FOR STEMEXPRESS. PLEASE SEND
 INVOICE PAYMENT TO THE NEW ADDRESS****. Thank you for
 your business. If you have any questions, contact REDACTED at
 REDACTED or by email at REDACTED

K652256

**stem
express**

STEMEXPRESS, LLC
778 Pacific St
Placerville, CA
95667
530.626.7000
stemexpress.com

Received 7/19/13
Pay from REDACTED
Invoice to REDACTED 7/23/13

Invoice

Date	Invoice #
07/20/2013	2283
Terms	Due Date
Net 15	08/04/2013

Bill To: UNC. University of NC Chapel Hill

REDACTED

Ship To: UNC. University of NC Chapel Hill

REDACTED

Ship Via	Researcher	P.O. No.
FedEx	REDACTED	K634656

Description	Qty	Price	Amount Due
07/18/2013			
• Fetal Liver Procurement, POC # 03	1:00	250.00	250.00
• Fetal Thymus Procurement, POC # 03	1:00	250.00	250.00
• FedEx Priority Overnight	1:00	85.00	85.00
Total			\$585.00

Thank you for your business. If you have any questions, contact
Accounting at REDACTED
Please note that invoices not paid within the designated terms are subject
to a 10% late fee of the balance & a 1.5% per month (18% annum)
interest fee, compounded monthly.

K674082

REDACTED

**stem
express**

STEMEXPRESS, LLC

778 Pacific St
Placerville, CA
95667530.626.7000
stemexpress.com

Invoice

Date	Invoice No.
09/05/2013	2473
Terms	Due Date
Due on receipt	09/05/2013

Bill To

UNC, University of NC Chapel Hill
REDACTED

Ship To

UNC, University of NC Chapel Hill

REDACTED

Ship Date	Ship Via	Researcher	P.O. No.	Shipping
09/05/2013	FedEx	REDACTED	K634656	Client Acct

Description	Qty	Price	Amount Due
09/05/2013 • Fetal Liver Procurement, POC # 01	1:00	250.00	250.00
Total			\$250.00

Thank you for your business. If you have any questions, contact

REDACTED

Please note that invoices not paid within the designated terms are subject to a 10% late fee of the balance & a 1.5% per month (18% annum) interest fee, compounded monthly.

REDACTED



STEMEXPRESS, LLC
 778 Pacific St
 Placerville, CA
 95667
 530.626.7000
 stemexpress.com

Invoice

Date	Invoice No.
09/12/2013	2509
Terms	Due Date
Due on receipt	09/12/2013

Bill To UNC, University of NC Chapel Hill REDACTED

Ship To UNC, University of NC Chapel Hill REDACTED
--

Ship Date	Ship Via	Researcher	P.O. No.	Shipping
09/12/2013	FedEx	REDACTED	K634656	Client Acct

Description	Qty	Price	Amount Due
09/12/2013 • Fetal Liver Procurement, POC # 03	1:00	250.00	250.00
Total \$250.00			

Thank you for your business. If you have any questions, contact Accounting at REDACTED 1 or REDACTED. Please note that invoices not paid within the designated terms are subject to a 10% late fee of the balance & a 1.5% per month (18% annum) interest fee, compounded monthly.

REDACTED

**stem
express**

STEMEXPRESS, LLC
778 Pacific St
Placerville, CA
95667
530.626.7000
stemexpress.com

Invoice

Date	Invoice No
09/17/2013	2510
Terms	Due Date
Due on receipt	09/17/2013

Bill To
UNC, University of NC Chapel Hill REDACTED

Ship To
UNC, University of NC Chapel Hill REDACTED

Ship Date	Ship Via	Researcher	P.O. No	Shipping
09/17/2013	FedEx	REDACT	K634656	Client Acct

Description	Qty	Price	Amount Due
09/17/2013 • Fetal Liver Procurement, POC#01	1:00	250.00	250.00
Total			\$250.00

Thank you for your business. If you have any questions, contact
REDACTED

Please note that invoices not paid within the designated terms are subject
to a 10% late fee of the balance & a 1.5% per month (18% annum)
interest fee, compounded monthly.



PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES
PURCHASING SERVICES

PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

DATE	PURCHASE ORDER NUMBER
06/16/11	W106464

START 06/16/11 END 06/15/12

TERMS I 30	F.O.B.	QUOTE NUMBER/QUOTE DATE	REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER R654817	DEPT NUMBER VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

V
E
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O
R

ADVANCED BIOSCIENCE RESOURCES

1516 OAK ST

SUITE 303

ALAMEDA

CA 94501

ACCOUNT NUMBER	PERCENT	AMOUNT	ACCOUNT NUMBER	PERCENT	AMOUNT
5-51041-2311	100.00				

NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
001	1.00	EA	<p>STANDING ORDER</p> <p>***** THIS IS A FEDERALLY FUNDED ***** ***** PURCHASE ORDER. ***** *** SEE GENERAL TERMS AND CONDITIONS *** ***** FOR REQUIREMENTS ***** ***** DISREGARD ABOVE INVOICE ADDRESS AND FORWARD ALL INVOICES TO PERSON AT THE "SHIP TO" ADDRESS FOR APPROVAL ***** YOU ARE HEREBY AUTHORIZED TO PROVIDE THE GOODS OR SERVICES TO THE "SHIP-TO" ADDRESS FOR THE PERIOD NOTED. ** INVOICES IN EXCESS OF \$5000 WILL ** ** NOT BE HONORED FOR PAYMENT AGAINST ** ** THIS ORDER. ORDERS MUST NOT BE ** ** SPLIT TO AVOID THIS THRESHOLD. ** ***** *THIS ORDER REPLACES OUR PURCHASE ORDER* ***** W102776 FAXED ON 06/17/11 510-865-4090</p> <p>STANDING ORDER FOR SUPPLIES TO BE ORDERED ON AN AS NEEDED BASIS BY THE LAB.</p>	10,000.0000	10,000.00

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS

FOR COMMODITIES AND SERVICES

TOTAL

CONTINUED

North Carolina Sales & Use Tax Exempt #400028

Signature _____

Date **JUN 17 2011**

Page

1

VENDOR COPY



PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES

PURCHASING SERVICES

PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

DATE	PURCHASE ORDER NUMBER
06/16/11	W106464

START 06/16/11 END 06/15/12

TERMS	F.O.B.	QUOTE NUMBER/QUOTE DATE	REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER	DEPT NUMBER
			VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

ADVANCED BIOSCIENCE RESOURCES

*** PO CONTINUATION ***

*** PAGE NUMBER BELOW ***

V
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N
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ACCOUNT NUMBER	PERCENT	AMOUNT	ACCOUNT NUMBER	PERCENT	AMOUNT
NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
			06/16/11 - 06/15/12		

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS

FOR COMMODITIES AND SERVICES

TOTAL

TAX \$.00
\$ 10,000.00

North Carolina Sales & Use Tax Exempt #400028

JUN 17 2011

Signature _____

Date

Page

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VENDOR COPY



PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES

PURCHASING SERVICES

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES

DATE	PURCHASE ORDER NUMBER
11/08/11	W106464-C0.01

ORIG PO DATE 06/16/11

START 06/16/11 END 06/15/12

TERMS I	F.O.B.	QUOTE NUMBER/QUOTE DATE	REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER R659326	DEPT NUMBER VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

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ADVANCED BIOSCIENCE RESOURCES

1516 OAK ST

SUITE 303

ALAMEDA

CA 94501

ACCOUNT NUMBER	PERCENT	AMOUNT	ACCOUNT NUMBER	PERCENT	AMOUNT
5-51041-2311	100.00				

NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
			<p>CHANGE ORDER</p> <p>***** THIS IS A FEDERALLY FUNDED *****</p> <p>***** PURCHASE ORDER. *****</p> <p>*** SEE GENERAL TERMS AND CONDITIONS ***</p> <p>***** FOR REQUIREMENTS *****</p> <p>*****</p> <p>DISREGARD ABOVE INVOICE ADDRESS AND FORWARD ALL INVOICES TO PERSON AT THE "SHIP TO" ADDRESS FOR APPROVAL</p> <p>*****</p> <p>YOU ARE HEREBY AUTHORIZED TO PROVIDE THE GOODS OR SERVICES TO THE "SHIP-TO" ADDRESS FOR THE PERIOD NOTED.</p> <p>** INVOICES IN EXCESS OF \$5000 WILL **</p> <p>** NOT BE HONORED FOR PAYMENT AGAINST **</p> <p>** THIS ORDER. ORDERS MUST NOT BE **</p> <p>** SPLIT TO AVOID THIS THRESHOLD. **</p> <p>*****</p> <p>*THIS ORDER REPLACES OUR PURCHASE ORDER*</p> <p>*****</p> <p>W102776</p> <p>FAXED ON 06/17/11</p> <p>510-865-4090</p> <p>CO.1-SEE LINE ITEM# 001 () 11/08/11</p>		
001	1.00	EA	STANDING ORDER FOR SUPPLIES TO BE ORDERED ON AN AS NEEDED BASIS BY THE LAB.	18,000.0000	18,000.00

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS

FOR COMMODITIES AND SERVICES / IT PROCUREMENTS / CONSTRUCTION, AS APPLICABLE

TOTAL

CONTINUED

North Carolina Sales & Use Tax Exempt #400028

Signature _____

Date **NOV 09 2011**

Page 1

PURCHASING COPY



PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES

PURCHASING SERVICES

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES

DATE	PURCHASE ORDER NUMBER
11/08/11	W106464-C0.01

ORIG PO DATE 06/16/11

START 06/16/11 END 06/15/12

TERMS	F.O.B.	QUOTE NUMBER/QUOTE DATE	REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER	DEPT NUMBER
			VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

ADVANCED BIOSCIENCE RESOURCES

*** PO CONTINUATION ***

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ACCOUNT NUMBER	PERCENT	AMOUNT	ACCOUNT NUMBER	PERCENT	AMOUNT
NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
			06/16/11 - 06/15/12 CO.1-ENC. ADDITIONAL FUNDS AS REQUESTED BY THE C/R, OLD AMOUNT \$10,000.00, NEW AMOUNT \$18,000.00 () 11/08/11.		

TOTAL	TAX	\$.00
		\$ 18,000.00

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS

FOR COMMODITIES AND SERVICES / IT PROCUREMENTS / CONSTRUCTION, AS APPLICABLE

North Carolina Sales & Use Tax Exempt #400028

Signature _____

Date **NOV 09 2011**

Page **2**

PURCHASING COPY



PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES
PURCHASING SERVICES

PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

DATE	PURCHASE ORDER NUMBER
02/07/12	W106464-C0.02
ORIG PO DATE 06/16/11	
START 06/16/11 END 06/15/12	

TERMS I	F.O.B.	QUOTE NUMBER/QUOTE DATE	REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER R659326	DEPT NUMBER VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST
SUITE 303
ALAMEDA CA 94501

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ACCOUNT NUMBER		PERCENT	AMOUNT	ACCOUNT NUMBER	PERCENT	AMOUNT
5-51041-2311		100.00				
NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION	
			<p>CHANGE ORDER</p> <p>***** THIS IS A FEDERALLY FUNDED ***** ***** PURCHASE ORDER. ***** *** SEE GENERAL TERMS AND CONDITIONS *** ***** FOR REQUIREMENTS ***** ***** DISREGARD ABOVE INVOICE ADDRESS AND FORWARD ALL INVOICES TO PERSON AT THE "SHIP TO" ADDRESS FOR APPROVAL ***** YOU ARE HEREBY AUTHORIZED TO PROVIDE THE GOODS OR SERVICES TO THE "SHIP-TO" ADDRESS FOR THE PERIOD NOTED. ** INVOICES IN EXCESS OF \$5000 WILL ** ** NOT BE HONORED FOR PAYMENT AGAINST ** ** THIS ORDER. ORDERS MUST NOT BE ** ** SPLIT TO AVOID THIS THRESHOLD. ** ***** *THIS ORDER REPLACES OUR PURCHASE ORDER* ***** W102776 FAXED ON 06/17/11, 510-865-4090 CO.1-SEE LINE ITEM# 001 () 11/08/11 CO.2-SEE LINE ITEM# 004 () 02/07/12</p>			
001	1.00	EA	STANDING ORDER FOR SUPPLIES TO BE ORDERED ON AN AS NEEDED BASIS BY THE LAB.	18,000.0000	18,000.00	

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS
FOR COMMODITIES AND SERVICES / IT PROCUREMENTS / CONSTRUCTION, AS APPLICABLE

TOTAL

CONTINUED

North Carolina Sales & Use Tax Exempt #400028

Signature _____

Date FEB 08 2012

Page

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PURCHASING COPY



PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES

PURCHASING SERVICES

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES

DATE	PURCHASE ORDER NUMBER
02/07/12	W106464-C0.02
ORIG PO DATE 06/16/11	
START 06/16/11 END 06/15/12	

TERMS	F.O.B.	QUOTE NUMBER/QUOTE DATE	REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER	DEPT NUMBER
			VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

ADVANCED BIOSCIENCE RESOURCES

*** PO CONTINUATION ***

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ACCOUNT NUMBER		PERCENT	AMOUNT	ACCOUNT NUMBER		PERCENT	AMOUNT
NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION		
			06/16/11 - 06/15/12				
			CO.1-ENC. ADDITIONAL FUNDS AS REQUESTED BY THE C/R, OLD AMOUNT \$10,000.00, NEW AMOUNT \$18,000.00 () 11/08/11.				
004	1.00	EA	PO NEED LIQUIDATED. \$2,380.00 W106464		NO CHARGE		
			CO.2-CANNOT PROCESS THE LIQUIDATION AS REQUESTED BECAUSE THERE ARE 4 INVOICES THAT ARE AWAITING TO BE PAID.				
			WAS CONTACTED ON 02/07/12 AND GIVEN THE INVOICE NUMBERS () 02/07/12.				
005			PLEASE LIQUIDATE PO W106464				

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS

FOR COMMODITIES AND SERVICES / IT PROCUREMENTS / CONSTRUCTION, AS APPLICABLE

TOTAL

TAX \$.00
\$ 18,000.00

North Carolina Sales & Use Tax Exempt #400028

FEB 08 2012

Signature _____

Date _____

Page

2

PURCHASING COPY



PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES

PURCHASING SERVICES

PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

DATE	PURCHASE ORDER NUMBER
04/17/12	W204330

START 04/17/12 END 04/16/13

TERMS I 30	F.O.B.	QUOTE NUMBER/QUOTE DATE FBB659982	REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER R663108	DEPT NUMBER VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

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ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST
SUITE 303
ALAMEDA CA 94501

ACCOUNT NUMBER		PERCENT	AMOUNT	ACCOUNT NUMBER		PERCENT	AMOUNT
5-32251-3919		100.00					
NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION		
			<p>QUOTE ORDER</p> <p>***** THIS IS A FEDERALLY FUNDED ***** ***** PURCHASE ORDER. ***** *** SEE GENERAL TERMS AND CONDITIONS *** ***** FOR REQUIREMENTS ***** ***GENERAL UNIVERSITY TERMS & CONDITIONS FOR PROCUREMENT OF COMMODITIES & SERVICES (00000223.DOC 7) IS APPLICABLE FOR THIS PROCUREMENT*** ***** DISREGARD ABOVE INVOICE ADDRESS AND FORWARD ALL INVOICES TO PERSON AT THE "SHIP TO" ADDRESS FOR APPROVAL ***** YOU ARE HEREBY AUTHORIZED TO PROVIDE THE GOODS OR SERVICES TO THE "SHIP-TO" ADDRESS FOR THE PERIOD NOTED. FAXED ON 04/18/12 510-865-4090 ATTN:</p>				
001	30.00	EA	LIVER TISSUE - 2ND TRIMESTER	230.0000	6,900.00		
002	27.00	EA	THYMUS TISSUE - 2ND TRIMESTER	230.0000	6,210.00		
003			THIS IS A STANDING ORDER FOR THE ABOVE LISTED ITEMS. DR. WILL ORDER THE QUANTITY THAT HE				

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS
FOR COMMODITIES AND SERVICES

TOTAL

CONTINUED

North Carolina Sales & Use Tax Exempt #400028

Signature _____

Date **APR 18 2012**

Page

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VENDOR COPY





PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES

PURCHASING SERVICES

PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

DATE	PURCHASE ORDER NUMBER
02/15/13	W303208

START 02/15/13 END 02/14/14

TERMS I 30	F.O.B.	QUOTE NUMBER/QUOTE DATE FBB671552	REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER B671552	DEPT NUMBER VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

VENDOR
ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST
SUITE 303
ALAMEDA CA 94501

ACCOUNT NUMBER		PERCENT	AMOUNT	ACCOUNT NUMBER		PERCENT	AMOUNT
5-59845-3919		100.00					
NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION		
			STANDING ORDER ***** DISREGARD ABOVE INVOICE ADDRESS AND FORWARD ALL INVOICES TO PERSON AT THE "SHIP TO" ADDRESS FOR APPROVAL ***** YOU ARE HEREBY AUTHORIZED TO PROVIDE THE GOODS OR SERVICES TO THE "SHIP-TO" ADDRESS FOR THE PERIOD NOTED. ***** *THIS ORDER REPLACES OUR PURCHASE ORDER* ***** W204330 EMAILED ON 02/18/13 ATTN:				
001	27.00	EA	\$\$\$41105901\$\$ LIVER TISSUE - 2ND TRIMESTER ADVANCED	275.0000	7,425.00		
002	28.00	EA	\$\$\$41105901\$\$ THYMUS TISSUE - 2ND TRIMESTER ADVANCED	275.0000	7,700.00		

TOTAL

TAX	\$.00
	\$	15,125.00

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS

FOR COMMODITIES AND SERVICES / IT PROCUREMENTS / CONSTRUCTION, AS APPLICABLE

North Carolina Sales & Use Tax Exempt #400028

Signature _____

Date **FEB 18 2013**

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PURCHASING COPY

PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES

PURCHASING SERVICES

**PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES**

DATE	PURCHASE ORDER NUMBER
11/15/13	W402283

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

START 11/15/13 END 11/14/14

TERMS I 30	F.O.B.	QUOTE NUMBER/QUOTE DATE FBB679314 11/30/13		REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER B679314	DEPT NUMBER	VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

VENDOR

ADVANCED BIOSCIENCE RESOURCES

1516 OAK ST

SUITE 303

ALAMEDA

CA 94501

ACCOUNT NUMBER	PERCENT	AMOUNT	ACCOUNT NUMBER	PERCENT	AMOUNT
5-31573-2311	100.00				
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NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
001	26.00	EA	<p>STANDING ORDER</p> <p>***** THIS IS A FEDERALLY FUNDED ***** ***** PURCHASE ORDER. ***** *** SEE GENERAL TERMS AND CONDITIONS *** ***** FOR REQUIREMENTS ***** THE UNIVERSITY'S GENERAL TERMS AND CONDITIONS FOR PROCUREMENT OF COMMODITIES AND SERVICES (00000223. DOC-8) GOVERN THIS PROCUREMENT. ***** DISREGARD ABOVE INVOICE ADDRESS AND FORWARD ALL INVOICES TO PERSON AT THE "SHIP TO" ADDRESS FOR APPROVAL ***** YOU ARE HEREBY AUTHORIZED TO PROVIDE THE GOODS OR SERVICES TO THE "SHIP-TO" ADDRESS FOR THE PERIOD NOTED. EMAILED ON 11/15/13</p> <p>ATTN:</p> <p>\$\$12352206\$\$ FETAL CADAVEROUS PROCUREMENT: LIVER, 2ND TRIMESTER D&E (13-24 WEEKS)</p> <p>WILL ORDER THE LISTED ITEM ON AN AS NEEDED BASIS.</p>	300.0000	7,800.00

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS

FOR COMMODITIES AND SERVICES / CONSTRUCTION, AS APPLICABLE

TOTAL

CONTINUED

North Carolina Sales & Use Tax Exempt #400028

Signature _____

Date NOV 15 2013

Page 1

VENDOR COPY

PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES
PURCHASING SERVICES

**PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES**

DATE	PURCHASE ORDER NUMBER
11/15/13	W402283

Address All Invoices & Statements
n Triplicate Showing Purchase
Order Number to:

START 11/15/13 END 11/14/14

TERMS	F.O.B.	QUOTE NUMBER/QUOTE DATE		REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER	DEPT NUMBER	VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

VENDOR

ADVANCED BIOSCIENCE RESOURCES

*** PO CONTINUATION ***

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ACCOUNT NUMBER	PERCENT	AMOUNT	ACCOUNT NUMBER	PERCENT	AMOUNT

NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
002	26.00	EA	<p>\$\$12352206\$\$</p> <p>FETAL CADAVEROUS PROCUREMENT: THYMUS, 2ND TRIMESTER D&E (13-24 WEEKS)</p> <p>WILL ORDER THE LISTED ITEM ON AN AS NEEDED BASIS.</p>	300.0000	7,800.00

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS

FOR COMMODITIES AND SERVICES / CONSTRUCTION, AS APPLICABLE

TOTAL

TAX \$.00
\$	15,600.00

North Carolina Sales & Use Tax Exempt #400028

Signature _____

Date **NOV 15 2013**

Page 2

VENDOR COPY



PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES

PURCHASING SERVICES

PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

DATE	PURCHASE ORDER NUMBER
02/19/14	W403441

START 02/19/14 END 02/18/15

TERMS I 30	F.O.B.	QUOTE NUMBER/QUOTE DATE FBB681162	REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER B681162	DEPT NUMBER
			VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

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ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST
SUITE 303
ALAMEDA CA 94501

ACCOUNT NUMBER	PERCENT	AMOUNT	ACCOUNT NUMBER	PERCENT	AMOUNT
5-33589-3919	100.00				

NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
			<p>STANDING ORDER</p> <p>***** THIS IS A FEDERALLY FUNDED ***** ***** PURCHASE ORDER. ***** *** SEE GENERAL TERMS AND CONDITIONS *** ***** FOR REQUIREMENTS ***** THE UNIVERSITY'S GENERAL TERMS AND CONDITIONS FOR PROCUREMENT OF COMMODITIES AND SERVICES (00000223. DOC-8) GOVERN THIS PROCUREMENT. ***** DISREGARD ABOVE INVOICE ADDRESS AND FORWARD ALL INVOICES TO PERSON AT THE "SHIP TO" ADDRESS FOR APPROVAL ***** YOU ARE HEREBY AUTHORIZED TO PROVIDE THE GOODS OR SERVICES TO THE "SHIP-TO" ADDRESS FOR THE PERIOD NOTED. ***** *THIS ORDER REPLACES OUR PURCHASE ORDER* ***** W303208 EMAILED ON 02/27/14</p> <p>ATTN:</p>		
001	32.00	EA	<p>\$\$\$41105901\$\$ LIVER TISSUE - 2ND TRIMESTER</p>	325.0000	10,400.00

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS
FOR COMMODITIES AND SERVICES

TOTAL

CONTINUED

North Carolina Sales & Use Tax Exempt #400028

Signature _____

Date **FEB 27 2014**

Page

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VENDOR COPY



PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES

PURCHASING SERVICES

PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

DATE	PURCHASE ORDER NUMBER
02/19/14	W403441

START 02/19/14 END 02/18/15

TERMS	F.O.B.	QUOTE NUMBER/QUOTE DATE	REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER	DEPT NUMBER
			VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

ADVANCED BIOSCIENCE RESOURCES

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ACCOUNT NUMBER	PERCENT	AMOUNT	ACCOUNT NUMBER	PERCENT	AMOUNT
NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
002	32.00	EA	\$\$\$41105901\$\$ THYMUS TISSUE - 2ND TRIMESTER	325.0000	10,400.00
003			THIS IS A STANDING PURCHASE ORDER SO THAT CAN ORDER THE ITEMS LISTED ON AN AS NEEDED BASIS FOR THE TIME PERIOD LISTED.		

TOTAL

TAX \$.00
\$ 20,800.00

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS

FOR COMMODITIES AND SERVICES

North Carolina Sales & Use Tax Exempt #400028

Signature _____

Date FEB 27 2014

Page 2

VENDOR COPY



PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES

PURCHASING SERVICES

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES

DATE	PURCHASE ORDER NUMBER
04/29/14	W403441-C0.02
ORIG PO DATE 02/19/14	
START 02/19/14 END 02/18/15	

TERMS I	F.O.B.	QUOTE NUMBER/QUOTE DATE FBB681162	REQUESTED DELIVERY DATE	
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER R683841	DEPT NUMBER	VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

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ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST
SUITE 303
ALAMEDA CA 94501

ACCOUNT NUMBER		PERCENT	AMOUNT	ACCOUNT NUMBER	PERCENT	AMOUNT
5-33589-3919		100.00				
NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION	
			CHANGE ORDER ***** THIS IS A FEDERALLY FUNDED ***** ***** PURCHASE ORDER. ***** *** SEE GENERAL TERMS AND CONDITIONS *** ***** FOR REQUIREMENTS ***** THE UNIVERSITY'S GENERAL TERMS AND CONDITIONS FOR PROCUREMENT OF COMMODITIES AND SERVICES (00000223. DOC-8) GOVERN THIS PROCUREMENT. ***** DISREGARD ABOVE INVOICE ADDRESS AND FORWARD ALL INVOICES TO PERSON AT THE "SHIP TO" ADDRESS FOR APPROVAL ***** YOU ARE HEREBY AUTHORIZED TO PROVIDE THE GOODS OR SERVICES TO THE "SHIP-TO" ADDRESS FOR THE PERIOD NOTED. ***** *THIS ORDER REPLACES OUR PURCHASE ORDER* ***** W303208 EMAILED ON 02/27/14 ATTN:			
001	32.00	EA	\$\$\$41105901\$\$ LIVER TISSUE - 2ND TRIMESTER	325.0000	10,400.00	

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS
FOR COMMODITIES AND SERVICES / IT PROCUREMENTS / CONSTRUCTION, AS APPLICABLE

TOTAL

CONTINUED

North Carolina Sales & Use Tax Exempt #400028

Signature _____

Date **APR 30 2014**

Page

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PURCHASING COPY



PURCHASE ORDER

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

MATERIAL AND DISBURSEMENT SERVICES

PURCHASING SERVICES

Address All Invoices & Statements
in Triplicate Showing Purchase
Order Number to:

PURCHASE ORDER NUMBER MUST BE SHOWN ON
ALL INVOICES, CORRESPONDENCE AND PACKAGES

DATE	PURCHASE ORDER NUMBER
04/29/14	W403441-C0.02

ORIG PO DATE 02/19/14

START 02/19/14 END 02/18/15

TERMS	F.O.B.	QUOTE NUMBER/QUOTE DATE	REQUESTED DELIVERY DATE
PURCHASING CONTACT	TELEPHONE NUMBER	REQUEST NUMBER	DEPT NUMBER
			VENDOR NUMBER V0001045610

SHIP TO

UNC AT CHAPEL HILL

ADVANCED BIOSCIENCE RESOURCES

*** PO CONTINUATION ***

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ACCOUNT NUMBER		PERCENT	AMOUNT	ACCOUNT NUMBER		PERCENT	AMOUNT
NO	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE		EXTENSION	
002	32.00	EA	\$\$\$41105901\$\$ THYMUS TISSUE - 2ND TRIMESTER	325.0000		10,400.00	
003			THIS IS A STANDING PURCHASE ORDER SO THAT CAN ORDER THE ITEMS LISTED ON AN AS NEEDED BASIS FOR THE TIME PERIOD LISTED.				
008	28.00	EA	\$\$\$81141501\$\$ ADDITIONAL FUNDS TO COVER THE COST OF HIV/HBSAG/HC TESTING. C0.2-ENC. ADDITIONAL FUNDS TO COVER THE COST OF ADDITIONAL TESTING THAT WAS NEEDED () 04/29/14.	150.0000		4,200.00	

ORDERS SUBJECT TO UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL GENERAL TERMS AND CONDITIONS

FOR COMMODITIES AND SERVICES / IT PROCUREMENTS / CONSTRUCTION, AS APPLICABLE

TOTAL

TAX \$.00
\$ 25,000.00

North Carolina Sales & Use Tax Exempt #400028

Signature _____

Date **APR 30 2014**

Page

2

PURCHASING COPY



Purchase Order

PO Status	Dispatch Method Dispatch Via Print	PO ID W403441				
Business Unit UNCCH	Business Unit Description UNC at Chapel Hill	PO Date 10/1/2014				
Business Unit Address	Vendor (0000032322) ADVANCED BIOSCIENCE RESOURCES 1516 OAK ST SUITE 303 ALAMEDA CA 94501	Ship To				
Bill To	Purchasing Contact and Phone Number	Freight Terms FOB Destination				
	Attn To See Detail Below	Ship Via BEST WAY				
	Payment Terms 30	Total PO Amount \$16,800.00				
Header Comments						
Line	Qty	Unit	Item ID	Description	Unit Price	Extended Amt
1	21.00	EA		LIVER TISSUE - 2ND TRIMESTER	325.00	6,825.00
Comments:						
2	21.00	EA		THYMUS TISSUE - 2ND TRIMESTER	325.00	6,825.00
Comments:						
3	1.00	EA		THIS IS A STANDING PURCHASE ORDER SO THAT CAN ORDER THE ITEMS LISTED ON AN AS NEEDED BASIS FOR THE TIME PERIOD LISTED	0.00	0.00
Comments:						
4	21.00	EA		ADDITIONAL FUNDS TO COVER THE COST OF HIV/HBSAG/HC TESTING. CO.2-ENC. ADDITIONAL FUNDS TO COVER THE COST OF ADDITIONAL TESTING THAT WAS NEEDED () 4/29/14	150.00	3,150.00
Comments:						
TOTAL						\$16,800.00

Authorized Signature



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

Purchase Order

PO Status	Dispatch Method Dispatch Via Print	PO ID Y15JHM0203
Business Unit UNCCH	Business Unit Description UNC at Chapel Hill	PO Date 3/25/2015
Business Unit Address	Vendor (0000032322) ADVANCED BIOSCIENCE RESOURCES INC 1516 OAK ST STE 303 ALAMEDA CA 94501	Ship To
Bill To	Purchasing Contact and Phone Number	Freight Terms FOB Destination
	Attn To	Ship Via BEST WAY
	Payment Terms 30	Total PO Amount \$830.00

Header Comments

CONFIRMING ORDER - DO NOT DUPLICATE
FOR INVOICING PURPOSES ONLY
THE UNIVERSITY'S GENERAL TERMS AND CONDITIONS FOR PROCUREMENT OF COMMODITIES AND SERVICES
(00000223.DOC 10) GOVERN THIS PROCUREMENT.

Line	Qty	Unit	Item ID	Description	Unit Price	Extended Amt
1	1.00	EA		PATIENT ID 331202 ABR ID 9120 GEST 19 THYMUS 2ND TRIMESTER	340.00000	340.00
Comments:						
2	1.00	EA		PATIENT ID 331202 ABR ID 9121 GEST 19 LIVER 2ND TRIMESTER	340.00000	340.00
Comments:						
3	1.00	EA		PATIENT ID 331202 ABR 9122 HIV/HB'SAG.HC	150.00000	150.00
Comments:						
TOTAL						\$830.00

Authorized Signature

PURCHASING COPY

ADVANCED BIOSCIENCE RESOURCES, INC.

APPLICATION FOR THE ACQUISITION OF HUMAN FETAL TISSUE FOR RESEARCH

All requests for human fetal tissue are reviewed for feasibility of procurement and preparation. When approved, an individual protocol will be developed for the procurement, preparation and delivery of tissue samples, based on the information provided in this application and any subsequent communication.

I. APPLICANT INFORMATION

NAME: _____

TITLE: _____

COMPANY: University of North Carolina

ADDRESS: _____

ADDRESS: _____

CITY,ST,ZIP: Chapel Hill, NC 27599-7042

PHONE #: _____

ALT. #: _____

FAX #: _____

EMAIL: _____

BILLING INFORMATION:

BILL TO: _____

COMPANY: University of North Carolina

ADDRESS: _____

ADDRESS: _____

CITY,ST,ZIP: Chapel Hill, NC 27599-7042

ACCOUNTING DEPT. PHONE #: _____

P.O. # (if required by your company): _____

P.O. # is not required to submit application

DELIVERY OPTIONS:

Same Day: Commercial carrier, hand delivered

Maximizes cell viability (*geographical limits*)

☒ Next Day: Pickup, delivery Mon-Sat daytime

Economical for fresh, frozen specimens

Credit Card #: _____

Name on CC: _____

Expiration Date: _____ VISA/MC

SHIP TO: _____

Applicant will be charged for delivery fees.

Applicant may designate preferred carrier: _____

Carrier Name: _____

Account #: _____

Please indicate how you heard about ABR: long-term client at new institution

II. HUMAN FETAL TISSUE

Tissue specimens requested: entire fetal liver and entire fetal thymus from same donor; occasionally other fetal tissues including lung, spleen, pancreas, brain, and bowel

Preferred gestational age (6-24 weeks): 17-22 weeks

Quantity requested (number of specimens/week): typically 1 liver/thymus pair per week

Proposed starting date: as soon as possible

CONTAGIOUS DISEASE SCREENING: Availability of test results varies from 24 hours to 7 days after procurement. Applicant requires the following tests to be performed by ABR:

No testing required

☒

HIV

☒

HBSAG

CMV

HSV

RPR

HCV

OTHER _____

III. PRESERVATION

ABR uses *BioWhittaker RPMI-1640 With L-Glutamine* for tissue preparation, preservation and shipment. Applicant may supply ABR with other media specific to research needs. Please indicate preference below.

PRESERVATION METHODS AVAILABLE:

☒ Fresh; shipped on wet ice ☐ Media provided by applicant
☐ Passive freezing on dry ice; shipped on dry ice ☒ Media provided by ABR (RPMI)
☐ "Snap" freezing in LN2; shipped on dry ice

IV. DONOR INFORMATION

CONSENT VERIFICATION: Consent for tissue donation is obtained prior to specimen procurement. The consent is extremely confidential in nature and shall not be communicated to the researcher.

SPECIFIC DONOR INFORMATION: Charts are routinely examined for patient medical histories. Please identify any specific information sought and indicate contraindications to specimen procurement:

Gestational age of tissue; gender of fetus; maternal age

V. RESEARCH DATA

TITLE OF RESEARCH PROJECT: _____

ABR will provide tissue to researchers who provide information on current research funding, and a short summary of their research intent. **(Please attach a brief synopsis of the research project named above.)** Researchers must agree to use the tissue solely for research purposes and to acknowledge ABR in any publications resulting from the use of ABR provided tissue. Updates on research progress will be requested at six-month intervals. Researchers agree to publish the results of the research as promptly after the completion of the research as is reasonably possible without jeopardizing the sponsor's right to secure patents or copyrights necessary to protect its ownership or control of the results of the research. Researchers agree to inform ABR of the name of the publication and the date of the issue in which the results will be published. It is the intent of this requirement to make the results available to the general public through acceptable means of publication.

VI. SOURCE OF FUNDING

Please identify the primary source of funding for this project.

NIH ☒ Other Federal or State Grants ☐ Foundation Grants ☐ Other (specify) _____

If this application is approved by ABR, ABR shall provide services to the applicant in accordance with the terms and the other conditions on the reverse side, and the signature of the applicant shall constitute acceptance of all such terms and conditions by applicant. The entire agreement between ABR and applicant relating to the services provided by ABR is expressly set forth herein, and any modification of or addition thereto shall be of no force or effect unless it is in writing and signed on behalf of ABR by a duly authorized representative.

BY SIGNING BELOW, THE APPLICANT ACKNOWLEDGES HAVING READ THE TERMS AND CONDITIONS ON THE FOLLOWING PAGE AND AGREES TO SUCH TERMS AND CONDITIONS.

_____, Professor of Medicine
SIGNATURE and TITLE of APPLICANT

DATE

Please return to:

ADVANCED BIOSCIENCE RESOURCES, INC.
1516 OAK STREET, SUITE 303
ALAMEDA, CALIFORNIA 94501
Telephone: 510-865-5872
Fax: 510-865-4090
Email: abr@abr-inc.com

TERMS AND CONDITIONS OF SERVICES

1. Services

1.1 During the term of this agreement, and pursuant to the terms and conditions hereinafter set forth, ABR will use its best efforts to provide services in connection with supplying researcher with the types of human tissues set forth in this application, as approved by ABR, suitable for researcher requirements and in the amounts requested based upon ongoing discussions between researcher and ABR pursuant to the information sent by ABR.

1.2 Researcher acknowledges and agrees that ABR will provide the following types of services:

1. Removing tissue.
2. Preserving and processing tissue to a form suitable to the researcher needs.
3. Seeking consent for tissue donations from appropriate individuals, obtaining validly executed consent forms, and maintaining records of such consents in accordance.
4. Obtaining, labeling, storing, and delivering samples of donor or other required serum, and maintaining a system for matching such samples to specific tissue donations.
5. Preserving tissue viability and cleanliness during removal, processing, preservation, storage and transportation.
6. Storing tissue and transporting it to researcher in accordance with section 5.

1.3 In the event that tissues of the type specified in the application become unavailable to ABR, such that ABR is unable to perform the contemplated services, ABR shall have no obligation to perform such services.

2. Representations and Warranties. ABR hereby represents and warrants to researcher that (i) ABR will make no payments to anyone for any tissue transferred in connection with this agreement, and (ii) ABR will verify for each tissue delivery that appropriate consent was obtained for use of such tissue and any associated serum samples, and that adequate records of such consent are maintained; provided, however, that the parties hereto acknowledge and agree that such consents are extremely confidential in nature and shall not, in any case, be communicated to researcher. Researcher hereby represents and warrants to ABR that (i) researcher will neither sell nor transfer for valuable consideration any tissue received through ABR to anyone, (ii) researcher will use the tissue only to satisfy its objectives, which are, as acknowledged and agreed hereto, [research and clinical use], (iii) researcher agrees to inform ABR of any changes in clinical or research use of specimens received from ABR, or in any specifications, constraints, etc. in a timely manner, and (iv) researcher understands the bio-hazardous nature of human tissue and agrees to take proper precautionary measures at all times when handling tissue specimen.

3. Terms. The terms of this agreement shall be for one (1) year, beginning from the date hereof, and terminating one (1) year thereafter, unless either of the parties hereto shall have given to the other thirty (30) days written notice of its intention to terminate this agreement, whereupon same shall terminate thirty (30) days after date of said notice.

In default of notice as aforesaid from either party hereto, this agreement shall continue for further successive terms of one (1) year thereafter and in default of thirty (30) days written notice before the end of an annual term by either of the parties of its intention not to renew, whereupon this agreement shall terminate at the end of said term.

4. Payments. Researcher agrees to pay to ABR a fee for costs incurred by ABR in providing services in connection with the acquisition of each sample of tissue requested by researcher, to be mutually agreed upon by ABR and researcher upon approval of this agreement by ABR.

5. Shipment services

5.1 All shipments will be made as soon as possible after request has been received by ABR from researcher.

5.2 Researcher acknowledges that networks of tissue availability are neither permanent nor dependable, but rather they fluctuate. However, ABR shall use its best efforts to transfer the tissue in the amounts requested by researcher.

5.3 Shipment will be made in the best possible manner so as to preserve the quality of the tissues. It is understood that the fragility of human tissue is such that damage may occur during shipment. ABR will use its best efforts to comply with the handling and shipment protocols provided by researcher.

5.4 ABR will package the tissue appropriately and, if so requested by researcher, will insure the shipment. Researcher agrees to bear all costs associated with insurance and shipment of any tissue.

5.5 The risk of loss and damage of any tissue or organs shall pass immediately to researcher when the shipment of such tissue or organs is deposited with a carrier for transportation at the F.O.B. point.

6. Limitation of liability. ABR SHALL NOT BE RESPONSIBLE OR LIABLE UNDER ANY SECTION OF THIS AGREEMENT OR UNDER ANY CONTRACT, NEGLIGENCE, STRICT LIABILITY OR OTHER LEGAL OR EQUITABLE THEORY, FOR THE COST OF PROCUREMENT OF SUBSTITUTIVE SERVICES, OR ANY INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO LOSS OF REVENUES AND LOSS OF PROFITS. ANY LIABILITY OF ABR UNDER ANY THEORY WHATSOEVER WILL BE LIMITED EXCLUSIVELY TO THE PROVISION OF EQUIVALENT SERVICES BY ABR OR, IF UNENFORCEABLE, TO PAYMENT OF AN AMOUNT NOT GREATER THAN ANY AMOUNT ACTUALLY RECEIVED BY ABR FROM RESEARCHER ON ACCOUNT OF THIS AGREEMENT.

7. No warranties. It is understood that human tissue is by nature neither permanent nor dependable. EXCEPT AS EXPRESSLY SET FORTH IN THIS AGREEMENT, ABR MAKES NO REPRESENTATION OF ANY KIND, EXPRESSED OR IMPLIED, INCLUDING ANY REPRESENTATION WITH RESPECT TO THE SAFETY, EFFICACY OR MERCHANTABILITY OR THE FITNESS FOR ANY PURPOSE WITH RESPECT TO THE TISSUE TRANSFERRED TO RESEARCHER IN CONNECTION WITH THIS AGREEMENT.

8. Indemnification. Researcher shall indemnify, defend and hold ABR harmless from and against all claims, causes of actions, suits, damages and costs arising out of, resulting from, or otherwise in respect of, the use of tissue transferred in connection with this agreement, except where such claims are the result of negligence of ABR, its employees, staff or agents to (i) comply with any governmental requirements, or (ii) adhere to the terms of this agreement.

9. General. This agreement shall be governed by and interpreted under the laws of the State of California, excluding rules of conflicts of law. This agreement may not be assigned by either party without the prior written consent of the other.



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

MARTHA PENDERGRASS
DIRECTOR,
PROCUREMENT SERVICES
104 AIRPORT DRIVE
CB #1100
CHAPEL HILL, NC 27599-1100

T 919.843.5048
F 919.962.0636
mjpender@email.unc.edu

Dear UNC at CHAPEL HILL Business Partner:

The University of North Carolina at Chapel Hill, a state agency, is exempt from North Carolina Sales & Use Tax for qualifying purchases effective July 1, 2004. Please record the following Sales & Use Tax exemption number and maintain this document on file for future reference.

400028

Effective July 1, 2004, UNC at CHAPEL HILL is exempt from sales tax when items are purchased with a valid UNC at Chapel Hill purchase order bearing the exemption number and the description of the goods to be purchased, or the goods purchased are paid for with a University-issued check, electronic funds transfer, procurement card, or credit account of the State agency. For purchases other than by a purchase order, please keep the number listed above on file for your reference.

The eight items below are not exempt and UNC at Chapel Hill must pay the following taxes:

- (1) Prepared food and beverage taxes levied and administered by various local governments in the State. (Please see <http://www.dor.state.nc.us/taxes/sales/rates.html> for details)
- (2) Occupancy taxes levied and administered by various local governments in the State. (Please see <http://www.dor.state.nc.us/taxes/sales/rates.html> for details)
- (3) Highway use taxes paid on the purchase, lease or rental of motor vehicles.
- (4) State sales taxes levied on electricity or local, private or toll telecommunications services.
- (5) Scrap tire disposal tax levied on new tires.
- (6) White goods disposal tax levied on new white goods.
- (7) Dry-cleaning solvent tax levied on dry-cleaning solvent purchased by a dry-cleaning facility.
- (8) Excise tax on piped natural gas.

The University of North Carolina at Chapel Hill is not required to provide a tax exemption certificate to the vendors. Please see first paragraph on page four of the following document from North Carolina Department of Revenue: <http://www.dor.state.nc.us/practitioner/sales/directives/SD-04-1.pdf>

It is possible to check the University's tax exemption status on DOR's website at: <https://eservices.dor.nc.gov/exemption/>

Questions with regard to this sales tax exemption may be addressed to UNC at Chapel Hill Disbursement Services Operational Manager at (919) 843-5098 or the N.C. Dept. of Revenue Taxpayer Assistance Call Center at 877-252-3052.

If any of the address information we have on file is incorrect, please notify our vendor coordinator via email at vendor_coordinator@unc.edu. Thank you for your assistance.

Investigator's Statement

**OBTAINING DONATED ABORTED PREGNANCY TISSUE FOR BIOMEDICAL
RESEARCH**

1. I am aware that the tissue is human fetal tissue obtained in a spontaneous or induced abortion or pursuant to a stillbirth.
2. I am aware that the tissue was donated anonymously for research purposes and that the identity of the individual who donated the tissues can never be determined.
3. I have had no part in any decisions as to the timing, method, or procedures used to terminate the pregnancy.
4. I am not the donor's attending physician.

Name: _____

Signature: _____

Date: _____

Novogenix

Laboratories LLC



1425 San Pablo BCC 205
Los Angeles, CA 90033
info@novogenixlabs.com
(213) 545-1803

RESEARCH INVESTIGATOR INFORMATION

NAME:
TITLE: Principle Investigator
COMPANY: UNC-CHAPEL HILL
ADDRESS:
CITY: CHAPEL HILL
ST, ZIP: NORTH CAROLINA, 27599
PHONE #:
EMAIL:

BILLING INFORMATION
BILL TO:
COMPANY: UNC-CHAPEL HILL
ADDRESS:
CITY: CHAPEL HILL
ST, ZIP: North Carolina, 27599
ACCOUNTING DEPT. PHONE #:
P.O. # (if required):

Brief (1-2 sentence) description of the research in which these tissue/cells will be used:

The tissue/cells will be used to create a humanized mouse model.

HUMAN FETAL TISSUE/CELLS

Tissue specimens/cells requested: Fetal Liver and Thymus

Preferred developmental age: 16-21 weeks Number of specimens/vials per week: 1

Proposed delivery date: every Friday unless notify to cancel request

TISSUE PRESERVATION

Tissues will be shipped in PBS/5%FBS with 1% Penicillin/Streptomycin/Amphotericin; 0.1% Ciprofloxacin unless otherwise requested.

PRESERVATION METHODS AVAILABLE:

☒ Fresh; shipped on wet ice
☐ Passive freezing on dry ice; shipped on dry ice
☐ "Snap" freezing in LN2; shipped on dry ice

Alternate media _____

Cells will be delivered in freezing media on dry ice.

DELIVERY OPTIONS

☐ Same Day
☒ Next Day. Pickup, delivery Mon-Sat

BY SIGNING BELOW, THE APPLICANT ACKNOWLEDGES HAVING READ THE TERMS AND CONDITIONS IN THE CUSTOMER AGREEMENT INCORPORATED BY REFERENCE HEREIN.

SIGNATURE and TITLE of P.I.

DATE

PRINT NAME and TITLE of P.I.

DATE

NOVOGENIX LABORATORIES CUSTOMER AGREEMENT

This Customer Agreement ("Agreement") is a contract between you (the "Customer") and Novogenix Laboratories, LLC ("Novogenix"). In this Agreement, "you" and "your" refer to Customer and your designated agents, including your administrative contact, and "we," "us" and "our" refer to Novogenix.

1. RECITALS

Whereas Novogenix offers stem-cell processing services ("Novogenix Services");

Whereas Novogenix only offers Novogenix Services to research and teaching institutions, commercial enterprises, and public researchers;

Whereas Novogenix opposes any research in violation of any ethical, legal, or governmental standards within the United States and the international countries of abroad customers;

Whereas Customer is involved in scientific research that is in line with the strict ethical standards of Novogenix and seeks to purchase Novogenix Services;

Now, therefore, in consideration of the foregoing, the Parties agree as follows:

2. CUSTOMER GENERAL OBLIGATIONS

2.1 Use. You shall use Novogenix Services exclusively for in vitro research purposes only. You shall not use Novogenix Services for therapeutic purposes in human beings or animals. Novogenix shall not be liable for your improper use of Novogenix Services.

2.2 Restricted Activities. In connection with your use of Novogenix Services, or in the course of your interactions with Novogenix, you will not:

- 2.2.1. Violate any law, statute, ordinance, or regulation;
- 2.2.2. Act in a manner that is defamatory, trade libelous, threatening or harassing to Novogenix;
- 2.2.3. Provide false, inaccurate or misleading information.

3. FEES AND PAYMENT TERMS

3.1 Fees. You shall pay fees for Novogenix Services as specified on Schedule "A" of this Agreement. Fees are subject to change without prior notice. Please call or email Novogenix to confirm current pricing. Payment shall be made within 30 days of invoice date. Invoices not paid within the designated terms are subject to a 10% late fee of the initial balance. You will receive a notice of your delinquent status, after which late fees will incur every 15 days. All outstanding invoices after 180 days will go to collections.

3.2 Taxes. The fees paid to Novogenix are exclusive of tax. You are responsible for all taxes, duties, levies or tariffs or charges of any kind imposed by any federal, state or local governmental entity on the fees.

3.3 Shipping and Handling. All shipping and handling charges will be reflected on the invoice upon the delivery of the product. Shipping and handling charges will vary according to the weight of the package and the available shipping options. Customer may contact Novogenix directly for current shipping and handling prices. Novogenix shall make best efforts to meet any time requirements requested by Customer for Novogenix Services. However, Novogenix shall not be liable for any late deliveries caused by third parties (e.g. delays due to obtaining donor consent forms and developmental staging).

3.4 Payment Method. Novogenix accepts only US currency in the form of company checks, VISA, Discover, MasterCard payments and fund transfers. All funds must be subject to withdraw from a US bank account; foreign bank accounts and foreign currency will not be accepted as appropriate payment. Checks may be made payable to Novogenix Laboratories, LLC. All international orders must be prepaid in advance with either a bank deposit or credit card before shipment.

4. DELIVERY

4.1. All orders are shipped via Federal Express Priority Overnight delivery unless otherwise specified.

4.2. Customer may specify estimated delivery times. However, Novogenix is unable to guarantee compliance with estimated delivery time.

4.3 Delivery to Customer of orders shall be F.O.B. Novogenix's place of shipment. (i.e. The transfer of risk occurs upon the handing over of the goods to Novogenix's carrier or shipper).

5. CONFIDENTIALITY

5.1 Confidential Information Defined. A party's "Confidential Information" is defined as any information of the disclosing party, which (i) if disclosed in a tangible form is marked using a legend such as "Confidential" or "Proprietary" or if not so marked, should be reasonably understood by the receiving party from the context of disclosure or from the information itself, to be confidential, or (ii) if disclosed orally or visually is declared to be confidential or, if not so declared, should be reasonably

understood by the receiving party from the context of disclosure or from the information itself to be confidential. Confidential Information shall include but not be limited to: the terms of this Agreement; the integration requirements; information relating to Novogenix's systems, technology, processes, and financial information regardless of whether marked "Confidential."

5.2 Mutual Obligations. Each party shall hold the other party's Confidential Information in confidence and shall not disclose such Confidential Information to third parties nor use the other party's Confidential Information for any purpose other than as required to perform its obligations under this Agreement. Such restrictions shall not apply to Confidential Information that (i) is already known by the recipient, (ii) becomes publicly known through no act or fault of the recipient, (iii) is received by recipient from a third party without a restriction on disclosure or use, or (iv) is independently developed by recipient without reference to the Confidential Information or (v) where Confidential Information is required to be disclosed by a court, government agency, law enforcement agency, regulatory requirement, or similar disclosure requirement. The parties' respective obligations to maintain the confidentiality of information disclosed hereunder shall survive the expiration or early termination of this Agreement or until such time as such information becomes public information through no fault of the receiving party. Upon termination or expiration of this Agreement, the receiving party shall immediately return to the disclosing party all manifestations of the Confidential Information or shall destroy all such Confidential Information as the disclosing party may designate; provided that such action may be delayed for so long as, and to the extent that, such Confidential Information relates to outstanding payment obligations or is subject to audit, reporting, or retention requirements under this Agreement or applicable law.

6. PROPRIETARY RIGHTS

6.1 Intellectual Property. You acknowledge that Novogenix retains all intellectual property rights (including all patent, trademark, copyright, trade dress, trade secrets, database rights and all other intellectual property rights) and title in and to all of their Confidential Information; other proprietary information, products and services; and the ideas, concepts, techniques, inventions, processes, software or works of authorship developed, embodied in, or practiced in connection with Novogenix Services. Except as otherwise expressly provided herein, nothing in this Agreement shall create any right of ownership or license in, and to the other Party's intellectual property rights and each Party shall continue to independently own and maintain its intellectual property rights. There are no implied licenses under this Agreement and any rights not expressly granted to you under this Agreement are reserved by Novogenix or its suppliers. You shall not reverse engineer, decompile, modify in any manner or create derivative works from Novogenix Services, or any Novogenix Intellectual Property.

7. REPRESENTATIONS AND WARRANTIES

7.1 Each party represents and warrants that (a) he is over the age of eighteen (18); (b) he has full power and authority to enter into and perform this Agreement; and (c) the execution and performance of this Agreement does not violate, conflict with, or result in a material default under any other contract or agreement to which it is a party, or by which it is bound.

7.2 Novogenix represents and warrants that it has (1) obtained ownership rights with respect to products used in conjunction with Novogenix Services and that such products were provided to Novogenix with informed consent and in compliance with all applicable laws and regulations, (2) obtained all necessary and appropriate releases wherein there are no restrictions on use of products that would prohibit Customers from using them in any academic, private or commercial pharmaceutical/biotechnology research conducted in vitro, (3) complied with all applicable United States and foreign statutes and their respective rules and regulations in connection with handling, export, import, and use of the products.

8. INDEMNIFICATION

You will defend, indemnify and hold harmless Novogenix, its affiliates, and its officers, directors, employees, and agents from any loss, damage, liability, claim, demand or cost (including reasonable attorneys' fees) ("Claim") made or incurred by any third party due to or arising out of (i) Your breach of this Agreement; (ii) Your negligence or misconduct.

9. LIMITATION OF LIABILITY

IN NO EVENT SHALL NOVOGENIX OR ITS OWNERS, OFFICERS, AFFILIATES, ASSOCIATES, AND EMPLOYEES HAVE ANY LIABILITY TO YOU OR ANY OTHER PARTY FOR ANY LOST OPPORTUNITY OR PROFITS, COSTS OF PROCUREMENT OF SUBSTITUTE SERVICES, OR FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR SPECIAL DAMAGES ARISING OUT OF THIS AGREEMENT UNDER ANY CAUSE OF ACTION OR THEORY OF

IN NO EVENT SHALL ANY LIABILITY OF NOVOGENIX OR ITS OWNERS, OFFICERS, AFFILIATES, ASSOCIATES, AND EMPLOYEES THAT ARISE OUT OF THIS AGREEMENT EXCEED THE FEES PAID TO NOVOGENIX BY YOU HEREUNDER DURING THE 12 MONTH PERIOD IMMEDIATELY PRECEDING THE EVENT THAT GAVE RISE TO THE CLAIM FOR DAMAGES.

10. MISCELLANEOUS TERMS

10.1 Force Majeure. Neither Party shall be responsible for any failure to perform its obligations under this Agreement if such failure is caused by acts of God, war, strikes, revolutions, lack or failure of transportation facilities, laws or governmental regulations or other causes that are beyond the reasonable control of such Party. Obligations hereunder, however, shall in not be excused but shall be suspended only until the cessation of any cause of such failure.

10.2 Entire Agreement and Modification. This Agreement constitutes the entire agreement between the Parties with respect to the subject matter hereof and supersedes any prior oral, written, or online agreements. If any provision of this Agreement is held to be invalid or unenforceable, such provision shall be struck and the remaining provisions shall be enforced. Any waiver, modification, or amendment of any provision of this Agreement shall be made in writing and signed by the Parties.

10.3 Severability. If any provision of this Agreement shall be held illegal or unenforceable, that provision shall be limited or eliminated to the minimum extent necessary so that this Agreement shall otherwise remain in full force and effect and enforceable.

10.4 Assignment; No Waiver. This Agreement binds and is for the benefit of the successors and permitted assigns of each Party. You may not assign this Agreement or any rights under it, in whole or in part, without Novogenix's prior written consent. Any attempt to assign this Agreement other than as permitted above will be null and void. Failure by either Party to enforce any provision of this Agreement will not be deemed a waiver of future enforcement of that or any other provision.

10.5 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of California, U.S.A., except for its conflicts of laws principles. The Parties consent to the exclusive jurisdiction of, and venue in, the state and federal courts in Los Angeles County, California.

10.6 Attorney's Fees. In the event a dispute arises concerning the performance, meaning or interpretation of any provision of this Agreement, the defaulting party or the party not prevailing in such dispute shall pay any and all costs and expenses incurred by the other party in enforcing or establishing its rights hereunder, including, without limitation, court costs and attorneys' fees. In addition to the foregoing award of attorneys' fees to the prevailing party, the prevailing party in any lawsuit on this Agreement shall be entitled to its attorneys' fees incurred in any post judgment proceedings to collect or enforce the judgment. This provision is separate and several and shall survive the merger of this Agreement into any judgment on this Agreement. A party shall be considered the prevailing party if (a) it initiated the litigation and substantially obtains the relief it sought, either through a judgment or the losing party's voluntary action before trial or judgment; (b) the other party withdraws its action without substantially obtaining the relief it sought; or (c) it did not initiate the litigation and judgment is entered for either party, but without substantially granting the relief sought.

10.7 Survival. Sections, which by their nature survive, shall survive any termination or expiration of this Agreement in accordance with their terms.

10.8 Notices. Except as otherwise expressly stated in this Agreement, all notices to Novogenix shall be in writing and delivered, via courier or certified or registered mail, to:

Legal Department
Novogenix Laboratories LLC
1425 San Pablo BCC 205
Los Angeles, CA 90033

or any other address provided by Novogenix. All notices to you shall be delivered to your e-mail address as provided by you in your account information. Such notice shall be considered to be received by you within 24 hours of the time it is e-mailed to you unless we receive notice that the email was not delivered. Unless you choose to opt-out of receiving marketing notices, you authorize Novogenix to notify you, via commercial e-mails, telephone calls and other means of communication, of information that we deem is of potential interest to you, including without limitation communications describing upgrades, new products and services or other information pertaining to Novogenix Services.

10.9 Headings. The section headings appearing in the Agreement are inserted only as a matter of convenience and in no way define, limit, construe or describe the scope or extent of such section or in any way affect such section.

10.10 Relationship of the Parties. The Parties are independent contractors and will have no power or authority to assume or create any obligation or responsibility on behalf of each other. This Agreement will not be construed to create or imply any partnership, agency, or joint venture.

10.11 Non-Disparagement; Publicity. During the term of the Agreement, neither party will disparage the other party or the other party's trademarks, websites, products or services, or display any such items in a derogatory or negative manner on any website or in any public forum or press release. All media releases, public announcements or public disclosures (including, but not limited to, promotional or marketing material) by either Party relating to this Agreement are prohibited without the prior written consent of both Parties.

10.12 Expenses. Except as otherwise specified herein or as otherwise mutually agreed upon by the Parties, each Party will bear its own costs of performing under this Agreement.

NOVOGENIX LABORATORIES, LLC

DATE:

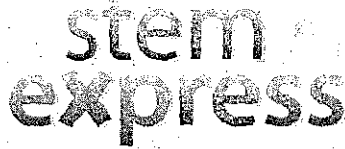
BY: _____

DATE:

CUSTOMER SIGNATURE

PRINT NAME

Scanned and emailed
on 6/13/12



APPLICATION FOR THE ACQUISITION OF HUMAN TISSUE FOR RESEARCH

Our Principal Investigator reviews all requests for feasibility of procurement and preparation. When approved, an individual protocol will be developed for the procurement, preparation and delivery of tissue samples, based on the information provided in this application and any subsequent communication.

I. APPLICANT INFORMATION

NAME: _____ TITLE: _____
COMPANY: _____ PARENT COMPANY (IF APL.): _____
ADDRESS: _____
ADDRESS: _____
ADDRESS: _____ CITY, ST, ZIP: Chapel Hill, NC 27599-7042
COUNTRY: USA OFFICE PHONE: _____
ALT/CELL: _____ FAX: _____
EMAIL: _____ ALT/EMAIL: _____

II. DELIVERY OPTIONS

SHIP TO ADDRESS: ☐ SAME AS ABOVE /OR: _____

CITY, ST, ZIP, and COUNTRY: Chapel Hill, NC 27599

EMAIL NOTIFICATIONS SENT TO: _____

PLEASE CHECK ALL PREFERRED OPTIONS:

- ☐ International Shipping: Will be arranged on a case-by-case basis.
☐ Same Day Delivery: By Commercial Carrier/ Hand Delivered *Available in select locations only.
☐ FedEx First Priority Overnight: FedEx will deliver to your location roughly around 8am the day after procurement.
☒ FedEx Priority Overnight: FedEx will deliver to your location roughly around 10:30am the day after procurement.

SHIPPING ACCOUNT INFORMATION:

- ☒ FedEx Account Number _____ Internal Reference #: _____
Or
☐ Applicant will be setting up a FedEx account (If required by your company)
Or
☐ Other carrier applicant would like to use: _____ PHONE #: _____

stem express

PURPOSE OF USE: Applicant and Researchers agree to use the specimens received from StemExpress for research purposes only.

ACKNOWLEDGEMENT: StemExpress requires acknowledgement in any publication resulting from the use of any specimen provided by us. You will need to provide StemExpress with a copy of the publication and/or the journal citation. Notice of publications must be made to StemExpress immediately.

TITLE OF THE RESEARCH PROJECT: _____

VIII. PRIMARY SOURCE OF FUNDING FOR THIS PROJECT: (Please check all that apply)

☐ FOUNDATION GRANTS ☒ FEDERAL GRANTS ☐ STATE GRANTS ☒ NIH ☐ PRIVATE FUNDING

☐ OTHER: _____

IX. ACCOUNTING DEPARTMENT CONTACT INFORMATION:

NAME: _____ TITLE: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____ CITY, ST, ZIP: Chapel Hill, NC 27599

COUNTRY: _____ OFFICE PHONE: _____

ALT/CELL: _____ FAX: _____

EMAIL: _____ ALT/EMAIL: _____

Our institution requires a purchase order (PO) before proceeding: ☐ Yes ☒ No ☐ Unknown

Our institution can make payments by: ☒ Check ☐ Credit Card ☒ Electronic Funds Transfer (EFT) ☐ Unknown
(Please check all that apply)

If this application is approved by StemExpress, we will provide services to the applicant in accordance with the terms and conditions attached to this application.

BY SIGNING BELOW, THE APPLICANT ACKNOWLEDGES HAVING READ THE TERMS AND CONDITIONS ON THE FOLLOWING PAGES AND AGREES TO SUCH TERMS AND CONDITIONS.

SIGNATURE OF APPLICANT / P.I.

DATE

PRINT NAME AND TITLE OF APPLICANT / P.I.



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Research Summary:

Our long term goal is to