ADVANCED BIOSCIENCE RESOURCES, INC.

FEES FOR SERVICES SCHEDULE

Effective January 1, 2013

FETAL CADAVEROUS PROCUREMENT		SERVICE FEE
2nd trimester D & E (13 - 24 weeks)	PER SPECIMEN	$275
1st trimester aspiration (8 - 12 weeks)	PER SPECIMEN	$515

BLOOD SAMPLE PROCUREMENT		
Maternal Peripheral	PER SPECIMEN	$230
Adult Peripheral	PER SPECIMEN	$230
Full Term Umbilical Cord	PER SPECIMEN	$535

SPECIAL PROCESSING/PRESERVATION		
Case Report Form (CRF) completion	PER CASE	$25
Tissue "cleaning"	PER SPECIMEN	$50
Special requests (evaluated individually)	PER SPECIMEN	$25
Snap freezing (LN2)	PER SPECIMEN	$40
Passive freezing (Dry ice)	PER SHIPMENT	$80
Foreign shipments	PER SHIPMENT	$100
Electronic Fund Transfer (EFT)	PER INVOICE	$25

The following fees are subject to change based upon increases imposed from outside Labs and Courier Companies.

INFECTIOUS DISEASE SCREENING	
HIV, HBsAg	$95
Additional tests	CALL

DELIVERY (Applicant responsible for delivery charges.)
(FedEx billed on Researcher's account but reversed to ABR will incur a $15 Rebill Fee)

Federal Express Priority Overnight	$110
Federal Express First Overnight	$140
Federal Express Saturday Delivery	$155
Other courier services	CALL
Fuel Surcharge (Courier charge passed along to Researchers)	CALL

Our Terms: Net Due Upon Receipt

1516 Oak Street, Ste. 303 / Alameda, California 94501 / 510-865-5872 / Fax 510-865-4090 / email: abr@abr-inc.com

STEM EX, LLC

FEES FOR SERVICES SCHEDULE

FETAL CADAVEROUS PROCUREMENT **SERVICE FEE**

2nd trimester D & E (13 - 24 weeks) ……PER SPECIMEN $180
1st trimester aspiration (5 - 12 weeks) ……PER SPECIMEN $390
Complete POC ……PER SPECIMEN $890

BLOOD SAMPLE PROCUREMENT

Maternal Peripheral ……PER SPECIMEN $185
Adult Peripheral ……PER SPECIMEN $185
Full Term Umbilical Cord ……PER SPECIMEN $445

SPECIAL PROCESSING/PRESERVATION

Tissue "cleaning" ……PER SPECIMEN $45
Special requests ……PER SPECIMEN $45
Snap freezing (LN2) ……PER SPECIMEN $40
Passive freezing (Dry ice) ……PER SHIPMENT $80

INFECTIOUS DISEASE SCREENING *

HIV, HBsAg ……$75
Additional tests are available

DELIVERY *

Researcher will be responsible for paying costs of shipping to FedEx. In the event that Stem-Ex is billed for shipping costs shall be as follows:

Federal Express Priority Overnight ……$85
Federal Express First Overnight ……$115
Federal Express Saturday Delivery ……$100

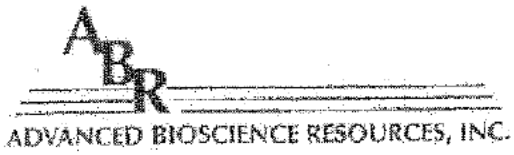
Other shipping methods may be determined by mutual agreement.

*Lab and Courier fees are subject to change based upon increase imposed by providers.

Our Terms: Net Due Upon Receipt

These Fees are Effective April 1st, 2010

484 Main Street, Suite 1 / Diamond Springs, CA 95619 / T: 877-900-STEM (7836)
F: 530-647-2500 / info@stem-ex.com / www.stem-ex.com



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/18/2014	Credit Card	1029356
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO
University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/18/2014	[redacted]	7425	17	Pancreas, 2nd Trimester	[redacted]	325.00
9/18/2014				Delivery: FedEx-Priority Overnight		120.00
				10/06/14 PAID via VISA [redacted]		
				[redacted]		
				Request by [redacted]		

Sale
Entry Method: Manual
Amount: $ 390.00
Tax: $ 0.00
Total: $ 390.00
10-06-14 12:26:20
Auth Code: 05569
Batch#: 000104
Cust #: 405
Customer Copy
THANK YOU HAVE A NICE DAY!

	Total	$445.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/11/2014	Credit Card	1029232
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO
University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/11/2014	[redacted]	1157	15	Pancreas, 2nd Trimester	[redacted]	325.00
9/11/2014				Delivery: FedEx-Priority Overnight		120.00
				10/06/14 PAID via VISA [redacted]		
				Request by [redacted]		

Sale
[redacted]
Entry Method: Manual
Net: $ 890.00
Tax: $ 0.00
Total: $ 890.00
12:28:30
10/06/14
Inv #: 49905
Approval Online
Auth Code: 065665
Batch#: 000104
AVS Code: ZIP MATCH 2
Clerk #: 005
Customer Copy
THANK YOU
HAVE A NICE DAY!

Total	$445.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/2/2014	Credit Card	1029327
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/2/2014	[redacted]	5263	19	Thymus, 2nd Trimester	[redacted]	325.00
10/2/2014		5264	19	Liver, 2nd Trimester	[redacted]	325.00
10/2/2014		5265	19	Pancreas, 2nd Trimester	[redacted]	325.00
10/2/2014				Delivery: FedEx-Priority Overnight		120.00
				10/31/14 PAID via VISA [redacted] Burlingham. Request by [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE NUMBER 865-5872

Merchant ID: 000000772382 Ref #: 0001

Sale

XXXXXXXXXXXX[redacted]
VISA

Entry Method: Manual

Amount: $ 1,095.00
Tax: $ 0.00
Total: $ 1,095.00

10/31/14 16:13:24
Inv #: 000000 Appr Code: 056035
Approval Online Batch#: 000105
AVS Code: ZIP MATCH Z
Cust #: 405

Customer Copy
THANK YOU
HAVE A NICE DAY!

Total	$1,095.00

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
12/30/2014	Credit Card	1029686
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
12/30/2014	[redacted]	8981	19	Thymus, 2nd Trimester	[redacted]	325.00
12/30/2014		8982	19	Liver, 2nd Trimester		325.00
12/30/2014		8983	19	Pancreas, 2nd Trimester		325.00
12/30/2014				Delivery: FedEx-Priority Overnight		120.00
				01/14/15 PAID via VISA [redacted] [redacted] [redacted] Request by [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE (510) 865-5872

Merchant ID: 000006771362 Ref #: 0007

Sale

[redacted]
VISA Entry Method: Manual

Amount: $ 1,095.00
Tax: $ 0.00

Total: $ 1,095.00

01/14/15 19:38:49
Inv #: 000065 Agency Code: 000201
Approval: Online Batch#: 000169
AVS Code: ZIP MATCH Z
Cust #: 405

Customer Copy
THANK YOU
HAVE A NICE DAY!

Total $1,095.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/23/2015	Credit Card	1030261
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/23/2015	[redacted]	16123	17	Thymus, 2nd Trimester	[redacted]	340.00
4/23/2015		16124	17	Liver, 2nd Trimester		340.00
4/23/2015				Delivery: FedEx-Priority Overnight		120.00
				05/07/15 PAID via VISA [redacted] [redacted] Request by [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE: (510) 865-5672
Merchant ID: [redacted] Ref. #: 01308

Sale

[redacted]
VISA Entry Method: Manual

Amount: $ 800.00
Tax: $ 0.00
Total: $ 800.00

05/06/15 12:04:24
Inv #: 030003 Appr Code: 027208
Approved Online Batch#: 000118
AVS Code: ZIP MATCH Z
Cust #: 406

Customer Copy
THANK YOU
PLEASE RETAIN COPY

Total	$800.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5672 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/21/2015	Credit Card	1030398
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/21/2015	[redacted]	16249	17	Thymus, 2nd Trimester	[redacted]	340.00
5/21/2015		16250	17	Liver, 2nd Trimester		340.00
5/21/2015		16251	17	Spleen, 2nd Trimester		340.00
5/21/2015				Delivery: FedEx-Priority Overnight		120.00
				06/10/15 PAID via VISA [redacted]		
				[redacted] Request by [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE (510) 865-5872
Merchant ID: 000000711362
Ref #: 0006
Sale
[redacted]
XXXXXXXXXXXX
VISA
Entry Method: Manual
Amount: $ 1,140.00
Tax: $ 0.00
Total: $ 1,140.00
06-10-15 06:27:38
Inv #: 000006 Appr Code: 013932
Approved: OnLine Batch#: 000121
AVS Code: ZIP MATCH 7
Cust #: 405
Customer Copy
THANK YOU
HAVE A NICE DAY!

Total	$1,140.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/25/2015	Credit Card	1030539
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO
University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/25/2015	[redacted]	16344	19	Thymus, 2nd Trimester	[redacted]	340.00
6/25/2015		16345	19	Liver, 2nd Trimester		340.00
6/25/2015		16346	19	Pancreas, 2nd Trimester		340.00
6/25/2015				Delivery: FedEx-Priority Overnight		120.00
				07/15/15 PAID via VISA [redacted]		
				[redacted] Request by [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST Ste 503
ALAMEDA, CA 94501
PHONE (510) 865-5872
Merchant ID: 3900687392 Ref #: 0005

Sale

[redacted]
VISA

Entry Method: Manual

Amount: $ 1,140.00
Tax: $ 0.00
Total: $ 1,140.00

07/15/15 16:11:17
Auth Code: 001773
Avs Code: 3P 98101 2
Cust ID: 405

Customer Copy
Thank You!
Have a Nice Day!

Total $1,140.00

1516 Oak Street, Suite 503 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

Received Time May. 11. 2015 8:56AM No. 8960

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/25/2015	Credit Card	1030274
	TERMS	CUSTOMER #
	Due Upon Receipt	0702

BILL TO

Univ.of WI-Madison
[redacted]
Madison, WI 53705

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/25/2015	[redacted]	5733	24	Eye (1), 2nd Tri-Formalin	[redacted]	340.00
4/25/2015		5734	24	Eye (1), 2nd Tri-RNA Later		340.00
				05/07/15 PAID via VISA [redacted] Request by [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE (510) 865-5872

Merchant ID: 000086371362 Ref #: 0019

Sale

XXXXXXXXXXXX[redacted]
VISA Entry Method: Manual

Amount: $ 680.00
Tax: $ 0.00
Total: $ 680.00

05/06/15 14:54:11
Inv #: 000019 Appr Code: 022355
Approval: Online BatchN: 000118
AVS Code: ZIP MATCH 2
Cust #: 702

Customer Copy
THANK YOU
HAVE A NICE DAY!

Total $680.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

Received Time Jun. 8. 2015 9:23AM No. 9106

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/2/2015	Credit Card	1030304
	TERMS	CUSTOMER #
	Due Upon Receipt	0702

BILL TO
University of WI-Madison
[redacted]
Madison, WI 53705

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/2/2015	[redacted]	5760	12	Eye (1). 1st Tri-RNA LATER	[redacted]	550.00
5/2/2015		5761	12	Eye (1). 1st Tri-FORMALIN		550.00
5/2/2015		5762	12	Eye (1). 1st Tri-RNA LATER		550.00
5/2/2015		5763	12	Eye (1). 1st Tri-FORMALIN		550.00
				05/27/15 PAID via VISA [redacted] [redacted] Request by [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE #(510) 865-5872

Merchant ID: 888806771362
Ref #: 0011

Sale

XXXXXXXXXXXX[redacted]
VISA Entry Method: Manual

Amount: $ 3,560.00
Tax: $ 0.00

Total: $ 3,560.00

05/27/15 16:59:30
Inv #: 000011 Appr Code: 078664
Approvd: Online Batch#: 000129
AVS Code: ZIP MATCH Z
Cust #: 702

Customer Copy

THANK YOU
HAVE A NICE DAY!

Total $2,200.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

Received Time Jun. 8. 2015 9:23AM No. 9106

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/6/2015	Credit Card	1030333
	TERMS	CUSTOMER #
	Due Upon Receipt	0702

BILL TO

University of WI-Madison
[redacted]
Madison, WI 53705

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/6/2015	[redacted]	5771	24	Eyes (2). 2nd Tri-Formalin	[redacted]	680.00
5/6/2015		5784	24	Eyes (2). 2nd Tri-Formalin		680.00
				05/27/15 PAID via VISA [redacted] Request by [redacted]		
				Total		$1,360.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

Received Time Jul. 20. 2015 10:38AM No. 9347

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/27/2015	Credit Card	1030552
	TERMS	CUSTOMER #
	Due Upon Receipt	0702

BILL TO

University of WI-Madison

[redacted]

Madison, WI 53705

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/27/2015	[redacted]	5881	24	Eyes (2), 2nd Tri-In Formalin	[redacted]	680.00
				07/15/15 PAID via VISA [redacted] [redacted] [redacted] Request by [redacted]		
					Total	$680.00

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE (415)(0) 865-5872

Merchant ID: 820686171362 Ref #: 0014

Sale

[redacted]
VISA

Entry Method: Manual

Amount: $ 680.00
Tax: $ 0.00
Total: $ 680.00

07/15/15 16:56:25
Inv #: 0000014 Appr Code: 054162
Approvd: Online Batch#: 000124
AVS Code: ZIP MATCH Z
Cust #: 702

Customer Copy
THANK YOU
HAVE A NICE DAY!

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

BILLING ADDRESS
UW-Madison Accounts Payable
21 North Park, Suite 5301
Madison WI 53715-1218

BLANKET ORDER

BZH P5L

PURCHASE ORDER NUMBER
291K373 136503

DATE 03 02 2011

VENDOR

ADVANCED BIOSCIENCE RESOURCES INC
1516 OAK ST STE 303
ALAMEDA CA 94501

SHIP TO
[redacted]
UNIVERSITY OF WISCONSIN
[redacted]
MADISON WI 53715

CONTACT: [redacted]

F.O.B.	TERMS	DELIVERY	ORDER TYPE	REFERENCE	STATE CONTRACT
S	N30		BA	11 9900	

ITEM	QUANTITY	UNIT	ITEM DESCRIPTION	COMMODITY CODE	UNIT PRICE	TOTAL
01	1	TERM	Blanket Order for miscellaneous lab supplies not available on Materials Distribution Services, State or UW Contracts. VENDOR NOTE: The ship-to department will call for product or service as needed. NO SINGLE TRANSACTION OR RELEASE MAY EXCEED $5,000.00 NO CAPITAL EQUIPMENT, COMPRESSED AIR (GAS)CYLINDERS, PAPER, PRINTING, ALCOHOLIC BEVERAGES, ETHYL ALCOHOL, CONTROLLED SUBSTANCES (DRUGS), FIREARMS, OR RADIOACTIVE MATERIAL MAY BE PURCHASED ON THIS ORDER. VENDOR NOTE: For products requiring MSDS, one copy is to accompany shipment, and one copy is to be sent to: UW Safety Dept, 30 E. Campus Mall Madison WI 53715. BL2	49043000000		

TERMS: NET 30 DAYS

VENDOR NOTE: TECHNICAL QUESTIONS REGARDING THIS PURCHASE ORDER WILL BE ANSWERED BY THE CONTACT PERSON LISTED UNDER THE DELIVERY ADDRESS. HOWEVER, NO CHANGES TO THIS ORDER CAN BE MADE WITHOUT AUTHORIZATION FROM THE PURCHASING SERVICES DEPARTMENT.

EFFECTIVE 3/1/2011 THRU 2/28/2012

FOR UNIVERSITY USE ONLY:
1 3105 233 A536300 4 PRJ12SW

DEPARTMENT PO COPY --- FOR INTERNAL USE ONLY

01258440 pg 1 of 1

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/20/2011	29IK373-136503	1022904
	TERMS .	CUSTOMER #
	Due Upon Receipt	0563

BILL TO

University of WI

[redacted]

Madison, WI 53715

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/20/2011	[redacted]	3033	18	Liver, 2nd Trimester	[redacted]	220.00
4/20/2011		3035	24	Liver, 2nd Trimester-Twin A		220.00
4/20/2011		3037	24	Liver, 2nd Trimester-Twin B		220.00
4/20/2011				Delivery: FedEx-Priority Overnight		90.00
				Total		$750.00

Accounting Services
MAY 12 2011
Accounts Payable

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

01286546 pg 1 of 2

Vendor # _____ **UW DIRECT PAYMENT REQUEST** Voucher # _____

Check Payable To: University of Washington
Invoice # PD11Q1001
Tax ID # 91-6001537
Transaction/Invoice Date: 06/17/2011

ACCOUNTING SERVICES JUL -5 2011

Type of Payment: Supplies - Research
Payment Method and Currency: check, US Dollars

Mail check to: University of Washington
~~Department of Pediatrics~~
~~1959 NE Pacific Street, Health Sciences Bldg, Room RR-345~~
~~Seattle, WA 98195-6320~~ [redacted] 98124-6524

Invoice Receivables
P.O. Box 94224

Purpose of Payment: Purchased tissue samples from the University of Washington Birth Defects Research Laboratory.

Funding for University of Washington:

	Amount	Acct	Fund	Dept	Prog	Class/Bldg	Budget Year	Project	Problem
	200.00	3105	233	539742	4		~~2011~~ 2012	233HG19	

Net Amt **$200.00**

ATTACHMENT

[redacted]	[redacted]	6/23/11		
Contact Name	PI/Dept Approval	Date	Financial Aids Approval	Date
[redacted]	[redacted]	6/30/11		
Contact Number	Division / Dean Approval	Date	Accounting Services	Date

Required Forms: Invoice

01286546 pg 2 of 2

University of Washington
Department of Pediatrics

01286546

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

University of Washington
Department of Pediatrics
1959 NE Pacific Street
Health Sciences Bldg, Room RR 346
Seattle, WA 98195-6320

PHONE: 206 616-9278 FAX: 206 543-3184 OR 800-583-0668
EMAIL: bdrl@uw.edu

DATE: 5/5/2011

INVOICE NO.: PD11Q1001
PERIOD COVERED: 1/1/2011-3/31/2011
TAX ID NO: 91-6001537
UW BUDGET NO: 65-9567

Bill To:

University of Wisconsin
Attn: [redacted]
600 Highland Ave
Madison, WI 53792

Shipped Date	Collection and distribution of tissue: # of tissue samples sent:	Quantity	Unit Price ($)	Total Amount
1/27/2011	4	1	200.00	200.00
	TOTAL DUE	1		$200.00

If you have any questions on this invoice, please contact [redacted]

Make the checks payable to UW INVOICE RECEIVABLES (be sure to reference the invoice number) and mail to:

University of Washington
Invoice Receivables
P.O. Box 94224
Seattle, WA 98124-6524

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF $25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

.01307307 pg 1 of 1

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/15/2011	291K373-136503	1023236
	TERMS	CUSTOMER #
	Due Upon Receipt	0563

BILL TO
University of WI
[redacted]
Madison, WI 53715

8/12/11
gr

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/15/2011	[redacted]	6994	18	Liver, 2nd Trimester	[redacted]	220.00
6/15/2011				Delivery: FedEx-Priority Overnight		90.00
6/15/2011		4729	16	Liver, 2nd Trimester		220.00
6/15/2011		4732	18	Liver, 2nd Trimester		220.00
6/15/2011				Delivery: FedEx-Priority Overnight		90.00
					Total	$840.00

K Series

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

01358788 pg 1 of 2

Vendor # 136503

UW DIRECT PAYMENT REQUEST

Voucher #

Check Payable To: Advanced Bioscience Resources, Inc.
Invoice # 1023073
Tax ID #

NOV - 4 2011

Type of Payment: Supplies - Classroom or Lab
Payment Method and Currency: check, US Dollars

Transaction/Invoice Date: 10/24/2011

Mail check to: Advanced Bioscience Resources, Inc.
1516 Oak Street
Suite 303
Almeda, CA 94501 USA

Purpose of Payment: Payment of invoice. PO has expired.

Funding for Advanced Bioscience Resources, Inc.:

	Amount	Acct	Fund	Dept	Prog	Class/Bldg	Budget Year	Project	Problem
	750.00	3104	233	536300	4		2012	PRJ32AK	

Net Amt $750.00 3105

[redacted] Contact Name

[redacted] Division Approval 10/25/11 Date

Financial Aids Approval Date

[redacted] Contact Number

[redacted] Division / Dean Approval 11.3.11 Date

Accounting Services Date

Required Forms: Invoice

01358788 pg 2 of 2

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/18/2011	291K373-136583	1023073
	TERMS	CUSTOMER #
	Due Upon Receipt	0563

BILL TO
University of WI
[redacted]
Madison, WI 53715

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/18/2011	[redacted]	6913	16	Liver, 2nd Trimester	[redacted]	220.00
5/18/2011		6515	16	Liver, 2nd Trimester		220.00
5/18/2011		6916	18	Liver, 2nd Trimester		220.00
5/18/2011				Delivery: FedEx-Priority Overnight		90.00
				10/16/11 UNPAID DUPLICATE [illegible]		
				Total		$750.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

01399863 pg 1 of 2

Direct Payment Form

NOT FOR EMPLOYEE REIMBURSEMENT

Vendor #

Voucher #

Check Payable To: (Vendor)

UW Invoice Receivables

Taxpayer ID# (SSN,EIN,ITIN)

91-6001537 [redacted]

Type of Payment

(x) Vendor

Send Check to:

University of Washington

Invoice receivables

PO Box 94224

Seattle WA 98124-6524

Amount(s)	Account	Fund	Dept	Prog	Class (Bdg #)	Budget Year	Project
$400.00	3105	136	539742	4			PRJ33RN

Additional Information/Justification: If vendor billing, airfare or registration, list who, where, why, & when.

Tissue samples for [redacted]

A/P MAR 05 2012

Invoice Number: PD11Q2001

Payment Handling Code:

Contact Person: [redacted]

Telephone Number: [redacted]

Total Amount: $400.00

Please see the following website for Direct Payment Form instructions and guidelines: http://www.bussvc.wisc.edu/acct/instructions/direct_payment.html

I certify that I have reviewed this payment and find it to be in compliance with all established purchasing and accounting policies.

[redacted] 12/23/11

Supervisor Approval — Date

Institution Pre-Audit — Date

[redacted] 1-6-12

Director Approval — Date

Upon receipt of a properly submitted invoice/paid receipt, Accounting Services will process payment according to Wisconsin Prompt Payment Statutes.
Send completed form to Accounts Payable, Suite 6301, 21 N. Park Street.

\ALS-1\Help\direct_payment-1.xls]TRAV

UW-MADISON DP 04/24/2007 (Updated 04/23/2010)

direct_payment-1.xls

01399863 pg 2 of 2

University of Washington
Department of Pediatrics

BIRTH DEFECTS RESEARCH LABORATORY

University of Washington
Department of Pediatrics
1959 NE Pacific Street
Health Sciences Bldg, Room RR 346
Seattle, WA 98195-6320

PHONE: 206 616-9278 FAX: 206 543-3184 OR 800-583-0668
EMAIL: bdrl@uw.edu

INVOICE

DATE: 7/15/2011

INVOICE NO.: PD11Q2001
PERIOD COVERED: 4/1/2011-6/30/2011
TAX ID NO: 91-6001537
UW BUDGET NO: 65-9567

Bill To:

University of Wisconsin
[redacted]
Madison, WI 53792

Shipped Date	Collection and distribution of tissue: # of tissue samples sent:	Quantity	Unit Price ($)	Total Amount
4/8/11	3	1	200.00	200.00
5/12/11	2	1	200.00	200.00
	TOTAL DUE	2		$400.00

If you have any questions on this invoice, please contact [redacted]

Make the checks payable to UW INVOICE RECEIVABLES (be sure to reference the invoice number) and mail to:

University of Washington
Invoice Receivables
P.O. Box 94224
Seattle, WA 98124-6524

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF $25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

01423444 pg 1 of 2

Direct Payment Form

NOT FOR EMPLOYEE REIMBURSEMENT

Vendor #

Voucher #

Check Payable To: (Vendor)

UW Invoice Receivables

Taxpayer ID# (SSN, EIN, TIN)

[redacted]

Type of Payment

☒ VENDOR

Send Check to:

University of Washington
Invoice Receivables
PO Box 94224
Seattle WA 98124-6524

AP
FEB 21 2012

Amount(s)	Account	Fund	Dept	Prog	Class (Bldg #)	Budget Year	Project	Additional Information/Justification: If vendor billed, airfare or registration, list who, where, why, & when.
$400.00	3105	136	539742	4		12	PRJ33RN	Tissue samples for [redacted] 2011 3rd quarter billing.

Invoice Number:	Payment Handling Code:
PD11Q3001	
Contact Person:	Telephone Number:
[redacted]	[redacted]

Total Amount: $400.00

Please see the following website for Direct Payment Form Instructions and guidelines: 3rd qtr

I certify that I have reviewed this payment and find it to be in compliance with all established purchasing and accounting policies.

[redacted] 2/17/12
Supervisor Approval — Date

Institution Pre-Audit — Date

[redacted] 2/21/12
Dean/Director Approval — Date

Upon receipt of a properly submitted invoice/paid receipt, Accounting Services will process payment according to Wisconsin Prompt Payment Statutes.
Send completed form to Accounts Payable, Suite 6301, 21 N. Park Street.

Washington 30 2011.dotJTRAV

UWMADISON DP 04/24/2007 (Updated 04/23/2010)

SCHOOL of MEDICINE and PUBLIC HEALTH
FEB 20 2012
RECEIVED

Univ Washington 30 2011

01423444 pg 2 of 2

University of Washington
Department of Pediatrics

BIRTH DEFECTS RESEARCH LABORATORY

University of Washington
Department of Pediatrics
1959 NE Pacific Street
Health Sciences Bldg, Room RR 346
Seattle, WA 98195-6320

PHONE: 206 616-9278 FAX: 206 543-3184 OR 800-583-0668
EMAIL: bdrl@uw.edu

INVOICE

SCHOOL of MEDICINE and PUBLIC HEALTH
FEB 2 0 2012
RECEIVED

DATE: 10/11/11

INVOICE NO.: PD11Q3001
PERIOD COVERED: 6/1/2011-9/30/2011
TAX ID NO: 91-6001637
UW BUDGET NO: 65-9567

Bill To:

University of Wisconsin
[redacted]
600 Highland Ave
Madison, WI 63792

Shipped Date	Collection and distribution of tissue: # of tissue samples sent	Quantity ($200 per unit)	Total Amount
9/2/11	6	1	200.00
9/29/11	3	1	200.00
	TOTAL DUE	2	$400.00

If you have any questions on this invoice, please contact [redacted]

Make the checks payable to UW INVOICE RECEIVABLES (be sure to reference the invoice number) and mail to:

University of Washington
Invoice Receivables
P.O. Box 94224
Seattle, WA 98124-6524

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF $25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

01423437 pg 1 of 2

Vendor #

Direct Payment Form

NOT FOR EMPLOYEE REIMBURSEMENT

Voucher #

Check Payable To: (Vendor)

UW Invoice Receivables

Taxpayer ID# (SSN,EIN,ITIN) [redacted]

Type of Payment

(e) VENDOR

Send Check to:

University of Washington
Invoice Receivables
PO Box 94224
Seattle WA 98124-6524

Amount(s)	Account	Fund	Dept	Prog	Class (Bldg #)	Budget Year	Project
$200.00	3106	136	539742	4		12	PRJ33RN

Additional Information/Justification: If vendor billed, airfare or registration, list who, where, why, & when.

Tissue samples for [redacted] 2011 4th quarter billing.

VP
FEB 21 2012

Invoice Number:	Payment Handling Code:
PD11Q4004	
Contact Person:	Telephone Number:
[redacted]	[redacted]

Total Amount: $200.00

Please see the following website for Direct Payment Form instructions and guidelines: 3rd qual

I certify that I have reviewed this payment and find it to be in compliance with all established purchasing and accounting policies.

[redacted] 2/17/12
Supervisor Approval Date

Institution Pre-Audit Date

[redacted] 2/21/12
Dean/Director Approval Date

Upon receipt of a properly submitted invoice/paid receipt, Accounting Services will process payment according to Wisconsin Prompt Payment Statutes.
Send completed form to Accounts Payable, Suite 6351, 21 N. Park Street.

Washington 4Q 2011.xlsxJTRAV

UWMADISON DP 04/24/2007 (Updated 04/23/2010)

SCHOOL of MEDICINE and PUBLIC HEALTH
FEB 20 2012
RECEIVED

Univ Washington 4Q 2011

01423437 pg 2 of 2

University of Washington
Department of Pediatrics

BIRTH DEFECTS RESEARCH LABORATORY

INVOICE

University of Washington
Department of Pediatrics
1959 NE Pacific Street
Health Sciences Bldg, Room RR 346
Seattle, WA 98195-6320

PHONE: 206 616-9278 FAX: 206 616-9796 OR 800-583-0668
EMAIL: bdrl@uw.edu

DATE: 2/6/2012

INVOICE NO.: PD11Q4004
PERIOD COVERED: ~~10/17/2011-12/31/2011~~
TAX ID NO: 91-6001537
UW BUDGET NO: 65-9567

Bill To:

University of Wisconsin
[redacted]
600 Highland Ave
Madison, WI 53792

PO/Contract No.

Shipped Date	Collection and distribution of tissue: # of tissue samples sent	Quantity ($200 per unit)	Total Amount
10/27/2011	3	1	$ 200
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
	Total Due	1	$ 200

If you have any questions, please contact Theresa Nalual-Cecchini email: [redacted]

Make the checks payable to UW INVOICE RECEIVABLES
(**be sure to reference the invoice number**) and mail to:

University of Washington
Invoice Receivables
P.O. Box 94224
Seattle, WA 98124-6524

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF $25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

01470940 pg 1 of 2

Direct Payment Form

NOT FOR EMPLOYEE REIMBURSEMENT

Vendor #

Voucher #

Check Payable To: (Vendor)

~~UW Invoice Receivables~~ University of Washington

Taxpayer ID# (SSN,EIN,ITIN)

[redacted]

Type of Payment

(x) Vendor

Send Check to:

University of Washington

Invoice Receivables

PO Box 94224

Seattle WA 98124-6524

Invoice Number: PD12Q1001

Payment Handling Code:

Contact Person: [redacted]

Telephone Number: [redacted]

Amount(s)	Account	Fund	Dept	Prog	Class (Bldg #)	Budget Year	Project
$200.00	3105	136	539742	4		12	PRJ33RN

Total Amount: $200.00

Accounting Services

MAY 01 2012

Accounts Payable

Additional Information/Justification: If vendor billed, airfare or registration, list who, where, why, & when.

Tissue samples for [redacted] 2012 1st quarter billing.

Please see the following website for Direct Payment Form Instructions and guidelines: 3rd quar

[redacted] it to be in compliance with all established purchasing and accounting policies.

[redacted] 4/24/12 Date

Institution Pre-Audit Date

[redacted] 4/18/12 Date

Upon receipt of a properly submitted invoice/paid receipt, Accounting Services will process payment according to Wisconsin Prompt Payment Statutes.

Send completed form to Accounts Payable, Suite 5301, 21 N. Park Street.

Washington 4Q 2011.xls)TRAV

UWMADISON GP 04/24/2007 (Updated 04/23/2010)

SCHOOL of MEDICINE and PUBLIC HEALTH

APR 26 2012

RECEIVED

Univ Washington 1Q 2012

01470940 pg 2 of 2

University of Washington
Department of Pediatrics

BIRTH DEFECTS RESEARCH LABORATORY

University of Washington
Department of Pediatrics
1959 NE Pacific Street
Health Sciences Bldg, Room RR 346
Seattle, WA 98195-6320

PHONE: 206 616-9278 FAX: 206 616-9796 OR 800-583-0668
EMAIL: bdrl@uw.edu

INVOICE

DATE: 19 April 2012

INVOICE NO.: PD12Q1001
PERIOD COVERED: 1/1/2012-3/31/2012
TAX ID NO: 91-6001537
UW BUDGET NO: 65-9567

Bill To:

University of Wisconsin
[redacted]
600 Highland Ave
Madison, WI 53792

Funding No. 136 539742

Shipped Date	Collection and distribution of tissue: # of tissue samples sent	Quantity ($200 per unit)	Total Amount
3/29/2012	4	1	$ 200
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
	Total Due	1	$ 200

If you have any questions, please contact [redacted]
For questions regarding payments, please contact [redacted]

Make the checks payable to **UW INVOICE RECEIVABLES, the UW does not accept Credit Card payments (be sure to reference the invoice number)** and mail to:

University of Washington
Invoice Receivables
P.O. Box 94224
Seattle, WA 98124-6524

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF $25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

Vendor #_____

UW DIRECT PAYMENT REQUEST

Voucher # 0844451 pg 1 of 2

Check Payable To: Yeshiva University
Invoice # 431-RB
Tax ID # 13-1316 24225 - on File

Type of Payment: Supplies - Laboratory
Transaction/Invoice Date: 09/27/2013
Payment Method and Currency: check, US Dollars

Mail check to: Yeshiva University
Albert Einstein College of Med. [redacted]
1300 Morris Park Avenue Pathology Dept-BELFER 711
Bronx, NY 10461 USA

Purpose of Payment: Tissue received in [redacted] lab on 9.11.13.

Funding for Yeshiva University:

	Amount	Acct	Fund	Dept	Prog	Class/Bldg	Budget Year	Project	Problem
	500.00	3105	133	539742	4		2014	PRJ76TR	

Net Amt $500.00

Accounting Services
DEC 18 2013
Accounts Payable

[redacted]
Contact Name

[redacted] 12/9/13
Dept Approval / Date

Financial Aids Approval Date

[redacted]
Contact Number

[redacted] 12-16-13
Division / Dean Approval Date

Accounting Services SMPH Date

Required Forms: Invoice

DEC 18 2013
RECEIVED

01844451 pg 2 of 2

Friday, September 27, 2013

Invoice Number: 431-RB

hFTR

Grant:

User: 98

[redacted] Ph.D.

Surgery, [redacted]
University of Wisconsin
[redacted]
600 Highland Avenue
Madison WI 53792-7375

Order number:	Tissue:					Processing charge:
6981	9/11/2013	17	weeks	Li	TC	$250.00
6982	9/11/2013	17	weeks	P	TC	$250.00

Total # of Specimens: 2

Processing Fee Total *: $500.00

Make check payable to Yeshiva University
(Please write invoice number on check).

Mail check to:

Yeshiva University
Albert Einstein College of Medicine
[redacted]
Department of Pathology
1300 Morris Park Avenue
Pathology Dept - BELFER 711
Bronx, NY 10461

*** Charges only reflect the cost of processing each specimen.**

Federal TIN #: 131624226

133 PRJ76TR
539742

01620485 pg 1 of 2

Vendor #_____ **UW DIRECT PAYMENT REQUEST** Voucher #_____

Check Payable To: Yeshiva University c/o [redacted]
Invoice # 364-RB
Tax ID #
131624225
Transaction/Invoice Date: 12/19/2012

Type of Payment: SUPPLIES - DRUGS AND MEDICAL SUPPLIES (Human use only)
Payment Method and Currency: check, US Dollars

Mail check to: Yeshiva University [redacted]
Albert Einstein College of Medicine, Dept of Pathology
1300 Morris Park Avenue
Bronx, New York 10461 USA

Purpose of Payment: Tissue for humanized scid mouse model.Research tissue sample.

Funding for Yeshiva University [redacted]

	Amount	Acct	Fund	Dept	Prog	Class/Bldg	Budget Year	Project	Problem
	500.00	~~3118~~ 3105	136	539742	4		2013	PRJ33RN	

Net Amt $500.00

Accounting Services
JAN 16 2013
Accounts Payable

[redacted] [redacted] 12/19/12
Contact Name U/Dept Approval Date Financial Aids Approval Date

[redacted] [redacted] 1-15-13
Contact Number Division / Dean Approval Date Accounting Services

Required Forms: Invoice

SMPH
JAN 03 2013
RECEIVED

Wednesday, October 31, 2012

Invoice Number: 384-RB

hFTR

Grant:

User: 98

[redacted] Ph.D.

Surgery, [redacted]
University of Wisconsin
[redacted]
600 Highland Avenue
Madison WI 53792-7375

Order number:	Tissue:					Processing charge:
6830	10/19/2012	17	weeks	Li	TC	$250.00
6832	10/19/2012	17	weeks	Th	TC	$250.00

Total # of Specimens: 2

Processing Fee Total *: $500.00

Make check payable to: **Yeshiva University**
(Please write invoice number on check).

Mail check to:

Yeshiva University
[redacted]
Department of Pathology
Albert Einstein College of Medicine
1300 Morris Park Avenue
Bronx, NY 10461

* Charges only reflect the cost of processing each specimen.

Federal TIN #: 131624225

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
1/28/2010	Credit Card	1020166
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
1/28/2010	[redacted]	3645	19	Thymus, 2nd Trimester	[redacted]	200.00
1/28/2010		3646	19	Liver, 2nd Trimester		200.00
1/28/2010				Delivery: FedEx-Priority Overnight		85.00
				02/07/10 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

FEB 07, 2010 03:39PM

TERM : 1
MERCH: 000006771362

REF #: 003
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 485.00

CUST #:405
RETR REF#: 003822400977
APPROVAL CODE: 087446

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

Total $485.00

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

3/4/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
3/2/2010	Credit Card	1020369
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
3/2/2010	[redacted]	9995	18	Thymus, 2nd Trimester	[redacted]	200.00
3/2/2010		9996	18	Liver, 2nd Trimester		200.00
3/2/2010				Delivery: FedEx-Priority Overnight		85.00
				03/26/10 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

MAR 26, 2010 03:45PM

TERM : 1
MERCH: 000000671362

REF #: 007
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 485.00

CUST #:405
RETR REF#: 008522005816
APPROVAL CODE: 071795

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

Total $485.00

4/13/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/7/2010	Credit Card	1020593
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO
University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/7/2010	[redacted]	4807	18	Thymus, 2nd Trimester	[redacted]	200.00
4/7/2010		4808	18	Liver, 2nd Trimester		200.00
4/7/2010				Delivery: FedEx-Priority Overnight		85.00
				04/26/10 PAID via VISA #3724 Lynn Haynes. Request by Ying Zhou.		
				Total		**$485.00**

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

APR 26, 2010 04:00PM

TERM : 1
MERCH: 000006771362

REF #: 003
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 1455.00

CUST #:405
RETR REF#: 011622002401
APPROVAL CODE: 089164

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

X_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

5/11/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/13/2010	Credit Card	1020630
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/13/2010	[redacted]	2465	19	Thymus, 2nd Trimester	[redacted]	200.00
4/13/2010		2463	19	Liver, 2nd Trimester		200.00
4/13/2010				Delivery: FedEx-Priority Overnight		85.00
				04/26/10 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

APR 26, 2010 04:00PM

TERM : 1
MERCH: 000000671362

REF #: 003
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 1455.00

CUST #:405
RETR REF#: 011622002401
APPROVAL CODE: 089164

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

Total $485.00

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

5/11/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/15/2010	Credit Card	1020653
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO
University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/15/2010	[redacted]	2472	17	Thymus, 2nd Trimester	[redacted]	200.00
4/15/2010		2473	17	Liver, 2nd Trimester		200.00
4/15/2010				Delivery: FedEx-Priority Overnight		85.00
				04/26/10 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

APR 26, 2010 04:00PM

TERM : 1
MERCH: 000006771362

REF #: 003
ACT #: [redacted]
CARD : VISA

SALE: $ 1455.00

CUST #:405
RETR REF#: 011622002401
APPROVAL CODE: 089164

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

Total $485.00

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

5/11/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/22/2010	Credit Card	1020689
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/22/2010	642202	1019	17	Thymus, 2nd Trimester	[redacted]	200.00
4/22/2010	642202	1020	17	Liver, 2nd Trimester		200.00
4/22/2010				Delivery: FedEx-Priority Overnight		85.00
				05/02/10 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

MAY 02, 2010 06:14PM

TERM : 1
MERCH: 000006771362

REF #: 004
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 485.00

CUST #:405
RETR REF#: 012300601149
APPROVAL CODE: 076821

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A

Total $485.00

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

5/26/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
4/29/2010	Credit Card	1020723
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
4/29/2010	[redacted]	2488	18	Thymus, 2nd Trimester	[redacted]	200.00
4/29/2010		2489	18	Liver, 2nd Trimester		200.00
4/29/2010				Delivery: FedEx-Priority Overnight		85.00
				05/10/10 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

MAY 10, 2010 06:34PM

TERM : 1
MERCH: 000006771362

REF #: 002
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 485.00

CUST #:405
RETR REF#: 013100202803
APPROVAL CODE: 073463

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

Total $485.00

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

5/26/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/20/2010	Credit Card	1020837
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/20/2010	[redacted]	4920	19	Thymus, 2nd Trimester	[redacted]	200.00
5/20/2010		4921	19	Liver, 2nd Trimester		200.00
5/20/2010				Delivery: FedEx-Priority Overnight		85.00
				05/31/10 PAID via VISA [redacted]		
					Total	$485.00

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

MAY 31, 2010 05:53PM

TERM : 1
MERCH: 000006771362

REF #: 002
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 485.00

CUST #:405
RETR REF#: 015200403727
APPROVAL CODE: 094260

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

6/23/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/16/2010	Credit Card	1020997
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/16/2010	[redacted]	3859	19	Thymus, 2nd Trimester	[redacted]	200.00
6/16/2010		3860	19	Liver, 2nd Trimester		200.00
6/16/2010				Delivery: FedEx-Priority Overnight		85.00
				07/08/10 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

JUL 08, 2010 11:48AM

TERM : 1
MERCH: 000006771362

REF #: 002
ACT #: M**********[redacted]
CARD : VISA

SALE: $ 485.00

CUST #:405
RETR REF#: 018918402664
APPROVAL CODE: 083454

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

X_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

Total **$485.00**

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

8/3/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/1/2010	Credit Card	1021099
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/1/2010	[redacted]	1151	19	Thymus, 2nd Trimester	[redacted]	200.00
7/1/2010		1152	19	Liver, 2nd Trimester		200.00
7/1/2010				Delivery: FedEx-Priority Overnight		85.00
				07/17/10 PAID via VISA [redacted]		
				Total		$485.00

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

JUL 17, 2010 06:29PM

TERM : 1
MERCH: 000006771362

REF #: 001 [redacted]
ACT #: M**********
CARD : VISA

SALE: $ 485.00

CUST #:405
RETR REF#: 019900203303
APPROVAL CODE: 011753

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

8/3/10

ABR

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/15/2010	Credit Card	1021192
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI

[redacted]

600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/15/2010	[redacted]	5120	19	Thymus, 2nd Trimester	[redacted]	200.00
7/15/2010		5121	19	Liver, 2nd Trimester		200.00
7/15/2010				Delivery: FedEx-Priority Overnight		85.00
				07/31/10 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

JUL 31, 2010 04:01PM

TERM : 1
MERCH: 000000771362

REF #: 002
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 485.00

CUST #:405
RETR REF#: 021222202868
APPROVAL CODE: 043300

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

Total $485.00

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

6/17/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
8/11/2010	Credit Card	1021345
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
8/11/2010	[redacted]	3812	17	Thymus, 2nd Trimester	[redacted]	200.00
8/11/2010		3813	17	Liver, 2nd Trimester		200.00
8/11/2010				Delivery: FedEx-Priority Overnight		85.00
				08/27/10 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

AUG 27, 2010 05:24PM

TERM : 1
MERCH: 000006771362

REF #: 006
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 485.00

CUST #:405
RETR REF#: 023923601286
APPROVAL CODE: 072693

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

Total $485.00

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

9/14/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/8/2010	Credit Card	1021528
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/8/2010	[redacted]	3859	20	Thymus, 2nd Trimester	[redacted]	200.00
9/8/2010		3860	20	Liver, 2nd Trimester		200.00
9/8/2010				Delivery: FedEx-Priority Overnight		85.00
				09/27/10 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

SEP 27, 2010 12:01PM

TERM : 1
MERCH: 000006771362

REF #: 002
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 485.00

CUST #:405
RETR REF#: 027018002190
APPROVAL CODE: 048997

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

Total $485.00

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

10/13/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/4/2010	Credit Card	1021890
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/4/2010	[redacted]	1407	19	Thymus, 2nd Trimester	[redacted]	200.00
11/4/2010		1408	19	Liver, 2nd Trimester		200.00
11/4/2010				Delivery: FedEx-Priority Overnight		85.00
				11/10/10 PAID via VISA [redacted]		
				Total		$485.00

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

NOV 10, 2010 08:32PM

TERM : 1
MERCH: 000000671362

REF #: 002
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 485.00

CUST #:405
RETR REF#: 031502201426
APPROVAL CODE: 088080

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

11/22/10

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/15/2011	Credit Card	1022454
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/15/2011	[redacted]	5788	17	Thymus, 2nd Trimester	[redacted]	220.00
2/15/2011		5789	17	Liver, 2nd Trimester		220.00
2/15/2011				Delivery: FedEx-Priority Overnight		85.00
				02/22/11 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

FEB 22, 2011 05:15PM

TERM : 1
MERCH: 000006771362

REF #: 002
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 525.00

CUST #:405
RETR REF#: 105400401889
APPROVAL CODE: 043580

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

Total $525.00

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

3/15/11

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/13/2011	Credit Card	1023416
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/13/2011	[redacted]	2126	20	Thymus, 2nd Trimester	[redacted]	220.00
7/13/2011		2127	20	Liver, 2nd Trimester		220.00
7/13/2011				Delivery: FedEx-Priority Overnight		90.00
				07/22/11 PAID via VISA [redacted]		
					Total	$530.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phone (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

8/16/11

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

JUL 22, 2011 12:49PM

TERM : 1
MERCH: 000006771362

REF #: 008
ACT #: M**********[redacted]
CARD : VISA

SALE: $ 530.00

CUST #:405
RETR REF#: 120319204317
APPROVAL CODE: 046862

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

ABR

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/5/2011	Credit Card	1023937
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/5/2011	[redacted]	9200	18	Thymus, 2nd Trimester	[redacted]	220.00
10/5/2011		9201	18	Liver, 2nd Trimester		220.00
10/5/2011		9202	18	Pancreas, 2nd Trimester		220.00
10/5/2011				Delivery: FedEx-Priority Overnight		90.00
				10/21/11 PAID via VISA [redacted]		
				Total		**$750.00**

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

OCT 21, 2011 01:25PM

TERM : 1
MERCH: 000006771362

REF #: 011
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 750.00

CUST #:405
RETR REF#: 129420002079
APPROVAL CODE: 071209

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

X_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER -

16 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

11/9/11

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/26/2011	Credit Card	1024058
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/26/2011	[redacted]	2479	18	Pancreas, 2nd Trimester	[redacted]	220.00
10/26/2011				Delivery: FedEx-Priority Overnight		90.00
				12/07/11 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872
DEC 07, 2011 03:36PM
TERM : 1
MERCH: 000006771362
REF #: 003
ACT #: M********** [redacted]
CARD : VISA
SALE: $ 310.00
CUST #:405
RETR REF#: 134122200079
APPROVAL CODE: 017324
I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT
x_____
SIGNATURE
THANK YOU
HAVE A NICE DAY!
CUSTOMER COPY

Total $310.00

516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

12/21/11

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
3/8/2012	Credit Card	1024730
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
3/8/2012	[redacted]	3844	19	Thymus, 2nd Trimester	[redacted]	230.00
3/8/2012		3845	19	Liver, 2nd Trimester		230.00
3/8/2012				Delivery: FedEx-Priority Overnight		95.00
				03/21/12 PAID via VISA [redacted]		
				Total		$555.00

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE #(510) 865-5872
Merchant ID: 000006771362 Ref #: 0003
Sale
XXXXXXXXXXXX [redacted]
VISA Entry Method: Manual
Amount: $ 555.00
Tax: $ 0.00
Total: $ 555.00
03/21/12 16:24:41
Inv #: 000003 Appr Code: 032870
Approvd: Online Batch#: 000004
AVS Code: ZIP MATCH Z
Cust #: 405
Customer Copy
THANK YOU
HAVE A NICE DAY!

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phone (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

4/12/12

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/20/2012	Credit Card	1025329
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

RESEARCHER REFERENCE COPY

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/20/2012	[redacted]	7067	17	Thymus, 2nd Trimester	[redacted]	230.00
6/20/2012		7068	17	Liver, 2nd Trimester		230.00
6/20/2012		7069	17	Pancreas, 2nd Trimester		230.00
6/20/2012				Delivery: FedEx-Priority Overnight		95.00
				07/17/12 UNPAID DUPLICATE Emailed to [redacted] for updated payment instructions.		
				07/24/12 PAID via VISA [redacted]		
				Total		**$785.00**

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

8/16/12

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/27/2012	Credit Card	1025369
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

RESEARCHER REFERENCE COPY

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/27/2012 6/27/2012	[redacted]	8149	14	Pancreas, 2nd Trimester Delivery: FedEx-Priority Overnight 07/17/12 UNPAID DUPLICATE Emailed to [redacted] for updated payment instructions. 07/24/12 PAID via VISA [redacted]	[redacted]	230.00 95.00
					Total	**$325.00**

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

8/6/12

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/10/2012	Credit Card	1025406
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

RESEARCHER REFERENCE COPY

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/10/2012 7/10/2012	[redacted]	4289	16	Pancreas, 2nd Trimester Delivery: FedEx-Priority Overnight 07/17/12 UNPAID DUPLICATE Emailed to [redacted] for updated payment instructions. 07/24/12 PAID via VISA [redacted]	[redacted]	230.00 95.00
				Total		**$325.00**

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

8/11/12

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/19/2012	Credit Card	1025471
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

RESEARCHER REFERENCE COPY

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/19/2012	[redacted]	8222	20	Pancreas, 2nd Trimester	[redacted]	230.00
7/19/2012				Delivery: FedEx-Priority Overnight		95.00
				07/24/12 PAID via VISA [redacted]		
				Total		**$325.00**

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

8/16/12

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/21/2012	Credit Card	1025782
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/21/2012	[redacted]	5467	17	Thymus, 2nd Trimester	[redacted]	230.00
9/21/2012		5468	17	Liver, 2nd Trimester		230.00
9/21/2012				Delivery: FedEx-Saturday Delivery		115.00
				10/06/12 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE #(510) 865-5872
Merchant ID: 000000771352 Ref #: 0003
Sale
[redacted]
VISA Entry Method: Manual
Amount: $ 575.00
Tax: $ 0.00
Total: $ 575.00
10/06/12 16:31:04
Inv #: 000003 Appr Code: 003692
Approved: Online Batch#: 000035
AVS Code: ZIP MATCH Z
Cust #: 405
Customer Copy
THANK YOU
HAVE A NICE DAY!

Total $575.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

10/24/12

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
12/11/2012	Credit Card	1026143
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO
University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

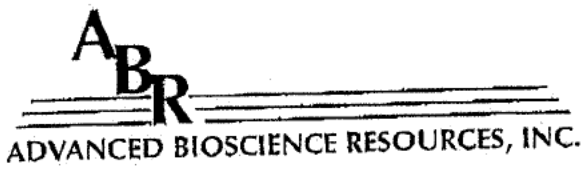
PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
12/11/2012	[redacted]	4584	18	Pancreas, 2nd Trimester	[redacted]	230.00
12/11/2012		4604	18	Pancreas, 2nd Trimester		230.00
12/11/2012				Delivery: FedEx-Priority Overnight		95.00
				12/31/12 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE #(510) 865-5872
Merchant ID: 000006771362
Ref #: 0003
Sale
[redacted]
VISA
Entry Method: Manual
Amount: $ 555.00
Tax: $ 0.00
Total: $ 555.00
12/31/12 14:51:55
Inv #: 000003 Appr Code: 047266
Approved: Online Batch#: 000043
AVS Code: ZIP MATCH Z
Cust #: 406
Customer Copy
THANK YOU
HAVE A NICE DAY!

Total $555.00

516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

1/8/13



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/13/2012	Credit Card	1026019
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO
University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/13/2012	[redacted]	4541	16	Pancreas, 2nd Trimester	[redacted]	230.00
11/13/2012		4555	20	Pancreas, 2nd Trimester		230.00
11/13/2012				Delivery: FedEx-Priority Overnight		95.00
				12/10/12 PAID via VISA [redacted]		
				Total		$555.00

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE #(510) 865-5872
Merchant ID: 888806271352 Ref #: 0004
Sale
[redacted]
XXXXXXXXXXXX
VISA Entry Method: Manual
Amount: $ 555.00
Tax: $ 0.00
Total: $ 555.00
12/10/12 16:34:16
Inv #: 000004 Appr Code: 025839
Approved Online Batch#: 000040
AVS Code: ZIP MATCH Z
Cust #: 405
Customer Copy
THANK YOU
HAVE A NICE DAY!

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

1/4/13

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
1/22/2013	Credit Card	1026324
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
1/22/2013	[redacted]	4659	19	Pancreas, 2nd Trimester	[redacted]	275.00
1/22/2013		4664	17	Pancreas, 2nd Trimester		275.00
1/22/2013				Delivery: FedEx-Priority Overnight		110.00
				02/13/13 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE #(510) 865-5872
Merchant ID: 000005771362 Ref #: 8603
Sale
[redacted]
XXXXXXXXXXXX
VISA Entry Method: Manual
Amount: $ 660.00
Tax: $ 0.00
Total: $ 660.00
02/13/13 11:02:49
Inv #: 000003 Appr Code: 076161
Approvd: Online Batch#: 000050
AVS Code: ZIP MATCH Z
Cust #: 405
Customer Copy
THANK YOU
HAVE A NICE DAY!

Total $660.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

2/28/13

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/5/2013	Credit Card	1026410
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/5/2013	[redacted]	9416	20	Thymus, 2nd Trimester	[redacted]	275.00
2/5/2013		9417	20	Liver, 2nd Trimester		275.00
2/5/2013				Delivery: FedEx-Priority Overnight		110.00
				02/21/13 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE #(510) 865-5872

Merchant ID: 000006771362 Ref #: 6084

Sale

[redacted]
VISA Entry Method: Manual

Amount: $ 660.00
Tax: $ 0.00
Total: $ 660.00

02/21/13 12:58:05
Inv #: 000004 Appr Code: 001830
Approved Online Batch#: 000052
AVS Code: ZIP MATCH Z
Cust #: 405

Customer Copy
THANK YOU
HAVE A NICE DAY!

Total $660.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

3/13/13

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/6/2013	Credit Card	1027669
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/6/2013	[redacted]	3584	20	Pancreas, 2nd Trimester	[redacted]	300.00
11/6/2013				Delivery: FedEx-Priority Overnight		110.00
				11/23/13 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE 510.865.5872 FAX 510.865.4090
Merchant ID: 5108654090 Ref #: 2604
Sale
XXXXXXXXXXXX[redacted]
VISA Entry Method: Manual
Amount: $ 1,120.00
Tax: $ 0.00
Total: $ 1,120.00
11/23/13 10:09:23
Inv #: 000004 Appr Code: 077653
Approval: Online Batch#: 000077
AVS Code: ZIP MATCH Z
Cust #: 405
Customer Copy
THANK YOU
HAVE A NICE DAY!

Total $410.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

12/17/13

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/7/2013	Credit Card	1027694
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO
University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/7/2013	[redacted]	4351	20	Pancreas, 2nd Trimester	[redacted]	300.00
11/7/2013		4355	20	Pancreas, 2nd Trimester		300.00
11/7/2013				Delivery: FedEx-Priority Overnight		110.00
				11/23/13 PAID via VISA [redacted]		
				Total		**$710.00**

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE (510) 865-5872
Merchant ID: 0000667[illegible]862 Ref #: 0004
Sale
XXXXXXXXXXXX[redacted]
VISA Entry Method: Manual
Amount: $ 1,129.00
Tax: $ 0.00
Total: $ 1,129.00
11/23/13 18:09:23
Inv #: 000004 Appr Code: 017533
Approved Online Batch#: 000077
AVS Code: ZIP MATCH Z
Cust #: 405
Customer Copy
THANK YOU
HAVE A NICE DAY!

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

12/17/13

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/10/2014	Credit Card	1028878
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO

University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/10/2014	[redacted]	7201	18	Thymus, 2nd Trimester	[redacted]	325.00
7/10/2014		7202	18	Liver, 2nd Trimester		325.00
7/10/2014				Delivery: FedEx-Priority Overnight		120.00
				07/30/14 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE #(510) 865-5872

Merchant ID: 000006771362 Ref #: 0007

Sale

XXXXXXXXXXXX [redacted]
VISA Entry Method: Manual

Amount: $ 1,865.00
Tax: $ 0.00

Total: $ 1,865.00

07/30/14 15:11:21
Inv #: 0000007 Appr Code: 035982
Approvd: OnLine BatchN: 000097
AVS Code: ZIP MATCH Z
Cust #: 405

Customer Copy

THANK YOU
HAVE A NICE DAY!

Total $770.00

8/18/14

ABR
ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/16/2014	Credit Card	1028904
	TERMS	CUSTOMER #
	Due Upon Receipt	0405

BILL TO
University of WI
[redacted]
600 Highland Avenue
Madison, WI 53792

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/16/2014	[redacted]	7502	17	Thymus, 2nd Trimester	[redacted]	325.00
7/16/2014		7503	17	Liver, 2nd Trimester		325.00
7/16/2014		7504	17	Spleen, 2nd Trimester		325.00
7/16/2014				Delivery: FedEx-Priority Overnight		120.00
				07/30/14 PAID via VISA [redacted]		
				Total		**$1,095.00**

Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

8/18/14

University of Washington
Department of Pediatrics

BIRTH DEFECTS RESEARCH LABORATORY

University of Washington
Department of Pediatrics
1959 NE Pacific Street
Health Sciences Bldg, Room RR 346
Seattle, WA 98195-6320

PHONE: 206 616-9278 FAX: 206 616-9796 OR 800-583-0668
EMAIL: bdrl@uw.edu

INVOICE

DATE: 15 January 2013

INVOICE NO.: PD12Q4001
PERIOD COVERED: 10/1/12-12/31/12
TAX ID NO: 91-6001537
UW BUDGET NO: 65-9567

Bill To:
University of Wisconsin
[redacted]
600 Highland Ave
Madison, WI 53792

Funding No. 136 539742

Shipped Date	Collection and distribution of tissue: # of tissue samples sent	Quantity ($200 per unit)	Total Amount
10/26/2012	multi samples	1	$ 200
11/29/2012	multi samples	1	$ 200
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
	Total Due	**2**	**$ 400**

If you have any questions, please contact [redacted]
For questions regarding payments, please contact [redacted]

Make the checks payable to
University of Washington

1959 NE Pacific St. Box 356320
HSB Room RR330
Seattle, WA 98195

Please include invoice number on check or copy of invoice

Credit Card Payments

PLEASE HAVE CREDIT CARD NUMBER, EXPIRATION DATE, AND ZIP CODE OF BILLING ADDRESS AVAILABLE
(Please note we do not store credit card numbers, you will need to provide this number every time you make a payment.)
For payment please call: [redacted]
or [redacted]

NOTE: INSTITUTIONAL POLICY

IF NOT PAID WITHIN 30 DAYS; THERE WILL BE A ONE TIME COLLECTION CHARGE OF $25, PLUS AN ADDITIONAL 12% INTEREST FROM THE DATE OF THE INVOICE

THANK YOU AND WE APPRECIATE YOUR ATTENTION TO THIS MATTER!

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/15/2011	Credit Card	1023811
	TERMS	CUSTOMER #
	Due Upon Receipt	0578

BILL TO

University of WI

[redacted]

1550 Linden Drive
Madison, WI 53705

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/15/2011	[redacted]	4068	20	Thymus, 2nd Trimester	[redacted]	220.00
9/15/2011		4069	20	Liver, 2nd Trimester		220.00
9/15/2011				Delivery: FedEx-Priority Overnight		90.00
				09/20/11 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE# 510-865-5872

SEP 20, 2011 03:52PM

TERM : 1
MERCH: 000006771362

REF #: 008
ACT #: M********** [redacted]
CARD : VISA

SALE: $ 530.00

CUST #:578
RETR REF#: 126322404657
APPROVAL CODE: 014148

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

Total $530.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/28/2011	Credit Card	1023889
	TERMS	CUSTOMER #
	Due Upon Receipt	0578

BILL TO

University of WI
[redacted]
1550 Linden Drive
Madison, WI 53705

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/28/2011	[redacted]	3516	22	Liver, 2nd Trimester	[redacted]	220.00
9/28/2011				Delivery: FedEx-Priority Overnight		90.00
				10/07/11 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE
RESOURCES
1516 OAK STREET #303
ALAMEDA, CA 94501
PHONE#. 510-865-5872

OCT 07, 2011 11:42AM

TERM : 1
MERCH: 000006771362

REF #: 008
ACT #: M**********[redacted]
CARD : VISA

SALE: $ 310.00

CUST #:578
RETR REF#: 128018001144
APPROVAL CODE: 011624

I AGREE TO PAY THE
ABOVE AMOUNT PER THE
CARD ISSUER AGREEMENT

x_____
SIGNATURE

THANK YOU
HAVE A NICE DAY!

CUSTOMER COPY

Total $310.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
12/15/2011	Credit Card	1024288
	TERMS	CUSTOMER #
	Due Upon Receipt	0578

PAID 12/29/2011

BILL TO

University of WI
[redacted]
1550 Linden Drive
Madison, WI 53705

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
12/15/2011	[redacted]	3688	16	Thymus, 2nd Trimester	[redacted]	220.00
12/15/2011		3689	16	Liver, 2nd Trimester		220.00
12/15/2011				Delivery: FedEx-Priority Overnight		90.00
				12/29/11 PAID via VISA [redacted]		
				01/10/12 PAID DUPLICATE Emailed per request of [redacted]		
				Total		$530.00

1516 Oak Street, Suite 303 / Alameda, California 94501 / (510) 865-5872 / Fax (510) 865-4090

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/22/2012	Credit Card	1024606
	TERMS	CUSTOMER #
	Due Upon Receipt	0578

BILL TO

University of WI
[redacted]
1550 Linden Drive
Madison, WI 53706

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/22/2012	[redacted]	7819	18	Thymus, 2nd Trimester	[redacted]	230.00
2/22/2012		7820	18	Liver, 2nd Trimester		230.00
2/22/2012				Delivery: FedEx-Priority Overnight		95.00
				03/01/12 PAID via VISA [redacted]		
					Total	**$555.00**

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE #(510) 865-5872
Merchant ID: 000006771362 Ref #: 0004
Sale
XXXXXXXXXXXX[redacted]
VISA Entry Method: Manual
Amount: $ 555.00
Tax: $ 0.00
Total: $ 555.00
03/01/12 12:28:03
Inv #: 000004 Appr Code: 001411
Approval: Online Batch#: 000002
AVS Code: NO MATCH N
Cust. #: 578
Customer Copy
THANK YOU
HAVE A NICE DAY!

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
2/28/2012	Credit Card	1024656
	TERMS	CUSTOMER #
	Due Upon Receipt	0578

PAID 03/13/2012

BILL TO

University of WI
[redacted]
1550 Linden Drive
Madison, WI 53706

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
2/28/2012	[redacted]	7843	17	Thymus, 2nd Trimester	[redacted]	230.00
2/28/2012		7844	17	Liver, 2nd Trimester		230.00
2/28/2012				Delivery: FedEx-Priority Overnight		95.00
				03/13/12 PAID via VISA # [redacted]		
				03/19/12 PAID DUPLICATE Emailed to [redacted]		
					Total	$555.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
3/28/2012	Credit Card	1024836
	TERMS	CUSTOMER #
	Due Upon Receipt	0578

RESEARCHER REFERENCE COPY

BILL TO
University of WI
[redacted]
1550 Linden Drive
Madison, WI 53706

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
3/28/2012	[redacted]	2908	20	Liver, 2nd Trimester	[redacted]	230.00
3/28/2012				Delivery: FedEx-Priority Overnight		95.00
				04/03/12 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE #:(510) 865-5872

REPRINT

Merchant ID: 000006771362 Ref #: 0009

Sale

[redacted]
XXXXXXXXXXXX
VISA Entry Method: Manual

Amount: $ 325.00
Tax: $ 0.00
Total: $ 325.00

04/03/12 15:02:54
Inv #: 000009 Appr Code: 076755
Approvd: Online Batch#: 000005
AVS Code: NO MATCH N
Cust #: 578

I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)

X_____

Merchant Copy
THANK YOU
HAVE A NICE DAY!

Total $325.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
6/20/2012	Credit Card	1025333
	TERMS	CUSTOMER #
	Due Upon Receipt	0578

BILL TO

University of WI
[redacted]
1550 Linden Drive
Madison, WI 53706

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
6/20/2012	[redacted]	8112	19	Thymus, 2nd Trimester	[redacted]	230.00
6/20/2012		8113	19	Liver, 2nd Trimester		230.00
6/20/2012				Delivery: FedEx-Priority Overnight		95.00
				06/29/12 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE #(510) 865-5872

Merchant ID: 000006771362 Ref #: 0005

Sale

XXXXXXXXXXXX [redacted]
VISA Entry Method: Manual

Amount: $ 555.00
Tax: $ 0.00
Total: $ 555.00

06/29/12 16:10:21
Inv #: 000005 Appr Code: 006797
Approvd: OnLine Batch#: 000017
AVS Code: NO MATCH N
Cust #: 578

Customer Copy
THANK YOU
HAVE A NICE DAY!

Total $555.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/26/2012	Credit Card	1025802
	TERMS	CUSTOMER #
	Due Upon Receipt	0578

BILL TO
University of WI
[redacted]
1550 Linden Drive
Madison, WI 53706

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/26/2012	[redacted]	7186	20	Chest, 2nd Trimester	[redacted]	230.00
9/26/2012				Delivery: FedEx-Priority Overnight		95.00
				10/06/12 PAID via VISA [redacted]		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE (510) 865-5872
Merchant ID: 000086771362 Ref #: 0005
Sale
XXXXXXXXXXXX [redacted]
VISA Entry Method: Manual
Amount: $ 325.00
Tax: $ 0.00
Total: $ 325.00
10/06/12 16:38:16
Inv #: 000005 Appr Code: 045331
Approval: Online Batch#: 000035
AVS Code: NO MATCH N
Cust #: 578
Customer Copy
THANK YOU
HAVE A NICE DAY!

Total $325.00

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/13/2012	Credit Card	1026018
	TERMS	CUSTOMER #
	Due Upon Receipt	0578

BILL TO
University of WI
[redacted]
1550 Linden Drive
Madison, WI 53706

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/13/2012	251303	4543	16	Chest, 2nd Trimester-Female	[redacted]	230.00
11/13/2012				Delivery: FedEx-Priority Overnight		95.00
				12/10/12 PAID via VISA [redacted]		
				Total		**$325.00**

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE #(510) 865-5872
Merchant ID: 000006772362 Ref #: 0009
Sale
XXXXXXXXXXXX[redacted]
VISA Entry Method: Manual
Amount: $ 325.00
Tax: $ 0.00
Total: $ 325.00
12/10/12 16:03:00
Inv #: 000009 Appr Code: 096358
Approval: Online Batch#: 000040
AVS Code: NO MATCH N
Cust #: 578
Customer Copy
THANK YOU
HAVE A NICE DAY!

1516 Oak Street, Suite 303 / Alameda, California 94501 USA / Phn (510) 865-5872 / Fax (510) 865-4090 / email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
11/13/2012	Credit Card	1026018
	TERMS	CUSTOMER #
	Due Upon Receipt	0578

RESEARCHER REFERENCE COPY

BILL TO
University of WI
[redacted]
1550 Linden Drive
Madison, WI 53706

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
11/13/2012	[redacted]	4543	16	Chest, 2nd Trimester-Female	[redacted]	230.00
11/13/2012				Delivery: FedEx-Priority Overnight		95.00
				12/10/12 PAID via VISA [redacted]		
				On RDI... Change to ~~[illegible]~~ start up		
				(transfer) requested 1/11/13 (DL)		

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE (415)10) 865-5872

[redacted] REPRINT

Merchant ID: 000006771362 Ref #: 0009

Sale

[redacted]
VISA Entry Method: Manual

Amount: $ 325.00
Tax: $ 0.00
Total: $ 325.00

12/10/12 16:53:00
Inv #: 000009 Appr Code: 090358
Approvd: Online Batch#: 000040
AVS Code: NO MATCH N
Cust #: 578

I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)

X_____

Merchant Copy
THANK YOU
HAVE A NICE DAY!

Total $325.00

ax (510) 865-4090 / email: abr@abr-inc.com

Direct Payment Form

Vendor # 70051

Voucher # 955575

Check Payable To: (Vendor or UW Employee)

Albert Einstein College of Medicine

Taxpayer ID# (SSN,EIN,ITIN)

Type of Payment

◉ VENDOR ○ UW EMPLOYEE

Send Check to:

Albert Einstein College of Medicine
1300 Morris Parke Avenue
Belfer 711
Bronx, NY 10461
Attn [redacted]

Amount(s)	Account	Fund	Dept	Prog.	Class (Bldg #)	Budget Year	Project	Additional Information/Justification: If vendor billed, airfare or registration, list who, where, why, & when.
$1,000.00	3105	233	539742	4		2010	233HG19	Payment for Invoice # 235-RB

Invoice Number: 235-RB

Payment Handling Code:

Contact Person: [redacted]

Telephone Number [redacted]

Total Amount $1,000.00

ACCOUNTING SERVICES FEB 15 2010

00078

Please see the following website for Direct Payment Form Instructions and Guidelines: http://www.bussvc.wisc.edu/acct/instructions/direct_payment.html

I certify that I have reviewed this payment and find it to be in compliance with all established purchasing and accounting policies.

[redacted] 2/11/10 Date

Institution Pre-Audit Date

[redacted] 2/15/10

Dean/Director Approval Date

Attach original plus two copies of invoice, payment document, or itemized, paid receipt to this form and forward to your Dean/Director's Business Office. Note: Your Dean/Director's Business Office may require additional copies. Upon receipt of a properly submitted invoice/paid receipt, Accounting Services will process payment according to prompt pay statute. Send completed form to Accounts Payable, Suite 5301, 21 N. Park Street.

UWMADISON DP/ER 04/24/2007

Friday, January 29, 2010

Invoice Number: 235-RR

hFTR

Grant:

User: 98

[redacted]

Surgery, [redacted]
University of Wisconsin
[redacted]
600 Highland Avenue
Madison WI 53792-7375

Order number:	Tissue:					Processing charge:
6318	1/27/2010	19	weeks	Li	TC	$250.00
6319	1/27/2010	19	weeks	Th	TC	$250.00
6295	1/6/2010	20	weeks	Li	TC	$250.00
6296	1/6/2010	20	weeks	Th	TC	$250.00

Total # of Specimens: 4

Processing Fee Total *: $1,000.00

Make check payable to: **AECOM** (Please write invoice number on check).

Mail check to:

AECOM
c/o [redacted]
Department of Pathology
Albert Einstein College of Medicine
1300 Morris Park Avenue
Bronx, NY 10461

*** Charges only reflect the cost of processing each specimen.**

Federal TIN #: 131624225

ACCOUNTING SERVICES
JAN 25 2010

Direct Payment Form

Vendor # 70051

Voucher # 938454

Check Payable To: (Vendor or UW Employee)	Amount(s)	Account	Fund	Dept	Prog.	Class (Bldg #)	Budget Year	Project	Additional Information/Justification: If vendor billed, airfare or registration, list who, where, why, & when.
Albert Einstein College of Medicine									
Taxpayer ID# (SSN,EIN,ITIN)	$500.00	3105	144	539742	4		2010	144QW77	Payment for Invoice # 226-RB
Type of Payment									
◉ VENDOR ○ UW EMPLOYEE									
Send Check to:									IS THIS A SERVICE?
Albert Einstein College of Medicine									
1300 Morris Parke Avenue									
Belfer 711									
Bronx, NY 10461									
Attn: [redacted]									
Invoice Number: / Payment Handling Code:									
266-RB									
Contact Person: / Telephone Number	Total Amount								
[redacted] / [redacted]	$500.00								

00080

Please see the following website for Direct Payment Form Instructions and Guidelines: http://www.bussvc.wisc.edu/acct/instructions/direct_payment.html

[redacted] d find it to be in compliance with all established purchasing and accounting policies.

[redacted] 1/20/10 Date

Institution Pre-Audit Date

[redacted] 1/25/10 Date

Dean/Director Approval

Attach original plus two copies of invoice, payment document, or itemized, paid receipt to this form and forward to your Dean/Director's Business Office. Note: Your Dean/Director's Business Office may require additional copies. Upon receipt of a properly submitted invoice/paid receipt, Accounting Services will process payment according to prompt pay statute. Send completed form to Accounts Payable, Suite 5301, 21 N. Park Street.

UWMADISON DP/ER 04/24/2007

Thursday, December 31, 2009

Invoice Number: 226-RB

hFTR

Grant:

User: 98

[redacted]

Surgery, [redacted]
University of Wisconsin
[redacted]
600 Highland Avenue
Madison WI 53792-7375

Order number:	Tissue:					Processing charge:
6272	12/9/2009	23	weeks	Li	TC	$250.00
6273	12/9/2009	23	weeks	Th	TC	$250.00

Total # of Specimens: 2

Processing Fee Total *: $500.00

Make check payable to: **AECOM** (Please write invoice number on check).

Mail check to:

AECOM
[redacted]
Department of Pathology
Albert Einstein College of Medicine
1300 Morris Park Avenue
Bronx, NY 10461

*** Charges only reflect the cost of processing each specimen.**

Federal TIN #: 131624225