

EXHIBIT D

SAMPLE SITE-SPECIFIC DETAIL INVOICE FORMAT

SAMPLE SITE-SPECIFIC DETAIL INVOICE

Account Number	INVOICE Number	Date	Purchase Order No.	Page No.
##### Unique to each site	XXXXXXXXXXXXXX	XX/XX/XX	P0X-XXXX	1

Civil Commitment Unit
30-35 HACKENSACK AVE
KEARNY, NJ 07032

UMDNJ-ACCOUNTS PAYABLE
ATTN GARY KUCSAN, MANAGER
PO BOX 2686
NEW BRUNSWICK, NJ 08903-2686

DATE	ITEM/PATIENT	NUMBER	DESCRIPTION	LAB LOCATION CODES	AMOUNT
12/28/09	Patient Name Patient SBI Number Provider User Name Requisition Number	##### Laboratory Order Number	##### Hemoglobin A1c ##### Folate (Folic Acid), ##### Urinalysis, Routine ##### TSH ##### Ferritin, Serum ##### CBC w/ Differential/ ##### Comment ##### Lipid Panel w/Chol/HD ##### Comp. Metabolic Panel	XX XX XX XX XX XX XX XX	\$ \$ \$ \$ \$ \$ \$ \$
12/28/09	Patient Name Patient SBI Number Provider User Name Requisition Number	##### Laboratory Order Number	##### AFP, Serum, Tumor Mark ##### Comment ##### Lipid Panel w/ Chol/HD ##### Basic Metabolic Panel ##### HCV RT-PCR, Quant (Gra)	XX XX XX XX *XX	\$ \$ \$ \$ \$

Your discount rate of _____ percent has already been applied to each line item without an asterisk (*) in the codes column. (Asterisk indicates a non-discounted item).