

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
2023-1059962

Date Filed:
08/15/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Clinical Pathology Laboratories
Coppell, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Collin County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
2021-203 Lab Services
Lab Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Sonic Healthcare	Sydney New South Wales Australia	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Justin Bradshaw, and my date of birth is [REDACTED].

My address is [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED].
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Dallas County, State of Texas, on the 15th day of August, 2023.
(month) (year)

Justin Bradshaw

Signature of authorized agent of contracting business entity
(Declarant)