

**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:  
2025-1366913

Date Filed:  
09/23/2025

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, Inc.  
Austin, 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  
Laboratory services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Roberts, Cory	Austin, TX United States	X	
	Salama, Mohamed	Austin, TX United States	X	
	Goldschmidt, Colin	Sydney NSW 2000 Australia	X	
	Wilks, Christopher	Sydney NSW 2000 Australia	X	
	Silberman, Mark	Austin, TX United States	X	
	Schaper, Clay	Austin, TX United States	X	
	Dlabik, Charles	Austin, TX United States	X	
	Sonic Healthcare USA Investments, Inc.	Austin, TX United States	X	

**5 Check only if there is NO Interested Party.**☐**6 UNSWORN DECLARATION**

My name is Dr. Mark Silberman, and my date of birth is                     .

My address is                     ,                     ,                     ,                     , USA.  
(city) (state) (zip code) (country)

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

Executed in Travis County, State of Texas, on the 23 day of September, 2025.  
(month) (year)

Signed by:

Mark A. Silberman, M.D.

Signature of authorized agent of contracting business entity  
(Declarant)