

EXHIBIT 108

LABORATORY AUTHORIZATION FORM

Laboratories may meet their legal obligations for accreditation or CLIA exemption as mandated by CLIA either by maintaining accreditation status by a Federally approved accreditation organization, or by being exempt from CLIA by virtue of the fact of being located in a State with a CMS-approved laboratory licensure program.

As representative of a laboratory, which fits either of these categories, I am authorizing, by my signature below, the accreditation organization which accredits my laboratory, or the State which licenses my laboratory, to release a copy of this laboratory's most recent accreditation report, or most recent licensure survey report, respectively to the Secretary of Health and Human Services (and the Secretary's designated agents).

Signature _____

Name (typed): _____

Title _____

Date: _____

Name of accrediting organization: _____

OR

Name of approved State laboratory program: _____