

**EXHIBIT 114**

**MODEL LETTER WARNING CLIA LABORATORY OF POSSIBLE SANCTION  
FAILURE TO DISCLOSE FINANCIAL INTEREST AND OWNERSHIP  
INFORMATION**

**(Date)**

Laboratory Director Name  
Name of Facility  
Street Address  
City, State, ZIP Code

CERTIFIED MAIL -- RETURN RECEIPT REQUESTED

Dear **(Laboratory Director Name)**:

RE: CLIA Number: **(CLIA Number)**

Laboratories which provide services under the Clinical Laboratory Improvement Amendments (CLIA) program are required by law to provide ownership and financial control information. To date, we have not received the requested information from your laboratory.

Enclosed is another copy of the Disclosure of "Ownership and Control Interest Statement," Form CMS-1513, to be completed by your laboratory if you wish to participate in the CLIA program.

- \* If this information is not received within 20 days, your laboratory may be sanctioned.
- \* If this information is not received within 20 days, your request to participate in the CLIA program may be denied.

Sincerely yours,

Enclosure

\*Use applicable sentence.