



2012 ECONOMIC CENSUS

Medical and Diagnostic Laboratories

DUE DATE
FEBRUARY 12, 2013

(Please correct any errors in this mailing address.)

Need help or have questions?

- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** econhelp.census.gov
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

HC-62110

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Report Online - It's fast and secure!
Go to: econhelp.census.gov

- OR -

Mail your completed form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to **2** 0022 No - Enter current EIN (9 digits) → 0025 -

2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address? (P.O. Box and rural route addresses are not physical locations.)

0031 Yes - Go to line B

0032 No - Enter physical location →

0035 Number and street

0036 City, town, village, etc. 0037 State 0038 ZIP Code
 -

CONTINUE WITH **2** ON PAGE 2



2 PHYSICAL LOCATION - Continued

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

- 0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

- 0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012? (Mark "X" only ONE box.)

- 0011 In operation
- 0013 Temporarily or seasonally inactive
- 0014 Ceased operation - *Give date at right* →

| Month | Day | Year |
|-------|-----|------|
| | | |
- 0015 Sold or leased to another corporation - *Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below* →

| Month | Day | Year |
|-------|-----|------|
| | | |

 0018

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| | |
|------------------------------------|---------------------|
| 0060 Name of new owner or operator | 0061 EIN (9 digits) |
| | |

0062 Mailing address (Number and street, P.O. Box, etc.)

| | | |
|--------------------------------|------------|---------------|
| 0063 City, town, village, etc. | 0064 State | 0065 ZIP Code |
| | | |

0016 Other - *Specify* → 0815

4 MONTHS IN OPERATION

Mark "X" if None 2012 Number

Number of months in operation during 2012 (If none, mark "X" and go to 30.) 0002

| | |
|--|--|
| | |
|--|--|

HOW TO REPORT DOLLAR FIGURES

▶ Dollar figures should be **rounded to thousands** of dollars.

If a figure is **\$2,035,628.79:** **Report** →

If a value is "0" (or less than \$500.00): **Report** →

Mark "X" if None

| 2012 | | |
|---------|------|-------|
| \$ Bil. | Mil. | Thou. |
| | | |
| | | |

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None 2012

Operating receipts 0100

| \$ Bil. | Mil. | Thou. |
|---------|------|-------|
| | | |
| | | |

6 Not Applicable.

62110028



If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

7 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown to the left of the mailing address or corrected in **1**.

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

Mark "X" if None

2012
Number

A. Number of employees for pay period including March 12, 2012 0000

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

B. Payroll before deductions (Exclude employer's cost for fringe benefits.) Mark "X" if None

Mark "X" if None

2012

| | \$ Bil. | Mil. | Thou. |
|--|---------|------|-------|
| 1. Annual payroll 0300 <input type="checkbox"/> | | | |
| 2. First quarter payroll (January-March 2012) 0310 <input type="checkbox"/> | | | |

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8 - 18 Not Applicable.

19 KIND OF BUSINESS OR ACTIVITY

Which **ONE** of the following best describes this establishment's principal kind of business or activity in 2012? If none of the provided selections seem appropriate, provide a specific description of the primary business activity. **Mark "X" only ONE box.**

Medical and diagnostic laboratories

- 0700 621 511 00 1 Medical laboratory - providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician
- 621 512 00 1 Diagnostic imaging center - providing a variety of imaging services such as CT-scan (computer tomography), X-ray, ultrasound, and MRI (magnetic resonance imaging)
- 621 512 00 2 Mobile X-ray, mammography, MRI (magnetic resonance imaging), CT-scan (computer tomography), and/or ultrasound services

Other health services and all other activities

- 621 498 00 2 Sleep disorder center or clinic
- 621 111 00 3 Radiologist(s)
- 339 116 00 1 Dental laboratory
- 773 000 00 2 Other kind of business or activity - Describe type of business or activity ↴

0701

20 and 21 Not Applicable.

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HOW TO REPORT PERCENTS



Percents should be **rounded to whole** percents.

If figure is **38.76%** of total sales: **Report** →

| 2012 | | | |
|--|------|-------|---------|
| Report thousands of dollars OR whole percents. Estimates are acceptable. | | | |
| \$ Bil. | Mil. | Thou. | Percent |
| | | | 39 |

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts by source either as a dollar figure or as a whole percent of total receipts (reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more receipts lines.)

Line 1a - Report receipts from laboratory testing to diagnose disease based on the gross, microscopic, chemical, immunological, and molecular examination of organs, tissues, and whole body (autopsy), using the tools of histopathology, cytopathology, surgical pathology, electron microscopy, forensic pathology, etc.

Line 1b - Report receipts from laboratory tests to diagnose disease based on the analysis of body fluids (e.g., blood and urine) and tissues using the tools of chemistry, microbiology, hematology, molecular pathology, etc.

Line 1c - Report receipts from laboratory services consisting of a combination of anatomical and clinical pathology test disciplines.

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Description of sales, shipments, receipts, or revenue 2012
Report thousands of dollars OR whole percents. Estimates are acceptable.

| | \$ Bil. | Mil. | Thou. | Percent |
|---|---------|------|-------|---------|
| 1. Laboratory services | | | | |
| a. Anatomic pathology 30821 | | | | |
| b. Clinical pathology services 30822 | | | | |
| c. General pathology services 30823 | | | | |
| d. Add lines 1a through 1c 30820 | | | | |
| 2. Diagnostic imaging services | | | | |
| a. X-ray/radiography imaging, including fluoroscopy and mammography 30831 | | | | |
| b. Magnetic resonance imaging (MRI) 30832 | | | | |
| c. Computed tomography (CT) scanning 30833 | | | | |
| d. Nuclear medicine scanning, including PET/CT 30834 | | | | |
| e. Ultrasound imaging 30835 | | | | |
| f. Photoacoustic and thermography imaging 30836 | | | | |
| g. Endoscopy 30837 | | | | |
| h. Electroencephalography (EEG), magnetoencephalography (MEG), electrocardiography (EKG) 30838 | | | | |

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CONTINUE WITH 22 ON PAGE 5

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

| Description of sales, shipments, receipts, or revenue | 2012 | | | |
|---|---|------|-------|---------|
| | Report thousands of dollars OR whole percents. Estimates are acceptable. | | | |
| | \$ Bil. | Mil. | Thou. | Percent |
| 2. Diagnostic imaging services - Continued | | | | |
| i. Other diagnostic imaging services - <i>Describe</i> ↴ | | | | |
| <input type="text"/> 30839 | | | | |
| j. Add lines 2a through 2i | | | | |
| 30830 | | | | |
| 3. Rental or lease of goods and/or equipment | | | | |
| a. Medical equipment | | | | |
| 39512 | | | | |
| b. All other goods and/or equipment | | | | |
| 39513 | | | | |
| c. Add lines 3a and 3b | | | | |
| 39500 | | | | |
| 4. Resale of merchandise - <i>Describe</i> ↴ | | | | |
| <input type="text"/> 39600 | | | | |
| 5. All other operating receipts - <i>Describe if more than 10 percent of total receipts or revenue</i> ↴ | | | | |
| <input type="text"/> 39792 | | | | |
| 6. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars | | | | 100 |
| 39850 | | | | |

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23-25 Not Applicable.

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26 SPECIAL INQUIRIES

TYPE OF PAYER BY FUNDING SOURCE

1. Estimate the percent of type of payer reported in **22**, line 1, from:

- a. Laboratory services paid by individuals, insurers, or government payers, such as Medicare and Medicaid 9800
- b. Laboratory services paid by other health care providers 9801
- c. **TOTAL**

| 2012 | |
|---------|---|
| Percent | |
| | % |
| | % |
| 100 | % |

2. Estimate the percent of type of payer reported in **22**, line 2, from:

- a. Diagnostic imaging services paid by individuals, insurers, or government payers, such as Medicare and Medicaid 9802
- b. Diagnostic imaging services paid by other health care providers 9803
- c. **TOTAL**

| 2012 | |
|---------|---|
| Percent | |
| | % |
| | % |
| 100 | % |

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27-29 Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

 Yes

 No

- Enter time period covered →

| | | | | | |
|------|-------|------|----|-------|------|
| FROM | Month | Year | TO | Month | Year |
| | | | | | |

Name of person to contact regarding this report

Title

| | | |
|-----------|--------|-----------|
| Area code | Number | Extension |
| | | |

| | |
|-----------|--------|
| Area code | Number |
| | |

E-mail address

| | | | |
|----------------|-------|-----|------|
| Date completed | Month | Day | Year |
| | | | |

Thank you for completing your 2012 ECONOMIC CENSUS form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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