DUE DATE
FEBRUARY 12, 2013

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.

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

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.
• Place an "X" inside the box.

Examples:

0123456789

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 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 0035 Number and street

0032 □ No - Enter physical location

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

CONTINUE WITH ☐ ON PAGE 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.)*

- [ ] Yes  
- [ ] No  
- [ ] No legal boundaries  
- [ ] Do not know

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

- [ ] City, village, or borough  
- [ ] Town or township  
- [ ] Other  
- [ ] Do not know

**OPERATIONAL STATUS**

Which ONE of the following best describes this establishment’s operational status at the end of 2012?  
*(Mark “X” only ONE box.)*

- [ ] In operation  
- [ ] Temporarily or seasonally inactive  
- [ ] Ceased operation - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below  
- [ ] Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

- [ ] Other - Specify

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

- [ ] Name of new owner or operator
- [ ] EIN (9 digits)

- [ ] Mailing address (Number and street, P.O. Box, etc.)

- [ ] City, town, village, etc.
- [ ] State
- [ ] ZIP Code

**MONTHS IN OPERATION**

Number of months in operation during 2012 *(If none, mark “X” and go to 50.)*

- [ ] None

**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

**SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Operating receipts

- [ ] None

**INFORMATION COPY**

DO NOT USE TO REPORT
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).

A. Number of employees for pay period including March 12 .......................... 0320

B. Payroll before deductions
(Exclude employer’s cost for fringe benefits.)

1. Annual payroll ................................................................. 0300
2. First quarter payroll (January-March 2012) .......................... 0310

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

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

Other health services and all other activities

- Sleep disorder center or clinic
- Radiologist(s)
- Dental laboratory
- Other kind of business or activity - Describe type of business or activity

20 and 21 Not Applicable.
### How to Report Percents

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

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

### 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 $). 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.

<table>
<thead>
<tr>
<th>Description of sales, shipments, receipts, or revenue</th>
<th>2012</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Laboratory services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Anatomic pathology</td>
<td>30821</td>
<td></td>
</tr>
<tr>
<td>b. Clinical pathology services</td>
<td>30822</td>
<td></td>
</tr>
<tr>
<td>c. General pathology services</td>
<td>30823</td>
<td></td>
</tr>
<tr>
<td>d. Add lines 1a through 1c</td>
<td>30820</td>
<td></td>
</tr>
<tr>
<td>2. Diagnostic imaging services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. X-ray/radiography imaging, including fluoroscopy and mammography</td>
<td>30831</td>
<td></td>
</tr>
<tr>
<td>b. Magnetic resonance imaging (MRI)</td>
<td>30832</td>
<td></td>
</tr>
<tr>
<td>c. Computed tomography (CT) scanning</td>
<td>30833</td>
<td></td>
</tr>
<tr>
<td>d. Nuclear medicine scanning, including PET/CT</td>
<td>30834</td>
<td></td>
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<tr>
<td>e. Ultrasound imaging</td>
<td>30835</td>
<td></td>
</tr>
<tr>
<td>f. Photoacoustic and thermography imaging</td>
<td>30836</td>
<td></td>
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<tr>
<td>g. Endoscopy</td>
<td>30837</td>
<td></td>
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<tr>
<td>h. Electroencephalography (EEG), magnetoencephalography (MEG), electrocardiography (EKG)</td>
<td>30838</td>
<td></td>
</tr>
</tbody>
</table>
### 22. Diagnostic imaging services - Continued

<table>
<thead>
<tr>
<th>Description of sales, shipments, receipts, or revenue</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Diagnostic imaging services - Continued</td>
<td></td>
</tr>
<tr>
<td><strong>i.</strong> Other diagnostic imaging services - <em>Describe</em></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="Description" /></td>
<td></td>
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<tr>
<td></td>
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</tr>
<tr>
<td><strong>j.</strong> Add lines 2a through 2i</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="Add lines" /></td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Rental or lease of goods and/or equipment</td>
<td></td>
</tr>
<tr>
<td><strong>a.</strong> Medical equipment</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="Medical equipment" /></td>
<td></td>
</tr>
<tr>
<td><strong>b.</strong> All other goods and/or equipment</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="All other goods" /></td>
<td></td>
</tr>
<tr>
<td><strong>c.</strong> Add lines 3a and 3b</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="Add lines" /></td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> Resale of merchandise - <em>Describe</em></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="Resale of merchandise" /></td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> All other operating receipts - <em>Describe</em></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="All other operating receipts" /></td>
<td></td>
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<tr>
<td><strong>6.</strong> TOTAL OPERATING RECEIPTS - <em>Sum of lines should equal if reporting in dollars</em></td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="Total operating receipts" /></td>
<td></td>
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</tbody>
</table>

Not Applicable.

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CONTINUE ON PAGE 6
### 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 .................................................................................................................................. 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 .................................................................................................................................. 100%

### 27–29 Not Applicable.

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

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### 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

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Year</td>
</tr>
<tr>
<td>Month</td>
<td>Year</td>
</tr>
</tbody>
</table>

**Name of person to contact regarding this report**

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
</table>

**Telephone**

<table>
<thead>
<tr>
<th>Area code</th>
<th>Number</th>
<th>Extension</th>
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</table>

**Fax**

<table>
<thead>
<tr>
<th>Area code</th>
<th>Number</th>
</tr>
</thead>
</table>

**E-mail address**

**Date completed**

| Month | Day | Year |

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Thank you for completing your 2012 ECONOMIC CENSUS form.

*PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.*