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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name			
Organization <u>American Clinical Laboratory Association</u>			
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1 <u>1250 H Street, NW, Suite 880, Washington, DC 20005</u>			
City	State	Zip Code	Country US
3. Principal place of business (if different than line 2)			
City	State	Zip Code	Country
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	<u>Jason DuBois</u>	<u>(202) 637-9466</u>	<u>jdubois@clinical-labs.org</u>
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID # <u>1923</u>
			6. House ID # <u>305330</u>

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____ 11. No Lobbying Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>700,000</u></p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input checked="" type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Printed Name and Title Jason DuBois, Vice President, Government Relations

Jason Jason

Registrant Name American Clinical Lab Assn. Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues Add page to continue specific issues description for this issue

Implementation of MMA 2003 statutory provisions
HHS actions governing payment for laboratory tests
CDC public health reporting, specimen packaging requirements
DOT regulations governing transportation of diagnostic specimen
FDA regulation of diagnostics including genetic testing
Legislative proposals affecting lab testing and payment
health information technology

17. House(s) of Congress and Federal agencies contacted Check if None

US House of Representatives, Department of Transportation
US Senate
Department of Health and Human Services
(including FDA, CDC, and CMS)

18. Name of each individual who acted as a lobbyist in this issue area Add a page to continue adding lobbyists for

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Alan	Mertz		President
JoAnne	Glisson		Senior Vice President
David	Sundwall, MD		Senior Medical & Scientific Off
Jason	DuBois		V.P., Government Relations

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Add a page for a diffe

Printed Name and Title

JASON DUBOIS, VICE PRESIDENT, GOVERNMENT RELATIONS

LD-2DS (REV. 4/03)

Jason Dubois 2/10/05

Page 2

Registrant Name _____ Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

1

3

2

4

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State
	Address	Country
	C/S/Z	City
		State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Overseas client
	City	State/Province	Country		
			City		
			State		
			Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, affiliated organization

1

3

5

2

4

6

Add a page for more

Printed Name and Title _____

