



**DEPARTMENT OF THE ARMY**  
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND  
CAMP BUCCA CID OFFICE, 380<sup>TH</sup> MILITARY POLICE DETACHMENT  
CAMP BUCCA, IRAQ APO AE 09375

REPLY TO  
ATTENTION OF

CIRF-ZA-KW

08 Feb 06

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION – FINAL/SSI - 0102-05-CID579-40033 – 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 23 OCT 2005/1423 – 23 OCT 2005/1446; INTENSIVE CARE WARD (ICW), SPECIAL ARMY SECURITY HOSPITAL (SASH), THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, IRAQ APO AE 09375 (CBI), GRID 38S MB 130840

DATE/TIME REPORTED: 23 OCT 2005, 1455

INVESTIGATED BY: SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C)

SUBJECT: 1. NONE; [NATURAL DEATH].

VICTIM: 1. SARDAH, MUTHOR NASSAR (DECEASED); CIV/DETAINEE; INTERNMENT SERIAL NUMBER (ISN) (b)(6),(b)(7)(C) 1 JAN 1932; QAIM, IRAQ; MALE; OTHER; TIF, CBI; XZ [NATURAL DEATH].

INVESTIGATIVE SUMMARY:

THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION

On 23 Oct 05, this office was notified by the Camp Bucca TIF Hospital that Detainee SARDAH died while in care of ICW Physicians for an ongoing illness.

Investigation determined Detainee SARDAH died of Atherosclerotic Coronary Vascular Disease (Blockage of the Arteries) and Metastatic Large Cell Carcinoma of the Lung. The manner of death was natural, and Toxicology tests for screened drugs of abuse and medications were negative.

STATUTES:

Not Applicable

EXHIBITS/SUBSTANTIATION:

Attached:

**b(2), b(6), b(7)(C)**

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)  
(C) 29 Nov 05, documenting the basis for investigation, interviews of medical personnel, detainees who knew Detainee SARDAH, inspection of Detainee SARDAH's personal belongings, receipt of medical records, Presumptive confirmation of Detainee SARDAH's identity, and viewing of his remains.
2. Medical records of Detainee SARDAH detailing his medical care while at Camp Bucca TIF Hospital.
3. AIR of SA (b)(6),(b)(7)  
(C) 8 Nov 05, documenting the collection of the Certificate of Death and the Hospital Report of Death of Detainee SARDAH and the receipt of the autopsy report.
4. Certificate of Death and Hospital Report of Death, 23 Oct 05, of Detainee SARDAH depicting the manner of Death as Natural.
5. Preliminary Autopsy Report, 1 Nov 05, ME 05-1018, which listed the cause of death as pending and the manner of death as pending.
6. AIR of SA (b)(6),(b)  
(7)(C) 31 Oct 05, documenting the autopsy protocol.
7. Compact disk 050102.579, ME 05-1018 containing digital images of the autopsy. (USACRC and File Copy only)
8. AIR of SA (b)(6),(b)(7)  
(C) 5 Feb 06, documenting the receipt of the final autopsy report.
9. Final Autopsy Report, 3 Jan 06, which listed the cause of death as Atherosclerotic Coronary Vascular Disease and Metastatic Large Cell Carcinoma of the Lung. The manner of death was natural.
10. Compact disk 050102.579, containing the originals of all digital images exposed by USACIDC during this investigation and an index describing selected images. (USACRC, AFIP, and File Copies only)

Not Attached:

None.

The originals of Exhibits 1, 3, 6 thru 8, and 10 are forwarded with the USACRC copy of this report. The originals of Exhibits 2 and 4 are retained in the files of the Camp Bucca TIF Hospital, CBI. The originals of Exhibits 5 and 9 are retained in the files of the Armed Forces Institute of Pathology (AFIP), Rockville, MD.

STATUS: This is a Final Report. Commander's Report of Disciplinary or Administrative Action Taken (DA Form 4833) is not required.

b(6), b(7)(C)

Report Prepared By:

(b)(6),(b)(7)(C)

Special Agent, (b)(2)

Report Approved By:

(b)(6),(b)(7)(C)

Special Agent in Charge

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- 1- FILE

b(2), b(6), b(7)(C)

MEDICAL RECORD

LAW ENFORCEMENT SENSITIVE

DATE	NOTES
21 Oct 05 12:20	<p>Detainee noted to be lethargic. Very congested BP 225/125 HR 129 O2 saturation via pulse ox. 77%. Placed on non rebreathing mask 100% Fio2 by respiratory therapist. Suctioned for moderate amount of thick brownish secretions. (b)(6) informed of detainee's condition. Laxer 20mg PR stat given and IV fluids of 500ml put on hold. For transfer to ICU for further management. (b)(6)</p>
12:30	<p>O2 sat 77 89 HR 82 Detainee was transferred to ICU via bed with O2 in progress accompanied by respiratory therapist and nursing staff. Status endorsed (b)(6)</p>

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)			REGISTER NO.	WARD NO.

176640

bed 6 ICU

FOUO

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)

USAPA V1.00

MEDICAL RECORD

PROGRESS NO 0102 05 CID579-40033

ACLU RDI CID ROIS 89162

NOTES

FOUO

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name -last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)				REGISTER NO.
				WARD NO.

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

LAW ENFORCEMENT SENSITIVE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
18 OCT 05 1800 HRS	In bed all day due to no pajamas. IVFs: D5 1/2 NS @ 100cc/hr. finished at approximately 1300hrs. 1000 cc Run @ 1500 HRS in Rt hand @ 100cc/hr. Detained very agitated this afternoon and pulling on Foley cath and IV tubing. Foley cath in place, approximately 400cc bright yellow urine obtained. Medicated as per doctor's orders. Detained in 4 point restraints at the time due to agitation and constant movements. Appetite poor will not open mouth to eat food, will drink only very little Enema. Observation being maintained #186/111. Dr's are aware of same. In no acute distress at this time
19 OCT 05	Foley to closed drainage - needs to be filled but clogs - IV continued @ 100cc/hr. No improvement, no detentions noted -
20 OCT 05	<del>Wounds on both feet open w/ a slight red tender fluid observed. Cleaned to NS and dry clean dressing reapplied to both</del>
1800 HRS	In bed all day, did not go out for AM care because of agitation. IVFs D5 1/2 NS continues to flow into Rt

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER
	LAST	FIRST	MI	(SSN or Other)
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO. TCU
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176 640 Bed # 6

PROGRESS NOTES  
Medical Record

ACLU DDII CID ROIS 39163

MEDICAL RECORD

PROGRESS NOTES 02 05 CID579-40033

**FOUO**

DATE	NOTES
20 OCT 05 1700	(Cont) <del>LAW ENFORCEMENT SENSITIVE</del> Detainee will not eat drinks very little. All doctors informed of same. CBC sent this AM and results seen by (b)(6) Medication as per doctor's orders. Observation being maintained. Afebrile. (b)(6)
2310-	OOB to W/C x 1 hr. - No S or medication noted since admission - pt eats very little - frequent feelings done by staff - holds food in mouth and does not always swallow - mouth care given this pm - IV Continuum @ 100 cc/hr. - Anusoid + positioned q 20 while in bed. (b)(6)
21 Oct 05 10:30	Received detainee in bed noncommunicating verbally. In no acute distress. IV fluids of D5 5NS at 100 cc/hr via nasus on @ am. Foley to bedside drain of clear urine. Took only small amount of volume with crushed medication. Informed (b)(6) of detainee not swallowing well suggested nasogastric tube placement. Will continue to monitor closely. (b)(6)

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)			REGISTER NO.	WARD NO. 5C

176640 bed # 6  
ICW

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00

**FOUO**

**LAW ENFORCEMENT SENSITIVE** ROIS 39164

DATE 22 Oct	DIAGNOSIS								HOSPITAL DAY								
	07	08	09	10	LAW ENFORCEMENT SENSITIVE												
BP/SP	160/101	104/70	105/69	104/64	92/61	95/60	91/59	92/58	-	93/57	96/57	90/54	90/53	92/54	97/61	101/58	103/62
HR	159	149	144	128	136	127	124	126		124	124	124	122	122	127	131	130
Respirations	14	14	14	14	14	14	14	14		14	14	14	14	14	14	14	14
Temperature	99.1			99.8		99.6		99.4					98.8			97.5	
SpO2	100	100	100	99	100	100	99	100		99		100	99	99	99	99	99
FiO2	55	54	54	55	55	54	54.5	55		54.5	55	55	54.5	50	50	50	50
O2 Delivery	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent		Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent
VP																	
Pain Scale																	
Pain Med																	
Pt Position																	

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
IV NS E 40mg KCL	125	125	125	125	125	125	150	150	1050	150	150	150	150	150	150	150	150	1200
IVPB Zosyn		100						100	200						100			100
Zantac				50					50								50	50
Levaquin				100					100									
Dopamine	20	20	20	18	18	17	16.5	16	145.5	15	15	14.5	14.5	14.5	14.5	14.5	14.5	117
Levophed	15	12.5	12.5	10.5	11.7	11.7	11.7	11.7	93.3	11.7	11.7	11.7	11.7	11.7	11.7	11.7	11.7	93.6
PO NS E KCL Bolus	200								200									
Other																		
TOTAL									1828.8									

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
Urine output Hour/Total	175	175	100	225	100	100	100	100	1075	100	50	125	100	80	60	60	70	645
NG output																		
Emesis																		
Stool																		
Chest tube #1/ #2																		
Jackson Pratt #1/ #2																		
TOTAL																		

FOUO

LAW ENFORCEMENT SENSITIVE

ASPECT	TIME/INITIALS
Bath/Skin Care	
Foley Care	

Safety	D	E	N
High risk for falls	YN	YN	YN
Call bell in reach	YN	YN	YN
Bed position/Locked	YN	YN	YN
Restraint device	YN	YN	YN



MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

FOUO

REPORT TITLE

OTSG APPROVED (Date)

ICU FLOW SHEET  
LAW ENFORCEMENT SENSITIVE

EKG STRIPS

Large empty grid area for recording EKG strip data.

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
A Line (R) Fem	22 Oct		Patent		
7 Fr. Central line	21 Oct		Patent		
14g IV @ AC	21 Oct		Patent		
20g IV @ FA	21 Oct		Patent		

PREPARED BY (Signature & Title) (b)(6) [Redacted] NT/SERVICE/CLINIC ICU DATE 22 Oct 2005

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

176640  
Sandah, Muther  
ICU # 1

FOUO

- HISTORY/PHYSICAL
- FLOW CHART
- OTHER EXAMINATION OR EVALUATION
- OTHER (Specify)
- DIAGNOSTIC STUDIES

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39166

FOUO

0102 05 CID579-40033

POST OPERATIVE DAY

PHYSICIAN

TIME	23	24	01	02	03	04	05	06
NIBP/ABP	91/67	94/56	95/56	103/61	99/59	102/67	105/63	94/56
Pulse	138	121	120	117	117	117	115	114
Respirations	14	14	14	14	14	14	14	14
Temperature								
SaO2	99	100	100	100	99	100	100	99
%O2	57	57	57	57	56	56	56	56
O2 Delivery	vent	vent	vent	vent	vent	vent	vent	vent
CVP								
Pain Scale								
Pain Med								
Pt Position								

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
IV NS 20 meq KCl	150	150	150	150	150	150	150	150	1200	3450
IVBP Zosyn				100					100	400
Zantac										100
Levaquin										100
Dopamine	14	14	14	13.8	13.2	12.7	12.7	12.0	106.4	368.9
Levophed	11.7	11.7	11.7	11.7	11.7	11.7	11.7	11.7	93.6	270.5
PO NS Bolus										200
Other										
TOTAL										4890

24 Hour Totals	Yesterday	Today
INPUT	2455	4890
OUTPUT	3335	2135
DIFFERENCE	-880	-2755

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
Urine output Hour/Total	130	50	30	45	60	35	35	30	415	2135
NG output										
Emesis										
Stool										
Chest tube #1/#2										
Jackson Pratt #1/#2										
TOTAL										2135

FOUO

LAW ENFORCEMENT SENSITIVE

Legend	
Init=initials	P=Prone
IVD=Inguinal Venous Distention	R=Right
L=Left	SaO2 = Saturation of Arterial Oxygen
NIBP=Noninvasive Blood Pressure	S=Supine

Name	Signature	Init
(b)(6)	(b)(6)	

ACLU-RDI 5496 p.10

ACLU

EXHIBIT 2(6+109)

SYSTEM	DAYS	SENSITIVITY RIGHTS
<b>NEURO</b>	22 LAW ENFORCEMENT	1900
Level of consciousness	Unresponsive to painful stimuli	Unresponsive
Extremities: Movement	→ No voluntary movement	No voluntary movement
Strength	→ Unable to assess 2° unconscious state	
<b>PAIN ASSESSMENT</b>		UTA
<b>CARDIOVASCULAR</b>		
Rhythm/Lead	Sinus tach	ST
Heart Sounds		S <sub>1</sub> , S <sub>2</sub>
Skin	color fair	warm, dry
Edema	∅	∅
JVD/ Capillary refill	Jugular vein distended / Cap refill ↓	+ JVD, cap refill ≈ 4 sec
Pulses: Radial	++	+
Posterior Tibial	++	+
Dorsalis Pedis	++	+
<b>RESPIRATORY</b>		
Breath Sounds		Rhonchi
Oxygen Delivery	Vent	Vent 14/600/50%
Suctioning/Sputum	small amt of thick, brownish mucus	Thick, yellowish secretions
ETT/Trach tube	✓	
Size Placement	7.5cm / or al	7.5 cm / 23 cm @ lip
Cough	—	∅
Treatments	—	N/A
<b>GASTROINTESTINAL</b>		
Bowel Sounds	Present, hypoactive	Hypoactive
Abdomen	soft, non-tender	Soft, non-distended
Date of last BM	?	?
NG tube: Placement	21 Oct	21 Oct
Suction	✓	Low continuous
Drainage	brownish	Bilious
<b>GENITORURINARY</b>		
Urine: Color	amber	clear yellow
Void/Foley		
<b>INTEGUMENTARY</b>		
Integrity	skin intact	Intact
Dressings	—	N/A
Dressing-Condition		
Drains/Tubes		
Drainage		

FOUO

LAW ENFORCEMENT SENSITIVE

Signature

(b)(6)

39168

000015

EXHIBIT 2(7-109)

**FOUO**

0102 05 CID579-40033

DATE	DIAGNOSIS										HOSPITAL DAY					
	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
Time																
NIBP/ABP																
Pulse																
Respirations																
Temperature																
SaO2																
%O2																
O2 Delivery																
Vent.																
CVP																
Accu check																
Pain Scale																
Pain Med																
Pt Position																

**LAW ENFORCEMENT SENSITIVE**

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr	
IV D5NS																			
IVPB Zosyn																			
Zantac																			
Diprivan @ 20mcg/min																			
Doxamine																			
PO Epinephrine @ 18/15																			
Other																			
TOTAL																			

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr	
Urine output Hour/Total																			
NG output																			
Emesis																			
Stool																			
Chest tube #1/#2																			
Jackson Pratt #1/#2																			
TOTAL																			

18F clamped

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

ASPECT	TIME/INITIALS
Bath/Skin Care	
Oral Care	
Foley Care	

ACLU RDI 5496 p.12

Safety	D	E	N
High risk for falls	Y	N	Y
Call bell in reach	Y	N	Y
Bed position/Locked	Y	N	Y

ACLU DDII CID ROIS 39169

000016

EXHIBIT

2/8-1091

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

LAW ENFORCEMENT SENSITIVE  
ICU FLOW SHEET

OTSG APPROVED (Date)

EKG STRIPS

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
20g Rfa					Patent
14g DAC	21 Oct 05				Patent
7Fr central line	21 OCT 05		inserted		Patent
A Line R femoral	22 Oct 2005				Patent

PREPARED BY (Signature & Title)  
(b)(6)

DEPARTMENT/SERVICE/CLINIC  
ICU bed 1  
DATE  
21 Oct 05

(Continue on reverse)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

176640  
Sardah Muthel

ICU #1  
ACLU-RDI 5496 p.13

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- FLOW CHART
- OTHER (Specify)

FOUO

LAW ENFORCEMENT SENSITIVE  
ACLU DDH CID ROIS 39170

000017  
EXHIBIT 2(a-109)

FOUO

0102 05 CID579-40033

SYSTEM	DAYS	NIGHTS
<b>NEURO</b>	<b>LAW ENFORCEMENT SENSITIVE</b>	21 OCT 05 @ 215
Level of consciousness	lethargic	unresponsive
Extremities: Movement	flacid	} flacid
Strength	/	
PAIN ASSESSMENT		R pupil: 5mm L pupil: 6mm fix & dilated
<b>CARDIOVASCULAR</b>		
Rhythm/Lead	Sinus Tachy	sinus tach - rare PVCs
Heart Sounds	CPVC	S1S2
Skin	subnormal	intact, pallor, cool to touch
Edema		0
JVD/ Capillary refill		> 3 sec
Pulses: Radial		trace trace
Posterior Tibial		trace trace
Dorsalis Pedis		trace trace
<b>RESPIRATORY</b>		
Breath Sounds		Scattered rhonci bilaterally.
Oxygen Delivery		AC 14/600/100%
Suctioning/Sputum	vent AC 14/500/100%	mod. amt of thick yellowish mucus
ETT/Trach tube	7.5F	7.5cm
Size Placement	23cm @ (R) lip	23cm (R) lip
Cough		
Treatments		
<b>GASTROINTESTINAL</b>		
Bowel Sounds		hypoactive
Abdomen		soft, non tender
Date of last BM		?
NG tube: Placement	18F (L) nose	16F (L) nose
Suction		
Drainage		/
<b>GENITORURINARY</b>		
Urine: Color		yellow urine
Void/Foley	800cc @ 1800	
<b>INTEGUMENTARY</b>		
Integrity		intact
Dressings		
Dressing-Condition		
Drains/Tubes		
Drainage		

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDICID PDCS 20171

Signature

(b)(6)

(b)(6)

FOUO

0102 05 CID579-40033

POST OPERATIVE DAY

PHYSICIAN

(b)(6)

TIME	23	24	01	02	03	04	05	06
NIBP/ABP	92/57	98/59	90/59	95/56	125/67	85/65	88/64	92/60
Pulse	152	148	150	152	153	148	158	159
Respirations	14	14	14	14	14	14	14	14
Temperature	94.3	95.0	94.6	95.4	95.7	96.1	97.8	98.8
SaO2	99	99	99	99	99	98	98	99
%O2	60%	60%	60	60	60	60	60	60
O2 Delivery	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent
CVP								
Accu check				140				
Pain Scale								
Pain Med								
Pt Position								

LAW ENFORCEMENT SENSITIVE

24 Hour Totals	Yesterday	Today
INPUT	2455	→
OUTPUT	3335	→
DIFFERENCE	-880	→

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
IV NS @ 20 meq KCl	125	125	125	125	125	125	125	125	1000	1625
IVBP 20syn				100					100	200
Zantac										50
Diprivan										100
Dopamine	20	20	20	20	20	20	20	20	160	260
Norepinephrine PO	10	10	10	10	10	10	10	10	80	220
Other										
<b>TOTAL</b>									<b>1340</b>	<b>2455</b>

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
Urine output Hour/Total	260		525	120	150	100	110	120	1385	3335
NG output										
Emesis										
Stool										
Chest tube #1/ #2										
Jackson Pratt #1/ #2										
<b>TOTAL</b>										

FOUO

LAW ENFORCEMENT SENSITIVE

Legend

- Init=initials
- JVD=Jugular Venous Distention
- Left
- RDI 5496 p.15
- NIBP=Noninvasive Blood Pressure
- P=Prone
- R= Right
- SaO2 = Saturation of Arterial Oxygen
- S= Sup.
- ABP= Arterial Blood Pressure

ACL

Name	Signature	Init
(b)(6)		

FOUO

0102 05 CID579-40033

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)											
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION											
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	13	14	15	16	17	18	19	20	21	22
13 OCT 05	(b)(6)	LEVAQUIN 250mg po tab T OD	08	(b)(6)									
													changed 21 oct 05
15 OCT 05	(b)(6)	IVFS 500cc NS @ 10 cc/hr then heparin	11	XX									
16 OCT 05	(b)(6)	IVFS: D5 1/2 NS @ 100cc heparin	10	XX	XX								
16 OCT 05	(b)(6)	Haldol 0.5mg po q6h for agitation	02	X	X	X	X	X					
			08	X	X	X	X	X					
			14	X	X	X	X	X					
			20	X	X	X	X	X					
16 OCT 05	(b)(6)	Lisinopril 5mg po q AM	10	X	X	X	X	X					
19 OCT 05	(b)(6)	Lisinopril 10mg po q AM	10	X	X	X	X	X	X	X	X	X	
21 oct 05	(b)(6)	A Levagquin to 500mg IV Qd	10	X	X	X	X	X	X	X	X	X	
21 oct 05	(b)(6)	nitroglycerin topical 0.5 inch Qsh (max 2 applications in 24hr period)	0800	X	X	X	X	X	X	X	X	X	
			1600	X	X	X	X	X	X	X	X	X	
			2400	X	X	X	X	X	X	X	X	X	

ALLERGIES:  YES  NO

NKDA

PRIMARY DIAGNOSIS:

Pneumonia / dehydration

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO. \_\_\_\_\_

PATIENT IDENTIFICATION:

FOUO

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

LAW ENFORCEMENT SENSITIVE

176640

Bed #6

ACLU DDH CID ROIS 39173



Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN			Mo. _____	Yr. _____			
Order Date	Clerk/Nurse	<i>(MEDICATIONS)</i>				Date to be Given	Time to be Given	Time Given	Initials
		<b>LAW ENFORCEMENT SENSITIVE</b>							
		SINGLE ORDER, PRE-OPERATIVES							
17oct	(b)(6)	Haldol 1mg im				17oct.	15:20	15:20	(b)(6)
21oct	(b)(6)	Lasex 20mg IVP				21oct.	12:30	12:30	(b)(6)
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									
-----									
Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION						
			TIME/DATE DISPENSED						
15oct	(b)(6)	Therapan 20mg po tab							
		T per 6h							
15oct	(b)(6)	Haldol 2mg po tabi							
		prn for agitation							

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

FLWSHEET FOR VITAL SIGNS AND OTHER PARAMETERS

For use of this form, see AR 40-66; the

**FOUO**

0102 05 CID 579-40033

WARD

DATE

13 OCT 2005

This form may be used for more than one day by drawing a heavy line and adding date. Insert column headings as required.

**LAW ENFORCEMENT SENSITIVE**

PATIENT'S NAME

176640

13 Oct	1800	157/85	81	20	97.4	97	RA	Ø
14 Oct	0600	120/74	79	20	98	100	RA	Ø
	1800	179/85	64	20	97.6	97	RA	Ø
15 Oct	600	117/84	111	17	98.4	95	RA	Ø
	1800	172/91	74	16	98.7	95	RA	Ø
16 Oct	0600	165/92	71	19	97.3	96	RA	Ø
	1800	202/91	79	18	97.7	97	RA	Ø
17 Oct	06.00	220/80	61	17		98	RA	Ø
17 Oct	1800	229/111	98	16	97.5	97		
	rechecked @ 18:15		179/90					
18 Oct	0600	140/78	86	20	97.6	97	RA	Ø
	1800	186/111	110	16	99.7	96	RA	Ø
19 Oct	600	166/110	99	15	97.0	95	RA	Ø
	1800	214/98	87	24	97	98	RA	Ø
20 Oct	0600	220/100	95	19		98	RA	Ø
	1800	223/114	71	16	96.6	92	RA	Ø
21 Oct	0600	200/110	69	18		99	RA	Ø

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

MEDICAL RECORD

**FOUO**

PROGRESS NOTES 0102 05 CID 579-40033

DATE	NOTES
17 Oct 05	<p><b>LAW ENFORCEMENT SENSITIVE</b> non communicating verbally. IV fluids D5 5NS @ 100cc/hr in progress. Refused oral intake. Medication crushed and given. Incontinent of urine. Skin care done. Kept clean &amp; dry. Chest xray done &amp; (b)(6)</p>
15:20	<p>Chest xray was not properly due to detainee agitation. (b)(6) made aware Haldol 1mg PO given as ordered will monitor effect (b)(6)</p>
16:00	<p>Patient is more calm left unit to xray department after procedure done. No distress noted. Observation continued. (b)(6)</p>
18:15	<p>BP 228/111' some rechecked after 15 mins 179/90. (b)(6) informed will monitor (b)(6)</p>
2330	<p>(b)(6) an to evaluate pt. - ordered Foley to gravity flow due to incontinence X2 - foley inserted by (b)(6) (b)(6)</p>

RELATIONSHIP TO SPONSOR

SPONSOR'S

LAST

FIRST

MI

ISSUE OF OTHER

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

176640 DCW I Bed 6

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00

**FOUO**

**LAW ENFORCEMENT SENSITIVE** ID ROIS 39176

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER  
(SSN or Other)

LAST

FIRST

MI

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle;  
ID No or SSN; Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

PROGRESS NOTES  
Medical Record

**FOUO**

STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00

**LAW ENFORCEMENT SENSITIVE**

ACLU DDII CID ROIS 39177  
000024

FOUO

0102 05 CID 579-40033

NSN 7540-00-634-4123

NURSING NOTES

(Sign all notes)

MEDICAL RECORD

LAW ENFORCEMENT SENSITIVE

Include medication and treatment when indicated

DATE	HOUR		NURSING NOTES
	A.M.	P.M.	
15 OCT 05	2300		<p>Mountment of leg amt of urine - pumpal placed on pt. Eats very well when feed - OOB to WICK 1:5 hour -</p> <p>Complaint - (b)(6)</p>
16 OCT 05	1655		<p>seen by (b)(6) this AM and IVFS ↑ to 100cc/hr @ D5 1/2 NS. Ketaimine is very active and does not stay still. Will not keep arm flat and steady so that IVFS will run in without infiltrating. Make shift arm board in place @ Kertex but continues to flow slow. Chest X Ray ordered for tomorrow 2 views. Observation being maintained. Sent to BKR for Bm and had good results. Does not have good appetite feed only small amt of cheese and bread @ sips of ensure; Ensure encouraged but would not drink - (b)(6)</p> <p>seen by (b)(6) for apptation and pressure being high. Haldol 0.5mg po q6h ordered for agitation and Insomniol 5mg for AM. Haldol 0.5mg po given (b)(6)</p>
17 OCT 05	0300		<p>Sit up in bed and pulls IV out had to restart IV @ chest area - haldol po 2mg given - eats well when feed - Mountment X 2 - total I/O depends on (b)(6)</p> <p>Total Intake IV = 90cc (b)(6)</p>

(Continue on reverse side)

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

JCW

176640

FOUO

NURSING NOTES  
Medical Record

LAW ENFORCEMENT SENSITIVE

STANDARD FORM 510 (REV. 7-91)  
Prescribed by GSA/ICMR/FPMB (41 CFR) 101-11.203

CID ROIS 39178

EXHIBIT 000025  
2(16-109)

FOUO

0102 05 CID579-40033

CLINICAL RECORD THERAPEUTIC DOCUMENTATION SENSITIVE (MEDICATIONS) Mo. 04 Yr. 05  
LAW ENFORCEMENT SENSITIVE the proponent agency is the Office of The Surgeon General.

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION									
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	10	11	12	13	14	15		
10 Oct	(b)(6)	IV: D5 1/2 NS @ 150 C/NR	07 19	(b)(6)							
10 Oct		Levofloxacin 500mg IV Q 24 hrs begin 0800 11 Oct 05	08	/	/	/	/	/	/	/	11 12 Oct 05 @ 1100
11 Oct		5% D 1/2 NS @ 200 @ /hr	07 17	X	X						
12 Oct		Phenergan 25mg PO Q 6H PO Nausea	02 08 14 20	/	/	/	/	/	/	/	VOID
12 Oct	(b)(6)	Levofloxacin 250mg PO Q 24 begin 0800	08	/	/	/	/	/	/	/	

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: Cond: FAIR  
 UNK Pneumonia / Dehydration  
 ADDITIONAL PAGES IN USE:  YES  NO  
 PAGE NO. \_\_\_\_\_

PATIENT IDENTIFICATION: 176640 Sardah Muthor  
 Icu bed 1  
 Camp 3  
 FOUO  
 DISPENSING TIMES  
 USE PENCIL. CIRCLE MED TIMES  
 ACLUDDI CID ROIS 39179  
 000026  
 EXHIBIT 2 (17-109)

**FOUO**

SINGLE ORDER, PRE-OPERATIVES

Date to be Given

Time to be Given

Time Given

Initials

02 05 CID 579-40033

**LAW ENFORCEMENT SENSITIVE**

Verify by Initialing

Order Date

Clerk/Nurse

INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION

TIME/DATE DISPENSED

Order/Expir Date

Clerk/Nurse

PRN MEDICATION, DOSE, FREQUENCY

12/04

(b)(6)

Phenergan 25mg po

Q6H PRN Nausea

12/09

Haldol 2mg po/im

Q6H PRN agitation

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

FOUO

0102 05 CID579-40033

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

For use of this form, see AR 40-407;

Mo Oct Yr 05

LAW ENFORCEMENT SENSITIVE

VERIFY BY INITIALING

UNIT & NUMBER CONTINUE FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED															
				10	11	12	13	14	15	16	17	18	19	20	21	22	23		
10 Oct	(b)(6)	Diet: Regular Needs to be fed	07 19	(b)(6)															
10 Oct		Vs: Routine	07 19	(b)(6)															
<del>12 Oct</del>		<del>Dr Foley</del>	<del>07 / 19</del>																
17 Oct		Foley to gravity drainage	1000 2200															(b)(6)	(b)(6)

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: Cond: FAIR

ADDITIONAL PAGES IN USE:

YES  NO

PAGE NO:

PATIENT IDENTIFICATION:

176640  
Sardah Muthor  
Icu bed 1

FOUO

LAW ENFORCEMENT SENSITIVE

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15

N 17 18 19 20 21 22 23

N 24 01 02 03 04 05 06 07



Initiating

016205 CID579-4005

Date to be Done

Time to be Done

Time Done

Initials

Order Date

Clerk Nurse

10 Oct

(b)(6)

Admit to ICU

10 Oct

0820

0830

(b)(6)

10 Oct

LABS: CBC, BMP

**FOUO**

11 Oct

0600

0530

11 Oct

CBC, BMP

12 Oct

0600

0530

13 Oct

Transfer to ~~ICU~~ **LAW ENFORCEMENT SENSITIVE**

13 Oct

1035

1700

13 Oct

Continue current MEDS

13 Oct

1035

(b)(6)

INITIAL PROPER COLUMN FOLLOWING COMPLETION

Order/ Expir Date

Clerk/ Nurse

PRN ACTION, FREQUENCY

TIME/DATE COMPLETED

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

**FOUO**

DATE	DIAGNOSIS														HOSPITAL DAY			
Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22		
NI BP/	180					179							166					
ABP	89												80					
Pulse	66					77							74					
Respirations	24					16							20					
Temperature	97.8												97.6					
SaO2	94					96							96%					
%O2	0					2L							2L					
O2 Delivery	RA					NC							NC					
CVP																		
Pain Scale																		
Pain Med																		
Pt Position																		

**LAW ENFORCEMENT SENSITIVE**

← self turn →

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
IV D5 1/2 NS	200	200	0	200	200	DC	0	800										
IVPB																		
Juice				90														
PO milk	250																	
Other																		
<b>TOTAL</b>																		

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
Urine output	350					300												
Hour/Total																		
NG output																		
Emesis																		
Stool																		
Chest tube #1/ #2																		
Jackson Pratt #1/ #2																		
<b>TOTAL</b>																		

Incontinent of urine.

ASPECT	TIME/INITIALS
Bath/Skin Care	Self (b)(6)
Oral Care	NA
Foley Care	NA
Trach Care	NA
Range of Motion	Self

Safety	D	E	N
High risk for falls	YN	YN	YN
Call bell in reach	YN	YN	YN
Bed position Locked	YN	YN	YN
Protective device	YN	YN	YN
Cardiac Monitor	YN	YN	YN

ACLU RDI 5496 p.26

AGLU DDII CID RQIS 39183

EXHIBIT N2 (2-109)

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

ICU FLOW SHEET  
LAW ENFORCEMENT SENSITIVE  
EKG STRIPS

OTSG APPROVED (Date)

Large empty grid area for EKG strip data.

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
209 @ UA	10/12/05	10/15/05	CDT	clean, dry &	intact -

(Continue on reverse)

(b)(6)

DEPARTMENT/SERVICE/CLINIC

DATE

ICU

12 Oct 05

PATIENT'S IDENTIFICATION (For typed or written entries give: Name -last, first, middle; grade; date; hospital or medical facility)

Sardak, Muthok  
176640  
ICU bed 1

HISTORY/PHYSICAL  FLOW CHART

OTHER EXAMINATION OR EVALUATION  OTHER (Specify)

DIAGNOSTIC STUDIES

LAW ENFORCEMENT SENSITIVE

ACLU DDH CID ROIS 39184

SYSTEM	DAYS	NIGHTS
<b>NEURO</b>	Oct 12, 2005 @ 0800	Oct 12, 2005 1900
Level of consciousness	Arousable to verbal	disorientated to time, place & person accord to translator
Extremities: Movement	Strong + equal	strong & equal.
Strength		
PAIN ASSESSMENT	0/10	0/10
<b>CARDIOVASCULAR</b>		
Rhythm/Lead	NSR	NSR
Heart Sounds	S1 S2	S1 S2 regular
Skin	Warm + dry	warm & dry.
Edema	0	0
JVD/ Capillary refill	< 3 sec	< 3 sec
Pulses: Radial	+ +	it +
Posterior Tibial	+ +	it +
Dorsalis Pedis	+ +	+ +
<b>RESPIRATORY</b>		
Breath Sounds	↓ @ bases	diminished on (R) posterior ML, LL.
Oxygen Delivery	BA	2L NC
Suctioning/Sputum	/	/
ETT/Trach tube	/	/
Size Placement	/	/
Cough	/	/
Treatments	/	/
<b>GASTROINTESTINAL</b>		
Bowel Sounds	Present	present
Abdomen	soft - non-tender	soft, non tender.
Date of last BM	/	/
NG tube: Placement	/	/
Suction	/	/
Drainage	/	/
<b>GENITORURINARY</b>		
Urine: Color	clear yellow	incontinent of urine, diaper care.
Void (Foley)		
<b>INTEGUMENTARY</b>		
Integrity	Intact	Intact
Dressings	/	/
Dressing Condition	/	/
Drains/Tubes	/	/
Drainage	(b)(6)	
Signature		

LAW ENFORCEMENT SENSITIVE

FOUO

POST OPERATIVE DAY PHYSICIAN (b)(6)

TIME	23	24	01	02	03	04	05	06
NIBP/ABP								
Pulse								
Respirations								
Temperature								
SaO2								
%O2								
O2 Delivery								
CVP								
Pain Scale								
Pain Med								
Pt Position								

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

24 Hour Totals	Yesterday	Today
INPUT	5650	
OUTPUT	2225	
DIFFERENCE	3425	

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
IV										
IVBP										
PO										
Other										
<b>TOTAL</b>										

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
Urine output Hour/Total	<i>Incontinent of urine.</i>									
NG output										
Emesis										
Stool										
Chest tube #1/ #2										
Jackson Pratt #1/ #2										
<b>TOTAL</b>										

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

**Legend**

Init=initials  
 JVD=Jugular Venous Distention  
 L=Left  
 NIBP=Noninvasive Blood Pressure  
 N=No

P=Prone  
 R= Right  
 SaO2=Saturation of Arterial Oxygen  
 S= Supine  
 ABP= Arterial Blood Pressure  
 ASA= Anesthesiologically Sedated

Name	Signature	Init
(b)(6)		
(b)(6)		

**FOUO**

0102 05 CID579-40033

DATE	DIAGNOSIS											HOSPITAL DAY						
Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22		
NIBP/ABP		106/65			<b>LAW ENFORCEMENT SENSITIVE</b>									166/74		168/80		
Pulse		97						100				70		61				
Respirations		12						14				14		15				
Temperature												98.1		98.9				
SaO2		99						96				96		95				
%O2																		
O2 Delivery		RA						RA				RA		RA				
CVP																		
Pain Scale																		
Pain Med																		
Pt Position																		

← self turn →

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
IV 5% D <sub>5</sub> /NS	150	150	150	150	150	150	150	500	1550	500	200	200	200	200	200	200	200	1900
IVPB			100															
apple juice													200					200
Tea						150			150									
PO Milk						250			250									
Other																		1100
<b>TOTAL</b>									1950									200

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
Urine output Hour/Total	/	/	/	/	/	/	100	/	100	/	/	/	325	/	/	/	/	325
NG output																		
Emesis																		
Stool																		
Chest tube #1/ #2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Jackson Pratt #1/ #2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
<b>TOTAL</b>																		

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

ASPECT	TIME/INITIALS
Bath/Skin Care	
Oral Care	
Foley Care	

Safety	D	E	N
High risk for falls	Y	N	N
Call bell in reach	Y	N	N
Bed position/Locked	Y	N	N

ACLU-RDI 5496 p.30

ACLU DDII CID ROIS 39187

EXHIBIT 2(26-109)

FOUO

0102 05 CID579-40033

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66, the Department of Defense Instruction 5400.7, and the DoD Privacy Officer General.

REPORT TITLE

LAW ENFORCEMENT SENSITIVE  
ICU FLOW SHEET

OTSG APPROVED (Date)

EKG STRIPS

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
# RT arm IV	10 Oct 05	13 OCT 05		} clean, dry & intact	} sites due &
# 20 G Heplock ② FA	10 OCT 05	13 OCT 05			
# 20 G ② UA	10/12/05	10/15/05			IV restarted by rd

PREPARED BY (Signature & Title)  
(b)(6)

DEPARTMENT/SERVICE/CLINIC

(Continue on reverse)

DATE

ICU

11 Oct 05

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

# 176640

Sardah, Muthor

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- FLOW CHART
- DIAGNOSTIC STUDIES
- TREATMENT

FOUO

ACLU-RDI 5496 p.31 ICU #1  
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2 (27-109)

SYSTEM	DAYS	NIGHTS
<b>NEURO</b>	11 Oct 05	10/11/05 © 2000
Level of consciousness	Drowsy but responsive	Arousable, responds to verbal & tactile stimuli
Extremities: Movement	FROM	
Strength	Equal bil	
<b>PAIN ASSESSMENT</b>	0	0/10
<b>CARDIOVASCULAR</b>		
Rhythm/Lead	NSR	NSR
Heart Sounds	S, S WNL	S1S2 regular
Skin	color fair	warm, pink & dry
Edema	0	0
JVD/ Capillary refill	WNL	< 3secs
Pulses: Radial	1+	1+ 1+
Posterior Tibial	1+	1+ 1+
Dorsalis Pedis	1+	1+ 1+
<b>RESPIRATORY</b>		
Breath Sounds	↓ BS @ bases	decreases <del>at</del> the bases
Oxygen Delivery	NC @ 2L	RA.
Suctioning/Sputum	-	/
ETT/Trach tube	-	
Size Placement	-	
Cough	-	
Treatments	-	
<b>GASTROINTESTINAL</b>		
Bowel Sounds	Present but ↓	present all quadrant
Abdomen	soft, non-tender	soft, non-tender
Date of last BM	?	?
NG tube: Placement	-	/
Suction	-	
Drainage	-	
<b>GENITORURINARY</b>		
Urine: Color	Dark yellowish, brownish	clear, yellow urine
Void/Foley		
<b>INTEGUMENTARY</b>		
Integrity	Intact, dry	Intact, no breakdown
Dressings	-	/
Dressing-Condition	-	
Drains/Tubes	-	
Drainage	(b)(6)	
<b>Signature</b>		



POST OPERATIVE DAY **FOUO** PHYL AN (b)(6)

TIME	23	24	01	02	03	04	05	06
NIBP/ABP	188/61					186		
Pulse						83		
Respirations						20		
Temperature								
SaO2						95		
%O2						2L		
O2 Delivery						NC		
CVP								
Pain Scale								
Pain Med								
Pt Position								

**LAW ENFORCEMENT SENSITIVE**

0102 05 CID579 40033

24 Hour Totals	Yesterday	Today
INPUT	3800	5650
OUTPUT	750	2225
DIFFERENCE	3050	3425

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
IV D5 1/2 NS ↑	200	200	200	200	200	200	200	200	1600	5050
IVBP										
PO										
Other										
<b>TOTAL</b>									1600	5650

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
Urine output Hour/Total	/	/	/	/	/	/	/	/	1800	2225
NG output										
Emesis										
Stool										
Chest tube #1/ #2	/	/	/	/	/	/	/	/		
Jackson Pratt #1/ #2	/	/	/	/	/	/	/	/		
<b>TOTAL</b>										

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

Legend	
Init=initials	P=Prone
JVD=Jugular Venous Distention	R= Right
L=Left	SaO2=Saturation of Arterial Oxygen
NIBP=Noninvasive Blood Pressure	S= Supine
N=No	ABP= Arterial Blood Pressure
Y= Yes	PS=Pharmacologically Sedated

Name (b)(6)	Signature	Init
-------------	-----------	------

ACLU DDI CID ROIS 39190

EXHIBIT 2(29-109)

DATE	DIAGNOSIS														HOSPITAL DAY	
Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
NIBP/ABP			177/92				172/87						160/87			
Pulse			81				61						72			
Respirations			18				38						18			
Temperature			99				96.5						98.2			
SaO2													95			
%O2			93				93						RA			
O2 Delivery			RA				2LNC									
CVP																
Pain Scale																
Pain Med																
Pt Position													AF			

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
IV D5 1/2 NS			150	150	150	150	150	150	900	150	150	150	150	150	150	150	150	1200
IVPB																		
PO														100			100	200
Other																		
<b>TOTAL</b>																		

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
Urine output Hour/Total	/	/	/	/	/	/	/	150	150	/	/	/	375	/	/	/	/	325
NG output																		
Emesis																		
Stool																		
Chest tube #1/ #2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Jackson Pratt #1/ #2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
<b>TOTAL</b>																		

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

ASPECT	TIME/INITIALS
Bath/Skin Care	Self (b)(6)
Oral Care	Self
Foley Care	0900
Range of Motion	Self

Safety	D	E	N
High risk for falls	(Y)N	YN	(Y)N
Call bell in reach	YN	YN	(Y)N
Bed position Locked	(Y)N	YN	(Y)N
Protective device	(Y)N	YN	(Y)N
Cardiac Monitor	(Y)N	YN	(Y)N

For use of this form, see AR 40-66; the property of the Army, as the Office of The Surgeon General.

REPORT TITLE

OTSG APPROVED (Date)

ICU FLOW SHEET  
LAW ENFORCEMENT SENSITIVE  
EKG STRIPS

Large empty table area for EKG strip data.

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
#206 hydoux (L) fa	10 Oct 05	13 OCT 05		} drossis clean, dry & intact No infiltration, redness.	} site
#206 (R) fa AC	10 Oct 05	13 OCT 05			
<del>#206 (R) UA</del>	<del>10/12/05</del>	<del>10/15/05</del>			<del>IV restarted by [signature]</del>

(Continue on reverse)

(b)(6)

DEPARTMENT/SERVICE/CLINIC

DATE

ICU

10 Oct 05

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital-or medical facility)

Sardah Muthox  
176640  
Icu bed 1

- HISTORY/PHYSICAL
- FLOW CHART
- OTHER EXAMINATION OF EVALUATION
- OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

FOUO

LAW ENFORCEMENT SENSITIVE

OIS 39192

000039

EXHIBIT 2(31-109)

SYSTEM	DAYS	NIGHTS
<b>NEURO</b>	<b>LAW ENFORCEMENT SENSITIVE</b>	
Level of consciousness	awake	awake, alert & orientated.
Extremities: Movement	good	bilateral strong & equal
Strength	Weak	
PAIN ASSESSMENT	unable to assess	0/10 Hard of hearing, bilateral ears.
<b>CARDIOVASCULAR</b>		
Rhythm/Lead	NSR	NSR
Heart Sounds	S1 S2	S1 S2 regular
Skin		intact, dry & warm
Edema	∅	∅
JVD/ Capillary refill	< 3 sec	< 3 sec
Pulses: Radial	+ +	1+ 1+
Posterior Tibial	+ +	1+ 1+
Dorsalis Pedis	+ +	1+ 1+
<b>RESPIRATORY</b>		
Breath Sounds	clear	diminished at the bases.
Oxygen Delivery	room air	room air
Suctioning/Sputum		
ETT/Trach tube		
Size Placement		
Cough		moist, non productive cough.
Treatments		
<b>GASTROINTESTINAL</b>		
Bowel Sounds	hypo active	present
Abdomen	soft - non tender	soft, non tender.
Date of last BM	?	?
NG tube: Placement		
Suction		
Drainage		
<b>GENITORURINARY</b>		
Urine: Color	yellow, clear	concentrated dark amber
Void (Foley)		
<b>INTEGUMENTARY</b>		
Integrity	poor skin turgor	intact
Dressings		
Dressing-Condition		
Drains/Tubes		
Drainage	(b)(6)	(b)(6)

FOUO

LAW ENFORCEMENT SENSITIVE

Signature

ACLU DDIT CD ROTS 39193

EXHIBIT 000040

2(32-109)

**FOUO**

POST OPERATIVE DAY PHYSICIAN (b)(6)

**LAW ENFORCEMENT SENSITIVE**

TIME	23	24	01	02	03	04	05	06
NIBP/ABP					159/82			137/73
Pulse					59			62
Respirations					12			14
Temperature								
SaO2					96			95
%O2					2L			2L
O2 Delivery					NC			NC
CVP								
Pain Scale								
Pain Med								
Pt Position								

24 Hour Totals	Yesterday	Today
INPUT		3800
OUTPUT		750
DIFFERENCE		3050

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
IV D5 1/2 NS	150	150	150	150	150	150	150	150	1200	3800
IVBP										
PO					300				300	500
Other										
<b>TOTAL</b>										3800

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
Urine output Hour/Total	/	/	/	/	/	/	/	275	275	750
NG output										
Emesis										
Stool										
Chest tube #1/ #2	/	/	/	/	/	/	/	/	/	/
Jackson Pratt #1/ #2	/	/	/	/	/	/	/	/	/	/
<b>TOTAL</b>										

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

Legend	
Init=initials	P=Prone
JVD=Jugular Venous Distention	R= Right
L=Left	SaO2=Saturation of Arterial Oxygen
NIBP=Noninvasive Blood Pressure	S= Supine
N=No	ABP= Arterial Blood Pressure
	Biologically Sedated

Name	Signature	Init
(b)(6)		

ACL

1E	FIRST NAME	MIDDLE INITIAL	ID NUMBER
----	------------	----------------	-----------

DATE **LAW ENFORCEMENT SENSITIVE** NOTES

13 Oct 05 The ward offering the pt the opportunity to vote. Pt does not understand or verbalize understanding of his surroundings @ this time \_\_\_\_\_ (b)(6)

ICW notified that pt will be transferred out this AM \_\_\_\_\_ (b)(6)

1130 hrs Transferred from ICU via W/C accompanied by \_\_\_\_\_ (b)(6) and shown to bed #6. Assisted detainee out of W/C into bed with little hesitation. Detainee didn't verbalize or communicate as to what was going on. Intake of food & fluid intake. In no acute distress at this time \_\_\_\_\_ (b)(6)

14 Oct 05 Received detainee in bed in no acute distress. Does not verbalize understanding of his surroundings. Wet bed ++. attended to personal hygiene. Medicated as ordered. For CBC and chem 7 in am \_\_\_\_\_ (b)(6)

15 Oct 05 Det had trying to loosen his left leg restraint and get out. 155 hrs MP observed and restrained Lt arm for IV's 500cc NS ordered and infusing in Rt forearm @ 50cc/hr. detainee tried to converse to me and was speaking very softly and rapidly then started to laugh. ate cheese and small pieces of pizza bread. drank a very small amt of Ch and milk, holds it in his mouth. Slept most of the afternoon, in no acute distress \_\_\_\_\_ (b)(6)

Jardah Muthox  
176640  
Incubed 1

**FOUO**

0102 05 CID579-40033

**LAW ENFORCEMENT SENSITIVE**

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
120405	Pt vomited approx 200 cc into the floor. (b)(6)
1030	Will continue to monitor (b)(6)
1200	Foley dc'd output = 300 cc amber urine TU dc'd (b)(6)
	PT vomited meds given for nausea (b)(6)
1900	Assessment done, vital sign stable. Pt incontinent of urine, diaper care given. No verbalization from pt. Pt is disorientated to time place & person according to translator. (b)(6)
0000	Diaper care given. Pt incontinent of urine (b)(6)
0500	Diaper care given, Pt slept well. Pt on 2 pt restraints. MP present. Full percaution maintained. (b)(6)
130005 1100	Received pt in bed awake. VSS & assessment completed. IV heparin @ 100 cc/hr. Pt is incontinent of urine - diaper changed and AM care completed after pt returned from latrine @ 0830 hours. Pt not tolerating chewing foods well due to lack of upper teeth. Tolerating ensure well. Resting comfortable. Will continue to monitor (b)(6)

1115 Interpreter and (b)(6) are on the

RELATIONSHIP TO SPONSOR (b)(6)

LAST NAME **FOUO** MI SPONSOR'S ID NUMBER (SSN or Other)

MEDICAL RECORD      PROGRESS NOTES

DATE      LAW ENFORCEMENT SENSITIVE

10 Oct 05 0900 Received 81 yr old male from the ER via stretcher awake. Pt presented to ER for dehydration from possible "food strike". IV heparin @ forearm intact, IV 20g @ forearm infusing D5 1/2 NS @ 150 cc/hr. Foley draining dark yellow urine. Vital signs: BP 177/92 P 81 R 18. T 97.0 ° 93.1. RA. Restraints are in place at this time. Will continue to monitor - thanks

1300 Attempted to feed pt po. foods - unable to chew / swallow foods. (b)(6)

2100 Pt received awake & alert, in no apparent distress. Assessment complete. VS stable. D5 1/2 NS infusing @ 150 cc/hr. O2 2L NC. Breath sounds are diminished at the bases. Foley draining dark amber urine to gravity. See ICU flowsheet for additional info. (b)(6)

2200 Pt resting quietly. (b)(6)

0300 Pt tolerated ensure and pita bread dipped in milk. (b)(6)

0600 Pt slept through the night. (b)(6)

11 Oct 05 0800 Pt received sleeping but easily aroused. In no acute resp. distress. w/therapy in progress at am. (b)(6)

RELATIONSHIP TO SPONSOR      SPONSOR'S NAME (LAST, FIRST, MI)      SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE      HOSPITAL OR MEDICAL FACILITY      RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)      REGISTER NO.      WARD NO.

Sardah Mukherjee N  
176640  
Icu bed 1

FOUO

PROGRESS NOTES  
Medical Record  
STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00



MEDICAL RECORD

**FOUO** PROGRESS NOTES

DATE	NOTES
11 Oct 05	Pt tolerated regular diet. Appetite good. Foley <b>LAW ENFORCEMENT SENSITIVE</b>
12 00	KBS draining dark yellowish brownish urine (b)(6)
14 15	Pt received 500cc 5% D/1/2 NS fluid challenge & improvement in color of urine. (b)(6)
14 30	Another 500cc fluid challenge started by order of Dr. Penest- 500cc 5% D/1/2 NS x 1 hr (b)(6)
19 30	Pt repositioned semi floor Fowler with 2 assist. Assessment & vital signs taken. IV D5 1/2 NS @ 200 cc/hr in progress via #20 G (R) AC, no infiltration or redness. Foley draining clear yellow urine. Pt resting comfortably. Pt on 2 pt restraints. MP present. (b)(6)
23 00	BP 188/61. (b)(6) notified, to observe further. Dinner taken fairly well. (b)(6)
06 00	Pt resting quietly. Heplock D/C - site due change. #20 G (R) AC D/C site due change. #20 G (R) UA restarted by RN. (b)(6)
12 Oct 05	Rec. pt in bed awake. IV D5 1/2 NS infusing well. Foley draining amber urine freely. Breakfast tolerated well. Pt taken outside to latrine for AM care via w/c. Setup up in w/c without distress. (b)(6)

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT
-----------------	------------------------------	-----------------------

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO.
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PROGRESS NOTES  
Medical Record

**FOUO**

STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/CMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00

**LAW ENFORCEMENT SENSITIVE**

0102 05 CID579-40033

ACLU DDII CID ROIS 39198

ACLU-RDI 5496 p.41

EXHIBIT 000045 2(37-109)

**FOUO**

DATE

NOTES 0102 05 CID579-40033

21 Oct 05

sedation. ~~LAW ENFORCEMENT SENSITIVE~~ (R24 0<sup>2</sup> 99)

(b)(6)

1620

1700

NG Tube inserted 18F - placement checked by RN / XRAY - (L) Nare. Hooker

1740

Pt appears lethargic and unresponsive at this time. Vital signs taken

B/P 41/23 P 50 R 74 - MD notified

CPR notified by ~~error~~ initiated by (b)(6)

(b)(6)

- ACLS protocol followed

Epinephrine and bicarbonate administered see CPR Flow sheet for meds and vitals. pupils fixed and dilated

1815

Epi-drip initiated @ 1815

1800

Dopamine drip initiated @ 1800 blood drawn

1825

Pt resuscitated - Blood drawn

1845

Central line @ subclavian started

by (b)(6)

(b)(6)

2200

Pt received sedated, sp cardiac arrest, & unstable BP. Dopamine infusing @ 20 mcg/kg/min; Levophed @ 10 mcg/min titrating to keep SBP > 90 mmHg. Vent settings: 14 BPM, 600 TV, 50% FiO2. ETT @ 23 cm to lip. NG tube 16F in @ nare. Foley to gravity, draining clear, yellow urine

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER

LAST

FIRST

MI

(SSN or Other)

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

#176640

Sardah, Muther

**FOUO**

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)

USAPA V1.00

**LAW ENFORCEMENT SENSITIVE**

0102 05 CID579-40033

ACLU DDJ CID ROIS 39199

EXHIBIT 2(32-109)

000046

MEDICAL RECORD PROGRESS NOTES  
**LAW ENFORCEMENT SENSITIVE**

DATE	NOTES
22 Oct 05	> 30 cc/hr. ABG, CBC, BMP drawn and sent to lab. <del>EX</del> Ray confirmed placement of ETT. _____ (b)(6)
2200	BP stabilized & levophed running @ 10 mcg/min. _____ (b)(6)
2230	Patency of NGT checked and found to not be in the stomach. Removed and reinserted via oropharynx. _____ (b)(6)
0630	A-line started in @ FA by (b)(6) All labs drawn. Levophed running @ 20 mcg/min. Pupils remained fixed & dilated. Urine output > 30 cc/hr. Pt's temperature gradually rose to 98.9 through the night. _____ (b)(6)
0700	Pt received unresponsive to verbal stimuli. Skin cool & dry. Color fair. Resp. controlled by vent. via ETT. P102 55 @ 14 beats/min. Pt being monitored on cardiac monitor via A-line in rt femoral artery. Foley to BSD draining clear amber urine. NGT to low intermittent suction draining brownish fluid. _____ (b)(6)
1200	Pt tolerating vent at this time. Both pupils fixed and dilated, right pupil smaller than left. _____ (b)(6)
1535	Pt received 2 visitors son - ISN # (b)(6) cpd3 nephews (b)(6) cpd2 @ bedside - Interpreter present _____ (b)(6)
1800	Pt's condition remains unchanged. _____ (b)(6)

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)			REGISTER NO.	WARD NO.

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00

CLINICAL RECORD

FOUO THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

0102 05 CID579-40033

VERIFY BY INITIALING

For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

Mo. Oct. 05

ORDER DATE	CLERK/NURSE	THERAPEUTIC ACTIONS, FREQUENCY, TIME	INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																		
			21	22	23	24	25														
21 Oct	(b)(6)	NG tube to clamp	07	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)
			19																		
21 Oct		Nutrition Assessment for feeding	07	(b)(6)																	
			19	(b)(6)																	
21 Oct		Vent Ac 14/600/100%	07	X																	
			19	X																	
21 Oct		NGT to low intermittent suction	07	X																	
			19	(b)(6)																	
21 Oct		Vent Ac 14/600/50%	07	X																	
			19	(b)(6)																	

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS: Respiratory Failure: Aspiration

ADDITIONAL PAGES IN USE:  YES  NO  
PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION:  
Sardah Muthel  
176640  
Icu bed 1

FOUO

LAW ENFORCEMENT SENSITIVE

ACTION TIMES  
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

DA FORM 4677, 1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED

ACLU DDJ CID ROIS 39201 USA PA V1.00

Therapeutic Documentation Care  
(NON MEDICATION)

Mo 11

0102 05 CID579-40033  
SINGLE ACTIONS

Verify by Initialing	Order Date	Clerk Nurse	Date to be Done	Time to be Done	Time Done	Initials
(b)(6)	21 Oct	(b)(6)	21 Oct	1245		(b)(6)
(b)(6)	21 Oct	(b)(6)	22 Oct	0600		
(b)(6)	21 Oct	(b)(6)	22 Oct	0600		
(b)(6)	21 Oct	(b)(6)	22 Oct	0600		
(b)(6)	22 Oct	(b)(6)	22 Oct	0840	0900	
(b)(6)	22 Oct	(b)(6)	22 Oct	1400	1400	
(b)(6)	22 Oct	(b)(6)	23 Oct	1000	1000	
(b)(6)	23 Oct	(b)(6)	23 Oct	0850	0850	

Admit to ICU **FOUO**  
 ABG in AM  
 PCXR in AM  
 LAW ENFORCEMENT SENSITIVE  
 CBC, chem 7 in AM  
 ECG  
 Chem 7, CBC  
 BMP  
 PCXR

INITIAL PROPER COLUMN FOLLOWING COMPLETION

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	TIME/DATE COMPLETED																

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

CLINICAL RECORD THERAPEUTIC DOCUMENTATION (CARDS/SENSITIVE MEDICATIONS) Mo. Oct Yr. 05

VERIFY BY INITIALING INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

Table with columns: ORDER DATE, CLERK/NURSE, RECURRING MEDICATIONS, DOSE, FREQUENCY, HR, DATE DISPENSED. Contains handwritten entries for Vent Settings, IVF D5/2 NS @ 50cc/hr, Zosyn 3.375g IV q6x7 days, Zantac 75mg IV BID, Diprivan 10mg/kg/min, Diprivan 20mg/kg/min and titrate, IV NSS ± 40meq KCL e 125ml/h, IV Zantac 50mg Q12, IV Levophed 2mcg/min titrate SBP > 90.

FOUO

LAW ENFORCEMENT SENSITIVE

ALLERGIES: YES NO PRIMARY DIAGNOSIS: Respiratory failure : Aspiration ADDITIONAL PAGES IN USE: YES NO PAGE NO.

PATIENT IDENTIFICATION: Sardah Muther 176640 cu bed 1 DISPENSING TIMES USE PENCIL. CIRCLE MED TIMES

Order Date	Clerk/Nurse
21 Oct	(b)(6)
21 Oct	(b)(6)
21 Oct	(b)(6)
21 Oct	(b)(6)
21 Oct	(b)(6)
21 Oct	(b)(6)
21 Oct	(b)(6)
21 Oct	(b)(6)
21 Oct	(b)(6)
21 Oct	(b)(6)
21 Oct	(b)(6)
21 Oct	(b)(6)

Date Given	Time given	File No.	Initials
21 Oct	NOW	1250	(b)(6)
21 Oct	NOW	1253	(b)(6)
21 Oct	NOW	1300	(b)(6)
21 Oct	NOW	1305	(b)(6)
21 Oct	NOW	1250	(b)(6)
21 Oct	1610	1645	(b)(6)
21 Oct	1620	1645	(b)(6)
21 Oct	2000	2006	(b)(6)

Lasix 20mg x i dose  
 Versed 1mg x T dose IV  
 Versed 2mg x T dose IV  
 Versed 2mg x T dose IV  
 DG Nitropaste  
 Lopressor 5mg IV x i dose  
 Diprivan 50 mg IV Bolus for increased sedation  
 IV Reg. Insulin 10 units now

Order/Expir Date	Clerk/Nurse	.PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION																						
			TIME/DATE DISPENSED																						

**FOUO**

**LAW ENFORCEMENT SENSITIVE** ROIS 39204

EXHIBIT 2 (43-109)

CLINICAL RECORD THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) Mo Oct Yr 05

LAW ENFORCEMENT SENSITIVE

Table with columns: ORDER DATE, CLERK/NURSE, RECURRING MEDICATIONS, DOSE, FREQUENCY, HR, DATE DISPENSED (21-27). Includes entries for Dopamine, Accucheck, Lasix, and Levquin.

FOUO

LAW ENFORCEMENT SENSITIVE

ALLERGIES: YES NO PRIMARY DIAGNOSIS: NKA. Resp. failure: Aspiration ADDITIONAL PAGES IN USE: YES NO PAGE NO.

PATIENT IDENTIFICATION: Sardah, Muthy 176640 ICU Bed 1 DISPENSING TIMES USE PENCIL. CIRCLE MED TIMES

ACLU DDJ CID ROIS 39205 EXHIBIT 2(44-109)



Initiating

(MEDICATIONS)

NO.

Order Date	Clerk/Nurse	SINGLE ORDER, PRE-OPERATIVE	Date to Given	Time to be Given	Time Given	Initials
22 Oct	(b)(6)	ABC Bmp @ 7200	22 Oct	2200	2230	(b)(6)
<del>23 Oct</del>		<del>Bmp</del> <b>LAW ENFORCEMENT SENSITIVE</b>	<del>23 Oct</del>	<del>1000</del>	<del>1000</del>	
23 Oct		Lasix 20mg Now	23 Oct	0925	0900	
23 Oct		NTCC				

0102 05 CID579-40033

INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION

Order/Expir Date	Clerk/Nurse	PRN MEDICATION, DOSE, FREQUENCY	TIME/DATE DISPENSED											

FOUO

FOUO

0102 05 CID579-40033  
AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

LAW ENFORCEMENT SENSITIVE

DATE	NOTES
23 Oct 1900	Pt received from dayshift, unresponsive. Pupils are fixed and dilated. Pt on vent, 14 B/min / 50 FiO <sub>2</sub> / 600 cc T.Vol. NGT through mouth draining bilious fluid to low intermittent suction. Foley draining clear, yellow urine > 30 cc/hr to gravity. BP monitored by arterial line in @ femoral. Dopamine running @ 14 cc/hr, Levophed @ 12.5 mcg/min, + NS & 20 meq KCl in central line (@ subclavian). 20 g IV in @ FA. 14 g IV in @ AC. Will continue to wean pt off Dopamine as tolerated. _____ (b)(6)
2200	ABG, BMP drawn and sent to lab. _____ (b)(6)
23 Oct 0000	Status unchanged. _____ (b)(6)
0120	Trach suctioning performed. Moderate amount of thick, yellowish mucous obtained. _____ (b)(6)
0600	Trach suctioning performed. Small amount of thick, yellowish mucous obtained. _____ (b)(6)
0645	Continued to decrease dopamine through the night. Currently running @ 11.8 mL/hr. SBP remains > 90 mm Hg. Pt has a marked decrease in urine output (see ICU flowsheet). _____ (b)(6)
23 Oct 05 1230	Received pt in bed unresponsive. Pupils are fixed and dilated. Pt is on ventilator 14 B/min / 50 FiO <sub>2</sub> / 600 cc T.Vol. NGT through mouth draining bilious fluid

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO.
------------------------------------------------------------------------------------------------------------------------------------------	--------------	----------

176640  
Sardak, Muther  
ICU #1

PROGRESS NOTES  
Medical Record  
STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00

FOUO

ACLU DDII CID ROIS 39207

LAW ENFORCEMENT SENSITIVE

PROHIBIT 000054  
2(46-109)

MEDICAL RECORD

PROGRESS NOTES

**FOUO**

NOTES 0102 05 CID579-40033

DATE

230405

to low intercostal sensitivity. IV (R) (L) arms patent Arterial/Central line patent. Foley draining clear urine freely. Chest x-Ray taken - film shows fluid build up on lungs - Lasix 20mg IV given. Fluid output is minimal @ this time. Dopamine drip decreased @ 0700 hr pulse erratic B/P decreased - dopamine increased to 12 - B/P stable @ this moment - Continuous monitoring is in progress

**LAW ENFORCEMENT SENSITIVE**

1330

IV fluids decreased to 100cc/hr - pt

1423

Pt's heart rate brady down to Asystole  
 & pulse & pressure - CPR started - please refer to CPR Flow sheet

1446

CODE discontinued by MD

(b)(6)

(b)(6)

(b)(6)

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)			REGISTER NO.	WARD NO.

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

ACLU BDI CID ROIS 39208

EXHIBIT 2(47-109)

FOUO

0102 05 C 10579-40033

(b)(6)

POST OPERATIVE DAY

PHYSICIAN

LAW ENFORCEMENT SENSITIVE

TIME	23	24	01	02	03	04	05	06
NIBP/ABP								
Pulse								
Respirations								
Temperature								
SaO2								
%O2								
O2 Delivery								
CVP								
Pain Scale								
Pain Med								
Pt Position								

24 Hour Totals	Yesterday	Today
INPUT	4890	
OUTPUT	2135	
DIFFERENCE	2755	

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
IV										
IVBP										
PO										
Other										
TOTAL										

TIME	23	24	01	02	03	04	05	06	Total 8 hr	TOTAL 24 HRS
Urine output Hour/Total	/	/	/	/	/	/	/	/		
NG output										
Emesis										
Stool										
Chest tube #1/ #2	/	/	/	/	/	/	/	/		
Jackson Pratt #1/ #2	/	/	/	/	/	/	/	/		
TOTAL										

FOUO

LAW ENFORCEMENT SENSITIVE

Legend	
Init=initials	P=Prone
JVD=Jugular Venous Distention	R= Right
ACL= RDI 5496 p.52	SaO <sub>2</sub> = Saturation of Arterial Oxygen
NIBP=Noninvasive Blood Pressure	S= ...

ACL

Name	Signature	Init
(b)(6)		

EXHIBIT 000056 2(48-109)

FOUO

0102 05 CID579-40033

SYSTEM	DAYS	NIGHTS
<b>NEURO</b>	23 Oct LAW ENFORCEMENT SENSITIVE	
Level of consciousness	unresponsive	
Extremities: Movement	NO voluntary movement	
Strength	unable to assist	
<b>PAIN ASSESSMENT</b>		
<b>CARDIOVASCULAR</b>		
Rhythm/Lead	ST	
Heart Sounds	S <sub>1</sub> S <sub>2</sub>	
Skin	cool to touch	
Edema	fingers	
JVD/ Capillary refill	↓ cap refill + JVD	
Pulses: Radial	+	
Posterior Tibial	+	
Dorsalis Pedis	+	
<b>RESPIRATORY</b>		
Breath Sounds		
Oxygen Delivery	vent 14/600/50%	
Suctioning/Sputum	Ø	
ETT Trach tube	7.5 cm   23 cm @ lip	
Size Placement	→	
Cough	↘	
Treatments		
<b>GASTROINTESTINAL</b>		
Bowel Sounds	hypoactive	
Abdomen	soft non-distended	
Date of last BM	?	
NG tube: Placement	21 Oct 05	
Suction Drainage	low continuous bilious	
<b>GENITORURINARY</b>		
Urine: Color	clear yellow	
Void/Foley		
<b>INTEGUMENTARY</b>		
Integrity	Intact	
Dressings	NA	
Dressing-Condition	J	
Drains/Tubes		
Drainage	(b)(6)	
Signature		

FOUO

LAW ENFORCEMENT SENSITIVE  
LU DDII CID ROIS 39210

EXHIBIT

000057

2(49-109)

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

LAW ENFORCEMENT SENSITIVE  
ICU FLOW SHEET

OTSG APPROVED (Date)

EKG STRIPS

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
A line (R) Fem	22 Oct 05		Patent		
7F Central line	21 Oct 05		Patent		
14g IV (L) AC	21 Oct 05		Patent		
20g IV (R) FA	21 Oct 05		Patent		
			Patent		

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

(Continue on reverse)

DATE

(b)(6)

ICU

23 Oct 05

PATIENT IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

176640  
Sardar Muthar

- HISTORY/PHYSICAL EXAMINATION
- OTHER EXAMINATION OR EVALUATION
- OTHER (Specify)

FOUO

LAW ENFORCEMENT SENSITIVE

TREATMENT

ICU bed 1  
ACLU-RDI 5496 p.54

000058  
EXHIBIT 2(50-109)

FOUO

0102 05 CID579-40033

DATE	DIAGNOSIS							HOSPITAL DAY								
	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
Time																
NIBP/	103	63	61	121	113	LAW ENFORCEMENT SENSITIVE										
ABP	63	63	61	64	65	63	60									
Pulse	113	112	110	105	108	113	114									
Respirations	14	14	14	14	14	14	14									
Temperature	97.8															
SaO2	99	100		100	100	100	100									
%O2	55	55		55	55	55	55									
O2 Delivery	Vent	Vent	Vent	Vent	Vent	Vent	Vent									
CVP																
Pain Scale																
Pain Med																
Pt Position																

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
IVNS 20 Mcg	150	150	150	150	150	150	150											
IVPB Zosyn		100																
Dopamine	11.7	12	12	12	12	12	12											
Levophed	12.5	12.5	12.5	12.5	12.5	12.5	12.5											
Zantac				50														
Levaquin				100														
PO																		
Other																		
TOTAL																		

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 8 hr
Urine output Hour/Total		60	30	50	30	70	90											
NG output																		
Emesis																		
Stool																		
Chest tube #1/#2																		
Jackson Pratt #1/#2																		
TOTAL																		

FOUO

LAW ENFORCEMENT SENSITIVE

ASPECT	TIME/INITIALS
Bath/Skin Care	
Oral Care	
Toiletry Care	
Trunk Care	

Safety	D	E	N
High risk for falls	YN	YN	YN
Call bell in reach	YN	YN	YN
Bed position/Locked	YN	YN	YN
Protective device	YN	YN	YN

ACEU-RDI 5496 p.55

ACEU-DDII CID ROIS 39212

EXHIBIT 2(51-109)

Time	HR	Rhythm	BP	RR	SpO2	Defib. Joules	Medications (* if given by ET Tube)						Rhythm Response	IV Meds/Fluids				ABG Drawn (✓)	Date	Page	of									
							EPI 1:1,000	EPI 1:10,000	Atropine	Lidocaine						Dopamine	Lidocaine		IV Fluid Bolus				Nurse's Notes (pO2, pCO2, pH, Color, Mental Status, Temp., Pupils, Procedures, etc.)							

**FOUO**

**FOUO**

**LAW ENFORCEMENT SENSITIVE**  
ACLU DDII OI DRD IS 39233

**LAW ENFORCEMENT SENSITIVE**

**EXHIBIT 1**  
**990060**  
252-109

Physician Signature / Arrest Order Verification

R.N. Signature

PATIENT IDENTIFICATION

**Cardiopulmonary Resuscitation Flow Sheet – Continued**

Special Army Security Hospital, Camp Bucca, Iraq

102 05 C1D579-400zr



330049-050205 CID579-40033  
 LAW ENFORCEMENT SENSITIVE  
 EXHIBIT 000061 2(53-109

Date <b>21 Oct 05</b>	Time of Arrival in ED <input type="checkbox"/> N/A	Time & Location of Arrest <b>1745 ICU</b>	Hx of Event
Type of Arrest: <input checked="" type="checkbox"/> Cardiac <input type="checkbox"/> Respiratory <input checked="" type="checkbox"/> Witnessed <input type="checkbox"/> Unwitnessed			
CPR Started <b>1740</b>	<input type="checkbox"/> EMS <input type="checkbox"/> Bystander	ALS Started <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Hospital Staff	
Initial VS BP <b>41/23</b>	T	P <b>50</b>	R <b>74</b> Wt. <b>50kg</b>

Procedures Performed			
Artificial Ventilation: Bag/Mask	<b>Bag/Endo Tube</b>	Intraosseous: Time	Size & Site
Intubated: <b>1305</b> Time <b>7.5F</b> Size <b>(b)(6)</b>	By	No. Attempts	
<input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cric <input checked="" type="checkbox"/> Trach	Placement Confirmed By <b>X-ray</b>	Venipuncture: Time <b>1916</b>	Size & Site <b>149 (L) AC</b>
Tube Secured At (cm) <b>23</b>		Central Venous Catheter: Time <b>1845</b>	Size & Site <b>7F</b>
NG/OG Tube: Time <b>1700</b>	Size <b>18F</b>	Foley Cath: Time	Size

Time	HR	Rhythm	BP	RR	SpO2	Defib. Joules	Medications (if given by ET Tube)					Rhythm Response	IV Meds/Fluids				ABG Drawn (✓)	Nurse's Notes (pO2, pCO2, pH, Color, Mental Status, Temp, Pupils, Procedures, etc.)
							EPI 1:1,000	EPI 1:10,000	Atropine	Lidocaine	Bicarb		Epi Drip	Dopamine	Lidocaine	IV Fluid Bolus		
1745	<b>FOU</b>																	
1748	<b>FOU</b>		<b>41/23</b>	<b>56</b>	<b>87</b>													
1752	<b>FOU</b>																	
1800	<b>FOU</b>		<b>90/58</b>															
1805			<b>74/80</b>															
1810	<b>150</b>																	
1815			<b>73/48</b>		<b>82</b>													
1825	<b>108</b>	<b>108</b>	<b>94/53</b>	<b>12</b>														

Was the patient successfully resuscitated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Patient expired at	Pronounced by	PATIENT IDENTIFICATION
Time code terminated	Disposition of Patient: Time	Location	
Family notified	Attending called		
Names of all individuals present at code: <b>(b)(6)</b>			
<b>(b)(6)</b>			
Cardiopulmonary Resuscitation Flow Sheet			
Special Army Security Hospital, Camp Bucca, Iraq			
Phy <b>(b)(6)</b>		R.N. Signature <b>(b)(6)</b>	

176640  
 Sardari: Mutter  
 ICU bed 1  
 CID579-40033

**FOUO**

LAW ENFORCEMENT SENSITIVE

010205

FOUO

LAW ENFORCEMENT SENSITIVE

0102 05 CID579-40033

Task Force 344 Ventilator Flow Sheet

Patient Info: Name:

Date: 11/05/05

Age: 82 DOB:

Vent Day #: 1

Gender: M Pt. ID: 176640

Vent Unit #: 50067

	1310	1445	1740	2130	2330	10/22 0630	10/22 0650	10/22 0710	10/22 0730	10/22 0750
Time										
Mode	AC			AC	AC	AC	AC	AC	AC	AC
Rate	14			14	14	14	14	14	14	14
Spont	/			/	/	/	/	/	/	/
Total										
Vt	500			600	600	600	600	600	600	600
Spont										
MV									8.6	
FiO2	100%	55	100	40	60	55	55	55	55	6.1
Peep	-	21cm		10cm						
I/E	1:2			1:2	1:2	1:2	1:2	1:2	1:2	1:2
Flow	60			60	60	60	60	60	60	60
Sens	-2			-2	-2	-2	-2	-2	-2	-2
PIP	27			28	19	14	18	19	20	24
MAP	13			12	7	7	7	7	7	7
Sats	97%			100%	99%	99%	99%	99%	99%	99%
PIP Alarm	50/5			50/5	50/5	50/5	50/5	50/5	50/5	50/5
Hi/LO										

(b)(6)

ETT/Trach

Size	Position	Cuff
7.5	23	MLT

ABG

Time	PH	PCO2	PO2	TCO2	BE
1250	7.395	45.1	61	25	3.0
1405	7.44	42	261	30	4.0

91%  
100%

Weaning Parameters

Time	Vt	Rate	RSBI	VC	NIF	MV

FOUO

ACLU DDII CID ROIS 39215

LAW ENFORCEMENT SENSITIVE

000062

EXHIBIT

254-109)

Task Force 347  
LAW ENFORCEMENT SENSITIVE  
Respiratory Notes

7a-7p

Pt. transferred from ICU to ICU, resp. distress. O2 sat 77-78% - Bilateral  
rhonchi, RR 24 bpm - pt. was intubated orally @ 7:55 AM per (b)(6)  
(b)(6) - place on 75% vent - AC 14/500/100% - Pass ↓ bilati - suctioned  
for moderate amount of pink secretions - flaps on + functional  
1445 hrs - Placed pt on low delivery oxygen system @ 6Lpm - O2 sat remains  
above 95%. O2 analyzed @ 50%  
1740 hrs - Pt went into cardiac arrest - resuscitated success  
fully - Rt ↑ to low cc - Vent - down,  
1750 vent - done, Pass to clear HR 148 - Sat 99%.

10/28/06 0700-2300 HR

Pt. remains orally intubated - Pass done  
HR 185's - Sat 98% - AC 14/600/50-60 FIO2 =

7p-7a

LAW ENFORCEMENT SENSITIVE  
Task Force 344 Ventilator Flow Sheet  
Respiratory Notes

7a-7p

Received pt. on vent. 754 - A/C 14/600/55% - P55  
equal - R/Rx 120 - HR 120 - Sat 99%. Suct'd prm. - @ 1423 HRS  
pt. brady down and CPR started - cardiac meds given -  
cardioversion x 4 - unable to restore cardiac rhythm -  
code called off @ 1446 HRS

(b)(6)

7p-7a

LAW ENFORCEMENT SENSITIVE
Task Force 344 Ventilator Flow Sheet

Patient Info: Name: Age: 88 DOB: Gender: M Pt. ID: 176640

Date: 23 Oct 05
Vent Day #: 2
Vent Unit #: 50267

Table with columns for Time (2300, 0300, 0500, 1030, 1400) and rows for Rate (Set, Spont, Total) and Vt (Set, Spont, MV, FiO2, Peep, I/E, Flow, Sens, PIP, MAP, Sats, PIP Alarm Hi/LO). Includes handwritten notes like 'PT COINED - CPR STARTED'.

(b)(6)

ETT/Trach table with columns: Size (7.5), Position (22), Cuff (MLT)

ABG table with columns: Time, PH, PCO2, PO2, TCO2, BE

Weaning Parameters table with columns: Time, Vt, Rate, RSBI, VC, NIF, MV

FOUO

LAW ENFORCEMENT SENSITIVE

Date: 23 Oct 05  
 Time of Arrival in ED:  N/A  
 Time & Location of Arrest: 1423 ICU  
 Hx of Event: \_\_\_\_\_  
 Type of Arrest:  Cardiac  Respiratory  Witnessed  Unwitnessed  
 CPR Started: 1423  EMS  Bystander  
 ALS Started: 1423  EMS  Hospital Staff  
 Initial VS: T 14/19 P 23 R 14 Wt. 45kg

Procedures Performed

Artificial Ventilation: Bag/Mask (Bag/Endo Tube)  
 Intubated: Time 1305 Size 7.5F By (b)(6) No. Attempts \_\_\_\_\_  
 Oral  Nasal  Cric  Tech Placement Confirmed By X-RAY  
 Tube Secured At (cm) 23 cm  
 NG/OG Tube: Time 1700 Size 18F By (b)(6)  
 Intraosseous: Time \_\_\_\_\_ Size & Site \_\_\_\_\_ By \_\_\_\_\_ No. Attempts \_\_\_\_\_  
 Venipuncture: Time \_\_\_\_\_ Size & Site 14g LAE By \_\_\_\_\_ No. Attempts \_\_\_\_\_  
 Venipuncture: Time \_\_\_\_\_ Size & Site 20g R FA By \_\_\_\_\_ No. Attempts \_\_\_\_\_  
 Central Venous Catheter: Time \_\_\_\_\_ Size & Site 7F R FA By \_\_\_\_\_  
 Foley Cath: Time \_\_\_\_\_ Size 16F By \_\_\_\_\_

Time	HR	Rhythm	BP	RR	SpO2	Defib. Joules	Medications (* if given by ET Tube)				IV Meds/Fluids				ABG Drawn (✓)
							EPI 1:1,000	EPI 1:10,000	Atropine	Lidocaine	Dopamine	Lidocaine	IV Fluid Bolus		
1423							✓								
1427							✓								
1429															
1425															
1431															
1433							✓								
1435															
1439						200									
1440							✓								
1445						200									

Nurse's Notes  
 (pO2, pCO2, pH, Color, Mental Status, Temp., Pupils, Procedures, etc.)  
 Pt's heart rate brady down to asystole - CPR started - Dopamine increased to 15 then 20. Several meds pushed (epi, bicarb, Atropine) with no results - NO HR, NO Pulse NO breath on own. - (b)(6)

Was the patient successfully resuscitated?  Yes  No Patient expired at 1446 Pronounced by MNT Aranda  
 Time code terminated 1446 Disposition of Patient: Time 1446 Location ICU bed 1  
 Family notified \_\_\_\_\_ Attending called \_\_\_\_\_  
 Name of all individuals present at code: (b)(6) (b)(6) (b)(6)

PATIENT IDENTIFICATION  
 176640  
 Sardah Muther  
 ICU bed 1

Physician (b)(6)  
 P.N. Sign (b)(6)  
 Cardiopulmonary Resuscitation Flow Sheet  
 Special Army Security Hospital, Camp Bucca, Iraq

LAW ENFORCEMENT SENSITIVE  
 EXHIBIT 100066 (8-109)

FOUO  
 LAW ENFORCEMENT SENSITIVE  
 205 CID579 40033

Time	HR	Rhythm	BP	RR	SpO2	Defib. Joules	Medications (* if given by ET Tube)					Rhythm Response	IV Meds/Fluids				ABG Drawn (✓)	Date	Page	of
							EPI 1:1,000	EPI 1:10,000	Atropine	Lidocaine				Dopamine	Lidocaine	IV Fluid Bolus				Nurse's Notes (pO2, pCO2, pH, Color, Mental Status, Temp., Pupils, Procedures, etc.)
1446					360															
1446					360															
1446	<del>Code completed / call made by (b)(6)</del>																			

LAW ENFORCEMENT SENSITIVE ROIS 39220

FOUO

LAW ENFORCEMENT SENSITIVE

FOUO

0182 05 C 10579-40033

Physician Signature / Arrest Order Verification

R.N. Signature

PATIENT IDENTIFICATION

Cardiopulmonary Resuscitation Flow Sheet – Continued

Special Army Security Hospital, Camp Bucca, Iraq

EXHIBIT 100067 (259-109)

FOUO

LAW ENFORCEMENT SENSITIVE  
CLINICAL RECORD - DOCTOR'S ORDERS

2 05 CID579-40033

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION 176640 Sardah Muther ICU bed 1	DATE OF ORDER ↓ 23 OCT 05	TIME OF ORDER _____ HOURS	LIST TIME ORDER NOTED AND SIGN
	↓ IVF to 100 cc/hr. (b)(6)		
	_____		
	_____		
	_____		

NURSING UNIT	ROOM NO.	BED NO.	(b)(6)	23 OCT 05 @ 1340
--------------	----------	---------	--------	------------------

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER _____ HOURS	
	_____		
	_____		
	_____		
	_____		

NURSING UNIT	ROOM NO.	BED NO.		
--------------	----------	---------	--	--

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER _____ HOURS	
	_____		
	_____		
	_____		
	_____		

NURSING UNIT	ROOM NO.	BED NO.		
--------------	----------	---------	--	--

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER _____ HOURS	
	_____		
	_____		
	_____		
	_____		

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39221

ACLU RDI 5496 p264 DA 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

000068

EXHIBIT 2(60-109)



LAW ENFORCEMENT SENSITIVE

CLINICAL RECORD - DOCTOR'S ORDERS

0102 05 CID579-40033

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
76640 Sardar Muthel Icu bed 1			22 OCT 05	1620 HOURS	
			• NEXT IV NS WITH 20 MEQ KCL / LITER AT 150 cc/HR		
			• ABG, <del>STAT</del> BMP AT 10 PM		
NURSING UNIT	ROOM NO.	BED NO.			

*[Handwritten signature]*  
(b)(6)

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				(b)(6) RS	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
hold order			22 OCT 2005	HOURS	
Verbal			Please hold dopamine wean & begin to wean levophed. Maintain SBP > 95 DBP > 60		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
FOUO			23 OCT 05	HOURS	
			0850 - PCXR. ✓ Give lasix 20mg now } 0925 BMP		
NURSING UNIT	ROOM NO.	BED NO.			

LAW ENFORCEMENT SENSITIVE

MEDICAL RECORD | LAW ENFORCEMENT SENSITIVE | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

23 OCT 05 | ICU NOTE

0840 | Blyo male post arrest; admitted RML PN probable lung CA. Currently in ICU in serious condition.

MEDICATIONS:

LEVOPHED @ 11.7 cc/hr | Levopran IV 500 q24

DOPAMINE @ 12.0 cc/hr | Zosyn 3.375 IV q6

IVF NS C ZOMEK<sup>+</sup> @ 150 | Zantac IV 75mg bid

Insulin SS. coverage

Vent settings - 14 600 low flow 50% | central line

I 4890 0 2135 | A line

BP 103/63 HR 113 RR 14. 97B

unresponsive to stim, spontaneous movement.

pupils fixed, dilated

chest transmitted sound & wheeze

CV tachycardic

ABD soft nondistended.

EXT cool & diaphoretic

A/P ① post arrest - continue pressor support; IVF;  
- monitor D/0's  
- continue vent.

② probable lung CA/PN - continue Ab  
prognosis poor; condition serious

(b)(6)  
(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.	WARD NO.
--------------	----------

Sardah Muther

FOUO

0102 05 CID579-40033

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

23 OCT 05

ICU NOTE Addendum

0925

PCXR - (F) pulm congestion  
Suggestive of edema  
plan lasix 2mg now.  
✓ BMP  
Monitor I/O's

(b)(6)

(b)(6)

23 OCT 05

ICU NOTE

1453

CODE started 1423.

patient bradycardiac to asystole  
see record of code

CODE ended 1446.; TIME OF DEATH 1446.

Pronouncement of death

patient. Not responsive to stimuli (painful or verbal stimuli)

No spontaneous respiration

No pulse or heart beat

No spontaneous movement

Pupils fixed and dilated

(b)(6)

(b)(6)

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CIDERDIB 39224

000071-1091

LAW ENFORCEMENT SENSITIVE

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
176640			21 Oct 05	2210 HOURS	
ICU bed 1			①	OxR in AM	
			②	CBC, Chm 7 in AM	
			③	↓ FIO2 to 50%	
			④	continue to ↓ heparin - keep SBP 70 (b)(6)	
			⑤	↓ NSS to 40mg to 125cc/hr (b)(6)	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
			⑥	having some IV q 8	
			/		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
FOUO			22 Oct 05	0645 HOURS	
			Bolus 200cc NSS (b)(6)		
			/		
NURSING UNIT	ROOM NO.	BED NO.			

LAW ENFORCEMENT SENSITIVE

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			22 OCT 05	0840 HOURS	
noted 22 Oct 05 @ 1200 hrs			✓	DELASIX	
			✓	ECG	
			✓	↓ DOPAMINE TO 18cc/hr (9.6 mcg/kg/min) AND TITRATE DOWN TO BP > 90/60 (b)(6)	
			✓	CHEM 7/1400 HRS	
			✓	CBC	
NURSING UNIT	ROOM NO.	BED NO.			

LAW ENFORCEMENT SENSITIVE 02 05 CID 579-40033

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
176640 Sardah, Muthor			2 Oct 05	1930	
			①	TLIV NSS @ 40meq, KCl @ 125cc/hr	
			②	vent AC 14/1000/1000%	
			③	IV Zantac 50mg q 12 hours	
			④	NET to low intermed level suction	
			⑤	DC <del>levothroid</del> epinephrine	
			⑥	start levothroid 2mg/min titrate to keep SBP 70	
NURSING UNIT	ROOM NO.	BED NO.			
ICU		1			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			⑦	Dopamine 20 meq/kg/min	
			⑧	ABG at 2000 tonight	
			⑨	CBC, BMP @ 11PM tonight	
			⑩	IV reg insulin 10 units now	(b)(6)
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			2 Oct 05		
			①	arousal check q 60	
				reg insulin sliding scale	
				200-250 - 2 units IV	
				251-300 4 " "	
				301-350 6 " "	
				351-400 8 " "	
				7400 10 " "	(b)(6)
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			2 Oct 05		
			①	mix levothroid drip for a final concentration in 250cc	
				10 meq/ml	(b)(6)
NURSING UNIT	ROOM NO.	BED NO.			

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39226

FOUO

0102 05 CID579-40033

CLINICAL RECORD ORDERS  
LAW ENFORCEMENT SENSITIVE

See 38 CFR 1.101, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
176640			21 OCT 05	_____ HOURS	
NURSING UNIT			↓		
ICU	ROOM NO.	BED NO.	1620		
			Diprivan 50mg IV Bolus for increased sedation		
			(b)(6)		
			Noted (b)(6)		
			21 OCT 05 @ 1645		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			_____	_____ HOURS	
NURSING UNIT					
	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			_____	_____ HOURS	
NURSING UNIT					
	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			_____	_____ HOURS	
NURSING UNIT					
	ROOM NO.	BED NO.			

FOUO

LAW ENFORCEMENT SENSITIVE

DA FORM 4256  
1 APR 79

REPLACES EDITION OF 1 JUL 71 WHICH MAY BE USED.

ACLU DDH CID ROIS 39227

EXHIBIT 000074 2(66-109)

FOUO

0102 05 CID579-40033

LAW ENFORCEMENT SENSITIVE

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
176640 Sardah Muther			21 OCT 05	_____ HOURS	
NURSING UNIT			DATE OF ORDER		
ICU			21 OCT 05 @ 1500 hrs		
ROOM NO.	BED NO.	(b)(6)			
	1				
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			2 OCT 05 1610	_____ HOURS	
NURSING UNIT			DATE OF ORDER		
			Lopressor 5mg IV x 1 dose		
ROOM NO.	BED NO.	(b)(6)			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				_____ HOURS	
NURSING UNIT			DATE OF ORDER		
			noted (b)(6)		
ROOM NO.	BED NO.	(b)(6)			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				_____ HOURS	
NURSING UNIT			DATE OF ORDER		
ROOM NO.	BED NO.				

FOUO

LAW ENFORCEMENT SENSITIVE

NURSING UNIT	ROOM NO.	BED NO.

DA FORM 4256 APR 79

REPLACES EDITION OF 1 WHICH MAY BE USED. ACLU-DDH-CID-ROIS 39228

000075

EXHIBIT 2(67-109)

FOUO

(b)(6)

LAW ENFORCEMENT SENSITIVE

0102 05 CID579-40033

CLINICAL RECORD - DOCTOR'S ORDERS  
For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
176640			21 OCT 05		
Lasix 20mg x 7 dose STAT					
TRANSFER TO ICU STAT					
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)		
ICU		6			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
ICU bed 1			21 OCT 05		
Sardah Mather					
addition Lasix 20mg x 7 dose					
Versed 1mg x 7 dose IV					
Versed 2mg x 7 dose					
Versed 2mg x 7 dose					
Vent Setting FIO2 100% 14 500					
D/C NTP; IVF DS 1/2 NS @ 50cc					(b)(6)
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
1500					
Dx: Resp Failure; Apiration					
Zosyn 3.375g IV q 6' x 7 days					
Diprivan 10mcg/kg/min					
NGT to clamp					
Zantac 75mg IV bid					
Nutrition assessment for feeding					(b)(6)
note (b)(6) 21 Oct @ 1500 hrs					
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
FOUO			21 OCT 05	1540	
↑ Diprivan 20mcg/kg/min					
and fbrate					(b)(6)
noted (b)(6)					
noted (b)(6)					
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)		

DA FORM 4256 1 APR 79  
 REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED  
 ACLU-DDI CID ROIS 39229  
 000076

ACLURDI 5496 p.72

EXHIBIT 2(68-109)



MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

LAW ENFORCEMENT SENSITIVE  
SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
22 OCTOBS 1600	CHL : MASS RMC & INFILTRATE
CONT	MEOS : LEVOPITAD DUPAMINE
	REG INS SS
	LEVOQUIN 500 IU Q24H
	ZOSYN 3.375 IV Q6H
	ZANTAC <sup>75</sup> BID
	NC E 40 KCL / R @ 150 cc/h
	ABS: PROB LUNG CA E PNEUMONIA
	S/P CARDIOVASCULAR ARREST
	P: CONTINUE TAPER PRESSORS
	REDUCE K+ IN IV AS GREAT RISING
	AWAIT OFFICIAL CHL READING
	ABG/LABS IN 6-8 HRS
	(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
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MEDICAL RECORD	LAW ENFORCEMENT SENSITIVE OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
22 Oct 05	<p>Nutrition: Frail. 81 Y.O. ♂ admitted to ICU  2/2 resp/vascular mes? PNA suspected  lung CA - appears underweight  Appetite has been fair - poor - requires feeding  to maintain suboptimal intake.  WT-9076. Dist pt record not available @ this  time.  On dopamine, levorolol 55 insulin -  lab revealed creat 1mg -  If pt survives &amp; hemodynamically stable  Monday 24 Oct - will approach consideration  for nutrition support.  Pt @ Trusk, nutritionally</p>		
	(b)(6)		

HOSPITAL OR MEDICAL FACILITY <del>344 T.F. Med Hosp</del>	STATUS (b)(6)	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME 344 T.F. Med Camp Bucca	SSN/ID NO. Bucca	RELATIONSHIP TO SPONSOR T.F. Hospital	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

176640

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

STANDARD FORM 600 (REV. 6-97) BACK

FOUO

0102 05 CID579-40033

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

LAW ENFORCEMENT SENSITIVE OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
22 OCT 05 1600	<p>MEDICINE NOTE: CHART, COMPLETE REVIEWED. UNDERTAKEN, HAD RESP FAILURE FOLLOWED BY CARDIAC ARREST YESTERDAY. RECOVERED RAPIDLY WITH MEDICATIONS. ON MECH SUPPORT FOR RESPIRATION, ON CHEMICAL SUPPORT FOR CIRCULATION. RECEIVED FURSEMIDE @ 170MGMT LAST TO INITIATE URINE OUTPUT. COURSE OF DAY CONSISTED OF HYDRATION WITH NS E KCL AND ATTEMPT TO WEAN OFF PRESSORS, BEGINNING WITH DOPAMINE, AS WAS TACHYCARDIC AT 150 BPM. BEGAN DAY WITH DOPAMINE AT 20 ML/HR = 11 MCG/KG/MIN. NOW AT 14.5 ML/HR = 8 MCG/KG/MIN. LEVORITED REMAINS AT 12.5 MCG/MIN. VS: BP 90/60 PR 125 RR-14 CHEST BILAS BS, SCATTERED RCTHONCHI CAR NST EKG ST DEPRESSION INFERIORLY AND PRECORDIALLY.</p> <p>LAB: 6AM CBC 19.9/14.6/441 BUN 16/1.1 121/3.9          2PM CBC 17.7/13.6/40 BUN 14/1.6 132/4.0          GLU 137 26/107          GLU 126</p>

CONTINUED

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
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FOUO

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

ACLU DDH ID 39234

PRMR 41 CFR 201.9.202-1 USA PA V2.00

LAW ENFORCEMENT SENSITIVE

EXHIBIT 000081 2(71-1091)

ACLU-RDI 5496 p.77

176640



MEDICAL RECORD

LAW ENFORCEMENT SENSITIVE  
CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
22 Oct 05	ICU eval
0725	A-line placed @ fem - ABG/labs drawn
	I&O's - Intake +44 Balanced 200cc W NSS
	CXR this Am - NO CHF, RTX (+) @ RML lung mass
	continuing to ↓ heparin to maintain SBP 790
	VS 99.4 - 150-14 - 107/73 <sup> Dopamine @</sup> heparin 15 vent @ 14-600-50%
	pupils remain fixed & dilated
	no response to painful stimuli - No secretion
	labs (ABG pending)
	prognosis remains poor
	on heparin, Zosyn
	<p>ABG 7.47   31   91   98% O<sub>2</sub></p> <p>12.1   102   10 &lt; 137</p> <p>3.9   27   1.1</p> <p>19.9   14.0 &lt; 42</p> <p>24.1</p>

(b)(6)

(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

176640





MEDICAL RECORD

CHRONOLOGICAL SENSITIVE MEDICAL CARE  
LAW ENFORCEMENT SENSITIVE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
21 Oct 05	Re-exam
	VS 94-154-138/90 vent ac 14-600-70% ABG. 7.37   44   218   27   100% wume out put 650 cc since dc'd epi drip & started heparin
	Arterial ABG 7.20   39   197   17   99% - given ramp
	Bicarb
	Now on: heparin 10 mcg/kg/min Dopamine 20 mcg/kg/min W NSS @ 40mcg KCl @ 125 cc/hr
	Labs (2300) 16.5   13.9   431   127   92   15   247 Ca <sup>++</sup> 7.8 43.7   3.2   26   1.5
	CXR post central line insertion: mild CHF RML lung mass
	EKG ST RBBB ST↓ V3456 - probable ET tube good position note related central line " " no PTK
	Will continue to monitor titrating heparin down 1st then Dopamine to keep SBP > 90
	will ✓ CBE, chem 7, CXR in Am
	arrow's q 6° → sliding scale coverage: Replace K <sup>+</sup>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.
		WARD NO.



MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE  
LAW ENFORCEMENT SENSITIVE MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

21 OCT 05 ICU

1836 Evaluation of patient c rapid deterioration.  
Initially tachycardia @ 140's.  
Started c t dose of Lopressor 5mg IV @ 1610  
Bradycardic ~ 1715, c Asystole ~ 1530  
CPR initiated: Manual ventilation  
Epinephrine 1mg given x 3 doses.  
medication induced rhythm  
ABG 7.2 / 39.9 / 17 / 197 / 99%  
AMP bicarb given  
BP dropped, VHR  
1mg Epinephrine given -  
Dopamine drip started to maintain BP. titrated  
Epinephrine drip started  
labs: 119, 82, 9, 420, 13.6, 129, 288.  
3.1, 20, 1.3, 41.2

A/P ① Cardiac arrest/Asystole. c resuscitation  
IV drip Epinephrine, Dopamine  
condition serious  
prognosis poor.

(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
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SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
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176640

FOUO ICU bed 1

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV. 6-97)  
Revised by GSA/ICMR  
PRMR 411 CFR 201.9.202-1  
SAPA V2.00



MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

LAW ENFORCEMENT SENSITIVE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
19 OCT 05	Medicine
12 Noon	Admitted for PN, dehydration
	poss @ lung mass repeat xrays for comparison sent
	wet reading & significant improvement
	patient is episodes of agitation
	166/110 99 15 T 97 95% RA
	CHEST ↓ BS @ lung
	CV neg BUN 7/1.3
	ABD benign 21.7 16.4 404 51.3
	A/P ① PN pass lung mass; await final report
	+ leukocytosis on levofloxacin 500mg PO
	✓ C&T in am.
	② improved BUN/cre on IVP
	encourage po intake
	③ HTN ↑ lisinopril 10mg qd / (b)(6)
21 OCT 05	Medicine
	Patient is ↓ oral intake; persistent leukocytosis
	VS 200/110 69 18 Afebrile pulse ox 99 on RA.
	awake non-communicating
	CHEST diminished BS ① lung CV neg s/sz ABD benign
	(b)(6) →

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
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DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

21 OCT 05

Medicine **LAW ENFORCEMENT SENSITIVE**

A/P ① PN possible mass on Levagurin? oral intake will Δ to IV Levagurin if no response consider Δ to Zosyn for (post structure), await radiological report

② b oral intake - Failure to thrive plan w weights consider tube feeding.

③ HTN consider NTG 1/2 in; continue lisinopril

(b)(6)

21 OCT 05

Medicine ICU

1410

- patient noted to be in respiratory failure increased respiratory effort; distress hypoxic; ↑ RR ↑ HR ↑ BP. Lasix 20mg given, suction of food material; O2 VIA NRB transfer to ICU.

- emergent intubation pt 5mg Versed given - intra tube suction of additional material expressed

- setting 14 500 100%

- HR 133, 129/79 20-24 pulse ox 97%

CHEST @ transmitted sounds, rhonchi

CV tachycardic

CXR. tube above carina

ABD distended

plan pull back 1cm

EXT & E/C/E

ABG 7.139/41.8/26/30 100

A/P ② Acute respiratory failure, Aspiration

PN; lung mass - Vent support

- Sedation; consider paralysis if problem

monitor vitals

(b)(6)

Condition - serious; complete

LAW ENFORCEMENT SENSITIVE

FOUO

FOUO

TASK FORCE MED 344 LABORATORY Camp Bucca Internment Facility, SASH, Iraq LABORATORY FORM (Subject to Privacy Act of 1974)

Patient information: Name (Abdullah Abbas), Gender (Male), SSN or ISN, Physician, Ward (Tcy), Bed (1), Specimen Collection Date & Time (23 Oct 05 0930), Lab Use Only Initials (b)(6), Lab Use Only D&T (1255)

Chemistry (STAT) Syringe / Green Top, Chemistry (Piccolo Analyzer) Green Top, Hematology (Coulter) Purple Top, Chem 12 Met8 BMP Liver CMP Renal Lipid, CBC Manual Differential

Table with 9 columns: TEST, RESULT, REF. RANGE. Rows include H, CO2, O2, HCO3, O2, Eecf, lactate, glucose, creat, ALB, ALP, ALT, AMY, AST, Tbil, BUN, Ca, Chol, CK.

Urine Analysis section with 9 columns: TEST, RESULT, REF. RANGE. Rows include Color, Clarity, Glucose, Bilirubin, Ketone, SG, Blood, pH, Protein, Urobili, Nitrite, Leuko, CL, TCO2, Creat, GGT, Glu, K, TProtein, Na, Phos, HDL Chol, LDL Chol, TG, VLDL, C/HDL RAT.

Miscellaneous / Rapid Tests section with 4 columns: TEST, RESULT, REF. RANGE. Rows include Mono, RPR, Drug Screen, HCG.

Special Chemistries / Red or Tiger Top section with 4 columns: TEST, RESULT, REF. RANGE. Rows include TSH, FT4, FT3, T4, T3, HIV, PSA, H. pylori, ETOH/Alc., Strep A, Chlamydia, Flu A&B, C. difficile, O&P, Occult Bld, Wet Mount, KOH.

Additional / Other Requests (Consult with Lab Prior to Submitting), Body Fluid Panel / Sterile Container, Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel.

**FOUO**

AST, FIRST, MI. (Or Hospital ID #)  Male SSN or ISN: 176640 0102 05 CID 579-40033  
 Female  
 Physician (b)(6) Ward: 1C4 STAT Specimen Collection Date: 12/20/02  
 Drawn by (b)(6) Bed: 1 Lab Use Only Initials: Lab Use Only D&T:

**LAW ENFORCEMENT SENSITIVE**

Chemistry (STAT) Syringe / Green Top Chemistry (Piccolo Analyzer) Green Top Hematology (Coulter) Purple Top  
 Bld Gas Bld Gas w/Lact Glu Creat Chem 12 Met8 BMP Liver CMP Renal Lipid T/CBC Manual Differential

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
pH	7.46	7.35-7.45	ALB		3.3-5.5 g/dL	WBC		4.8-10.8 x10(3)/uL
PCO2	26.6	35-45 mmHg	ALP		26-184 U/L	RBC		4.2-6.1 x10(6)/uL
PO2	60	80-100 mmHg	ALT		10-47 U/L	Hgb		12.0-18.0 g/dL
TCO2	20	18-33 mmol/L	AMY		14-110 U/L	Hct		M: 42.0-52.0%
HCO3	18.9	22-26 mmol/L	AST		11-38 U/L			F: 37-47%
sO2	92	95-99%	Tbil		0.2-1.6 mg/dL	MCV		80.0-99.0 fl
BEecf	-5	(-2) - (+3)	BUN	17	7-22 mg/dL	MCH		27.0-31.0 pg
Lactate		0.90-1.70 mmol/L	Ca	7.9	8.0-10.3 mg/dL	MCHC		33.0-37.0 g/dL
Glucose		73-118 mg/dL	Chol		100-200 mg/dL	Plt		130-400 x10(3)/uL
Creat		0.6-1.3 mg/dL	CK		M: 39-380 U/L	LY%		20.0-44.0%

Urinalysis			Miscellaneous / Rapid Tests			Sed Rate / Purple Top		
Color	Straw/Yellow	CL	113	98-109 mmol/L	Differential			
Clarity	Clear	TCO2	23	18-33 mmol/L	Segs(50-70%)	Mono(4-10%)		
Glucose	Negative	Creat	7.9	0.6-1.3 mg/dL	Bands(1-10%)	Eos(0-4%)		
Bilirubin	Negative	GGT		5-65 U/L	Lymph(20-44%)	Baso(0-2%)		
Ketone	Negative	Glu	130	73-118 mg/dL	Atyp Ly	Immature cells		
SG	1.010-1.025	K	4.1	3.3-4.9 mmol/L	RBC Abn Morph:			
Blood	Negative	TProtein		6.4-8.1 g/dL	Plt Abn Morph:			
pH	5.0-8.0	Na	127	138-145 mmol/L	WBC Abn Morph:			
Protein	Negative-Trace	Phos		2.2-4.5 mg/dL	Malaria Smear / Purple Top			
Urobili	0.1-1.0 Ehrlich U/dL	HDL Chol		30-75 mg/dL	Thin	No Plasmodium Seen		
Nitrite	Negative	LDL Chol		50-130 mg/dL	Thick	No Plasmodium Seen		
Leuko	Negative	TG		60-160 mg/dL	Hemoglobin S / Purple Top			
Urine Microscopic			VLDL	≤30 mg/dL	Hb S Negative			
WBC:	EPI:	C/HDL RAT		≤4.5	Coagulation / Blue Top (3, 2%)			
RBC:	Mucus:	Miscellaneous / Rapid Tests			PT 7.0-14.0 sec			
Bacteria:	Yeast:	Mono		Negative	APTT 21.0-50.0 sec			
Casts:	Crystals:	RPR		Negative	INR 0.5-1.5/therap 2-3			
Other:		Drug Screen		Negative	Cardiac Panel / Purple Top			
		HCG		Negative	Myoglobin	NEG / 0-107 ng/mL		

Special Chemistries / Red or Tiger Top			Body Fluid Panel / Sterile Container			
TSH	0.25 - 5 uIU/ml	H. pylori		Negative	Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel (CSF only)	
FT4	9 - 20 pmol/L	ETOH/Alc.		Negative		
FT3	4.0 - 8.3 pmol/L	Strep A		Negative		
T4	60 - 120 nmol/L	Chlamydia		Negative		
T3	0.92 - 2.33 nmol/L	Flu A&B		Negative		
HIV	Negative	C. difficile		Negative		
PSA	0.0 - 4.0 ng/ml	O&P		No Ova / Parasite		
Additional / Other Requests (Consult with Lab Prior to Submitting)			Occult Bld	Negative		
			Wet Mount	Negative		
			KOH	Negative		

**FOUO**

**LAW ENFORCEMENT SENSITIVE** ACU DDH CID ROIS 39245 EXHIBIT 00093-109



AST, FIRST MI. (Or Hospital ID #) **Sardah Muxhel** Male  Female  SSN or ISN: **1764660** Signs and Symptoms: **010205 CID579-40033**  
 Physician: (b)(6) Ward: **ICU** LAW ENFORCEMENT SENSITIVE Collection Date & Time: **22 Oct 05 1400** Lab Use Only Initials: (b)(6) Lab Use Only D&T: **1432**  
 Drawn by (b)(6) Bed: **1**  Routine

Chemistry (STAT) Syringe / Green Top Chemistry (Piccolo Analyzer) Green Top Hematology (Coulter) Purple Top  
 Bld Gas Bld Gas w/Lact - Glu - Creat Chem 12 Met8 BMP Liver CMP Renal Lipid CBC Manual Differential

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
pH		7.35-7.45	ALB		3.3-5.5 g/dL	WBC	<b>17.7</b>	4.8-10.8 x10(3)/uL
pCO2		35-45 mmHg	ALP		26-184 U/L	RBC	<b>4.58</b>	4.2-6.1 x10(6)/uL
pO2		80-100 mmHg	ALT		10-47 U/L	Hgb	<b>13.6</b>	12.0-18.0 g/dL
TCO2		18-33 mmol/L	AMY		14-110 U/L	Hct	<b>40.0</b>	M: 42.0-52.0%
HCO3		22-26 mmol/L	AST		11-38 U/L			F: 37-47%
SO2		95-99%	Tbil		0.2-1.6 mg/dL	MCV	<b>87.4</b>	80.0-99.0 fl
BEecf		(-2) - (+3)	BUN	<b>14</b>	7-22 mg/dL	MCH	<b>29.8</b>	27.0-31.0 pg
Lactate		0.90-1.70 mmol/L	Ca	<b>7.8</b>	8.0-10.3 mg/dL	MCHC	<b>34.1</b>	33.0-37.0 g/dL
Glucose		73-118 mg/dL	Chol		100-200 mg/dL	Plt	<b>333</b>	130-400 x10(3)/uL
Creat		0.6-1.3 mg/dL	CK		M: 39-380 U/L	LY%	<b>9.4</b>	20.0-44.0%
					F: 30-190 U/L	LY#	<b>1.7</b>	0.7-4.3 x10(3)/uL

**Urinalysis**

Color	Straw/Yellow
Clarity	Clear
Glucose	Negative
Bilirubin	Negative
Ketone	Negative
SG	1.010-1.025
Blood	Negative
pH	5.0-8.0
Protein	Negative-Trace
Urobili	0.1-1.0 Ehrlich U/dL
Nitrite	Negative
Leuko	Negative

CL	<b>107</b>	98-109 mmol/L
TCO2	<b>26</b>	18-33 mmol/L
Creat	<b>1.6</b>	0.6-1.3 mg/dL
GGT		5-65 U/L
Glu	<b>126</b>	73-118 mg/dL
K	<b>4.0</b>	3.3-4.9 mmol/L
TProtein		6.4-8.1 g/dL
Na	<b>132</b>	138-145 mmol/L
Phos		2.2-4.5 mg/dL
HDL Chol		30-75 mg/dL
LDL Chol		50-130 mg/dL
TG		60-160 mg/dL
VLDL		≤30 mg/dL
C/HDL RAT		≤4.5

**Differential**

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells
RBC Abn Morph:	
Plt Abn Morph:	
WBC Abn Morph:	

**Urine Microscopic**

WBC:	EPI:
RBC:	Mucus:
Bacteria:	Yeast:
Casts:	Crystals:
Other:	

**Miscellaneous / Rapid Tests**

Mono	Negative
RPR	Negative
Drug Screen	Negative
HCG	Negative
H. pylori	Negative
ETOH/Alc.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile	Negative
O&P	No Ova / Parasite
Occult Bld	Negative
Wet Mount	Negative
KOH	Negative

**Sed Rate / Purple Top**

Sed Rate	0-20 mm at 1 hour
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**Hemoglobin S / Purple Top**

Hb S	Negative
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**Special Chemistries / Red or Tiger Top**

TSH	0.25 - 5 uIU/ml
FT4	9 - 20 pmol/L
FT3	4.0 - 8.3 pmol/L
T4	60 - 120 nmol/L
T3	0.92 - 2.33 nmol/L
HIV	Negative
PSA	0.0 - 4.0 ng/ml

**Coagulation / Blue Top (3.2%)**

PT	7.0-14.0 sec
APTT	21.0-50.0 sec
INR	0.5-1.5/therap 2-3

**Cardiac Panel / Purple Top**

Myoglobin	NEG / 0-107 ng/mL
CK-MB	NEG / 0-4.3 ng/mL
Troponin	NEG / 0.0-0.4 ng/mL

**Body Fluid Panel / Sterile Container**

Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel (CSF only)

Additional / Other Requests: (Consult with Lab Prior to Submitting)

LAST, FIRST, MI. (Or Hospital ID #)  Male SSN or ISN: **176640** Signs and Symptoms: **0102 05 C 10579-40033**  
 Physician: Ward: **ICU**  Female **LAW ENFORCEMENT SENSITIVE** Lab Use Only  
 Drawn by: Bed: **1**  Routine **22 Oct 0550** Initials: (b)(6) Lab Use Only D&T: **10/24/05**

Chemistry (STAT) Syringe / Green Top Chemistry (Piccolo Analyzer) Green Top Hematology (Coulter) Purple Top  
 Blood Gas w/ Lactate, Glu, Crea Chem 12, Met, BMP, Liver, CMP, Renal, Lipid CBC Manual Differential

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
H	7.474	7.35-7.45	ALB		3.3-5.5 g/dL	WBC	19.9	4.8-10.8 x10(3)/uL
CO2	31.2	35-45 mmHg	ALP		26-184 U/L	RBC	5.03	4.2-6.1 x10(6)/uL
O2	91	80-100 mmHg	ALT		10-47 U/L	Hgb	14.6	12.0-18.0 g/dL
CO2	24	18-33 mmol/L	AMY		14-110 U/L	Hct	44.1	M: 42.0-52.0%
ICO3	22.5	22-26 mmol/L	AST		11-38 U/L			F: 37-47%
O2	98	95-99%	Tbil		0.2-1.6 mg/dL	MCV	87.5	80.0-99.0 fl
Becf	-1	(-2) - (+3)	BUN	16	7-22 mg/dL	MCH	29.0	27.0-31.0 pg
Lactate		0.90-1.70 mmol/L	Ca	7.9	8.0-10.3 mg/dL	MCHC	33.2	33.0-37.0 g/dL
Glucose		73-118 mg/dL	Chol		100-200 mg/dL	Plt	429	130-400 x10(3)/uL
Creat		0.6-1.3 mg/dL	CK		M: 39-380 U/L	LY%	6.1	20.0-44.0%
					F: 30-190 U/L	LY#	1.2	.07-4.3 x10(3)/uL

**Urinalysis**

Color	Straw/Yellow
Clarity	Clear
Glucose	Negative
Bilirubin	Negative
Ketone	Negative
SG	1.010-1.025
Blood	Negative
pH	5.0-8.0
Protein	Negative-Trace
Urobili	0.1-1.0 Ehrlich U/dL
Nitrite	Negative
Leuko	Negative

CL	102	98-109 mmol/L
TCO2	27	18-33 mmol/L
Creat	1.1	0.6-1.3 mg/dL
GGT		5-65 U/L
Glu	137	73-118 mg/dL
K	3.9	3.3-4.9 mmol/L
TProtein		6.4-8.1 g/dL
Na	121	138-145 mmol/L
Phos		2.2-4.5 mg/dL
HDL Chol		30-75 mg/dL
LDL Chol		50-130 mg/dL
TG		60-160 mg/dL
VLDL		≤30 mg/dL
C/HDL RAT		≤4.5

**Differential**

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells
RBC Abn Morph:	
Plt Abn Morph:	
WBC Abn Morph:	

**Malaria Smear / Purple Top**

Thin	No Plasmodium Seen
Thick	No Plasmodium Seen

**Urine Microscopic**

WBC:	EPI:
RBC:	Mucus:
Bacteria:	Yeast:
Casts:	Crystals:
Other:	

**Miscellaneous / Rapid Tests**

Mono	Negative
RPR	Negative
Drug Screen	Negative
HCG	Negative
H. pylori	Negative
ETOH/Alc.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile	Negative
O&P	No Ova / Parasite
Occult Bld	Negative
Wet Mount	Negative
KOH	Negative

**Sed Rate / Purple Top**

Sed Rate	0-20 mm at 1 hour
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**Hemoglobin S / Purple Top**

Hb S	Negative
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**Special Chemistries / Red or Tiger Top**

TSH	0.25 - 5 uIU/ml
FT4	9 - 20 pmol/L
FT3	4.0 - 8.3 pmol/L
T4	60 - 120 nmol/L
T3	0.92 - 2.33 nmol/L
HIV	Negative
PSA	0.0 - 4.0 ng/ml

**FOUO**

**Coagulation / Blue Top (3.2%)**

PT	7.0-14.0 sec
APTT	21.0-50.0 sec
INR	0.5-1.5/therap 2-3

**Cardiac Panel / Purple Top**

Myoglobin	NEG / 0-107 ng/mL
CK-MB	NEG / 0-4.3 ng/mL
Troponin	NEG / 0.0-0.4 ng/mL

Additional / Other Requests: (Consult with Lab Prior to Submitting)

**Body Fluid Panel / Sterile Container**

Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel (CSF only)

HR 142 bpm

T MAC1200 ST 0000000000176640,

0033  
ementa Results:

P	/	ms
T	/	ms
QBD	/	degrees
M	/	mV

0102

FOUO

LAW ENFORCEMENT SENSITIVE

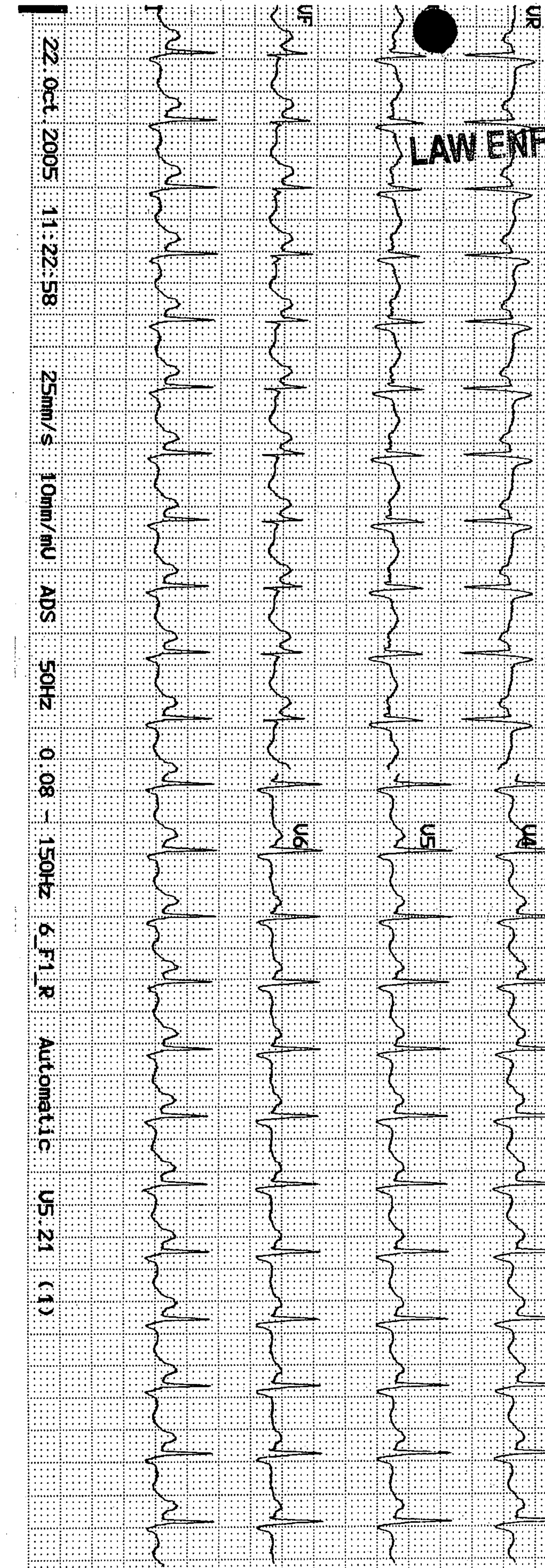
Interpretation:

22 October 05  
@ 0900  
Ten Good 1

Unconfirmed report

FOUO

ACLURDI CID ROIS 39248  
LAW ENFORCEMENT SENSITIVE EXHIBIT 000095



22 Oct 2005 11:22:58 25mm/s 10mm/mV ADS 50Hz 0.08 - 150Hz 6 F1 R Automatic U5.21 (1)

FOUO

LAST, FIRST, MI. (Or Hospital ID #)

Male SSN or ISN

Signs and Symptoms:  
0102 05 CID 579-40033

Physician (b)(6)

Ward: ICU

Female

Lab Use Only

Lab Use Only 1825

Drawn by (b)(6)

Bed: 210405

Routine

Initials: (b)(6)

D&T: 2/2/05

Chemistry (STAT) Syringe / Green Top

Chemistry (Piccolo Analyzer) Green Top

Hematology (Coulter) Purple Top

Bld Gas - Bld Gas w/Lact - Glu - Crea

Chem (12) Met (8) BMP Liver CMP Renal Lipid

CBC Manual Differential

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
pH	7.203	7.35-7.45	ALB	1.8	3.3-5.5 g/dL	WBC	13.6	4.8-10.8 x10(3)/uL
PCO2	39.9	35-45 mmHg	ALP	149	26-184 U/L	RBC	4.51	4.2-6.1 x10(6)/uL
PO2	197	80-100 mmHg	ALT	26	10-47 U/L	Hgb	12.9	12.0-18.0 g/dL
TCO2	17	18-33 mmol/L	AMY	31	14-110 U/L	Hct	41.2	M: 42.0-52.0%
HCO3	15.7	22-26 mmol/L	AST	16	11-38 U/L			F: 37-47%
sO2	99	95-99%	Tbil	1.0	0.2-1.6 mg/dL	MCV	91.4	80.0-99.0 fl
BEecf	-12	(-2) - (+3)	BUN	9	7-22 mg/dL	MCH	28.7	27.0-31.0 pg
Lactate		0.90-1.70 mmol/L	Ca	8.0	8.0-10.3 mg/dL	MCHC	31.4	33.0-37.0 g/dL
Glucose		73-118 mg/dL	Chol	130	100-200 mg/dL	Plt	288	130-400 x10(3)/uL
Creat		0.6-1.3 mg/dL	CK		M: 39-380 U/L	LY%	18.6	20.0-44.0%
					F: 30-190 U/L	LY#	2.5	0.7-4.3 x10(3)/uL

Urinalysis

Color	Straw/Yellow	CL	82	98-109 mmol/L	Differential		
Clarity	Clear	TCO2	20	18-33 mmol/L	Segs(50-70%)	Mono(4-10%)	
Glucose	Negative	Creat	1.3	0.6-1.3 mg/dL	Bands(1-10%)	Eos(0-4%)	
Bilirubin	Negative	GGT		5-65 U/L	Lymph(20-44%)	Baso(0-2%)	
Ketone	Negative	Glu	420*	73-118 mg/dL	Atyp Ly	Immature cells	
SG	1.010-1.025	K	3.1	3.3-4.9 mmol/L	RBC Abn Morph:		
Blood	Negative	TProtein	5.4	6.4-8.1 g/dL	Plt Abn Morph:		
pH	5.0-8.0	Na	119	138-145 mmol/L	WBC Abn Morph:		
Protein	Negative-Trace	Phos		2.2-4.5 mg/dL			
Urobili	0.1-1.0 Ehrlich U/dL	HDL Chol		30-75 mg/dL			
Nitrite	Negative	LDL Chol		50-130 mg/dL			
Leuko	Negative	TG		60-160 mg/dL			
Urine Microscopic		VLDL		<=30 mg/dL	Thin	No Plasmodium Seen	
WBC:	EPI:	C/HDL RAT		<=4.5	Thick	No Plasmodium Seen	

Miscellaneous / Rapid Tests

Bacteria:	Yeast:	Mono	Negative	Sed Rate	0-20 mm at 1 hour	
Casts:	Crystals:	RPR	Negative	Hemoglobin S	Purple Top	
Other:		Drug Screen	Negative	Hb S	Negative	
		HCG	Negative	Coagulation	Blue Top (3-2%)	

Special Chemistries / Red or Tiger Top

TSH	0.25 - 5 uIU/ml	H. pylori	Negative	PT	17.3	7.0-14.0 sec
FT4	9 - 20 pmol/L	ETOH/Alc.	Negative	APTT	48.3	21.0-50.0 sec
FT3	4.0 - 8.3 pmol/L	Strep A	Negative	INR	1.7	0.5-1.5/therap 2-3
T4	60 - 120 nmol/L	Chlamydia	Negative	Cardiac Panel / Purple Top		
T3	0.92 - 2.33 nmol/L	Flu A&B	Negative	Myoglobin	195*	NEG / 0-107 ng/mL
HIV	Negative	C. difficile	Negative	CK-MB	5.8*	NEG / 0-4.3 ng/mL
PSA	0.0 - 4.0 ng/ml	O&P	No Ova / Parasite	Troponin	0.14*	NEG / 0.0-0.4 ng/mL

Additional / Other Requests  
(Consult with Lab Prior to Submitting)

Wet Mount	Negative	Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel (CSF only)			
KOH	Negative				

FOUO

LAW ENFORCEMENT SENSITIVE ROIS 39249

EXHIBIT 000096-109

AST, FIRST, MI. (Or Hospital ID #) Male SSN or ISN: **2 0 5 C I D 5 7 9 - 4 0 0 3 3**  
 Physician: Ward: **LAW ENFORCEMENT SENSITIVE** Signs and Symptoms:  
 Drawn by: Bed: Routine **210 et 1825** Specimen Collection Date & Time: Lab Use Only (b)(6) Initials: Lab Use Only **1835** D&T: **210 et as**

Chemistry (STAT) Syringe / Green Top Chemistry (Piccolo Analyzer) Green Top Hematology (Coulter) Purple Top  
 Bld Gas Bld Gas w/Lact Glu Creat Chem 12 Met8 BMP Liver CMP Renal Lipid GBC Manual Differential

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
pH	<b>7.336</b>	7.35-7.45	ALB		3.3-5.5 g/dL	WBC		4.8-10.8 x10(3)/uL
PCO2	<b>39.1</b>	35-45 mmHg	ALP		26-184 U/L	RBC		4.2-6.1 x10(6)/uL
PO2	<b>301</b>	80-100 mmHg	ALT		10-47 U/L	Hgb		12.0-18.0 g/dL
TCO2	<b>22</b>	18-33 mmol/L	AMY		14-110 U/L	Hct		M: 42.0-52.0%
HCO3	<b>20.9</b>	22-26 mmol/L	AST		11-38 U/L			F: 37-47%
sO2	<b>100</b>	95-99%	Tbil		0.2-1.6 mg/dL	MCV		80.0-99.0 fl
BEecf	<b>-5</b>	(-2) - (+3)	BUN		7-22 mg/dL	MCH		27.0-31.0 pg
Lactate		0.90-1.70 mmol/L	Ca		8.0-10.3 mg/dL	MCHC		33.0-37.0 g/dL
Glucose		73-118 mg/dL	Chol		100-200 mg/dL	Plt		130-400 x10(3)/uL
Creat		0.6-1.3 mg/dL	CK		M: 39-380 U/L	LY%		20.0-44.0%
					F: 30-190 U/L	LY#		0.7-4.3 x10(3)/uL

**Urinalysis**

Color	Straw/Yellow
Clarity	Clear
Glucose	Negative
Bilirubin	Negative
Ketone	Negative
SG	1.010-1.025
Blood	Negative
pH	5.0-8.0
Protein	Negative-Trace
Urobili	0.1-1.0 Ehrlich U/dL
Nitrite	Negative
Leuko	Negative

CL	98-109 mmol/L
TCO2	18-33 mmol/L
Creat	0.6-1.3 mg/dL
GGT	5-65 U/L
Glu	73-118 mg/dL
K	3.3-4.9 mmol/L
TProtein	6.4-8.1 g/dL
Na	138-145 mmol/L
Phos	2.2-4.5 mg/dL
HDL Chol	30-75 mg/dL
LDL Chol	50-130 mg/dL
TG	60-160 mg/dL
VLDL	≤30 mg/dL
C/HDL RAT	≤4.5

**Differential**

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells
RBC Abn Morph:	
Plt Abn Morph:	
WBC Abn Morph:	

**Urine Microscopic**

WBC:	EPI:
RBC:	Mucus:
Bacteria:	Yeast:
Casts:	Crystals:
Other:	

**Miscellaneous / Rapid Tests**

Mono	Negative
RPR	Negative
Drug Screen	Negative
HCG	Negative
H. pylori	Negative
ETOH/Alc.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile	Negative
O&P	No Ova / Parasite
Occult Bld	Negative
Wet Mount	Negative
KOH	Negative

**Sed Rate / Purple Top**

Sed Rate	0-20 mm at 1 hour
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**Hemoglobin S / Purple Top**

Hb S	Negative
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**Coagulation / Blue Top (3-2%)**

PT	7.0-14.0 sec
APTT	21.0-50.0 sec
INR	0.5-1.5/therap 2-3

**Cardiac Panel / Purple Top**

Myoglobin	NEG / 0-107 ng/mL
CK-MB	NEG / 0-4.3 ng/mL
Troponin	NEG / 0.0-0.4 ng/mL

**Body Fluid Panel / Sterile Container**

Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel (CSF only)

**Special Chemistries / Red or Tiger Top**

TSH	0.25 - 5 uIU/ml
FT4	9 - 20 pmol/L
FT3	4.0 - 8.3 pmol/L
T4	60 - 120 nmol/L
T3	0.92 - 2.33 nmol/L
HIV	Negative
PSA	0.0 - 4.0 ng/ml

**Additional / Other Requests**  
(Consult with Lab Prior to Submitting)

FOUO

ACU/SO/1001

TASK FORCE MED 344 LABORATORY FORM

Camp Bucca Internment Facility SASH, Iraq

LABORATORY FORM (Subject to Privacy Act of 1974)

LAST, FIRST, MI. (Or Hospital ID #) Male Female SSN or ISN Symptoms: **LAW ENFORCEMENT SENSITIVE** Resp. distress

Physician (b)(6) Ward: **KU** STAT Specimen Collection Date & Time: **21 Oct 05 1405** Lab Use Only Initials: (b)(6) Lab Use Only D&T: **21 Oct 05 415**

Chemistry (Piccolo Analyzer) Green Top Hematology (Coulter) Purple Top  
Bld Gas - Bld Gas w/ Lact - Glu - Crea Chem 12 Met8 BMP Liver CMP Renal Lipid CBC Manual Differential

Table with 9 columns: TEST, RESULT, REF. RANGE, TEST, RESULT, REF. RANGE, TEST, RESULT, REF. RANGE. Rows include pH (7.439), PCO2 (418), PO2 (261), TCO2 (30), HCO3 (28.4), sO2 (100), BEecf (4), Lactate, Glucose, Creat, ALB, ALP, ALT, AMY, AST, Tbil, BUN, Ca, Chol, CK, WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, Plt, LY%, LY#.

Table with 3 columns: TEST, RESULT, REF. RANGE. Rows include Urinalysis: Color (Straw/Yellow), Clarity (Clear), Glucose (Negative), Bilirubin (Negative), Ketone (Negative), SG (1.010-1.025), Blood (Negative), pH (5.0-8.0), Protein (Negative-Trace), Urobili (0.1-1.0 Ehrlich U/dL), Nitrite (Negative), Leuko (Negative), CL, TCO2, Creat, GGT, Glu, K, TProtein, Na, Phos, HDL Chol, LDL Chol, TG, VLDL, C/HDL RAT.

Table with 3 columns: TEST, RESULT, REF. RANGE. Rows include WBC, RBC, Bacteria, Casts, Other, Mono (Negative), RPR (Negative), Drug Screen (Negative), HCG (Negative), Sed Rate (0-20 mm at 1 hour), Hemoglobin S (Negative), Coagulation (Blue Top) PT (7.0-14.0 sec), APTT (21.0-50.0 sec), INR (0.5-1.5/therap 2-3).

Table with 3 columns: TEST, RESULT, REF. RANGE. Rows include Special Chemistries: TSH (0.25 - 5 uIU/ml), FT4 (9 - 20 pmol/L), FT3 (4.0 - 8.3 pmol/L), T4 (60 - 120 nmol/L), T3 (0.92 - 2.33 nmol/L), HIV (Negative), PSA (0.0 - 4.0 ng/ml), H. pylori (Negative), ETOH/Alc. (Negative), Strep A (Negative), Chlamydia (Negative), Flu A&B (Negative), C. difficile (Negative), O&P (No Ova / Parasite), Occult Bld (Negative), Wet Mount (Negative).

Additional/Other Requests: **LAW ENFORCEMENT SENSITIVE** Fluid Panel Includes: Gram stain, and Meningitis Panel (if only)

FOUO

ACLURD15496 p.94

EXHIBIT 2(74-109)

0102 05 C10579-40033

AST, FIRST, MI. (Or Hospital ID #)  Male  Female SSN or ISN: 176640 Signs and Symptoms: Respiratory Distress  
 Physician: \_\_\_\_\_ Ward: \_\_\_\_\_ **LAW ENFORCEMENT SENSITIVE** Lab Use Only (b)(6) \_\_\_\_\_ Lab Use Only D&T: 1250  
 Drawn by: \_\_\_\_\_ Bed: \_\_\_\_\_ Routine \_\_\_\_\_ Specimen Collection Date & Time: \_\_\_\_\_ Initials: \_\_\_\_\_

Chemistry (i-STAT) Syringe / Green Top Chemistry (Piccolo Analyzer) Green Top Hematology (Coulter) Purple Top  
 Bld Gas - Bld Gas w/Lact - Glu - Crea Chem 12 Met8 BMP Liver CMP Renal Lipid CBC Manual Differential

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
H	<u>7.395</u>	7.35-7.45	ALB		3.3-5.5 g/dL	WBC		4.8-10.8 x10(3)/uL
PCO2	<u>45.6</u>	35-45 mmHg	ALP		26-184 U/L	RBC		4.2-6.1 x10(6)/uL
PO2	<u>61</u>	80-100 mmHg	ALT		10-47 U/L	Hgb		12.0-18.0 g/dL
TCO2	<u>29</u>	18-33 mmol/L	AMY		14-110 U/L	Hct		M: 42.0-52.0%
HCO3	<u>27.9</u>	22-26 mmol/L	AST		11-38 U/L			F: 37-47%
SO2	<u>91</u>	95-99%	Tbil		0.2-1.6 mg/dL	MCV		80.0-99.0 fl
BEecf	<u>3</u>	(-2) - (+3)	BUN		7-22 mg/dL	MCH		27.0-31.0 pg
Lactate		0.90-1.70 mmol/L	Ca		8.0-10.3 mg/dL	MCHC		33.0-37.0 g/dL
Glucose		73-118 mg/dL	Chol		100-200 mg/dL	Pit		130-400 x10(3)/uL
Creat		0.6-1.3 mg/dL	CK		M: 39-380 U/L	LY%		20.0-44.0%
					F: 30-190 U/L	LY#		0.7-4.3 x10(3)/uL

**Urinalysis**

Color	Straw/Yellow
Clarity	Clear
Glucose	Negative
Bilirubin	Negative
Ketone	Negative
SG	1.010-1.025
Blood	Negative
pH	5.0-8.0
Protein	Negative-Trace
Urobili	0.1-1.0 Ehrlich U/dL
Nitrite	Negative
Leuko	Negative

CL	98-109 mmol/L
TCO2	18-33 mmol/L
Creat	0.6-1.3 mg/dL
GGT	5-65 U/L
Glu	73-118 mg/dL
K	3.3-4.9 mmol/L
TProtein	6.4-8.1 g/dL
Na	138-145 mmol/L
Phos	2.2-4.5 mg/dL
HDL Chol	30-75 mg/dL
LDL Chol	50-130 mg/dL
TG	60-160 mg/dL
VLDL	≤30 mg/dL
C/HDL RAT	≤4.5

Differential	
Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells
RBC Abn Morph:	
Plt Abn Morph:	
WBC Abn Morph:	
Malaria Smear / Purple Top	
Thin	No Plasmodium Seen
Thick	No Plasmodium Seen

**Urine Microscopic**

WBC:	EPI:
RBC:	Mucus:
Bacteria:	Yeast:
Casts:	Crystals:
Other:	

**Miscellaneous / Rapid Tests**

Mono	Negative
RPR	Negative
Drug Screen	Negative
HCG	Negative
H. pylori	Negative
ETOH/Alc.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile	Negative
O&P	No Ova / Parasite
Occult Bld	Negative
Wet Mount	Negative
KOH	Negative

**Sed Rate / Purple Top**

Sed Rate	0-20 mm at 1 hour
----------	-------------------

**Hemoglobin S / Purple Top**

Hb S	Negative
------	----------

**Coagulation / Blue Top (3, 2%)**

PT	7.0-14.0 sec
APTT	21.0-50.0 sec
INR	0.5-1.5/therap 2-3

**Cardiac Panel / Purple Top**

Myoglobin	NEG / 0-107 ng/mL
CK-MB	NEG / 0-4.3 ng/mL
Troponin	NEG / 0.0-0.4 ng/mL

**Body Fluid Panel / Sterile Container**

Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, Meningitis Panel (CSF only)

**Special Chemistries / Red or Tiger Top**

TSH	0.25 - 5 uIU/ml
FT4	9 - 20 pmol/L
FT3	4.0 - 8.3 pmol/L
T4	60 - 120 nmol/L
T3	0.92 - 2.33 nmol/L
HIV	Negative
PSA	0.0 - 4.0 ng/ml

Additional / Other Requests (Consult with Lab Prior to Submitting)

**LAW ENFORCEMENT SENSITIVE**

**FOUO**

EXHIBIT 000099  
 2(85-109)

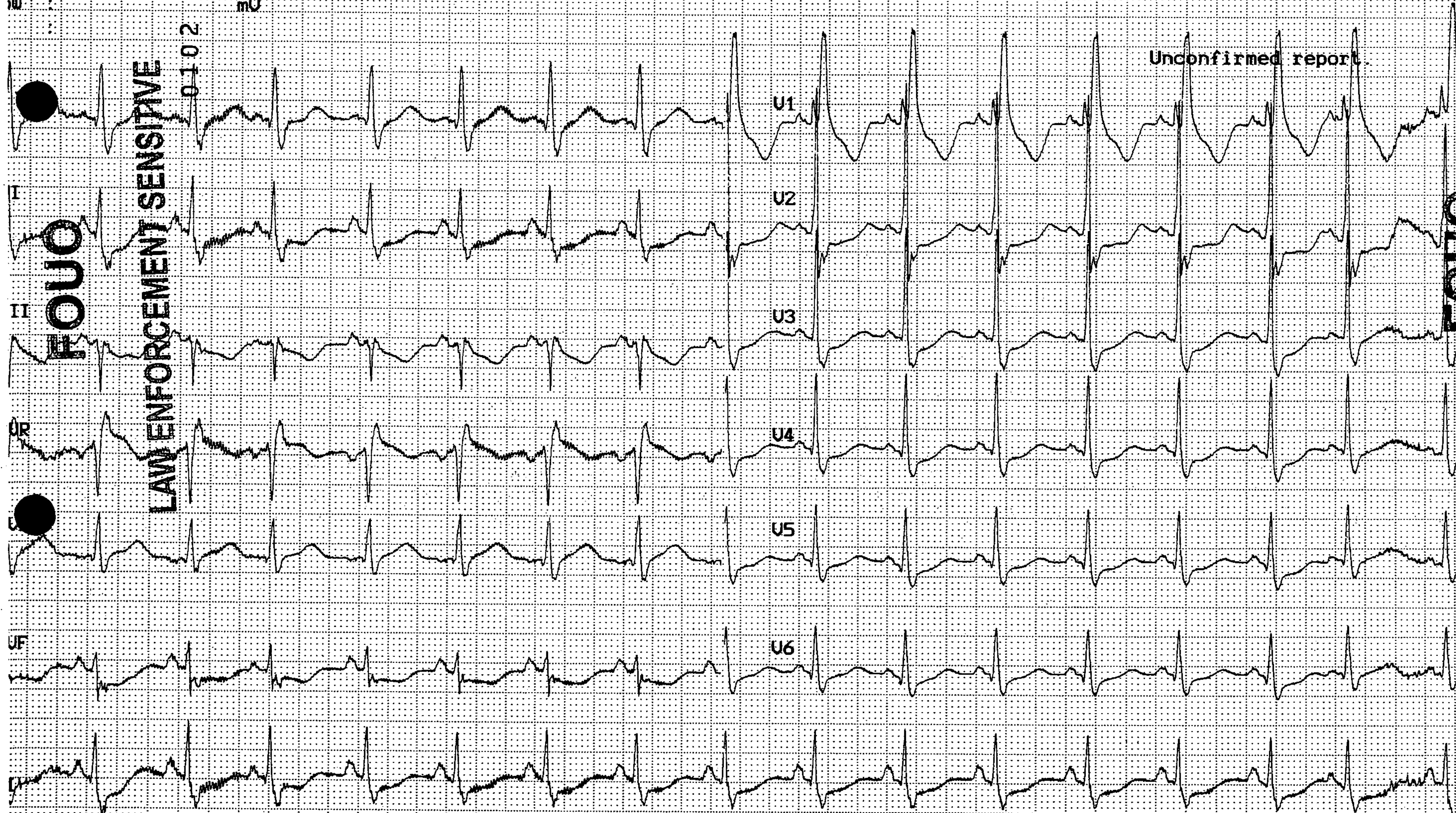
CT MAC1200 ST

HR 98 bpm

Measurement Results:

Interpretation:

PR: / ms  
 QRS: / ms  
 QT: / ms  
 QTc: / ms  
 ST-T: / degrees  
 mV: 0.102 0.5 mV



Unconfirmed report.

FOUO

FOUO

LAW ENFORCEMENT SENSITIVE (HIBIT 100100-109)



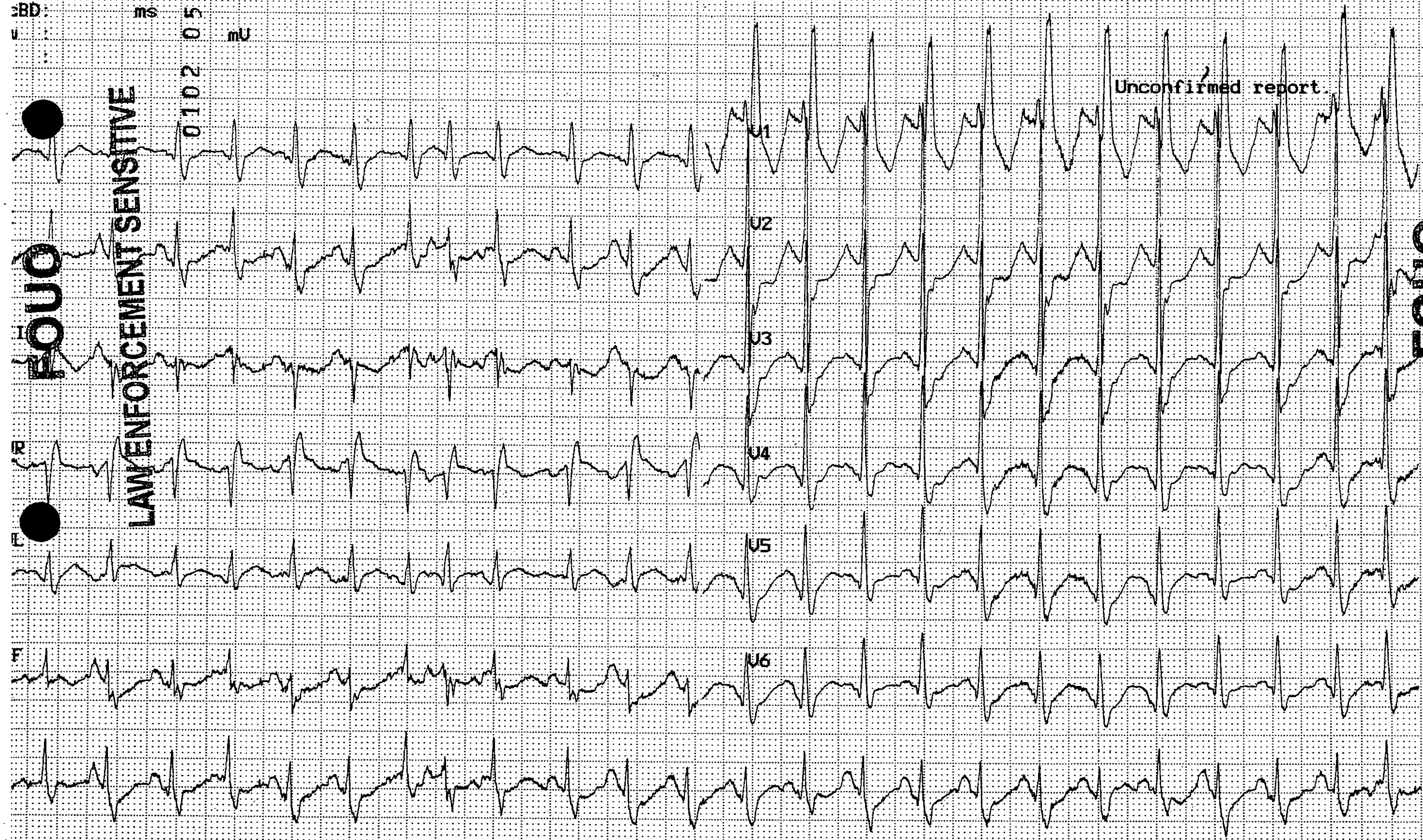
I MAC1200 ST 0000000000176640,  
50.0 kg

HR 148 bpm

Measurement Results:  
P: 117 ms  
PR: 175 ms  
QRS: 79 ms  
QT: 379 ms  
QTc: 357 ms  
ST-T: 0.5 mV  
QTc: 0.102 mU

Interpretation:

Unconfirmed report.



FOUO  
LAW ENFORCEMENT SENSITIVE

FOUO

ACU DRUG CID ROIS 39254  
LAW ENFORCEMENT SENSITIVE EXHIBIT (00101-109)

GEMS IT MAC1200 ST 0000000000176640,  
Male, 50.0 kg

HR 148bpm

Measurement Results:

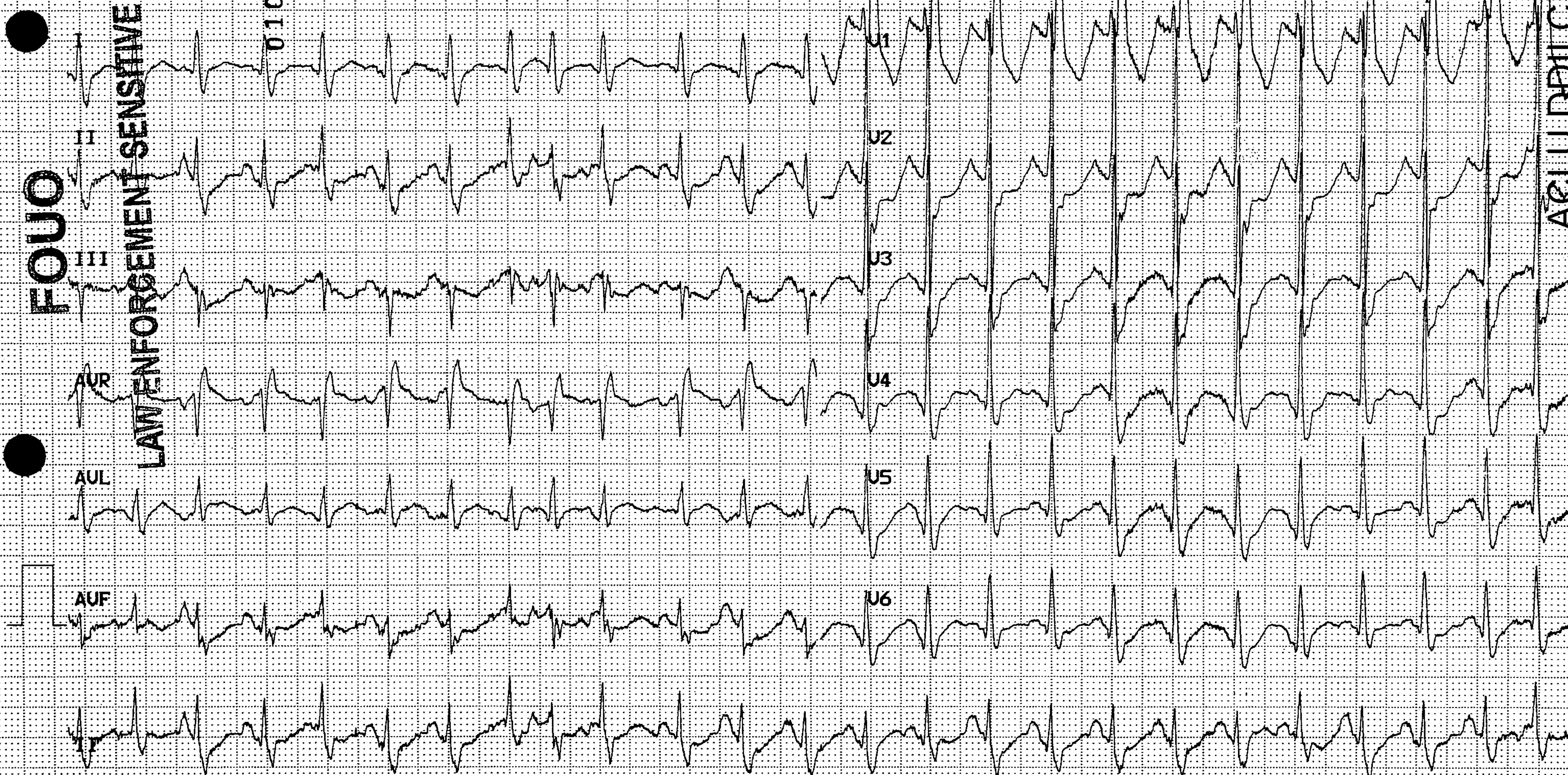
QRS		ms
QT/QTcB	/	ms
PR		ms
P		ms
RR/PP	/	ms
P/QRS/T	/ /	degrees
QTD/QTcBD	ms	
Sokolow		mV
NK		

Interpretation:

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

Unconfirmed report.



**FOUO**

**LAW ENFORCEMENT SENSITIVE**

ACLUCID CID ROIS 09255  
EXHIBIT 00102 (2-109)

LT MAC1200 ST 3 0000000000176640,  
50.0 kg

HR 148 bpm

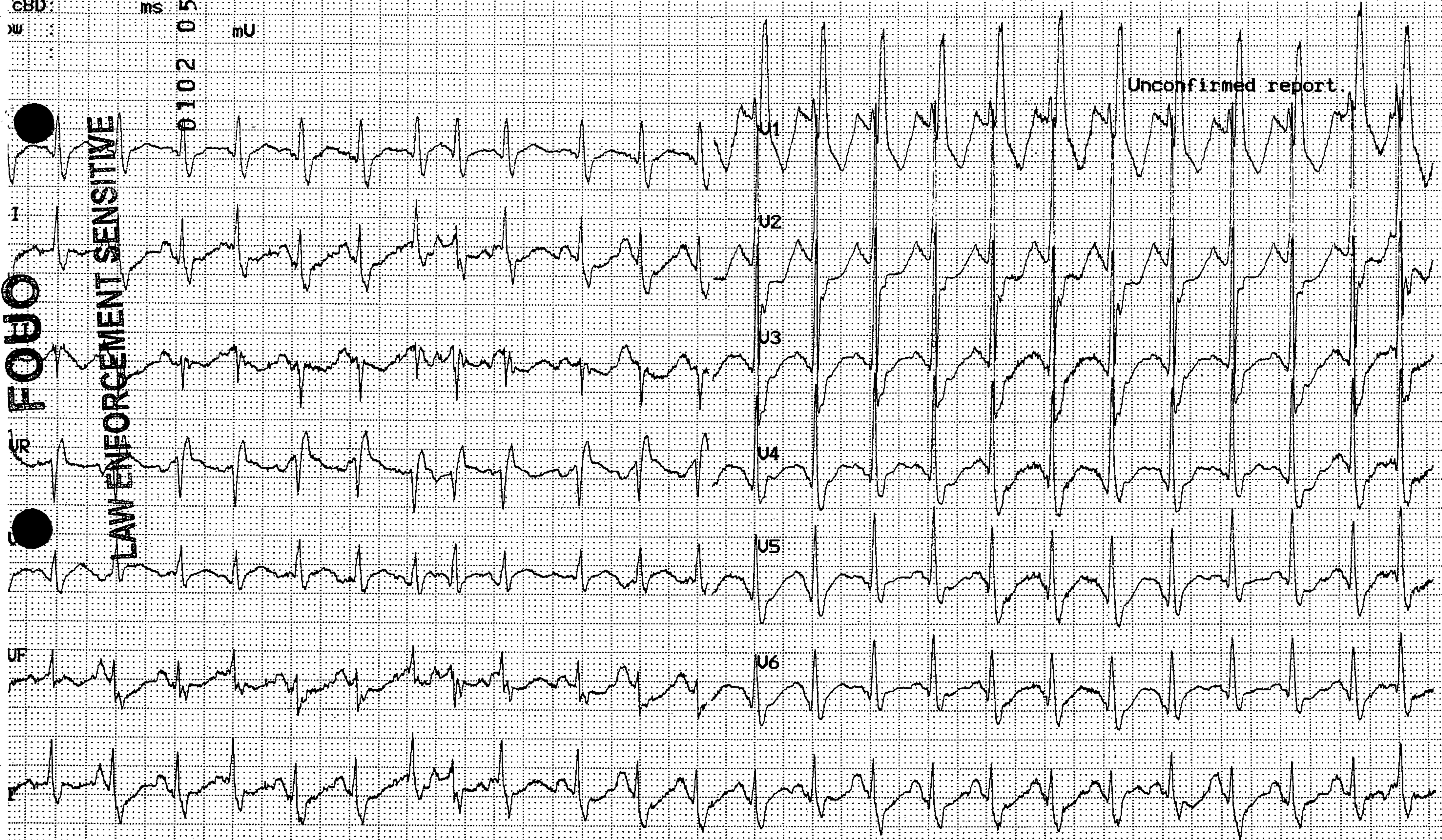
Measurement Results:  
P-R-T / ms  
Q-T / ms  
ST-T / ms  
QTcBD / ms  
QT / degrees  
QTd / ms  
QTn / mU

Interpretation:

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

**FOUO**  
**LAW ENFORCEMENT SENSITIVE**



ACLUDDI CID ROIS 39256  
EXHIBIT 2 (89-109)

TASK FORCE MED 344 LABORATORY LABORATORY FORM  
Camp Bucca Internment Facility, SASH, Iraq (b) (6) Privacy Act of 1974

ST, FIRST, MI. (Or Hospital ID #)  Male SSN or ISN: 176640  
Physician: (b)(6) Ward: LCWI STAT Specimen Collection Date & Time: 20 Oct 05 0600  
Lab Use Only Initials: (b)(6) Lab Use Only D&T: 200205 0617

Chemistry (Piccolo Analyzer) Green Top Hematology (Coulter) Purple Top  
Chem 12 Met8 BMP Liver CMP Renal Lipid CBC Manual Differential

Table with 9 columns: TEST, RESULT, REF. RANGE, TEST, RESULT, REF. RANGE, TEST, RESULT, REF. RANGE. Rows include ALB, ALP, ALT, AMY, AST, Tbil, BUN, Ca, Chol, CK, etc.

Urinalysis

Table with 9 columns: TEST, RESULT, REF. RANGE, TEST, RESULT, REF. RANGE, TEST, RESULT, REF. RANGE. Rows include CL, TCO2, Creat, GGT, Glu, K, TProtein, Na, Phos, HDL Chol, LDL Chol, TG, VLDL, C/HDL RAT.

Miscellaneous / Rapid Tests

Table with 9 columns: TEST, RESULT, REF. RANGE, TEST, RESULT, REF. RANGE, TEST, RESULT, REF. RANGE. Rows include Mono, RPR, Drug Screen, HCG, H. pylori, ETOH/Alc., Strep A, Chlamydia, Flu A&B, C. difficile, O&P, Occult Bld.

Coagulation / Blue Top (3-2%)

Table with 9 columns: TEST, RESULT, REF. RANGE, TEST, RESULT, REF. RANGE, TEST, RESULT, REF. RANGE. Rows include PT, APTT, INR.

Cardiac Panel / Purple Top

Table with 9 columns: TEST, RESULT, REF. RANGE, TEST, RESULT, REF. RANGE, TEST, RESULT, REF. RANGE. Rows include Myoglobin, CK-MB, Troponin.

Body Fluid Panel / Sterile Container

WBC & RBC count, WBC diff, and Meningitis Panel (CSF only)

FOUO

ACLU RDI 5496 p 100

EXHIBIT 11 2(90-109)

FOUO

0102 05 CID579-40033

SK FORCE MED 344 LABORATORY  
p Bucca Internment Facility SASH, Iraq

LABORATORY FORM  
Cecy Act of 1974

LAW ENFORCEMENT SENSITIVE

Mr. (Or Hospital ID #)

Male  
Female  
STAT  
Routine

Specimen Collection Date & Time:

Signs and Symptoms:

Ward: ICWT  
Bed: 6

Lab Use Only  
Initials: (b)(6)

Lab Use Only  
D&T: 19 Oct 05

(STAT) Syringe / Green Top

Chemistry (Piccolo Analyzer) Green Top

Hematology (Coulter) Purple Top

Serum Bld Gas w/Lact - Glu - Crea

Chem 12 Met8 BMP Liver CMP Renal Lipid

CBC Manual Differential

RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
	7.35-7.45	ALB	3.0	3.3-5.5 g/dL	WBC	21.7	4.8-10.8 x10(3)/uL
	35-45 mmHg	ALP	137	26-184 U/L	RBC	5.75	4.2-6.1 x10(6)/uL
	80-100 mmHg	ALT	39	10-47 U/L	Hgb	16.4	12.0-18.0 g/dL
	18-33 mmol/L	AMY	15	14-110 U/L	Hct	51.3	M: 42.0-52.0%
	22-26 mmol/L	AST	25	11-38 U/L			F: 37-47%
	95-99%	Tbil	0.6	0.2-1.6 mg/dL	MCV	89.2	80.0-99.0 fl
	(-2) - (+3)	BUN	7	7-22 mg/dL	MCH	28.5	27.0-31.0 pg
	0.90-1.70 mmol/L	Ca	9.1	8.0-10.3 mg/dL	MCHC	32.0	33.0-37.0 g/dL
	73-118 mg/dL	Chol	181	100-200 mg/dL	Pit	404	130-400 x10(3)/uL
	0.6-1.3 mg/dL	CK		M: 39-380 U/L F: 30-190 U/L	LY%	4.6	20.0-44.0%
					LY#	1.0	0.7-4.3 x10(3)/uL

Urinalysis

Color	Straw/Yellow	CL		98-109 mmol/L	Differential		
Clarity	Clear	TCO2		18-33 mmol/L	Segs(50-70%)	Mono(4-10%)	
Glucose	Negative	Creat	1.3	0.6-1.3 mg/dL	Bands(1-10%)	Eos(0-4%)	
Bilirubin	Negative	GGT		5-65 U/L	Lymph(20-44%)	Baso(0-2%)	
Ketone	Negative	Glu	159	73-118 mg/dL	Atyp Ly	Immature cells	
SG	1.010-1.025	K		3.3-4.9 mmol/L	RBC Abn Morph:		
Blood	Negative	TProtein	26	6.4-8.1 g/dL	Pit Abn Morph:		
pH	5.0-8.0	Na		138-145 mmol/L	WBC Abn Morph:		
Protein	Negative-Trace	Phos		2.2-4.5 mg/dL			
Urobili	0.1-1.0 Ehrlich U/dL	HDL Chol		30-75 mg/dL			
Nitrite	Negative	LDL Chol		50-130 mg/dL			
Leuko	Negative	TG		60-160 mg/dL			
		VLDL		≤30 mg/dL			
		C/HDL RAT		≤4.5			

Urine Microscopic

WBC:	EPI:	Miscellaneous / Rapid Tests			Sed Rate / Purple Top		
RBC:	Mucus:	Mono		Negative	Sed Rate	0-20 mm at 1 hour	
Bacteria:	Yeast:	RPR		Negative	Hemoglobin S / Purple Top		
Casts:	Crystals:	Drug Screen		Negative	Hb S	Negative	
Other:		HCG		Negative	Coagulation / Blue Top (3/2)		

Special Chemistries / Red or Tiger Top

TSH	0.25 - 5 uIU/ml	H. pylori		Negative	PT	7.0-14.0 sec	
FT4	9 - 20 pmol/L	ETOH/Alc.		Negative	APTT	21.0-50.0 sec	
FT3	4.0 - 8.3 pmol/L	Strep A		Negative	INR	0.5-1.5/therap 2-3	
T4	60 - 120 nmol/L	Chlamydia		Negative	Cardiac Panel / Purple Top		
T3	0.92 - 2.33 nmol/L	Flu A&B		Negative	Myoglobin	NEG / 0-107 ng/mL	
HIV	Negative	C. difficile		Negative	CK-MB	NEG / 0-4.3 ng/mL	
PSA	0.0 - 4.0 ng/ml	O&P		No Ova / Parasite	Troponin	NEG / 0.0-0.4 ng/mL	
		Occult Bld		Negative	Body Fluid Panel / Sterile Container		

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU RDI 5496 6 101  
Request (Consult with Lab Prior to Submitting)  
KOH  
ACLU RDI 5496 6 101  
Request (Consult with Lab Prior to Submitting)  
KOH  
39258  
000105  
and Meningitis Panel (CSF only)

LAW ENFORCEMENT SENSITIVE

For use of this form, see AR 40-66, the proponent agency is OTSG

DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD FORM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
176640			15 OCT 05		
			IVF NS @ 50cc/hr	(b)(6)	(b)(6)
NURSING UNIT	ROOM NO.	BED NO.			
ICW		6			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
176640			16 OCT 05	NETT IV DS 1/2 NS @ 100 cc/hr	
				INCREASE IV TO 100 cc/hr	
				CHEST XRAY, 2 VIEW, TOMORROW	
NURSING UNIT	ROOM NO.	BED NO.			
ICW		6			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
176640			16 OCT 05	HARDOL 0.5 MG PO Q 6H ACUTATION	
				USINAPRIL 5 MG PO Q AM	
NURSING UNIT	ROOM NO.	BED NO.			
ICW		6			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
176640			17 OCT 05		
				① HARDOL 1mg IM x 7 dose 30 min prior to XRAY.	
				② lateral chest Xray on call.	
NURSING UNIT	ROOM NO.	BED NO.			
ICW	I	6			

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, SENSITIVE ORGANIZATION (Sign each entry)
15 OCT 05 <u>Medicine</u>	<p>Review of labs</p> <p>↑ BUN/CR. poor oral intake will initiate 10% hydration</p> <p>monitor EKG's</p> <div data-bbox="1485 528 2107 685" style="border: 1px solid black; padding: 2px;">(b)(6)</div>
16 OCT 05	<p>MED NOTE: PO INTAKE POOR, IV RESTARTED</p> <p>VSS AFEB CHEST CL</p> <p>ASS: PROB CURE CA E PROGNOSIS</p> <p>LAB: WBC ↓ 12.6</p> <p>15 OCT BUN 21 / 1.3 GLU 70</p> <p>P: RADIOLOGIST REQUESTING REPEATS CXR FOR COMPANION, SO 2V IN AM Δ IV TO D5 1/2NS @ GLU LOW</p> <div data-bbox="1321 1556 1670 1685" style="border: 1px solid black; padding: 2px;">(b)(6)</div>
16 OCT 05 1745	<p>MED NOTE: BP ↑ 2° AGITATION</p> <p>P: HAROL 0.5 MG Q6H → 546 QD</p> <p>ADD HTT LISINAPRIL IF PERSISTS</p> <div data-bbox="1823 1856 2085 1956" style="border: 1px solid black; padding: 2px;">(b)(6)</div> <div data-bbox="1539 1956 2107 2127" style="border: 1px solid black; padding: 2px;">(b)(6)</div>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

176640

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Lined form area for recording symptoms, diagnosis, and treatment.

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39261

STANDARD FORM 600 (REV. 6-97) BACK

000108

USAPA V2.00



FOUO

AST, FIRST, MI. (Or Hospital ID #) Male SSN or ISN: 05 C 10579-40033
Physician: Ward: ICU Bed: 6
STAT Specimen Collection Date & Time:
Lab Use Only Initials: (b)(6) Lab Use Only D&T: 0500

Chemistry (STAT) Syringe / Green Top Chemistry (Piccolo Analyzer) Green Top Hematology (Coulter) Purple Top
Bld Gas - Bld Gas w/Lact - Glu - Crea Chem 12 Met8 BMP Liver CMP Renal Lipid CBC Manual Differential

Table with 9 columns: TEST, RESULT, REF. RANGE. Rows include pH, PCO2, PO2, TCO2, HCO3, sO2, BEecf, Lactate, Glucose, Creat, ALB, ALP, ALT, AMY, AST, Tbil, BUN, Ca, Chol, CK, WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, Plt, LY%, LY#.

Urinalysis section with 3 columns: TEST, RESULT, REF. RANGE. Rows include Color, Clarity, Glucose, Bilirubin, Ketone, SG, Blood, pH, Protein, Urobili, Nitrite, Leuko, CL, TCO2, Creat, GGT, Glu, K, TProtein, Na, Phos, HDL Chol, LDL Chol, TG, VLDL, C/HDL RAT.

Miscellaneous / Rapid Tests section with 3 columns: TEST, RESULT, REF. RANGE. Rows include Mono, RPR, Drug Screen, HCG, H. pylori, ETOH/Alc., Strep A, Chlamydia, Flu A&B, C. difficile, O&P, Occult Bld, Wet Mount, KOH.

Special Chemistries / Red or Tiger Top section with 3 columns: TEST, RESULT, REF. RANGE. Rows include TSH, FT4, FT3, T4, T3, HIV, PSA.

Coagulation / Blue Top (3-2%) section with 3 columns: TEST, RESULT, REF. RANGE. Rows include PT, APTT, INR.

Cardiac Panel / Purple Top section with 3 columns: TEST, RESULT, REF. RANGE. Rows include Myoglobin, CK-MB, Troponin.

Body Fluid Panel / Sterile Container section with 3 columns: TEST, RESULT, REF. RANGE. Rows include Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential.

LAW ENFORCEMENT SENSITIVE ROIS 39262

EXHIBIT 000109 2(94-109)

FOUO

LAW ENFORCEMENT SENSITIVE 102 05 CID579-40033

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
rdah Muthon N 16640 CU bed 1			12 OCT 05	1035 HOURS	24/10/05 20/10/05 21/10/05 22/10/05 23/10/05 24/10/05
NURSING UNIT ROOM NO. BED NO.			DC Foley		
			PHENORBAN 25 MG PO Q6H PRN NAUSEA	(b)(6)	
			DC IV	(b)(6)	
NURSING UNIT ROOM NO. BED NO.			LEVOQUIN 250 MG PO Q 24 BEGIN 0800		noted
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			OCT 13	(b)(6) HOURS	
NURSING UNIT ROOM NO. BED NO.			12 OCT 05	1500	
			HARDOC 2 MG PO BID		
NURSING UNIT ROOM NO. BED NO.			Q6H PRN AGITATION	(b)(6)	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			13 OCT 05		
			Transfer to ICW when bed available		
			continue current medications		
NURSING UNIT ROOM NO. BED NO.			(b)(6)		
176640			(b)(6)		
ICW I 6			noted		13 Oct 05 @ 1100
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			24 chart review	(b)(6)	10/3/05
LAW ENFORCEMENT SENSITIVE			14 OCT CBC, Chem 7 IN AM	(b)(6)	
NURSING UNIT ROOM NO. BED NO.			(b)(6)		
176640			(b)(6)		
ICW I 6			24 chart check	(b)(6)	14 Oct 05 15:15

FOUO

LAW ENFORCEMENT SENSITIVE

ACLURD DA FORM 496 P 074 08 4256

REPLACES EDITION OF JUL 7 WHICH A BE USED

ROIS 39263 000110 EXHIBIT 2(95-109)

FOUO

0980

0102 05 CID579-40033

LAW ENFORCEMENT SENSITIVE

DOCTOR'S ORDERS For use of this form, see AR 40-66, the proponent agency is OTSG

(b)(6)

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			10 OCT 05	0820 HOURS	
176640			✓ ADMIT ICU		10 Oct 05 @ 1130 (b)(6)
Ice bed 1			✓ DX: PNEUMONIA		
			DEHYDRATION		
			✓ COND: FARR		
			✓ DIET: ROUTINE		
NURSING UNIT	ROOM NO.	BED NO.	✓ VS: ROUTINE		
			✓ IV DS 1/2 NS @ 150cc/hr		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			✓ LEVOQUIN 500 MG IV		10 Oct 05 @ 1130 (b)(6)
			Q24 HOURS		
			BEGIN 0800 11 OCT 05		
			✓ CBC, BMP 0600		
			11 OCT 05		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			11 OCT 05	0745 HOURS	
			CBC BMP 0600		11 Oct 05 (b)(6)
			12 OCT 05		
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			11 OCT 05	1315 HOURS	
			INCREASE IV RATE TO		11 Oct 05 (b)(6)
			500 cc/hr FOR 1 HOUR		
			THEN DECREASE TO		
			200 cc/hr		
NURSING UNIT	ROOM NO.	BED NO.			

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39264

FOUO

LAW ENFORCEMENT SENSITIVE 102 05 610579-40033

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
176640 ICU bed 1			10 OCT 05	0820 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	✓ ADMICU		
			✓ DX: PNEUMONIA		
			DEHYDRATION		(b)(6)
			CARD: FINE		
			DIET: ROUTINE		
			✓ VS: POUNDIE		
			✓ IV DS 1/2 NS @ 150cc/hr		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			✓ LEVOQUIN 500 mg IV		
			Q24 HOURS <del>NEXT</del>		
			BEGIN 0800 11 OCT 05		
			✓ CBC, BUN, CR		
			11 OCT 05		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
176640			10 OCT 05	102745 HOURS	
NURSING UNIT	ROOM NO.	BED NO.	✓ CBC, BUN, CR		
			0600		
			(b)(6)		(b)(6)
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
FOUO			11 OCT 05	1315 HOURS	
LAW ENFORCEMENT SENSITIVE			✓ 10 mg/kg IV KATE TO		
			500 cc/hr For 1 Hour		
			Then decreased to		
			200 cc/hr		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)		

ACLU DDII CID ROIS 39265

FOUO

176640 LAW ENFORCEMENT SENSITIVE 102 05 CID579-40033

40-00-03-0178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CASE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

12 OCT 05 ASS: PROB LUNG CA & POST OBSTRUCTIVE  
 CONT PNEUMONIA  
 DETENTION - RESOLVED  
 P: Δ TO PD CERQUIN  
 DC IV  
 DC Foley  
 AWAIT CAR REPORT  
 CONSIDER CTEST CT (b)(6)

13 OCT 05 ICU  
 - No complaints; poor oral intake  
 - without cough  
 - VS 159/82 61 16 A (fibrile) pulse ox 94  
 resting comfortably, NAD, follows commands  
 CHEST ↓ BS, øv/r/r  
 CV REG  
 ABD soft  
 EXT ø E/C/L  
 A/P ① PN - resolving post lung CA.  
 continue PO levagur  
 ② Dehydration IV discontinued, encourage PO  
 ③ Transfer ICU (b)(6)

LAW ENFORCEMENT SENSITIVE

FOUO

HOSPITAL OR MEDICAL FACILITY: 76640  
 SPONSOR'S NAME: 76640  
 SSN/ID NO:  
 RELATIONSHIP TO SPONSOR:  
 DEPART. SERVICE:  
 REGISTER NO. 39266  
 WARD: 000113

DATE  
000114  
39267

SYMPTOM

DIAGNOSIS, TREATMENT, TREATING OFFICER

SIGNATURE (Sign each entry)

0102 05 CID 579-40033

ACLU RDI CID ROIS

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

STANDARD FORM 600 (REV. 84)

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS AND SIGNS TREATMENT FROM ORGANIZATION (Sign each entry)

11 OCT 05

MON NOTE:

0102 05 CID579-40033

VSS  
chest clear  
con NSR

LAB: Bun ↓ 50 → 34

Cr ↓ 1.6 1.1

WBC ~~18.1~~ UNCHANGED 18.1 → 18.5

AGS: PROB LUNG CA WITH POST OBSTRUCTIVE PNEUMONIA  
DEHYDRATION - IMPROVING

P: CONT IV @ 150 cc/h

AWAIT OFFICIAL CXR READINGS

(b)(6)

12 OCT 05 MED NOTE:

Much more alert, up in chair, eating

T-978 G<sub>2</sub>RA 94 PR 66 BP 180/89

now some N/V

CHEST: Min ↓ BS, clear

con: NSR

ABD: soft BS + non tender

WBC 14.8/13.6/42.6 Bun 14/0.7 G<sub>2</sub>U 103

CONT

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Sardah Mathor N  
176640





MEDICAL RECORD LAW ENFORCEMENT SENSITIVE

DATE: 10 Oct 05 0900

ADMIT NOTE

EMERGENCY UNIT SEEN BY ME LAST WK WITH MODERATE DEHYDRATION, BROUGHT IN THIS AM. CC WEAK, ON HUNGER STRIKE. PREV VISIT RELATED INVOLUNTARY WT LOSS. PMH: UNK. ALL: UNK. ON ADM T-98. REPR 12-30 PR-86. BP 157/92 O2 92 RA.

GEN: AROUSABLE, CONFUSED. HEENT: DRY MUCOUS MEMBR. CHEST: STATIONARY RIBS, CL. CON: NSR, NO M. ABD: PAID AORTA R 3 CM NO M. EXT: CLUBBING, NO CYAN, EDENT. CAR: TURBID AORTA. RML MASS V INFILTRATE.

LAB: 18.4/15.8/48.7. ECG I/II/III: 50/1.6. OTHERWISE: 135/50. WAVE: 60/121. 25/100.

UA: 1030 NEG. P: IV FLUID. ABTX. PLUCK.

RELATIONSHIP TO SPONSOR: DETERIORATION

SPONSOR'S NAME: LAST: PHEMORICA FIRST: TURKAR MI: (b)(6)

SPONSOR'S ID NUMBER: (b)(6)

DEPART./SERVICE: HOSPITAL OR MEDICAL FACILITY: RECORDS MAINTAINED:

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) REGISTER NO.:

Sardar Muthor Nassar  
176640



ST. FIRST, MI. (Or Hospital ID #) **Sardah, Muthor**  
 Physician: (b)(6) Ward: **ICU** X **LAW ENFORCEMENT SENSITIVE** SSN or ISN: **#176640** Signs and Symptoms: **Pneumonia, ↑ BUN, Crea**  
 Drawn by: (b)(6) Bed: **4** Routine: **12 OCT 05 0500** Initials: (b)(6) Lab Use Only D&T: **CSSZ 12oct05**

Chemistry (Piccolo Analyzer) Green Top  
 Hematology (Coulter) Purple Top  
 Manual Differential

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
		7.35-7.45	ALB		3.3-5.5 g/dL	WBC	<b>14.8</b>	4.8-10.8 x10(3)/uL
CO2		35-45 mmHg	ALP		26-184 U/L	RBC	<b>4.73</b>	4.2-6.1 x10(6)/uL
CO2		80-100 mmHg	ALT		10-47 U/L	Hgb	<b>13.6</b>	12.0-18.0 g/dL
CO2		18-33 mmol/L	AMY		14-110 U/L	Hct	<b>42.6</b>	M: 42.0-52.0%
CO3		22-26 mmol/L	AST		11-38 U/L			F: 37-47%
CO2		95-99%	Tbil		0.2-1.6 mg/dL	MCV	<b>90.0</b>	80.0-99.0 fl
Defec		(-2) - (+3)	BUN	<b>14</b>	7-22 mg/dL	MCH	<b>28.8</b>	27.0-31.0 pg
Lactate		0.90-1.70 mmol/L	Ca	<b>9.2</b>	8.0-10.3 mg/dL	MCHC	<b>32.0</b>	33.0-37.0 g/dL
Glucose		73-118 mg/dL	Chol		100-200 mg/dL	Plt	<b>364</b>	130-400 x10(3)/uL
Creat		0.6-1.3 mg/dL	CK		M: 39-380 U/L	LY%	<b>10.3</b>	20.0-44.0%
					F: 30-190 U/L	LY#	<b>1.5</b>	0.7-4.3 x10(3)/uL

Urinalysis			Differential			
Color	Straw/Yellow	CL	<b>94</b>	98-109 mmol/L	Segs(50-70%)	Mono(4-10%)
Clarity	Clear	TCO2	<b>25</b>	18-33 mmol/L	Bands(1-10%)	Eos(0-4%)
Glucose	Negative	Creat	<b>0.7</b>	0.6-1.3 mg/dL	Lymph(20-44%)	Baso(0-2%)
Bilirubin	Negative	GGT		5-65 U/L	Atyp Ly	Immature cells
Ketone	Negative	Glu	<b>103</b>	73-118 mg/dL	RBC Abn Morph:	
BG	1.010-1.025	K	<b>★ Hemolyzed</b>	3.3-4.9 mmol/L	Plt Abn Morph:	
Blood	Negative	TProtein		6.4-8.1 g/dL	WBC Abn Morph:	
pH	5.0-8.0	Na	<b>135</b>	138-145 mmol/L		
Protein	Negative-Trace	Phos		2.2-4.5 mg/dL		
Urobili	0.1-1.0 Ehrlich U/dL	HDL Chol	<b>★ Specimen hemolyzed</b>	30-75 mg/dL		
Nitrite	Negative	LDL Chol		50-130 mg/dL		
Leuko	Negative	TG		60-160 mg/dL		

Urine Microscopic  
 Thin: No Plasmodium Seen  
 Thick: No Plasmodium Seen

Miscellaneous / Rapid Tests			Sed Rate / Purple Top			
MBC:	EPI:	Mono		Negative	Sed Rate	0-20 mm at 1 hour
RBC:	Mucus:	RPR		Negative		
Bacteria:	Yeast:	Drug Screen		Negative		
Casts:	Crystals:	HCG		Negative		
Other:						

Special Chemistries / Red or Tiger Top			Coagulation / Blue Top (3-2%)			
TSH	0.25 - 5 uIU/ml	H. pylori		Negative	PT	7.0-14.0 sec
FT4	9 - 20 pmol/L	ETOH/Alc.		Negative	APTT	21.0-50.0 sec
FT3	4.0 - 8.3 pmol/L	Strep A		Negative	INR	0.5-1.5/therap 2-3

Cardiac Panel / Purple Top						
T4	60 - 120 nmol/L	Chlamydia		Negative	Myoglobin	NEG / 0-107 ng/mL
T3	0.92 - 2.33 nmol/L	Flu A&B		Negative	CK-MB	NEG / 0-4.3 ng/mL
HIV	Negative	C. difficile		Negative	Troponin	NEG / 0.0-0.4 ng/mL

Body Fluid Panel / Sterile Container						
PSA	0.0 - 4.0 ng/ml	O&P		No Ova / Parasite		
		Occult Bld		Negative		
		Wet Mount		Negative		
		KOH		Negative		

AST, FIRST, MI. (Or Hospital ID #) Male SSN: 0102 05 CID 579-40033 Female 176640

Physician: (b)(6) Ward: 1C4 STAT Specimen Collection Date & Time: 11 Oct 2005 0500 Lab Use Only Initials: (b)(6) Lab Use Only D&T: 10/11/05

Chemistry (STAT) Syringe / Green Top Chemistry (Piccolo Analyzer) Green Top Hematology (Coulter) Purple Top Bld Gas w/ Lact - Glu - Crea Chem 12 Met8 BMP Liver CMP Renal Lipid CBC Manual Differential

Table with 3 columns: TEST, RESULT, REF. RANGE. Rows include pH, PCO2, PO2, TCO2, HCO3, sO2, BEecf, Lactate, Glucose, Creat, ALB, ALP, ALT, AMY, AST, Tbil, BUN, Ca, Chol, CK, WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, Plt, LY%, LY#.

Table with 3 columns: TEST, RESULT, REF. RANGE. Rows include Urinalysis (Color, Clarity, Glucose, Bilirubin, Ketone, SG, Blood, pH, Protein, Urobili, Nitrite, Leuko), Urine Microscopic (WBC, RBC, Bacteria, Casts, Other), and Miscellaneous / Rapid Tests (Mono, RPR, Drug Screen, HCG, H. pylori, ETOH/Alc, Strep A, Chlamydia, Flu A&B, C. difficile, O&P, Occult Bld, Wet Mount).

Table with 3 columns: TEST, RESULT, REF. RANGE. Rows include Sed Rate (0-20 mm at 1 hour) and Hemoglobin S (Negative).

Table with 3 columns: TEST, RESULT, REF. RANGE. Rows include Coagulation (PT, APTT, INR) and Cardiac Panel (Myoglobin, CK-MB, Troponin).

Table with 3 columns: TEST, RESULT, REF. RANGE. Rows include Special Chemistries (TSH, FT4, FT3, T4, T3, HIV, PSA) and Body Fluid Panel (Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel).

Table with 3 columns: TEST, RESULT, REF. RANGE. Rows include Additional/Other Requests (KOH) and Body Fluid Panel (Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel).

Table with 3 columns: TEST, RESULT, REF. RANGE. Rows include Additional/Other Requests (KOH) and Body Fluid Panel (Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel).

Table with 3 columns: TEST, RESULT, REF. RANGE. Rows include Additional/Other Requests (KOH) and Body Fluid Panel (Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel).

Table with 3 columns: TEST, RESULT, REF. RANGE. Rows include Additional/Other Requests (KOH) and Body Fluid Panel (Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel).

**FOUO**

LAST, FIRST, MI. (Or Hospital ID #)  Male  Female SSN or I.D. # 126640  
 Physician: (b)(6) Ward: ER  STAT Specimen Collection Date & Time: Lab Use Only (b)(6) Lab Use Only D&T: 10 OCT 05 800  
 Drawn by: (b)(6) **LAW ENFORCEMENT SENSITIVE**

Chemistry (Piccolo Analyzer) Green Top Hematology (Coulter) Purple Top  
 Bio Gas - Bio Gas w/Lact - Glu - Crea Chem 12 Met8 BMP Liver CMP Renal Lipid CBC Manual Differential

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
pH		7.35-7.45	ALB		3.3-5.5 g/dL	WBC		4.8-10.8 x10(3)/uL
PCO2		35-45 mmHg	ALP		26-184 U/L	RBC		4.2-6.1 x10(6)/uL
PO2		80-100 mmHg	ALT		10-47 U/L	Hgb		12.0-18.0 g/dL
TCO2		18-33 mmol/L	AMY		14-110 U/L	Hct		M: 42.0-52.0%
HCO3		22-26 mmol/L	AST		11-38 U/L			F: 37-47%
sO2		95-99%	Tbil		0.2-1.6 mg/dL	MCV		80.0-99.0 fl
BEeef		(-2) - (+3)	BUN		7-22 mg/dL	MCH		27.0-31.0 pg
Lactate		0.90-1.70 mmol/L	Ca		8.0-10.3 mg/dL	MCHC		33.0-37.0 g/dL
Glucose		73-118 mg/dL	Chol		100-200 mg/dL	Plt		130-400 x10(3)/uL
Creat		0.6-1.3 mg/dL	CK		M: 39-380 U/L	LY%		20.0-44.0%
					F: 30-190 U/L	LY#		0.7-4.3 x10(3)/uL

**Urinalysis**

Color	Amber	Straw/Yellow
Clarity	cloudy	Clear
Glucose	neg	Negative
Bilirubin	neg	Negative
Ketone	neg	Negative
SG	1.030	1.010-1.025
Blood	trace	Negative
pH	5.0	5.0-8.0
Protein	neg	Negative-Trace
Urobili	neg	0.1-1.0 Ehrlich U/dL
Nitrite	neg	Negative
Leuko	neg	Negative

**Urine Microscopic**

WBC:	EPT:
RBC: 0-2	Mucus:
Bacteria:	Yeast:
Casts:	Crystals:
Other:	

CL	98-109 mmol/L
TCO2	18-33 mmol/L
Creat	0.6-1.3 mg/dL
GGT	5-65 U/L
Glu	73-118 mg/dL
K	3.3-4.9 mmol/L
TProtein	6.4-8.1 g/dL
Na	138-145 mmol/L
Phos	2.2-4.5 mg/dL
HDL Chol	30-75 mg/dL
LDL Chol	50-130 mg/dL
TG	60-160 mg/dL
VLDL	≤30 mg/dL
C/HDL RAT	≤4.5

**Miscellaneous / Rapid Tests**

Mono	Negative
RPR	Negative
Drug Screen	Negative
HCG	Negative
H. pylori	Negative
ETOH/Alc.	Negative
Strep A	Negative
Chlamydia	Negative
Flu A&B	Negative
C. difficile	Negative
O&P	No Ova / Parasite
Occult Bld	Negative
Wet Mount	Negative
KOH	Negative

**Differential**

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells
RBC Abn Morph:	
Plt Abn Morph:	
WBC Abn Morph:	

**Malaria Smear / Purple Top**

Thin	No Plasmodium Seen
Thick	No Plasmodium Seen

**Sed Rate / Purple Top**

Sed Rate	0-20 mm at 1 hour
----------	-------------------

**Hemoglobin S / Purple Top**

Hb S	Negative
------	----------

**Coagulation / Blue Top (3.2%)**

PT	7.0-14.0 sec
APTT	21.0-50.0 sec
INR	0.5-1.5/therap 2-3

**Cardiac Panel / Purple Top**

Myoglobin	NEG / 0-107 ng/mL
CK-MB	NEG / 0-4.3 ng/mL
Troponin	NEG / 0.0-0.4 ng/mL

**Body Fluid Panel / Sterile Container**  
 Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, Meningitis Panel (CSF only)

Additional / Other Requests (Consult with Lab Prior to Submitting)

**LAW ENFORCEMENT SENSITIVE**

ACLU DDH CID ROIS 39274

102 05 CID579-40033

**FOUO**

LAST, FIRST, MI. (Or Hospital ID #) **PSIUO 176640** Signs and Symptoms: **↓ LOC**  
 Physician: (b)(6) Ward: **ETR** Male  Female   
 Drawn by (b)(6) Bed: **L** STAT Specimen Collection Date & Time: Lab Use Only (b)(6) Lab Use Only D&T: **10/14/05**  
**LAW ENFORCEMENT SENSITIVE**

Chemistry (STAT) Syringe / Green Top Chemistry (Piccolo Analyzer) Green Top Hematology (Coulter) Purple Top  
 Bld Gas - Bld Gas w/Lact - Glu - Creat Chem 12 Met8 (IME) Liver CMP Renal Uptd CBC Manual Differential

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
pH		7.35-7.45	ALB		3.3-5.5 g/dL	WBC	<b>18.4</b>	4.8-10.8 x10(3)/uL
PCO2		35-45 mmHg	ALP		26-184 U/L	RBC	<b>5.42</b>	4.2-6.1 x10(6)/uL
PO2		80-100 mmHg	ALT		10-47 U/L	Hgb	<b>15.8</b>	12.0-18.0 g/dL
TCO2		18-33 mmol/L	AMY		14-110 U/L	Hct	<b>48.7</b>	M: 42.0-52.0%
HCO3		22-26 mmol/L	AST		11-38 U/L			F: 37-47%
sO2		95-99%	Tbil		0.2-1.6 mg/dL	MCV	<b>89.9</b>	80.0-99.0 fl
BEecf		(-2) - (+3)	BUN	<b>52</b>	7-22 mg/dL	MCH	<b>29.9</b>	27.0-31.0 pg
Lactate		0.90-1.70 mmol/L	Ca	<b>10.2</b>	8.0-10.3 mg/dL	MCHC	<b>32.5</b>	33.0-37.0 g/dL
Glucose		73-118 mg/dL	Chol		100-200 mg/dL	Plt	<b>492</b>	130-400 x10(3)/uL
Creat		0.6-1.3 mg/dL	CK		M: 39-380 U/L	LY%	<b>11.2</b>	20.0-44.0%
					F: 30-190 U/L	LY#	<b>2.1</b>	0.7-4.3 x10(3)/uL

Urinalysis			Differential				
Color		Straw/Yellow	CL	<b>160</b>	98-109 mmol/L	Segs(50-70%)	Mono(4-10%)
Clarity		Clear	TCO2	<b>25</b>	18-33 mmol/L	Bands(1-10%)	Eos(0-4%)
Glucose		Negative	Creat	<b>1.6</b>	0.6-1.3 mg/dL	Lymph(20-44%)	Baso(0-2%)
Bilirubin		Negative	GGT		5-65 U/L	Atyp Ly	Immature cells
Ketone		Negative	Glu	<b>121</b>	73-118 mg/dL	RBC Abn Morph:	
SG		1.010-1.025	K	<b>5.0</b>	3.3-4.9 mmol/L	Plt Abn Morph:	
Blood		Negative	TProtein		6.4-8.1 g/dL	WBC Abn Morph:	
pH		5.0-8.0	Na	<b>135</b>	138-145 mmol/L		
Protein		Negative-Trace	Phos		2.2-4.5 mg/dL		
Urobili		0.1-1.0 Ehrlich U/dL	HDL Chol		30-75 mg/dL		
Nitrite		Negative	LDL Chol		50-130 mg/dL		
Leuko		Negative	TG		60-160 mg/dL		
			VLDL		≤30 mg/dL		
			C/HDL RAT		≤4.5		

Urine Microscopic			Miscellaneous / Rapid Tests			Sed Rate / Purple Top		
WBC:		EPI:	Mono		Negative	Sed Rate		0-20 mm at 1 hour
RBC:		Mucus:	RPR		Negative			
Bacteria:		Yeast:	Drug Screen		Negative			
Casts:		Crystals:	HCG		Negative			
Other:			H. pylori		Negative			

Special Chemistries / Red or Tiger Top			Coagulation / Blue Top (3.2%)					
TSH		0.25 - 5 uIU/ml	ETOH/Alc.		Negative	PT		7.0-14.0 sec
FT4		9 - 20 pmol/L	Strep A		Negative	APTT		21.0-50.0 sec
FT3		4.0 - 8.3 pmol/L	Chlamydia		Negative	INR		0.5-1.5/therap 2-3
T4		60 - 120 nmol/L	Flu A&B		Negative			
T3		0.92 - 2.33 nmol/L	C. difficile		Negative			
HIV		Negative	O&P		No Ova / Parasite			
PSA		0.0-0.4 ng/ml	Occult Bld		Negative			

Additional / Other Requests (Consult with Lab Prior to Submitting)			Body Fluid Panel / Sterile Container					
			Wet Mount		Negative	Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel (CSF only)		
			KOH		Negative			

**LAW ENFORCEMENT SENSITIVE**

ACLU DDI

CID ROIS 39275

EXHIBIT 000122 2(104-109)

0102 05 CID579-40033



FOUO

0102 05 CID 579-40033  
NSN 7540-01-075-3786

MEDICAL RECORD	LAW ENFORCEMENT SENSITIVE AND TREATMENT (Patient)	LOG NUMBER	TREATMENT FACILITY TF 344 MED
		RECORDS MAINTAINED AT 344 TH	

PATIENT'S HOME ADDRESS OR DUTY STATION		ARRIVAL	
STREET ADDRESS		DATE (Day, Month, Year)	TIME
CITY CAMP BUCCA		STATE	ZIP CODE
		TRANSPORTATION TO FACILITY Ambulance	

SEX M	DUTY/LOCAL PHONE AREA CODE NUMBER	MILITARY STATUS ITEM YES NO N/A	THIRD PARTY INSURANCE ITEM YES NO
AGE 81	HOME PHONE AREA CODE NUMBER	FLYING STATUS	ADDITIONAL INSURANCE DD 2568 IN CHART
		MEDICAL HISTORY OBTAINED FROM	NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS	INJURY OR OCCUPATIONAL ILLNESS ITEM YES NO WHEN (Date)		EMERGENCY ROOM VISIT DATE LAST VISIT 24 HOUR RETURN <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALLERGIES	IS THIS AN INJURY?	WHERE	TETANUS DATE LAST SHOT COMPLETED INITIAL SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO	
	INJURY/SAFETY FORMS	HOW		

CHIEF COMPLAINT  
*Hunger strike, very weak*

CATEGORY OF TREATMENT		VITAL SIGNS			
<input type="checkbox"/> EMERGENT	TIME 0545	TIME 0545	0720	0830	
<input checked="" type="checkbox"/> URGENT	INITIALS (b)(6)	BP 157/192	187/86	169/93	
<input type="checkbox"/> NON-URGENT		PULSE 86	76	78	
		RESP 12	12	20	
		TEMP 98			
		WT 02	100%	98%	

LAB ORDERS 710 b45	<input checked="" type="checkbox"/> CBC/DIFF	ADG	PI/PIT	BHCG/URINE/BLOOD/QUANT	X-RAY ORDERS	CXR PA & LAT/PORTABLE	C-SPINE
	<input checked="" type="checkbox"/> URINE G&S	UA	MSCC/CATH	CHEM:		ACUTE ABDOMEN	LS SPINE
	<input checked="" type="checkbox"/> BLOOD C&S X					SINUS	HEAD CT
	<input checked="" type="checkbox"/> EKG done				ANKLE R/L		

ORDERS  
 PULSE OX 92% Room air  
 MONITOR  
 ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
0615	4L NC 02 set 99%			0740	levofloxacin 500mg i.v. (AB)
0600	20 gauge heparin LR liter w/o				
0810	Levofloxacin 500mg IV (b)(6)			0805	

DISPOSITION <input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY	DISPOSITION QUAR <input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS.	DUTY	PATIENT/DISCHARGE INSTRUCTIONS
MODIFIED DUTY UNTIL	RETURN TO DUTY		

CONDITION UPON RELEASE <input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED <input type="checkbox"/> DETERIORATED	ADMIT TO UNIT/SERVICE	REFERRED	TO	WHEN
	TIME OF RELEASE	I have received and understand these instructions.		
PATIENT'S SIGNATURE				

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or medical facility)

NAME:  
 SSN/ISN: 176640  
 UNIT/CAMP: 3  
 RANK/STATUS:  
 DOB:  
 EMERGENCY CARE AND TREATMENT (Patient)  
 Medical Record  
 STANDARD FORM 558 (REV. 9-96)  
 Prescribed by GSA/ICMR  
 FPMR (41 CFR) 101-11.203(b)(10)  
 USAPA V1.00

FOUO



<b>MEDICAL RECORD</b>	<b>EMERGENCY CARE AND TREATMENT (Doctor)</b>	TIME SEEN BY PROVIDER
-----------------------	--------------------------------------------------	-----------------------

TEST RESULTS											
CBC	WBC	SMAC					ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>
	H/H						SUP O2	PH	PO2	RESULTS	
	PLT						PCO2	SAT	OTHER		
PT		U/A		DIP	EKG INTERPRETATION						
APTT				MICRO							
		BHCG	ETOH	GLU							

PROVIDER HISTORY/PHYSICAL

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
			CODES

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name - last, first, middle; ID no. (ISSN or other); hospital or medical facility)*

**EMERGENCY CARE AND TREATMENT (Doctor)**  
Medical Record

FOUO

STANDARD FORM 558 (REV. 9-96)  
Prescribed by GSA/CMR  
FPMR (41 CFR) 101-11.203(b)(10)  
USAPA V1.00

LAW ENFORCEMENT SENSITIVE

FOUO

HR 61 bpm

176640 ICU bed 1  
0102 05 CID579-40033

LAW ENFORCEMENT SENSITIVE



FOUO

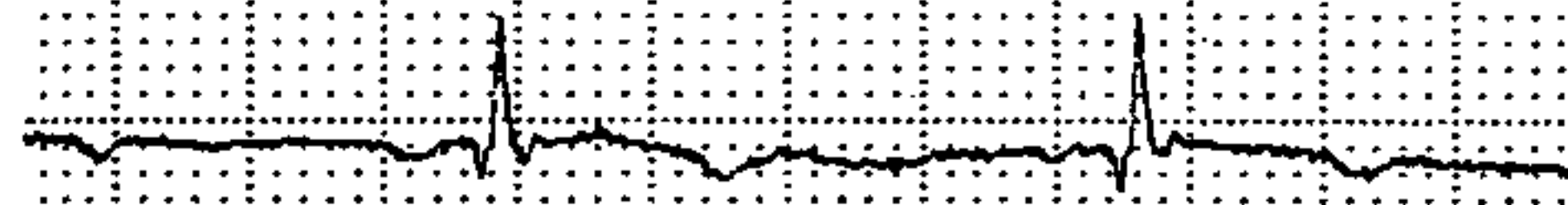
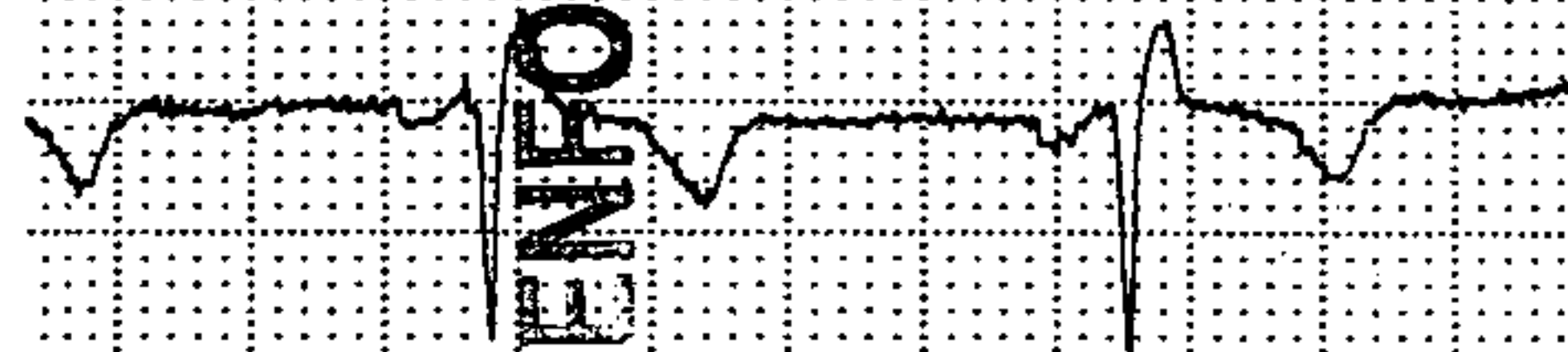
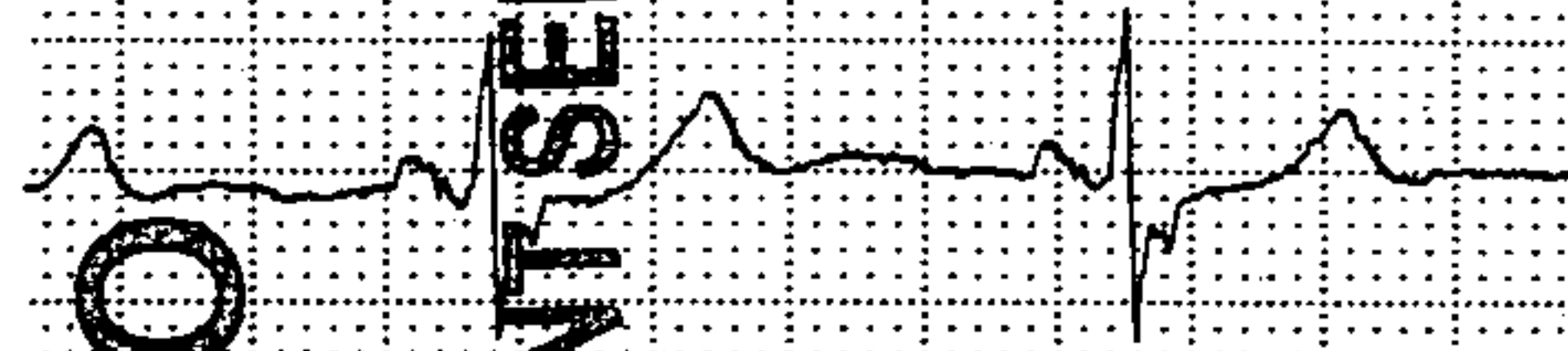
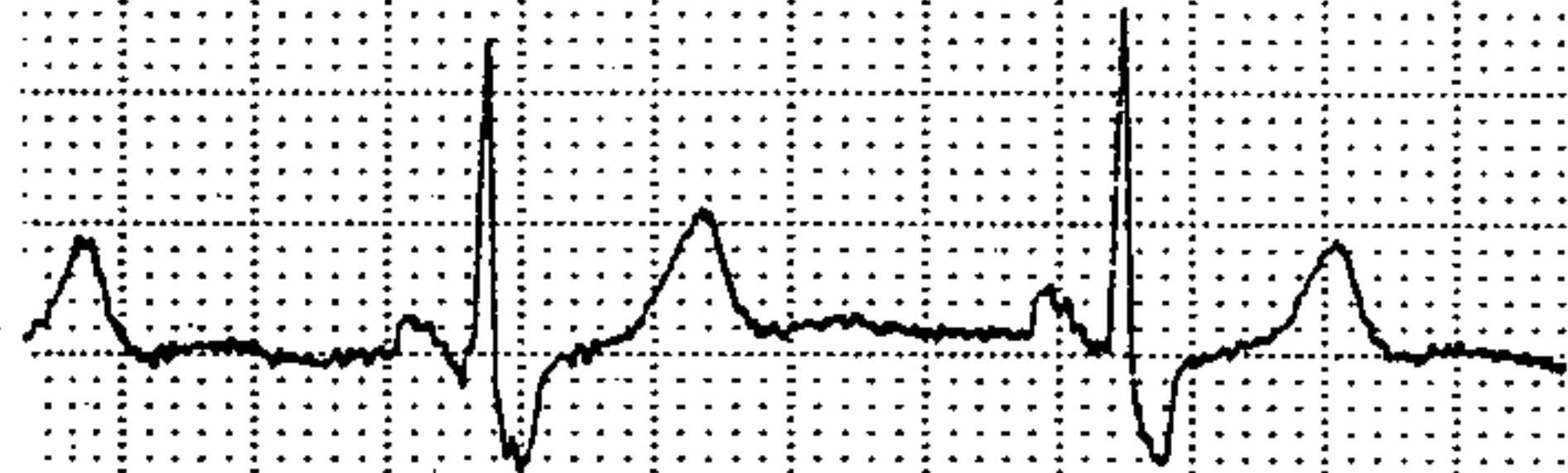
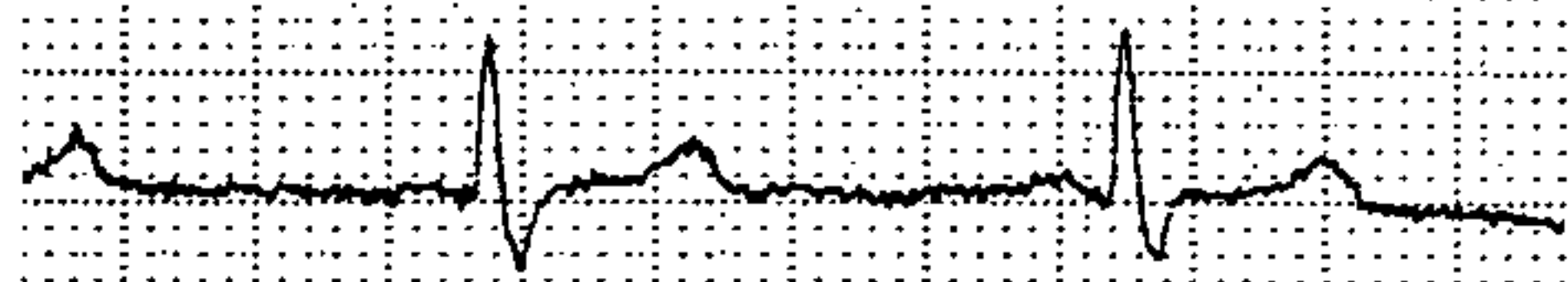
LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39279

000126

EXHIBIT 2 (107-109)

0102 05 CID579-40033



FOUO

LAW ENFORCEMENT SENSITIVE

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39280

EXHIBIT 000127

(108-109)

10 Oct 2005 07:46:27

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

NUTRITION RISK SCREENING **LAW ENFORCEMENT SENSITIVE** 02 05 CID 579-40033

~~ICU~~

10/10/5 S/O: ACTIVE DUTY CONTRACTOR DETAINEE CIVILIAN ING

WARD: ~~ICU~~ ICN BED NUMBER: 6 DX: pneumonia dehydration

AGE: ~~29~~ 78 GENDER: M F HT: WT: ~~170~~ 90 BMI:

DIET: Rog

TOLERATING DIET: yes

A/P: could determine Ht, wt @ this time

NUTRITION RISK:

Patient determined to be at low risk; will re-screen in one week.

Patient determined to be at nutrition risk secondary to:

Further intervention by RD within 48 hours:

(b)(6)

nutrition care specialist  
NCD, 344th Combal Support Hospital

HOSPITAL OR MEDICAL FACILITY Camp Bucca	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
-------------------------------------------------------------------------------------------------------------------------------------------	--------------	----------

1766 40

Sardahy Methor

**FOUO**

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR (41 CFR) 201-9.202-1  
USA-PA V2.0

**LAW ENFORCEMENT SENSITIVE**

10/17

At  
very

90lbs  
old

still underweight and  
other charges

(b)(6)  
0102 05 CID579-40033

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

ACLU DDII CID ROIS 39282  
000129

Exhibit(s) 4, 5

Page(s) 000131 thru 000137 referred to:

COMMANDER  
USAMEDCOM  
ATTN: FOIA OFFICE, STOP 76  
1216 STANLEY ROAD 2D FLOOR  
FORT SAM HOUSTON, TEXAS 78234-  
5049

ACLU DDII CID ROIS 39284

FOUO

CERTIFICATE OF DEATH (OVERSEAS) 0102 05 CID 579-40033  
Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom, prénom, surnom)		BRANCH OF SERVICE		SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS État Civil		RELIGION Culte
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
NEGROID Nègre	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf	JEWISH Juif		
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

MEDICAL STATEMENT Declaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort		20 min
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	48°
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	11 hours uncertain
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
<input type="checkbox"/> ACCIDENT Mort accidentelle		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non

DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès
23 OCT 05 at 1446	CAMP BUCCA HOSPITAL - IRAQ

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.  
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire	TITLE OR DEGREE Titre ou diplôme
(b)(6)	
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
(b)(6)	CAMP BUCCA HOSPITAL - IRAQ
DATE Date	SIGN SIGNATURE
23 OCT 05	(b)(6)

1 State disease, injury or complication which caused death but not mode of dying such as heart failure, etc.  
2 State conditions contributing to the death, but not the cause of death.  
3 Specify the disease, injury or complication which contributed to the death, but not the mode of dying, such as heart failure, etc.  
4 Préiser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

AGLU RDI CID ROIS 39285  
EXHIBIT 00131 (1-3)

ACLU-RDI 5496 p 127

FOUO

TAB 0102 05 CID579-40033

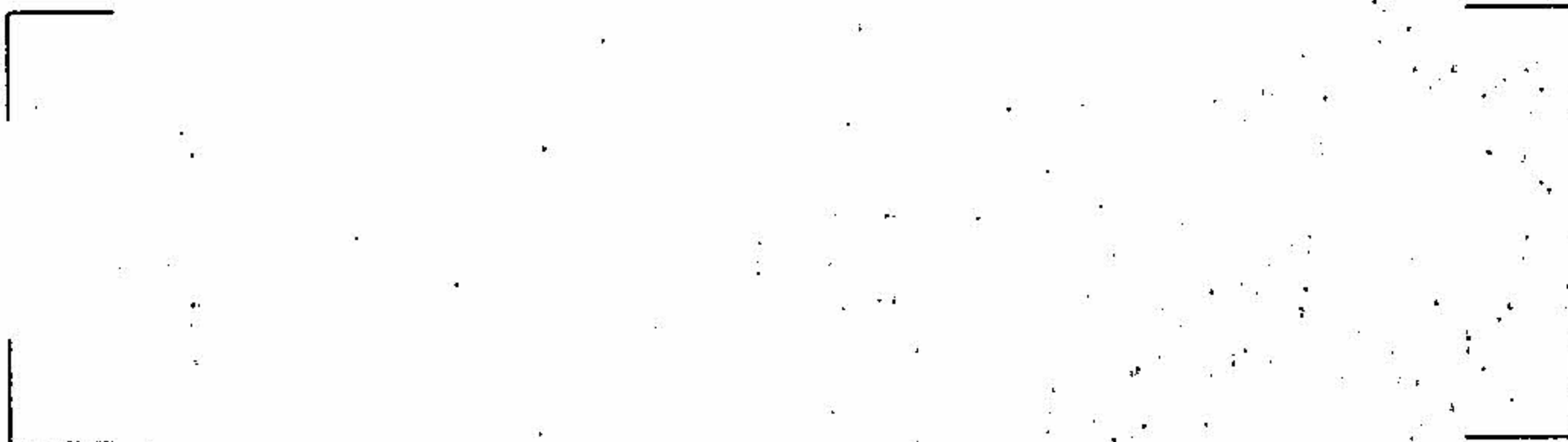
CERTIFIED TRUE COPY  
**LAW ENFORCEMENT SENSITIVE**

GOVERNMENT SERIAL NUMBER 176640

For use of this form, see AR 190-8, the proponent agency is DCSPER.

FROM:

TO:



NAME (Last, first, MI)		GRADE	SERVICE NUMBER
NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH			DATE OF BIRTH
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			FIRST NAME OF FATHER
PLACE OF DEATH	DATE OF DEATH	CAUSE OF DEATH	
PLACE OF BURIAL			DATE OF BURIAL
IDENTIFICATION OF GRAVE			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

- RETAINED BY DETAINING POWER
- FORWARDED WITH DEATH CERTIFICATE TO (Specify)
- FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

Admitted 10 OCT 05 for pneumonia, dehydration and presumptive carcinoma involving right middle lung. During hospitalization, patient declined, failed to respond to antibiotics and experienced failure to thrive. On 21 OCT 05 patient experienced respiratory arrest due to aspiration and subsequently placed on ventilatory support. Cardiac arrest on 21 OCT 05 with resuscitation. Supported by cardiac meds. Cardiac arrest on 23 OCT 05. Expiration on 23 OCT 05 at 1446.

DO NOT WRITE IN THIS SPACE  
CERTIFIED A TRUE COPY

DATE	SIGNATURE OF MEDICAL OFFICER
23 OCT 05	(b)(6)
SIGNATURE OF COMMANDING OFFICER	
WITNESSES	
SIGNATURE	ADDRESS
FOUO	
SIGNATURE	ADDRESS



FOUO

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL

0102 05 CID579-40033

LAW ENFORCEMENT SENSITIVE

Instructions - Medical Officer in attendance will

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) 176640	2. TIME OF DEATH (Hour-day-month-year) 23 OCT 05 at 1446	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	4. RELIGION	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH	

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) Cardiac arrest	20 min
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	(1) respiratory failure	48°
	(2) hypotension	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. aspiration	11 days
	b. Pneumonia, volume depletion, probable lung CA	uncertain

9. DATE 23 OCT 05	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE
----------------------	--------------------------------------------------------------------------------	------------------------------------------------

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	21. AUTOPSY ORDERED BY (Signature)	
22. PROVISIONAL PATHOLOGICAL FINDINGS		
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

FOUO

LAW ENFORCEMENT SENSITIVE

CID ROIS 39287

USAPA V2.01

000133

EXHIBIT 4(3-3)

FOUO

0102 05 CID579 40033

LAW ENFORCEMENT SENSITIVE



ARMED FORCES INSTITUTE OF PATHOLOGY  
Office of the Armed Forces Medical Examiner  
1413 Research Blvd., Bldg. 102  
Rockville, MD 20850



(b)(6)

PRELIMINARY AUTOPSY REPORT

Name: BTB Sardah, Muthor Nassar	Autopsy No.: ME (b)(6)
ISN: US91Z-176640CI	AFIP No.: Pending
Date of Birth: Unknown	Rank: Civilian
Date of Death: 23 Oct 2005	Place of Death: Iraq
Date/Time of Autopsy: 31 Oct 2005 @ 1200 hrs	Place of Autopsy: Port Mortuary, Dover AFB, DE
Date of Report: 01 Nov 2005	

**Circumstances of Death:** This elderly civilian detainee was, as reported, admitted to the SASH ICW on 10 Oct 2005 for dehydration, pneumonia and respiratory distress. On 23 Oct 2005 he went into cardiac arrest. Despite Advanced Cardiac Life Support he died.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

**Identification:** Presumptive identification by accompanying paperwork and wrist band photographic identification

**CAUSE OF DEATH:** Pending

**MANNER OF DEATH:** Pending

FOUO

These findings are preliminary and subject to modification pending further investigation and laboratory testing.

LAW ENFORCEMENT SENSITIVE

AGU DDII CID ROIS 39288

EXHIBIT 000134 (1-4)

**FOUO**

0102 05 CID 579 40033

**AUTOPSY REPORT** ME (b)(6) **LAW ENFORCEMENT SENSITIVE**  
BTB Sardah, Muthor Nassar

2

**PRELIMINARY AUTOPSY DIAGNOSIS**

- I. Pulmonary System:**
  - A. Pulmonary congestion (lung weights: left 910-grams; right 980-grams)**
  - B. Right Lung:**
    - 1. 9 x 6 x 6-centimeter irregular white-gray tumor mass in the right lower lung lobe that extends into the hilum of the right lung
    - 2. Mediastinal lymph node involvement
    - 3. Complete evaluation of the tumor and mediastinal lymph nodes is pending formalin fixation and submission of tissue sections for histology
  - C. Left Lung:**
    - 1. Numerous up to 1-centimeter irregular tan tumor nodules
    - 2. Complete evaluation is pending formalin fixation and submission of tissue sections for histology
  - D. Diaphragm:**
    - 1. 1-centimeter white plaques on the domes of each hemi-diaphragm
    - 2. Complete evaluation is pending formalin fixation and submission of tissue sections for histology
- II. Cardiovascular System:**
  - A. Atherosclerotic Coronary Vascular Disease:**
    - 1. 50% stenosis of the left anterior descending coronary artery by atherosclerotic plaque
    - 2. 80% stenosis of the left circumflex coronary artery by atherosclerotic plaque
    - 3. 50% stenosis of the right coronary artery by atherosclerotic plaque
  - B. Cardiomegaly: Heart weight 390-grams (predicted normal heart weight for a male with a body weight of 110-pounds is 276-grams with a lower 95% confidence limit of 209-grams and an upper 95% confidence limit of 364-grams)**
  - C. Concentric hypertrophy of the left ventricle of the heart (septum 2.2-centimeters, left ventricle free wall 1.9-centimeters)**
  - D. Moderate Atherosclerosis of the Aorta**
  - E. Complete evaluation is pending formalin fixation and submission of tissue sections for histology**
- III. Hepatobilliary System:**
  - A. Congested liver (Liver weight 1280-grams)**

**FOUO**

ACLU DDII CID ROIS 39289  
**LAW ENFORCEMENT SENSITIVE**

**EXHIBIT** 000135  
5 (2-4)

AUTOPSY REPORT MIA (b)(6) **FORCEMENT SENSITIVE**  
BTB Sardah, Muthor Nassar

- IV. Genitourinary System:
  - A. Benign nephrosclerosis (Kidney weights: left 130-grams; right 130-grams)
  
- V. Reticuloendothelial System:
  - A. Numerous small (up to 2mm) white plaques on the capsule of the spleen
  - B. Complete evaluation is pending formalin fixation and submission of tissue sections for histology
  
- VI. Skin:
  - A. 2 1/2-inch sacral decubitus ulcer with associated 1-inch pressure contusions on the left and right buttocks
  - B. 1/2-inch pedunculated nevus on the skin of the left axilla
  - C. 1/2 -inch ulcer on the right elbow
  
- VII. Evidence of Injury:
  - A. 1/8-inch abrasion on the right hip
  - B. 3/4-inch contusion on the left forearm
  - C. 1/8-inch abrasion on the center of the upper back
  
- VIII. Evidence of Medical Intervention:
  - A. Orogastric tube (properly placed)
  - B. Endotracheal tube (properly placed)
  - C. 11 EKG leads on the torso, shoulders and ankles
  - D. Automatic defibrillator pads on the right side of the chest (with underlying 4 x 4-inch superficial burn) and on the left side of the chest
  - E. Triple lumen catheter in the right subclavian vein
  - F. Intravenous access in the left antecubital fossa and on the right forearm
  - G. Needle puncture sites with surrounding hematomas on the right arm, right hand and left arm
  
- IX. Post-mortem changes:
  - A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
  - B. Rigor has passed

**FOUO**

0102 05 CID579 40033

AUTOPSY REPORT (b)(6) **LAW ENFORCEMENT SENSITIVE**  
BTB Sardah, Muthor Nassar

X. Post-mortem radiographs reveal no significant skeletal trauma

XI. Toxicology pending

(b)(6)

(b)(6)

(b)(6)

Medical Examiner

(b)(6)

Medical Examiner

**FOUO**

ACLU-RDI 5496 p.133 **LAW ENFORCEMENT SENSITIVE** ACLU DDII CID ROIS 39291

EXHIBIT 000137 3 (4-4)

Exhibit(s) 9, 10

Page(s) 000169 thru 000206 referred to:

COMMANDER  
USAMEDCOM  
ATTN: FOIA OFFICE, STOP 76  
1216 STANLEY ROAD 2D FLOOR  
FORT SAM HOUSTON, TEXAS 78234-  
5049

ACLU DDII CID ROIS 39324

FOUO

0102 05 CID579 40033

LAW ENFORCEMENT SENSITIVE



ARMED FORCES INSTITUTE OF PATHOLOGY  
Office of the Armed Forces Medical Examiner

1413 Research Blvd., Bldg. 102  
Rockville, MD 20850

(b)(6)



AUTOPSY EXAMINATION REPORT

Name: BTB Sardah, Muthor Nassar  
ISN: US91Z-176640CI  
Date of Birth: BTB 01 Jan 1932  
Date of Death: 23 Oct 2005  
Date/Time of Autopsy: 31 Oct 2005  
@ 1200 hrs  
Date of Report: 03 Jan 2006

Autopsy No.: ME (b)(6)  
AFIP No.: (b)(6)  
Rank: Civilian  
Place of Death: Iraq  
Place of Autopsy: Port Mortuary, Dover  
AFB, DE

**Circumstances of Death:** This elderly civilian detainee was, as reported, admitted to the SASH ICW on 10 Oct 2005 for dehydration, pneumonia and respiratory distress. On 23 Oct 2005 he went into cardiac arrest and died despite Advanced Cardiac Life Support.

**Authorization for Autopsy:** Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

**Identification:** Presumptive identification by accompanying paperwork and wrist band photographic identification

**CAUSE OF DEATH:** Atherosclerotic Coronary Vascular Disease and Metastatic Large Cell Carcinoma of the Lung

**MANNER OF DEATH:** Natural

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 39325

EXHIBIT 000169  
9(1-8)

**FOUO**

AUTOPSY REPORT ME (b)(6)

BTB Sardah, Muthor, Nassar

**LAW ENFORCEMENT SENSITIVE**

010205

CE 579

2

40033

**FINAL AUTOPSY DIAGNOSES:**

- I. **Pulmonary System:**
  - A. **Right Lung:**
    - 1. Poorly differentiated adenocarcinoma, mixed subtype (Stage IV)
    - 2. Irregular white-gray tumor mass, 9 x 6 x 6-centimeter, in the right lower lung lobe that extends into the hilum of the right lung
    - 3. Peribronchiolar, perihilar and mediastinal lymph nodes are involved
  - B. **Left Lung:** Metastatic poorly differentiated adenocarcinoma, mixed subtype (numerous up to 1-centimeter irregular tan tumor nodules)
  - C. **Respiratory bronchiolitis**
  - D. **Emphysema**
  - E. **Focal acute bronchopneumonia**
  - F. **Pulmonary congestion** (lung weights: left 910-grams; right 980-grams)
  - G. **Bilateral serous pleural effusions** (200 ml bilaterally)
  - H. **Diaphragm:** Fibrous pleural plaques
- II. **Reticuloendothelial System:** Spleen, fibrous plaques (numerous small (up to 2mm) white plaques on the capsule of the spleen)
- III. **Cardiovascular System:**
  - A. **Atherosclerotic Coronary Vascular Disease:**
    - 1. 60% stenosis of the left anterior descending coronary artery by atherosclerotic plaque
    - 2. 80% stenosis of the left circumflex coronary artery by atherosclerotic plaque
    - 3. 50% stenosis of the right coronary artery by atherosclerotic plaque
  - B. **Cardiomegaly:** Heart weight 390-grams (predicted normal heart weight for a male with a body weight of 110-pounds is 276-grams with a lower 95% confidence limit of 209-grams and an upper 95% confidence limit of 364-grams)
  - C. **Concentric hypertrophy of the left ventricle of the heart** (septum 2.2-centimeters, left ventricle free wall 1.9-centimeters)
  - D. **Moderate Atherosclerosis of the Aorta**
- IV. **Hepatobiliary System:**
  - A. **Congested liver** (Liver weight 1280-grams)

**FOUO**

**LAW ENFORCEMENT SENSITIVE**

ACLU DDII CID ROIS 39326

EXHIBIT 7(2-8)



**FOUO**

AUTOPSY REPORT ME05-  
BTB Sardah, Muthor Nassar

(b)(6)

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**LAW ENFORCEMENT SENSITIVE**

- V. **Skin:**
- A. Sacral erosion, 2 ½-inch, with associated 1-inch pressure contusions on the left and right buttocks
  - B. Pedunculated nevus on the skin of the left axilla
  - C. Erosion on the right elbow, 1/2-inch
  - D. Erythematous patch on the right forearm
- VI. **Erosion of the oral mucosa**
- VII. **Evidence of Injury:**
- A. Abrasion on the right hip, 1/8-inch
  - B. Contusion on the left forearm, 3/4-inch
  - C. Abrasion on the center of the upper back, 1/8-inch
  - D. Contusion on the left forearm, 1/8-inch
- VIII. **Post-mortem changes:**
- A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
  - B. Rigor has passed
  - C. Mild decomposition of the internal organs
- IX. **Post-mortem radiographs reveal no significant skeletal trauma**
- X. **Toxicology (AFIP):**
- A. **CARBON MONOXIDE:** The Carboxyhemoglobin saturation in the blood is less than 1%
  - B. **CYANIDE:** There is no cyanide detected in the blood
  - C. **VOLATILES:** No ethanol is detected in the blood and vitreous fluid
  - D. **DRUGS:** There are no screened drugs of abuse or medications detected in the liver

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**LAW ENFORCEMENT SENSITIVE ROIS 39327**

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**EXHIBIT 9(3-8)**

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AUTOPSY REPORT ME (b)(6)

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**EXTERNAL EXAMINATION**

The body is that of a thin 64-inches tall, 110-pounds elderly male. Lividity is fixed on the posterior surface of the body. Rigor has passed.

The scalp is covered with short gray hair in a normal distribution. The irides are hazel, and the pupils are round and equal in diameter. The external auditory canals and ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The deceased has no upper teeth. The lower teeth are natural. There is an erosion on the palate.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

There is a sacral erosion, 2 ½-inches, with associated 1-inch pressure contusions on the left and right buttocks, a ½-inch pedunculated nevus on the skin of the left axilla, a ½-inch erosion on the right elbow and an erythematous patch on the right forearm.

**CLOTHING AND PERSONAL EFFECTS**

The following clothing items and personal effects are present on the body at the time of autopsy:

- Blue shorts

**MEDICAL INTERVENTION**

- Orogastric tube (properly placed)
- Endotracheal tube (properly placed)
- 11 EKG leads on the torso, shoulders and ankles
- Automatic defibrillator pads on the right side of the chest (with underlying 4 x 4-inch superficial burn) and on the left side of the chest
- Triple lumen catheter in the right subclavian vein
- Intravenous access in the left antecubital fossa and on the right forearm
- Needle puncture sites with surrounding hematomas on the right arm, right hand and left arm

**RADIOGRAPHS**

A complete set of postmortem radiographs is obtained and demonstrates the following:

- No blunt force or penetrating skeletal injuries
- No metallic foreign objects are identified

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**EXHIBIT** 000172 9(4-8)

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AUTOPSY REPORT ME (b)(6)  
BTB Sardah, Muthor Nassar

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EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity.

- abrasion on the right hip, 1/8-inch
- contusion on the left forearm, 3/4-inch
- abrasion on the center of the upper back, 1/8-inch
- Contusion on the left forearm, 1/8-inch

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1320-grams brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. Both chest cavities contain 200-milliliters of serous fluid. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 980 and 910-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. There is a 9 x 6 x 6-inch irregular white, gray and black mass in the lower lobe of the right lung that extends into the hilum. Multiple irregular tan tumor nodules up to 1-centimeters in greatest dimension are in both lobes of the left lung. The mediastinal lymph nodes are enlarged (up to 1-inch) and their cut surfaces are white-gray, soft, and heterogenous. Contralateral mediastinal and hilar lymph nodes are involved. Both hemidiaphragms are involved by 1-centimeter white plaques.

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EXHIBIT 000173 (5-8)

CARDIOVASCULAR SYSTEM:

The 390-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution. Cross sections of the vessels show 60% stenosis of the left anterior descending, 80% stenosis of the left circumflex and 50% stenosis of the right coronary artery by atherosclerotic plaque. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. There is relatively concentric hypertrophy of the left ventricle and the walls of the left and right ventricles and septum are 1.9, 0.8 and 2.2-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. There is moderate atherosclerosis of the aorta. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1280-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 150-gram spleen has a red-purple capsule with numerous (up to 2-millimeter) white plaques. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and gray medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys each weigh 130-grams. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 50-milliliters of dark yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 20-milliliters of brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

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AUTOPSY REPORT ME (b)(6)

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ADDITIONAL PROCEDURES

1. Documentary photographs are taken by the OAFME.
2. Specimens retained for toxicologic testing and/or DNA identification are: Lung, blood, spleen, psoas muscle, bile, urine, vitreous, brain, kidney, liver, adipose and gastric fluid
3. The dissected organs are forwarded with body.
4. Identifying marks include: Scar on the right shoulder and illegible tattoo on the right wrist and hand.

MICROSCOPIC EXAMINATION

HEART:

Myocardium (Slides-H, I, J) – increased inter-myocyte fbrosis

Left Anterior Descending Coronary Artery (Slide-K)– 60% stenosis by calcified atherosclerotic plaque

Right Coronary Artery (Slide-N) – 50% stenosis by calcified atherosclerotic plaque

Left Circumflex Coronary Artery (Slides-M, L) – calcified atherosclerotic plaque

MEDIASTINAL LYMPH NODES:

(Slide-C) Lymph node with widespread areas of necrosis and malignant epithelial cells that have large pleomorphic nuclei, prominent nucleoli and abundant eosinophilic cytoplasm

LUNGS:

Right Lung – (Slides-B, G) Tumor mass consisting of malignant epithelial tumor cells that have large pleomorphic nuclei, prominent nucleoli and moderate to abundant eosinophilic cytoplasm, the overall pattern is a large cell adenocarcinoma with some bronchoalveolar features. There is multi-focal necrosis and inflammation

Left Lung – (Slides-D, E) Tumor masses consisting of malignant epithelial tumor cells that have large pleomorphic nuclei, prominent nucleoli and moderate to abundant eosinophilic cytoplasm

DIAPHRAGM:

(Slide-F) Dense fibrosis and scant mesothelial cells that have large nuclei, prominent nucleoli and moderate eosinophilic cytoplasm

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AUTOPSY REPORT ME (b)(6)  
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SPLEEN:

(Slide-A) Dense fibrosis and scant mesothelial cells that have pleomorphic spindled nuclei, conspicuous nucleoli and moderate eosinophilic cytoplasm

PULMONARY PATHOLOGY CONSULTATION (AFIP):

The Pulmonary Pathology Department of the AFIP submitted the following report after reviewing the submitted material:

- Poorly differentiated adenocarcinoma, mixed subtype
- Acute bronchopneumonia
- Respiratory bronchiolitis and emphysema
- Fibrous pleural plaque

Sections of lung showing a poorly differentiated adenocarcinoma with lepidic, papillary, solid and acinar growth patterns. Pleural and capillary/lymphatic invasion are present. Metastatic tumor is identified in the left lung, peribronchiolar/perihilar and mediastinal lymph nodes. Emphysema and respiratory bronchiolitis are also present. RB is characterized by bronchiolocentric intraalveolar accumulations of macrophages containing dusty yellow-brown pigment, a finding typically associated with cigarette smoke. Focal acute bronchopneumonia is identified. On immunohistochemical studies, the tumor cells are immunoreactive for CK7, CK20 and TTF-1. Based on the light microscopic morphology we classify this tumor as poorly differentiated adenocarcinoma, mixed subtype. The immunophenotype is compatible with a lung primary. Sections of diaphragm and spleen show fibrous plaques. We noticed occasional atypical cells along the surface of the spleen and along the surface of the diaphragm plaque that we favor are mesothelial in origin (mesothelial hyperplasia). As there is metastatic disease in the left lung from what appears to be a right lung primary, the stage of this tumor is AJCC stage IV.

OPINION

This elderly Iraqi male died of atherosclerotic coronary vascular disease and metastatic large cell carcinoma of the lung. The toxicology screen is negative. The small abrasion on the right hip and upper back and the small contusion on the left forearm are minor and non-contributory to either the cause or manner of death. The manner of death is natural.

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(b)(6) Medical Examiner

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