DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND
76th MILITARY POLICE DETACHMENT (CID) (FWD) (-)
10th MILITARY POLICE BATTALION (CID) (FWD)
BAGHDAD CENTRAL CONFINEMENT FACILITY
ABU GHRAIB, IRAQ
APO AE 09342

CIRF-ZA-BD

19 May 2006

MEMORANDUM FOR SEE DISTRIBUTION.

SUBJECT: CID REPORT OF INVESTIGATION – FINAL/SSI – 0146-2005-CID789 -39276 – 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:
1. 01 OCT 2005, 0402; 344TH FIELD HOSPITAL, BAGHDAD CENTRAL CONFINEMENT FACILITY (BCCF); GRID 38S MB130840; ABU GHRAIB, IRAQ (IZ)

DATE/TIME REPORTED: 01 OCT 2005, 0615

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

SUBJECT: 1. NONE; [DEATH BY NATURAL CAUSES]

VICTIM: 1. HAMADI AL MASHDANI, ESMAIL HAMADI; INTERNMENT SERIAL NUMBER (ISN (b)(6),(b)(7)(C) (DECEASED); 1 JUL 1945; IRAQ; MALE; WHITE; XZ; DATE OF CAPTURE BY U.S. FORCES, 9 JAN 2004; [DEATH BY NATURAL CAUSES] (NFI)

"This is an Operation Iraqi Freedom Investigation".

On 01 Oct 05, this investigation was initiated when SP (b)(6),(b)(7)(C) Clerk , Patient Administration Department (PAD), 344th Field Hospital, BCCF, Abu Ghraib IZ, notified this office of a detainee death.

Investigation revealed Detainee AL MASHDANI died a natural death as a result of complications of acute gangrenous cholecystitis (inflammation of the gallbladder).

STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) Nov 05, detailing the initial notification; obtaining the detainee records of AL MASHDANI; interview of medical personnel; and other investigative activity.

2. Personal Data Report (PDR) pertaining to detainee AL MASHDANI.

3. Medical Records pertaining to detainee AL MASHDANI.

4. AIR of SA (b)(6),(b)(7)(C) Oct 05, which detailed the receipt of the Request for Assistance (RFA) and attending the autopsy.

5. Compact Disc containing the images of the autopsy of detainee AL MASHDANI (USACRC and file copy only).

6. AIR of SA (b)(6),(b)(7)(C) 5 May 06, detailing the receipt of the final autopsy report and death certificate of detainee AL MASHDANI.

7. Autopsy Report, #ME05-0925, 29 Mar 06, pertaining to detainee AL MASHDANI.

8. Death Certificate, 15 May 06, pertaining to detainee AL MASHDANI.

9. Photo Packet compromised of 7 photographs (1-7) (detainee AL MASHDANI).

10. Compact Disc 050146.789 containing the photographic images and the originals of Exhibit 9. (USACRC and file copy only).

NOT ATTACHED:

None.

The originals of Exhibits 1, 4, 6, 9 and 10 are forwarded with the USACRC copy of this report. The original of Exhibit 2 is retained in the files of Task Force 134, Camp Victory, IZ. The original of Exhibits 5, 7 and 8 are retained in the files of the Armed Forces Institute of Pathology, 1413 Research Blvd., Building 102, Rockville, MD. The original of Exhibit 3 is retained in the files of the 344TH Medical Field Hospital, Patient Administration Division, BCCF, AGI.

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

STATUS: This is a Final Report.

Report Prepared By:

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

Special Agent, (b)(2)

Report Approved By:

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

Special Agent in Charge

Distribution:

1 - Director, USACRC, 6010 6th Street, Fort Belvoir, VA 22060-5506 (ORIGINAL)
1 - CDR, USACIDC, ATTN: CIOP-ZA, FORT BELVOIR, VA
(ciddcsops1sc@sbelvoirdms.army.smil.mil)
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(b)(6),(b)(7)(C) sbelvoirdms.army.smil.mil) (b)(6),(b)(7)(C) @us.army.smil.mil)
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(b)(6),(b)(7)(C) raq.centcom.smil.mil)
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(b)(6),(b)(7)(C) iraq.centcom.smil.mil)
1 - CDR, DETAINEE OPERATIONS, MNF-1, TF 134, ATTN: MAJ (b)(6),(b)(7)(C)
(b)(6),(b)(7)(C) iraq.centcom.smil.mil)
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1 – AFIP, DOVER PORT MORTUARY, DOVER AFB, DE
(b)(6),(b)(7)(C) us.army.smil.mi (b)(6),(b)(7)(C) @us.army.smil.mil)
1 - File

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

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

Instructions - Medical Officer in attendance will:
Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.
Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

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)*
MAMID-MASHADANI, ABID-ES
000-15-7066
Detainee
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*: 04:02

3. MEDICAL EXAMINER/CORONER'S CASE ☐ YES ☒ NO

4. RELIGION

5. CHAPLAIN NOTIFIED ☐ YES ☐ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

CAUSE OF DEATH

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, asthenia, etc. It means the disease, injury, or complication which caused death)*	DUE TO *(or as a consequence of)* Cholecystitis		unknown
7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)*	DUE TO *(or as a consequence of)* (1)		
	(2)		
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.		
	b.		

9. DATE: 02 OCT 2005

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE: (b)(6)

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE: (b)(6)

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)* ☐ YES ☐ 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

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

EXHIBIT 3

CERTIFICATE OF DEATH *(OVERSEAS)*
Acte de décès *(D'Outre-Mer)*

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms): MAMID-MASHADANI, ABID-ES

GRADE Grade: —

BRANCH OF SERVICE Armé: —

SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale: —

ORGANIZATION Organisation:

NATION *(e.g., United States)* Pays:

DATE OF BIRTH Date de naissance:

SEX Sexe: ☒ MALE Masculin ☐ FEMALE Féminin

RACE Race: CAUCASOID Caucasique / NEGROID Négröide / OTHER (Specify) Autre *(Spécifier)*

MARITAL STATUS État Civil: SINGLE Célibataire / MARRIED Marié / WIDOWED Veuf / DIVORCED Divorcé / SEPARATED Séparé

RELIGION Culte: PROTESTANT Protestant / CATHOLIC Catholique / JEWISH Juif / OTHER *(Specify)* Autre *(Spécifier)*

NAME OF NEXT OF KIN Nom du plus proche parent:

RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit:

STREET ADDRESS Domicilé 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 [1] Maladie ou condition directement responsable de la mort. [1]	CHOLECYSTITIS	UNKNOWN
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		
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2]		

MODE OF DEATH Condition de décès: ✓ NATURAL Mort naturelle / ACCIDENT Mort accidentelle / SUICIDE Suicide / HOMICIDE Homicide

AUTOPSY PERFORMED Autopsie effectuée ☐ YES Oui ☑ NO Non

MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie:

NAME OF PATHOLOGIST Nom du pathologiste:

SIGNATURE (b)(6)

DATE Date: 02 OCT 2005

CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures:

AVIATION ACCIDENT Accident à Avion ☐ YES Oui ☐ 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 d(b)(6)

I HAVE VEIWED 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 médicin militaire ou du médicin sanitaire: (b)(6)

TITLE OR DEGREE Titre ou diplômé:

GRADE Grade:

INSTALLATION OR ADDRESS Installation ou adresse:

DATE Date: 01 OCT 2005

SIGNATUR(b)(6)

[1] *State disease, injury or complication which caused death, but not those of dying such as heart failure, etc.*

[2] *State conditions contributing to the death, but not related to the disease or condition causing death.*

[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*

[2] *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.*

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter BY OR (b)(6)

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)

3. DATE Sept 30 2005 TIME PATIENT ARRIVED IN SUITE 2300

4. PATIENT IN ROOM TIME 2300 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

☑ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	(b)(6)	RELIEF SCRUB	
ASSIGNED CIRCULATOR	(b)(6) (b)(6)	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

☑ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☑ YES ☐ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☑ RAZOR

☐ CLIP

COMMENTS:

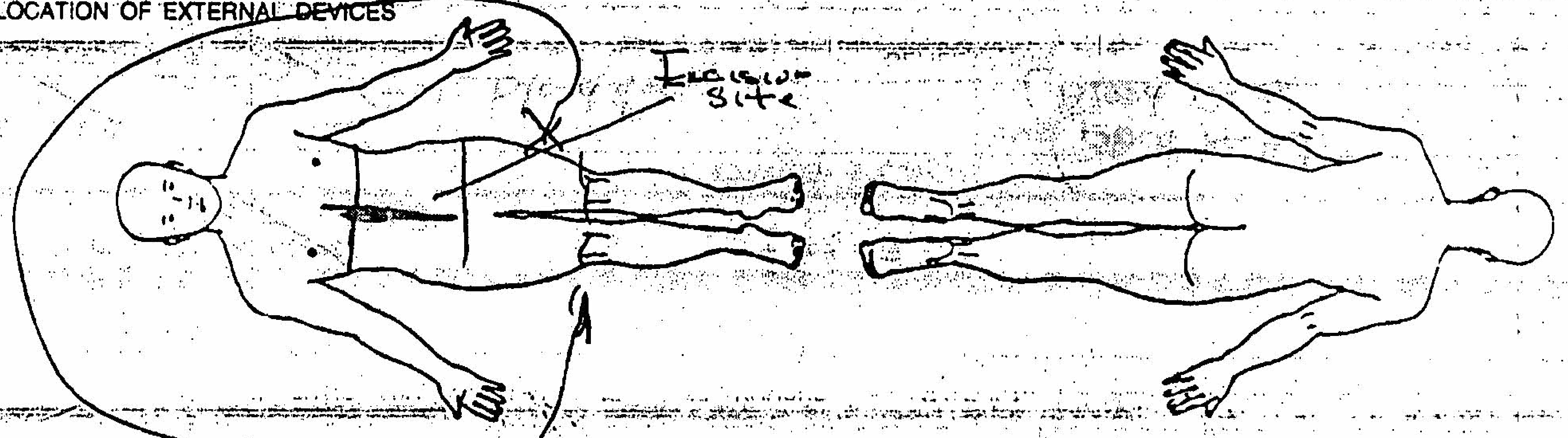
PREP SOLUTION *(Specify)* Betadine Scrub/sol

SITE: abdomen BY WHOM: Dr Flynn

SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap === Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count
Sponge	☑ Yes ☐ No		C	C
Needle Sharp	☑ Yes ☐ No		C	C
Instrument	☑ Yes ☐ No		C	C
Other	☐ Yes ☐ No			

SCRUB (b)(6)

CIRCULATOR (b)(6)

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

Detainee

Hamid/Al mashadawi Abi

000-15-7066

12. ELECTROSURGERY DEVICE(S) (ESU) ☑ YES ☐ NO

☐ ESU NO: MD2.50

GROUND PAD: BRAND Ref E70527

LOT NO: (b)(6) 2006-06

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE.

EXHIBIT 3

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATI *(sign each entry)*
2005-09-30	Complaint: HIGH/ LOW BLOOD PRESSURE
17:40	BP: 112/78 Weight: ________ Temp: 99
9-30-05	60 yr. old male transported from the IHA (came in from BUCCA today) via trauma with a blood sugar of 440 #20 Ⓡ AC — received 2 liters NS (ws) O2 Sat 85 — placed on 2L NC A&O x3 MAE CBC, CMP Panel, BMP sent — WBC 41.5 Repeat BS at 1900 309 CT of abdomen ordered — awaiting radiology. Hepatitis Panel (A, C, B) sent. Restless at present — (b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
1381 - TF 344 MED	Outpatient	BAZ - Medical Care NEC	
SPONSOR'S NAME	**SSN/ID NO.**	**RELATIONSHIP TO SPONSOR**	
HAMID/AL MASHADANI,, ABID/ESMAIL	000-15-7066	20	

PATIENT'S IDENTIFICATION:

NAME: **HAMID/AL MASHADANI,, ABID/ESM** GRADE: FGN
SSN: 000-15-7066 DetaineeNbr:
SEX: M DOB: 1945-01-01
Unit / Org: IHA

REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 - Automated Facsimile

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	**NOTES**
1 Oct 05 0010	Surgery Op-Note Pre/Post-Op DX: Gangrenous gallbladder Procedure: Ex lap, Cholecystectomy Surgeon: [illegible], Wenstrup Anesthesia: general EBL: 250 cc Fluids 3000 cc Foley: 30 cc Specimen Gallbladder & cultures Complications: none noted Drains JP & T Pt to ICU critical (b)(6)
1 Oct 05 0110 hrs	Pt received from OR @ 0010 hrs via stretcher, sedated & intubated. Pt placed ICU Bed 4. Pt cool to touch, unable to obtain SpO2. (b)(6) notified. Dopamine gtt started @ 0040 hrs for SBP 80's. Will monitor & titrate gtt for SBP>100. PERRLA-2mm fixed. Sclera jaundiced. + corneal reflexes noted. + gag/cough noted to suction. Safety precautions maintained. Ⓑ wrist restraints applied. All meds & procedures explained to pt. Ø distress (acute) noted. See ICU flowsheet for completion of assessment. Will monitor pt closely. (b)(6)

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME 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.

A14F1

3000291 20 00015 7066
HAMID/MASHADANI, ABID/ES
UNK M I DETAINEE

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

PRINTED ON RECYCLED PAPER 509-114

EXHIBIT 3

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER
		1800

TEST RESULTS

CBC
WBC 41.5K
H/H 13.9/38.9
PLT 128

SMAC
73N 9B 4Blasts
126 | 87 | 65 / 374
4.2 | 20 | 3.9

ABG/PULSE OX
SUP O2
PH
PO2
PCO2
SAT
OTHER ALP 362 ALT 256 AST - color interference

RADIOLOGY
Check if read by radiologist ☐
RESULTS NAD

PT
APTT
BHCG
ETOH
GLU
U/A DIP
MICRO
EKG INTERPRETATION

PROVIDER HISTORY/PHYSICAL

1800 Pt arrived from Bucca today or yest — Hx type II DM oral meds. Vomiting & diarrhea x 4days. Diabetic x 20yrs. Not Eating.

lisinopril 5mg
glucophage 500mg Bid
glyburide 5mg bid

Exam Alert. mod distress. Accu ↑440.
mouth & mm dry.
Lungs CTAB. CV RRR s Ⓜ
~~Abd diffusely tender. BS⊕~~

ED Course — pt hydrated c 2l NS. Could not urinate.
O2 Sat 85% initially, 98% on 2l nasal O2.
unable to ✓ ketones or all of his LFT's 2° to
Color interference c Blood test.
Cannot get CT 2° to Elevated Creatinine
~~will U/S RUQ in Am~~

PMHx
type II DM
HTN
? CAD
Family Hx [illegible]

CONSULT WITH	TIME	ACTION

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

PROVIDER SIGNATURE AND STAMP

DIAGNOSIS
1) hyperglycemia [illegible] 4) Elevated LFTs.
2) dehydration
3) Acute Renal Failure

CODES

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

Pt reassessed @ 2300 -
[illegible] bradypnea / tachycardia
VBG = 7.19 pH
CT A = [illegible] GB, free air — OR team called,
(b)(6) here to evaluate.

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record
STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

DATE	NOTES
04:02	Gen Sur. called to bedside multiple times for lab results and BP drops. 4u of blood ordered for Hb 5 on ~~[illegible]~~ 1st p/op draw. Blood ready @ ~3:40; central venous line inserted in (L) groin in order to administer blood. Blood started, noted bradycardic event. Pt progressed to full cardiac arrest. 2 units pressure-infused, multiple drugs given (epi/atropine/CaCl/NaHCO3) and CPR performed s̄ success. Good 4s throughout. (-) obvious blood from surgical wounds, airway intact c̄ ETT throughout. @ 4:02 pt declared dead p̄ asystole noted and lack of response to resuscitative attempts.

(b)(6)

EXHIBIT 3

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (*Check one*)
☒ RED BLOOD CELLS
☐ FRESH FROZEN PLASMA
☐ PLATELETS (*Pool of* ____ *units*)
☐ CRYOPRECIPITATE (*Pool of* ____ *units*)
☐ Rh IMMUNE GLOBULIN
☐ OTHER (*Specify*) ____

VOLUME REQUESTED (*If applicable*) ____ ML

REMARKS:

TYPE OF REQUEST (*Check ONLY if Red Blood Cell Products are requested.*)
☐ TYPE AND SCREEN
☒ CROSSMATCH

DATE REQUESTED: 1 OCT 2005

DATE AND HOUR REQUIRED: 1 OCT 2005

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (*Specify*)

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: ____
HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN (*Print*): (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P Exp lap, Cholecystectomy

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: (b)(6)

DATE VERIFIED: 1 OCT 2005

TIME VERIFIED: 0205 hrs

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.: 3

PATIENT NO.: 157066

DONOR
ABO: B+
Rh

RECIPIENT
ABO: B+
Rh

TEST INTERPRETATION
ANTIBODY SCREEN: Negative
CROSSMATCH: Compatible

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED.

REMARKS: Exp 19 OCT 2005
Immediate crossmatch Spun only

PREVIOUS RECORD CHECK: ☑ RECORD ☐ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: (b)(6)

DATE: 1 OCT 2005

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY (*Signature*): (b)(6) (b)(6)

AT (*Hour*): 0340 ON (*Date*): 1 Oct 05

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (*Signature*): (b)(6)

2nd VERIFIER (*Signature*): (b)(6)

PRE-TRANSFUSION
TEMP. ____ PULSE ____ BP ____

DATE OF TRANSFUSION: 01 OCT 05

TIME STARTED: 0351

POST-TRANSFUSION DATA

AMOUNT GIVEN ____ ML

TIME/DATE ~~COMPLETED~~ [✓ INTERRUPTED]: 0402 1 Oct 05 - pt expired

REACTION: ☒ NONE ☐ SUSPECTED

TEMPERATURE ____ PULSE ____ BLOOD PRESSURE ____

If reaction is suspected—IMMEDIATELY:
1. Discontinue transfusion, treat shock if present; keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN
☐ OTHER (*Specify*)

OTHER DIFFICULTIES (*Equipment, clots, etc.*)
☒ NO ☐ YES (*Specify*)

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility) A14F1

000291 20 00015 7066
HAMID/MASHADANI, ABID/ES
~~JNK – M-I DETAINEE~~

SEX: M

WARD: ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

Medical Record Copy

EXHIBIT 3

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD–ANESTHESIA

PROCEDURE Exp. Lap., Cholecystectomy

ITEM	START	STOP
Anesthesia	2252	0111
Procedure	1123	0046

DATE 30Sept05 OR NO. PAGE OF SURGEON(S) (b)(6)

PRE-PROCEDURE
☑ Identified ☑ ID Band ☑ Questioning
☑ Chart Review ☐ Permit Signed
☐ NPO Since
Preanesthetic State: ☐ Calm
☑ Awake ☐ Asleep
☑ Apprehensive ☐ Confused
☐ Uncooperative ☐ Unresponsive

PATIENT SAFETY
☐ Anes. Machine # ______ Checked
☐ Safety Belt On ☐ Axillary Roll
☑ Arm Restraints ☐ Arms Tucked
☑ Pressure points checked and padded
☐ Eye Care: ☐ Ointment ☐ Saline
☑ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT
☐ Steth ☐ Esoph ☐ Precord ☐ Other
☑ Non-Invasive B/P ☐ Nerve Stimulator
☑ Continuous EKG ☐ V Lead EKG
☑ Pulse Oximeter ☑ Oxygen Analyzer
☑ End Tidal CO2 ☐ Resp Gas Anlyzr
☑ Temp ☐ EEG
☐ Warming Blanket ☐ Fluid Warmer
☐ Airway Humidifier ☐
☐ NG/OG Tube ☐ Foley Catheter
☐ Art Line
☐ CVP
☐ PA Line
☐ IV(s)
☐

ANESTHETIC TECHNIQUES
Method: ☑ General ☐ Spinal
☐ Epidural ☐ Caudal ☐ Brachial
☐ Bier Block ☐ Ankle Blk ☐ M.A.C.
General: ☑ Pre-O2 ☐ L.T.A.
☑ Rapid Sequence ☐ Cricoid Pressure
☑ Intravenous ☑ Inhalation
☐ Intramuscular ☐ Rectal
Regional: ☐ Position
☐ Prep ☐ Local
☐ Needle
☐ Drug(s)
☐ Dose ☐ Attempts x
☐ Site ☐ Level
☐ Catheter ☐ See Remarks

AIRWAY MANAGEMENT
☑ Intubation ☑ Oral ☐ Nasal
☑ Direct Vision ☐ Magill's ☐ Blind
☐ Dif. see Rmks ☐ Fiber Op ☐ Stylet
☐ Attempts x 1 ☐ Blade
☐ Tube size 8 ☐ Endobronchial
☐ Regular ☐ RAE ☐ Armored ☐ Laser
☑ Cuffed ☑ Min. occ. pres. ☐ Air ☐ NS
☐ Uncuffed, leaks at ___ cm H_2O
☐ Secured at ______ ☐ ET CO_2 Present
☐ Breath Sounds
☑ Circuit ☑ Circle ☐ Non-rebreathing
☐ Airway: ☐ Oral ☐ Nasal ☐ Natural
☐ Mask Case ☐ Via Tracheostomy
☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY ROOM
Time 0112 B/P 94/48 O_2 Sat.
☐ PACU P [illegible] R Vent T
☑ ICU ☐ L&D
☐ Awake ☐ Spont Resp ☐ Oral Airway
☐ Asleep ☐ Ventilator ☐ Nasal Airway
☐ Stable ☐ Extubated ☐ Face Shield O_2
☐ Unstable ☐ Intubated ☐ T-Piece O_2

CONTROLLED DRUGS

Drug	Used	Destroyed	Returned
[illegible]	[illegible]		

Provider Witness

TIME: 2230 2300 0000 0100

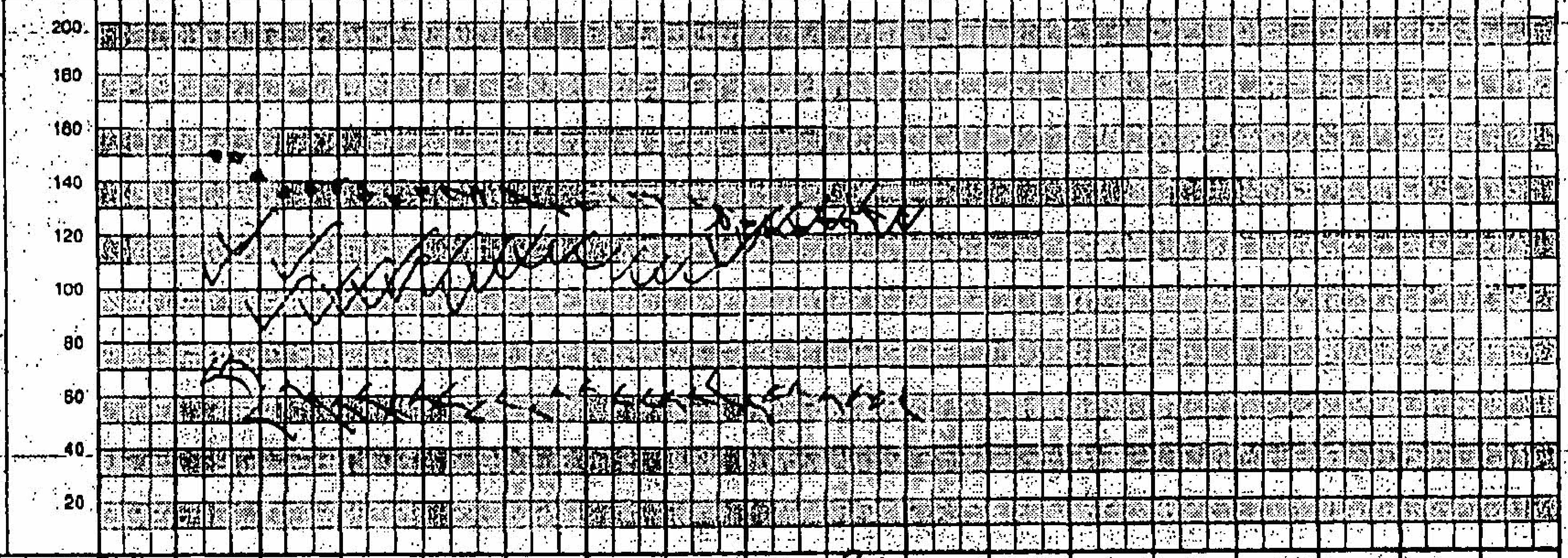
											TOTALS
☐ Hal ☐ Enf ☑ Iso (%)		0	0.5	0.5	X0.5	0.5	0.5	0.5	X0		
☐ N_2O ☐ Air (L/min)											
Oxygen (L/min)		5	2	2	2	2	2	2	5	5	
Fentanyl ( )		50	100	100							250mg
Propofol ( )		50	50								100mg
Anectine ( )		100									100
Vecuronium ( )			7				3				10mg
( )											
RL		12 —	12 —	12 —			12 12 —				RL 3L
Urine (ml)											
EBL (ml)											
EKG		ST	ST	ST	ST	ST	ST	ST	ST	ST	
% O_2 Inspired (FIO_2)		100	85	84	85	85	81	81			
O_2 Saturation (SaO_2)		92	95	98	98	98	98	95	95	95	
End Tidal CO_2			34	41	41	41	42	40	40	42	
Temp: ☑ °C ☐ °F			38.1	38.4	38.4	38.4	38.4	38.1	38.4		

Baseline Values

105/70 B/P

150 P

38 R



SYMBOLS
X ANESTHESIA
⊙ OPERATION
V Λ B/P CUFF PRESSURE
⊥ T ARTERIAL LINE PRESSURE
Δ MEAN ARTERIAL PRESSURE
● PULSE
○ SPONTANEOUS RESP
Ø ASSISTED RESP
⊗ CONTROLLED RESP
T TOURNIQUET

VENT										
Tidal Vol. (ml)	SV	810	850	845	843	850	850	850	810	850
Resp. Rate		10	10	10	10	10	10	10	10	10
Peak Pres. (cm H_2O)		27	24	21	21	22	28	28	28	30
PEEP (cm H_2O)										
Symbols for Remarks										
Position										

ANESTHESIA PROVIDER(S) (b)(6)

REMARKS Pt's from ER Intub well. All monitors applied Pre O2, Smooth Induct - Easy Int x1 16 Fr NG Salem Sump Through LT nostril Copious Amt Coffee Ground Material Removed

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

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (7–95)
Prescribed by GSA/ICMR,
FPMR (41 CFR) 101–11.203(b)(10)

518–124 NSN 7540–00–634–4159

MEDICAL RECORD	BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)* ☒ RED BLOOD CELLS ☐ FRESH FROZEN PLASMA ☐ PLATELETS *(Pool of ______ units)* ☐ CRYOPRECIPITATE *(Pool of ______ units)* ☐ Rh IMMUNE GLOBULIN ☐ OTHER *(Specify)*	TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)* ☒ TYPE AND SCREEN ☒ CROSSMATCH	REQUESTING PHYSICIAN *(Print)* (b)(6)
	DATE REQUESTED 30 Sept 05 DATE AND HOUR REQUIRED 30 Sept - 2245	DIAGNOSIS OR OPERATIVE PROCEDURE Hyperglycemia ARF I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
VOLUME REQUESTED *(If applicable)* 1 Unit ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*	SIGNATURE OF VERIFIER (b)(6)
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: ______ HEMOLYTIC DISEASE OF NEWBORN? ______	DATE VERIFIED ~~29~~ 30 Sept 05 TIME VERIFIED 2245

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)	TRANSFUSION NO. 1 PATIENT NO. 157066	TEST INTERPRETATION ANTIBODY SCREEN negative	CROSSMATCH compatible	PREVIOUS RECORD CHECK: ☐ RECORD ☑ NO RECORD SIGNATURE OF PERSON PERFORMING TEST (b)(6)
DONOR ABO B+ Rh	RECIPIENT ABO B+ Rh	☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE OCT 1 2005
		REMARKS: EXP 19 OCT 2005 immediate spin crossmatch only		

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA	POST-TRANSFUSION DATA
INSPECTED AND ISSUED BY *(Signature)* (b)(6) AT *(Hour)* 0330 ON *(Date)* OCT 1 2005	AMOUNT GIVEN 300 ML TIME/DATE COMPLETED/~~INTERRUPTED~~ 0355 hrs 1 Oct 05 REACTION ☒ NONE ☐ SUSPECTED TEMPERATURE —— PULSE 0 BLOOD PRESSURE 0
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the p 1st VERI (b)(6) 2nd VERIFIER *(Signature)* (b)(6)	If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank. DESCRIPTION OF REACTION ☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN ☐ OTHER *(Specify)* OTHER DIFFICULTIES *(Equipment, clots, etc.)* ☒ NO ☐ YES *(Specify)*
PRE-TRANSFUSION TEMP. 98⁷ PULSE 62 BP 70/32	SIGNATURE OF PERSON NOTING ABOVE (b)(6)
DATE OF TRANSFUSION 1 Oct 2005 TIME STARTED: 0344 hrs	

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

Hamid AL mashadani
1570666

SEX Male WARD ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record
STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

ACLU DDII CID FOIS 39700
Medical Record Copy

EXHIBIT 3

ADMISSION ASSESSMENT	DISCHARGE ASSESSMENT
INEFFECTIVE BREATHING PATTERN LUNG SOUNDS: Equal Yes ✓ No____ Clear Yes ✓ No____ O_2 Therapy vent A/C mode Airway: ETT ✓ Oral____ Nasal____ N/A ____	INNEFFECTIVE BREATHING PATTERN LUNG SOUNDS: Equal Yes____ No____ Clear Yes____ No____ Respirations even & unlabored____ SaO_2 WNL on Room Air Yes____ No____
ALTERED THOUGHT PROCESSES ✓ Unresponsive ____Sedated/ responds to verbal stimuli ✓ Sedated/Responsive to deep stimulus ____Awake/ Unsedated ____Oriented to time.,place, person	ALTERED THOUGHT PROCESSES ____Oriented to time, place, person, stimulation; baseline mentation has returned.
POTENTIAL FOR DECREASED CARDIAC OUTPUT ✓ Cardiac Monitor ✓ Normal sinus rhythm without ectopy Skin Condition ____Warm ✓ Dry ✓ Cool ____Moist IV Site without S/S infiltration or irritation ✓ Yes ____No Capillary refill < 3 seconds ✓ Yes ____No	POTENTIAL FOR DECREASED CARDIAC OUTPUT ____Vital Signs Stable Skin Condition ____Warm ____Dry ____Cool ____Moist IV Site without S/S of infiltration or irritation ____Yes ____No Other:
POTENTIAL FOR INJURY Moves all extremities ✓ Yes ____No Supportive device ⊕ flickers to noxious stimuli	POTENTIAL FOR INJURY Moves all extremities ____Yes ____No ____Other
ALTERED PATTERN OF URINARY ELIMINATION ✓ Foley ____Due to void /Time of last void min output	ALTERED PATTERN OF URINARY ELIMINATION ____Voided ____Due to void ____Foley ____Other
ALTERED GI FUNCTIONS ✓ Active Bowel sounds X 4 Quads ____Hypoactive Bowel Sounds ✓ Abdomen non-distended Other Absent bowel sounds	ALTERED GI FUNCTION ____Bowel sounds present x 4 quads ____Abdomen non-distended Other
IMPAIRED SKIN INTEGRETY Dressings and (R) abd JP to bulb suction C/D/I ✓	IMPAIRED SKIN INTEGRETY ____Dressings clean, dry and intact Other
ALTERATION IN COMFORT Pain Level ____(0 = none; 10 = severe) Location____ Ice/heat/elevation ____ Positioning	ALTERATION IN COMFORT LEVEL ____Pain managed with analgesics Level: ____(0 = none; 10 = severe) Ice/ heat/ elevation ____ Positioning

RN Signature (b)(6) RN Signature __________

Anesthesia Medication Orders

1. __________
2. __________
3. __________

TIME	MEDICATION	DOSE	ROUTE	SITE	SIGNATURE	EFFECT

OTHER INTERVENTIONS See ICU flowsheet

PACU STANDARDS OF CARE MET

Name: __________

Signature: __________

EXHIBIT 3

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 10 Yr. 05

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 30	1	2	3
10/1	(b)(6)	Vitals Q1°	07	/			
			19	(b) (6)			
10/1		Diet: NPO	07	/			
			19	(b) (6)			
10/1		NGT to LIWS	07	/			
			19	(b) (6)			
10/1		Foley to DD	07	/			
			19	(b) (6)			
10/1		JP to bulb suction	07	/			
			19	(b) (6)			
10/1		Strict I/O's	07	/			
			19	(b) (6)			
10/1		Vent: AC 14, V-800	07	/			
		FiO2 50%	19	(b) (6)			

ALLERGIES: ☐ YES ☑ NO

NKDA

PRIMARY DIAGNOSIS: Gangrenous Gallbladder

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: ______

A14F1

PATIENT IDENTIFICATION:

```
0000291 20 00015 7066
HAMID/MASHADANI, ABID/ES
UNK  M I DETAINEE
```

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	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. USAPA V1.00

EXHIBIT 3

EMERGENCY RESUSCITATION RECORD

For use of this form, see MEDCOM Circular 40-5

PART 1 - Complete this report immediately following the event. Place the original in the patient's record and provide a copy to the nursing supervisor/OIC.

1. DATE: 1 Oct 2005

2. LOCATION OF RESUSCITATION: ☒ Ward: ICU

☐ MICU ☐ SICU ☐ CCU ☐ NICU ☐ PICU ☐ ED ☐ PACU ☐ OR

☐ Diagnostic/Procedure Area: ____

☐ Outpatient Clinic: ____

☐ Other *(Specify)*: ____

3. PATIENT STATISTICS:

Age: ____ Gender: M

Height (in): ____

Weight (lbs): ____ Weight (kg): ____

4. INITIAL CONDITION:

CONSCIOUS? ☐ Yes ☒ No

BREATHING? ☒ Yes ☐ No

PULSE? ☐ Yes ☐ No Pulse Site: ____

WITNESSED ARREST? ☒ Yes ☐ No ☐ Unknown

MONITORED AT ONSET? ☒ Yes ☐ No

5. INITIAL RHYTHM:

☐ Asystole ☐ Pulseless Electrical Activity ☐ Other: ____

☒ Bradycardia ☐ Ventricular Fibrillation

☐ Perfusing Rhythm ☐ Ventricular Tachycardia

RETURN OF SPONTANEOUS CIRCULATION (ROSC):

☐ Returned at: ____ ☒ Never Achieved

☐ Unsustained ROSC: ☐ < 20 min ☐ > 20 min

TIME CPR STOPPED: 0402 DUE TO: ☐ ROSC ☐ DNR ☒ Death

6. IMMEDIATE CAUSE OF ARREST/EVENT: *(Check One)*

☒ Hypotension/Hypovolemia

☐ Lethal Arrhythmias

☐ Metabolic

☐ Myocardial Infarction or Ischemia

☐ Respiratory Depression

☐ Trauma

☐ Unknown

☐ Other: ____

7. RESUSCITATION ATTEMPTED:

☒ YES *(Check all that apply)*

☒ Airway Management ☐ Cardiac Massage

☒ Chest Compressions ☐ Defibrillation

☒ NO *(Check one)*

☐ False Alarm/Arrest (BLS/ALS not needed)

☐ Do Not Resuscitate (DNR)

☐ Pronounced Dead Prior to Resuscitation

☐ Other: ____

8. EVENT TIMES: (The times below are required to calculate the American Heart Ass'n and European Resuscitation Council in-hospital chain of survival.)

	Time *(Military)*
Collapse/Arrest Onset:	0344
CPR Started:	0352
1st Defibrillation:	
Airway Achieved:	N/A
1st Dose Epinephrine:	
Code Team Called:	MD & ICU staff
☐ Yes ☒ No	@bedside
Code Team Arrived:	

9. INTERVENTIONS:

(CHECK THOSE IN PLACE AT START OF RESUSCITATION)	(CHECK THOSE INITIATED DURING RESUSCITATION, NOTE TIME)	COMMENTS
☒ IV Access Gauge: 20 Site: ⓇAC ⓁAC	☐ Time(s) ____ / ____	
☒ Endotrachael Tube Size: 8.0	☐ Time(s) ____ / ____	
☒ Mechanical Ventilation	☐ Time(s) ____ / ____	
☒ Arterial Line	☐ Time(s) ____ / ____	
☒ Central Venous Line	☐ Time(s) ____ / ____	
☐ Pulmonary Artery Catheter	☐ Time(s) ____ / ____	
☒ Nasogastric Tube	☐ Time(s) ____ / ____	
☐ Pacing Device *(Specify)*: ____	☐ Time(s) ____ / ____	
☐ Implantable Defibrillator/Cardioverter	☐ Time(s) ____ / ____	
☐ Other *(Specify)*: ____	☐ Time(s) ____ / ____	

PATIENT DISPOSITION FOLLOWING RESUSCITATION:
Expired @ 0402 hrs

PATIENT IDENTIFICATION *(For typed or written entries note: Name-last, first, middle initial; grade; DOB; hospital or medical facility)*

A14F1

0000291 20 00015 7066
HAMID/MASHADANI, ABID/ES
UNK M I DETAINEE

10. GLASGOW COMA SCALE: (Post-resuscitation)
Circle appropriate score for each parameter, then total score.

EYE OPENING
- 4 - Spontaneously
- 3 - To voice
- 2 - To pain
- 1 - No response

VERBAL RESPONSE
- 5 - Oriented, converses
- 4 - Disoriented, converses
- 3 - Inappropriate responses
- 2 - Incomprehensible sounds
- 1 - No response

MOTOR RESPONSE
- 6 - Obeys verbal commands
- 5 - Localizes painful stimulus
- 4 - Withdraws from pain stimulus
- 3 - Flexion, decorticate posturing
- 2 - Extension, decerebrate posturing
- 1 - No movement

SCORE: 3

MEDCOM FORM 679-R (TEST) (MCHO) JUN 03 PREVIOUS EDITIONS ARE OBSOLETE *Page 1 of 2 pages* MC V3.00

EXHIBIT 3

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

0000291 20 00C15 7066
HANIO/KASHADANI. ABID/ES
UNK M I DETAINEE

(b)(6)

NURSING UNIT | BED NO.

DATE OF ORDER: 1 Oct
TIME OF ORDER: 0045 HOURS
LIST TIME ORDER NOTED AND SIGN

A1A1

Bicarb 2 amps IVP now

Dopamine drip 5 ug/kg/m titrate SBP >100

AC -14 on vent

ABG ē Bicarb

(b)(6)

PATIENT IDENTIFICATION

0000291 20 00C15 7066
HANIO/KASHADANI. ABID/ES
UNK M I DETAINEE

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER
TIME OF ORDER ______ HOURS

A1A1 - 4 units PRBC's

- 4 amps (1 gm each) of Calcium Gluconate IV 15 minutes apart.

- 1L NSS WO x1

- Stop LR in any IV used for blood

noted 1 Oct 05

(b)(6)

(b)(6)

PATIENT IDENTIFICATION

DATE OF ORDER

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER
TIME OF ORDER ______ HOURS

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 4256 1 APR 79 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

☆U.S. GOVERNMENT PRINTING OFFICE

EXHIBIT 3

✓ Vitals Q 1°
✓ Allergies unknown
✓ Diet NPO
✓ NGT to LIWS

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

0300291 20 08C1S (b)(6) 7066
HAMID KASHADA ARID/IS
UNK M I DET

DATE OF ORDER 1 Oct TIME OF ORDER 2400 HOURS

✓ Foley to DD
✓ JP to bulb suction
✓ Strict I/O's
✓ vent AC-10 V_T-800 FiO_2-50%
✓ IV LR @ 200cc/hr
✓ CBC, comp, Mg, Phos, Ca
ABG on arrival + in am

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 1 Oct TIME OF ORDER HOURS

✓ IV Zantac 50mg Q 12°
✓ Zosyn 3g IVPB Q 6°
Accu ✓ Q 4°
Sliding scale coverage
200-250 - 2 units, 251-300 4 units
301-350 - 6 units, 351-400 8 units
>400 10 units + call MD

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 1 Oct TIME OF ORDER HOURS

Fentanyl drip 50mcg/hr

NURSING UNIT	ROOM NO.	BED NO.

(b)(6)

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

☆ U.S. GOVERNMENT PRINTING OFFICE: 2003-300-391

"USE BALL POINT PEN—PRESS FIRMLY / NO CARBON PAPER REQUIRED"

EXHIBIT 3

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
[illegible]91 20 00C15 7066 HAMID/MASHADANI, ARID/E UNK M I DETAINEE		1 Oct	2400 HOURS	
	✓	Admit ICU - Surgery		
	✓	Dr. [illegible]		
	✓	Cons [illegible]		

EXHIBIT 3

344 MED, ABU
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

SSN or ISN: 157066

LAST, FIRST, MI. (b)(6)

Physician/Ward: ETR

Drawn by/Bed:

Gender M or F (circle)

Stat or Routine (circle)

Specimen Date and time: 9/30/05 1740

Signs and Symptoms:

Reported by: (b)(6)

Date and Time: 1834 3Sep05

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes Glu Crea

X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L
	K		3.3-4.9 mmol/L
	Cl		98-109 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-100 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.12-1.32 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.3 mg/dL
	Hct		37.0-52.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

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

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			

Other lab request:

BLOOD ACETEST (KETONES) = unable to read due to color interference

revised 31july05 mc

add on @ 1914

LIPASE = 82 23-300

Chemistry (Piccolo)/Green or red/tiger top

[✓ Comp Pan] [✓ BMP] Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	3.9	3.3-5.5 g/dL
	ALP	362 H	20-184 U/L
	ALT	256 H	10-47 U/L
X	AMY	79	ADD ON @1914 14-110 U/L
	AST	unable to read due to color interference	11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN	65 H	7-22 mg/dL
	Ca	7.8 L	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	CL	87 L	98-109 mmol/L
	TCO2	20	18-33 mmol/L
	Creat	3.9 H	0.6-1.3 mg/dL
	GGT		5-65 U/L
	Glu	374 H	73-118 mg/dL
	K	4.2	3.3-4.9 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus		2.2-4.5 mg/dL
	TProtein	8.1	6.4-8.1 g/dL
	Na	126 L	128-145 mmol/L
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		60-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Rapid Tests (Green Top)

Mono		Negative
H.pylori IgG		Negative

Rapid Tests (SST or Red Top)

RPR		Negative
HCG (or urine)		Negative

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top

CBCN (no diff) [✓ CBC] Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	41.5 H	4.8-10.8 x10(3)/uL
	RBC	4.26	4.2-6.1 x10(6)/uL
	Hgb	13.9	12.0-18.0 g/dL
	Hct	38.9	M: 42.0-52.0%
			F: 37-47%
	MCV	91.5	80.0-99.0 fl
	MCH	32.6 H	27.0-31.0 pg
	MCHC	35.6	33.0-37.0 g/dL
	Plt	128 L	130-400 x10(3)/uL
	LY%	4.3 L	20.0-44.0%
	LY#	1.8	0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	73 H	Mono(4-10%)	2 L
Bands(1-10%)	9	Eos(0-4%)	/
Lymph(20-44%)	1 L	Baso(0-2%)	/
Atyp Ly		Immature cells	11 Myelo 4 Blast

RBC Abn Morph: 2+ micro, 2+ aniso, 2+ sphero,

Plt Abn Morph:

WBC Abn Morph: 11 Myelo 4 Blasts

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top - Sodium Citrate)

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

Cardiac Panel/Purple Top

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

Hemoglobin S (sickle) Purple Top

Hemoglobin S	Negative

Body Fluid Panel - Sterile Cont

Panel Includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis (CSF only)

reviewed by:

ACLU DDII CID ROIS 39707

EXHIBIT 3

TF 344 MED, ABU
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

SSN or ISN:

LAST, FIRST, MI 9391 20 00015 7066 A141
H ID/MASHADANI, ABID/ES

Physician: M I DETAINEE Ward:

Drawn by: Bed:

Gender M or F (circle)

Stat or Routine (circle)

Specimen Date and time: 2005Oct01 1210

Signs and Symptoms:

Reported by: (b)(6)

Date and Time: 10/1/05@0005

Chemistry (i-STAT) / Green Top / Syringe

[✓ Bld Gas] · Bld Gas w/ Ltes · Glu · Crea

X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L
	K		3.3-4.9 mmol/L
	Cl		98-109 mmol/L
	pH	* 7.09 (L)	7.35-7.45
	PCO2	45.9 (H)	35-45 mmHg
	PO2	122 (H)	80-100 mmHg
	TCO2	15 (L)	18-33 mmol/L
	HCO3	14.1 (L)	22-26 mmol/L
	sO2	97	95-99%
	BEecf	-16 (L)	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.12-1.32 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.3 mg/dL
	Hct		37.0-52.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

panic value reported @ 0005 (b)(6)

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

Urine Microscopic

WBC		Epi
RBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

Other lab request

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan · BMP · Hepatic Pan · Lipid Pan · Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	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
	Mg		1.6-2.3 mg/dL
	Phosphorus		2.2-4.5 mg/dL
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		60-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Rapid Tests (Green Top)

	Mono		Negative
	H.pylori IgG		Negative

Rapid Tests (SST or Red Top)

	RPR		Negative
	HCG (or urine)		Negative

Rapid Tests

	Strep A		Negative
	Drug Screen (urine)		Negative
	Chlamydia		Negative
	Flu A&B		Negative
	C. difficile (stool)		Negative
	O&P (stool)		No Ova / Parasite
	OccBld		Negative
	Wet Mount		Negative
	KOH		Negative

Hematology / Purple Top

CBCN (no diff) · CBC · Malaria · H/H

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		M: 42.0-52.0%
			F: 37-47%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		20.0-44.0%
	LY#		0.7-4.3 x10(3)/uL

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 / Purple Top

	Thin		No Plasmodium Seen
	Thick		No Plasmodium Seen

Sed Rate / Purple Top

	Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top: Sodium Citrate)

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

Cardiac Panel/Purple Top

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

Hemoglobin S (sickle) / Purple Top

	Hemoglobin S	Negative

Body Fluid Panel - Sterile Cont

Panel Includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (CSF only)

revised 31july05 mc

EXHIBIT 3

[illegible]E 344 MED, ABU

LABOR[illegible]ORY RESULTS FORM

(Subject to Privacy Act of 1974)

SSN or ISN: 157066

LAST, FIRST, MI. Hamid/Mashadani, Abd

Physician (b)(6)
Drawn by:

Ward: OR
Bed:

Gender [✓ M] or F (circle)
[✓ Stat] or Routine (circle)

Specimen Date and time: Sept 30 2005 2305

Signs and Symptoms: Dyspnea

Reported by: (b)(6)

Date and Time: 9/30/05 @ 23

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/lytes Glu Crea

X	TEST	RESULT	REF. RANGE
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Cl		98-109 mmol/L
X	pH C	7.18 L	7.35-7.45
X	PCO2	25.1 L	35-45 mmHg
X	PO2	63 L	80-105 mmHg
X	TCO2 C	10 L	23-27 mmol/L
X	HCO3 C	9.4 L	22-26 mmol/L
X	sO2	86 L	95-98%
X	BEecf	-19 L	(-2)-(+3)
X	AGap	N/A	8-16 mmol/L
	iCa		1.12-1.32 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Criticals given 2330 @ 2230

(b)(6)

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

Urine Microscopic

WBC		Epi
RBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

Other lab request:

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan BMP Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		M: 53-128 U/L F: 42-141 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)		0-0.3 mg/dL
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl		98-108 mmol/L
	TCO2		18-33 mmol/L
	Crea		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus		2.2-4.4 mg/dL
	Tot. Protein		6.4-8.1 g/dL
	Na		128-145 mmol/L
	HDL Chol		40-75 mg/dL
	LDL Chol		50-129 mg/dL
	Triglycerides		60-149 mg/dL
	VLDL		<30 mg/dL
	Chol/HDL Ratio		≤5

RPR		Negative
HCG (or urine)		Negative

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top

CBCN (no diff) CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		M: 42.0-52.0%
			F: 37-47%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		20.0-44.0%
	LY#		0.7-4.3 x10(3)/uL

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 / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top: Sodium Citrate)

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

Cardiac Panel/Purple Top

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

Hemoglobin S (sickle) / Purple Top

Hemoglobin S	Negative

Rapid Tests (Green Top)

Mono		Negative
H.pylori IgG		Negative

revised 31Aug05 mc

reviewed by:

EXHIBIT 3

344 MED, ABU

LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

SSN or ISN: 157066

LAST, FIRST, MI.

Physician (b)(6)

Drawn by

Ward: ETR

Bed:

Gender [✓ M] or F (circle)

[✓ Stat] or Routine (circle)

Specimen Date and time: 30 Sep 05 2045

Signs and Symptoms: Hypoglycemic

Reported by (b)(6)

Date and Time: 9/30/05 @ 2110

Chemistry (i-STAT) / Green Top / Syringe

[✓ Bld Gas] Bld Gas w/lytes Glu Crea

X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L
	K		3.3-4.9 mmol/L
	Cl		98-109 mmol/L
	pH *	7.19 (L)	7.35-7.45
	PCO2	42.5	35-45 mmHg
	PO2 *	17 (L)	80-100 mmHg
	TCO2	18	18-33 mmol/L
	HCO3	16.2 (L)	22-26 mmol/L
	sO2	17 (L)	95-99%
	BEecf	-12 (L)	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.12-1.32 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.3 mg/dL
	Hct		37.0-52.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Panic values reported @2110 to (b)(6)

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

Urine Microscopic

WBC		Epi
RBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		

Other lab request:

Chemistry (Piccolo)/Green or red/tiger top

Comp Pan BMP Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		20-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	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
	Mg		1.6-2.3 mg/dL
	Phosphorus		2.2-4.5 mg/dL
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		60-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.6

Rapid Tests (Green Top)

Mono		Negative
H.pylori IgG		Negative

Rapid Tests (SST or Red Top)

RPR		Negative
HCG (or urine)		Negative

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Hematology / Purple Top

CBCN (no diff) CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		M: 42.0-52.0%
			F: 37-47%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		20.0-44.0%
	LY#		0.7-4.3 x10(3)/uL

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 / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top: Sodium Citrate)

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

Cardiac Panel/Purple Top

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

Hemoglobin S (sickle)/Purple Top

Hemoglobin S	Negative

Body Fluid Panel - Sterile Cont.

Panel Includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (CSF only)

revised 31july05.mc

reviewed by:

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (*MEDICATIONS*)

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

Mo. ____ *Yr.* ____

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 30	1	2	3	4
10/1	(b)(6)	Zosyn 3g IVPB	06	/				
			12	/				
			18	/				
			24	(b)(6)				
10/1	(b)(6)	Fentanyl drip 50mcg/hr	07	/				
			19	(b)(6)				
10/1	(b)(6)	Dopam drip 5mcg/kg Titrate SBP>100	07	/				
			19	(b)(6)				

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ____

PATIENT IDENTIFICATION:

A14F1

0000291 20 00015 7066
HAMID/MASHADANI, ABID/ES
UNK M I DETAINEE

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

DA FORM 4678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.01

PAGE 1 OF 2

EXHIBIT

3

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (*MEDICATIONS*) For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.	*Mo.* ____ *Yr.* ____

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 30	1	2	3	4
10/1	(b)(6)	Accu √ Q 4°	04	/				
		Sliding Scale Coverage	Am	/				
		200-250 - 2 units	Ins	/				
		251-300 4 units	08	/				
		301-350 - 6 units	Am	/				
		351-400 8 units	Ins	/				
		>400 10 units	12	/				
		+ call MD	Am	/				
			Ins	/				
			16	/				
			Am	/				
			Ins	/				
			20	/				
			Am	/				
			Ins	/				
			24					
			Am					
			Ins					
10/1	[illegible]	LR @ 200h	07	/				
			19	(b)(6)				
10/1	[illegible]	Zantac 50mg q8°	02	(b)(6)				
			22					

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ________

A14F1

PATIENT IDENTIFICATION [illegible]91 20 00015 7066
HAMID/MASHADANI, ABID/ES
UNK M I DETAINEE

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

DA FORM 4678, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.01 PAGE 1 OF 2

EXHIBIT 3

Exhibit(s) 7 and 8

Page(s) 000096 thru 000102 referred to:

CDR U.S. Army Medical Command
Freedom of Information/Privacy Act Office
ATTN: MCFP Bldg 126 Stop 76
1216 Stanley Road 2nd Floor
Fort Sam Houston, TX 78234-5049

0146-05-CID789-39276

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: Hamad-Mashadani, Abid-Es
ISN #: US9IZ-157066C1
Date of Birth: Unknown
Date of Death: 01 OCT 2005
Date of Autopsy: 07 OCT 2005
Date of Report: 29 MAR 2006

Autopsy No.: ME(b)(6)
AFIP No.:(b)(6)
Rank: Civilian
Place of Death: 344Th Field Hospital, Iraq
Place of Autopsy: Port Mortuary
Dover AFB, Dover, DE

Circumstances of Death: The decedent was a civilian detainee who was transferred to the 344th Field Hospital from a detention facility where he had been complaining of abdominal pain, diarrhea and vomiting. Upon arrival he was noted to have a markedly elevated white blood cell count (41.5 x 10^3), elevated blood sugar (440mg/dl) and elevated liver function tests. He was taken to the operating room where an exploratory laparotomy and cholecystectomy was performed for gangrenous cholecystitis. Post-operatively his condition worsened and he became unresponsive to resuscitative attempts.

Authorization for Autopsy: Armed Forces Medical Examiner, per 10 U.S. Code 1471

Identification: Identification is established by identification tags present on the body

CAUSE OF DEATH: Complications of acute gangrenous cholecystitis

MANNER OF DEATH: Natural

FINAL AUTOPSY DIAGNOSES

I. Acute gangrenous cholecystitis (per report).
  A. Status post exploratory laparotomy with cholecystectomy.

II. Respiratory system:
  A. Bilateral pulmonary congestion and edema (right 830 gm, left 720 gm)
  B. Bilateral pleural effusions (right 120 ml, left 180 ml)
  C. Scattered fibrin micro-thrombi

III. No evidence of trauma

IV. Moderate decompositonal changes consisting of green discoloration of the abdomen and vascular marbling

V. Toxicology: Metoclopramide is present in the blood.

FOR OFFICIAL USE ONLY and may be exempt from mandatory disclosure under FOIA. DoD 5400.7R, "DoD Freedom of Information Act Program", DoD Directive 5230.9, "Clearance of DoD Information for Public Release", and DoD Instruction 5230.29, "Security and Policy Review of DoD Information for Public Release" apply.

0146-05-CID789-39276

EXTERNAL EXAMINATION

The remains are received unclad. An identification bracelet containing the decedent's name and detainee number is on the right wrist. The body is accompanied by clothing consisting of a white undershirt, a pair of green knit shorts, a pair of yellow slacks and a pair of blue shower shoes.

The body is that of a well-developed, well-nourished appearing, male that weighs 189-pounds, is 67-inches in length, whose appearance is consistent with the reported age of 60 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor has passed. The temperature of the body is that of the refrigeration unit.

The scalp is covered with 1-1/4" wavy grey-black hair with male pattern balding. The head and neck are moderately congested. The face is covered with a short black-grey beard and moustache. The eyelids are closed with 2-1/4 x 1/2" surgical tape. The corneae are hazy. The irides are dark and the pupils are round and equal in diameter. The external auditory canals are free of abnormal secretions and foreign material. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth are in poor condition with a number of teeth remotely absent.

The neck is mobile and the trachea is midline. There are multiple acrochordons on the right side of the neck, 1/16-1/8" in greatest dimension. The chest is symmetric. The abdomen is protuberant. The genitalia are those of a normal adult, circumcised, male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. Evidence of medical intervention is described below.

The upper and lower extremities are symmetric and without clubbing or edema. There is a 1-1/2 x 1/4" irregular, hypopigmented scar with a 2" vertical linear extension at the 12 o'clock position on the lateral right knee. There is a 1" raised callus over the right lateral malleolus. On the volar surface of the left forearm is a 2 ¼ x 1", blue tattoo depicting unknown symbols.

MEDICAL INTERVENTION

- An endotracheal tube appropriately placed
- An intravascular catheter in the right antecubital fossa, secured with a clear occlusive dressing, with "9/30 #20" written above the device
- A 2" area of ecchymosis on the distal, volar surface of the right wrist with 3 venipuncture marks
- A 1-1/4" area of ecchymosis on the dorsum of the right hand
- A 2 x 2" gauze dressing in the left antecubital fossa
- Secured with sutures are a triple lumen catheter in the left groin and an intravascular catheter in the right groin
- A 4 x 4" gauze dressing overlying a Jackson-Pratt drain in the right abdominal wall with 26" of 1/4" diameter tubing attached to a reservoir containing 40-milliliters of blood
- A 12 x 4" gauze covering a midline abdominal incision

0146-05-CID789-39276

- A vertically oriented 10 x 1"incision, 7/8" in depth and packed with gauze, overlying a sutured abdominal incision that extends from the xiphoid process to 2" below and to the left of the umbilicus

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the previously described medical interventions. There is no evidence of recent trauma.

EVIDENCE OF INJURY

There is no evidence of significant recent injury noted at the time of autopsy.

INTERNAL EXAMINATION

BODY CAVITIES:

The sternum is visibly and palpably intact. No excess fluid is present in the pericardium. There are bilateral serous, pleural effusions (right - 120-milliliters, left - 180-milliliters). Scattered adhesions involve the left lung and the chest wall. There is 300-milliliters of blood and clot in the right upper quadrant of the abdominal cavity. The gallbladder is surgically absent. The remaining organs occupy their usual anatomic positions.

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. Markings on the internal table of the calvarium for the right middle meningeal artery are more pronounced on the right side. Clear cerebrospinal fluid surrounds the 1370 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey 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.

RESPIRATORY SYSTEM:

The right and left lungs weigh 830 and 720 grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

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, with a right-dominant pattern. There is mild atherosclerotic streaking at the ostia for the right coronary artery and the left anterior descending artery. Cross sections of the vessels show no evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.1and 0.2-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:
The 1880-gram liver has an intact, smooth capsule and a sharp anterior border. There is a 5-centimeter laceration of the lateral right lobe of the liver, without vital reaction. In the region of the gallbladder fossa is a 9 x 6-centimeter friable, hemorrhagic area with an intact surgical drain. The gallbladder had been previously sent for surgical pathology consultation following the patient's cholecystectomy. A diagnosis of acute gangrenous cholecystitis is made by the consulting pathologist. The remaining, non-surgical parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The extrahepatic biliary tree is patent.

SPLEEN:
The 280-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:
The pancreas is firm and yellow-tan, with the usual lobular architecture. Fatty infiltrate is noted throughout the pancreas. No mass lesions or other abnormalities are seen.

ADRENALS:
The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses are identified.

GENITOURINARY SYSTEM:
The right and left kidneys each weigh 80-grams. The external surfaces are intact and smooth. There is a 0.4-centimeter, benign cortical cyst on the superior pole of the left kidney. 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 no 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 50-milliliters of dark brown, flocculant liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by the OAFME staff photographer.
2. Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, gastric contents, spleen, liver, lung, kidney, adipose tissue and psoas.
3. Personal effects are released to the appropriate mortuary operations representatives.

0146-05-CID789-39274

MICROSCOPIC EXAMINATION

1. Cardiovascular (Slides: 6, 9, 11,12,13): No significant microscopic abnormalities
2. Lungs, right and left (Slides: 1-5): Focal pulmonary edema and vascular congestion with scattered fibrin micro-thrombi
3. Endocrine (Slides: 2-4, 10): No significant microscopic abnormalities are noted in the pancreas, thyroid gland and adrenal glands
4. Gastrointestinal (Slides: 2, 6-8): Liver with mild to moderate steatosis with cholestasis
5. Genitourinary (Slides: 1, 6-8): Kidney with moderate glomerulonephrosclerosis and hemorrhage into the renal tubules. Bladder and prostate are unremarkable
6. Brain (Slide: 13): No significant microscopic abnormalities

OPINION

This reported 60 year-old male, civilian detainee died of complications of acute gangrenous cholecystitis. According to reports and medical records, the decedent was admitted to the hospital following a few days of abdominal pain, diarrhea and vomiting. Laboratory studies upon admission included an elevated white blood cell count, elevated blood glucose and elevated liver function tests. He underwent an exploratory laparotomy and cholecystectomy for acute gangrenous cholecystitis. He remained unstable post-operatively and despite aggressive resuscitative efforts the patient succumbed to his illness.

Autopsy examination showed a friable, hemorrhagic surgical site with approximately 300 ml of adjacent blood and clot. Histologic examination showed findings suggestive of disseminated intravascular coagulation (DIC) in the lungs. DIC is a potentially life threatening thrombohemorrhagic disorder that can be seen in association with a number of serious medical and surgical disease processes. Postmortem toxicologic analysis revealed only the presence of the therapeutic agent metoclopramide in the blood (0.3 mg/L).

Complicated cholecystitis (eg. gangrene) has a reported mortality rate of 25%. If perforation occurs, the mortality rate increases to 60%.[1] The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner (b)(6)

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[1] Santen, S. Cholecystitis and Biliary Colic. March 15, 2005. http://www.emedicine.com/EMERG/topic98.htm

0146-05-CID789-39276

DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

AFIP-CME-T

PATIENT IDENTIFICATION
AFIP Accessions Number (b)(6) **Sequence** (b)(6)

TO:

Name
HAMID-MASHANDANI, ABID-ES

OFFICE OF THE ARMED FORCES MEDICAL EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

SSAN: **Autopsy:** ME (b)(6)
Toxicology Accession #: (b)(6)
Date Report Generated: October 24, 2005

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL
AMENDED REPORT (correction of accession number)

AFIP DIAGNOSIS **REPORT OF TOXICOLOGICAL EXAMINATION**

Condition of Specimens: GOOD
Date of Incident: 10/1/2005 **Date Received:** 10/13/2005

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

VOLATILES: The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

CYANIDE: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

DRUGS: The **LIVER** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

Positive Metoclopramide: Metoclopramide was detected in the liver by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 0.30 mg/L of metoclopramide as quantitated by gas chromatography/mass spectrometry.

(b)(6)
Office of the Armed Forces Medical Examiner

(b)(6)
Office of the Armed Forces Medical Examiner

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EXHIBIT 7

0146-05-CID789-39276

CERTIFICATE OF DEATH *(OVERSEAS)*
Acte dé décès (D'Outre-Mer)

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms) BTB Hamid-Mashadani , Abid-Es,	GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social US9IZ157066CI
ORGANIZATION Organisation	NATION *(e.g, United States)* Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe ☒ MALE ☐ FEMALE

RACE Race		MARITAL STATUS État Civil			RELIGION Culte	
X	CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant	X OTHER (Specify) Autre (Spécifier)
	NEGROID Negriode		MARRIED Marié	DIVORCED Divorcé	CATHOLIC Catholique	
	OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf	SEPARATED Séparé	JEWISH Juif	

NAME OF NEXT OF KIN Nom du plus proche parent

RELATIONSHIP TO DECEASED Parenté du décéde avec le sus

STREET ADDRESS Domicilé à (Rue)

CITY OR TOWN OR STATE *(Include ZIP Code* Ville (Code postal compris)

MEDICAL STATEMENT Déclaration 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 CONDITON DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort.[1]		Complications of acute gangrenous cholecystitis.	Hours
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		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu. menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2]			

MODE OF DEATH Condition de décès
- X NATURAL Mort naturelle
- ACCIDENT Mort accidentelle
- SUICIDE Suicide
- HOMICIDE Homicide

AUTOPSY PERFORMED Autopsie effectuée ☒ YES Oui ☐ NO Non

MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie

CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
Circonstances de la mort suscitées par des causes extérieures

NAME OF PATHOLOGIST Nom du pathologiste
(b)(6)

SIGNATURE Signature
(b)(6)

DATE Date
7 October 2005

AVIATION ACCIDENT Accident á Avion ☐ YES Oui ☒ NO Non

DATE OF DEATH *(day, month, year)* Date de décès (le jour, le mois, l'année)
1 October 2005 0402

PLACE OF DEATH Lieu de décès
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 dé funtet 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 médicin militaire ou du médicin sanitaire
(b)(6)

TITLE OR DEGREE Titre ou diplômé

GRADE Grade
(b)(6)

INSTALLATION OR ADDRESS Installation ou adresse
Dover AFB. Dover DE

DATE Date
15 May 06

SIGNATURE
(b)(6)

---

1 State disease, injury or complication which caused dea
2 State conditions contributing to the death, but not related to the disease or condition causing death.
1 Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu 'un arrêt du coeur, etc
2 Préciser 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.

DD FORM 1 APR 77 2064 REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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EXHIBIT 8