DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Cropper CID Office

09 May 2007

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0100-2006-CID789-78473 - 5H6

DATES/TIMES/LOCATIONS OF OCCURRENCES:
1. 05 JUL 2006, 1434 - 05 JUL 2006, 1434; INTENSIVE CARE UNIT, 21ST COMBAT SUPPORT HOSPITAL, BAGHDAD CENTRAL CONFINEMENT FACILITY (BCCF), ABU GHRAIB, IRAQ 09342

DATE/TIME REPORTED: 05 JUL 2006, 1440

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

SUBJECT:
1. UNKNOWN, ; IRAQ; IRAQ; MALE; OTHER; IZ; XZ ; [JUSTIFIABLE HOMICIDE]

VICTIM:
1. HAMED, SALAH SAFAK (DECEASED) ; CIV; IRAQ; 1 JAN 1969; IRAQ; MALE; WHITE; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) BAGHDAD CENTRAL CONFINEMENT FACILITY, ABU GHRAIB, IRAQ, APO AE 09342, IZ; XZ ; [JUSTIFIABLE HOMICIDE]

INVESTIGATIVE SUMMARY:

"This is an Operation Iraqi Freedom Investigation."

The 21st Combat Support Hospital (CSH), Baghdad Central Confinement Facility (BCCF), Abu

Ghraib, Iraq (AGI), reported the death of a detainee.

Investigation disclosed Mr. HAMED was admitted to the 21st CSH suffering from gunshot wounds to his chest and abdomen ultimately suffering multi system dysfunction. Further investigation revealed Mr. HAMED received his injuries as a result of a combat altercation with Iraqi Forces. An autopsy conducted by the Office of the Armed Forces Medical Examiner which revealed the cause of death was complications from gunshot wounds and the manner of death was homicide. The results of this investigation were consistent with that opinion.

STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6), (b)(7)(C) 6 Jul 06.

2. Medical Records and Preliminary Death Certificate pertaining to Mr. HAMED, various dates.

3. Photographic Packet. (Mr. HAMED)

4. Personal Data Report (PDR) pertaining to Mr. HAMED.

5. Capture Paperwork pertaining to Mr. HAMED.

6. AIR of SA (b)(6), (b)(7)(C) 31 Jul 06.

7. Photographic Packet. (Autopsy)

8. Preliminary Autopsy Report, ME 06-0588, 12 Jul 06, pertaining to Mr. HAMED.

9. AIR of SA (b)(6), (b)(7)(C) 24 Apr 07.

10. Autopsy Report, ME06-0588, 13 Apr 07, pertaining to Mr. HAMED.

11. Death Certificate, 4 Oct 06, pertaining to Mr. HAMED.

12. Compact Disc 060100.789 containing the photographic images and the originals of Exhibits 3 and 7. (USACRC and file copy only)

13. Post Mortem Fingerprints of Mr. HAMED. (USACRC copy only)

NOT ATTACHED:

None

The originals of Exhibits 1, 3, 6, 7, 9, 12, and 13 are forwarded with the USACRC copy of this report. The originals of Exhibits 2, 4 and 5 are retained in the files of Task Force 134, Camp Victory, Iraq, APO AE 09342. The original of Exhibits 8, 10, and 11 are retained in the files of the Armed Forces Institute of Pathology, 1413 Research Blvd., Building 102, Rockville, MD.

STATUS: This is a Final Report.

Report Prepared By:

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

Special Agent

Report Approved By:

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

Special Agent in Charge

DISTRIBUTION:
DIR, USACRC, 6010 6TH STREET, FORT BELVOIR, VA 22060 (ORIGINALS)
CHIEF, DSCOPS, USACIDC, 6010 6TH STREET, FORT BELVOIR, VA 22060
CDR, CAMP CROPPER, IRAQ, APO AE 09342 (EMAIL ONLY)
SJA, 324TH MP BN, CAMP CROPPER, IZ APO AE 09342 (EMAIL ONLY)
CDR, 324TH MP BN, CAMP CROPPER, IRAQ APO AE 09342 (EMAIL ONLY)
CDR, TF 134, ATTN: LTJG (b)(6), (b)(7)(C) DETAINEE OPERATIONS, CAMP VICTORY, BAGHDAD, IRAQ, APO AE 09342
CDR, 22ND MP BN (CID)(FWD), CAMP VICTORY, BAGHDAD, IRAQ, APO AE 09342
CDR, 86TH MP DET (CID), 22ND MP BN (CID), CAMP SLAYER, BAGHDAD, IRAQ, APO AE 09342
CDR, 3D MP GRP (CID), FT GILLEM, GA 30297
DIR, AFIP, AFME, 1413 RESEARCH BLVD, ROCKVILLE, MD 20858
PM, 727TH MP DET, CAMP VICTORY, BAGHDAD, IRAQ, APO AE 09342
FSO, 22ND MP BN (CID), CAMP VICTORY, BAGHDAD, IRAQ, APO AE 09342
CHIEF, INVESTIGATION OPERATIONS, 6010 6TH STREET, FORT BELVOIR, VA 22060
FILE

AGENT'S INVESTIGATIVE REPORT
CID Regulation 195-1

ROI NUMBER 0100-06-CID789-78473

BASIS FOR INVESTIGATION:
About 1440, 5 Jul 06, this office was notified by MAJ (b)(6), (b)(7)(C) Officer in Charge (OIC), Patient Administration Division (PAD), 21st Combat Support Hospital (CSH), Baghdad Central Confinement Facility (BCCF), Abu Ghraib, Iraq (AGI) that Mr. (b)(6), (b)(7)(C) Internment Serial Number (ISN) (b)(6), (b)(7)(C) had died at the hospital.

About 1508, 5 Jul 06, SA (b)(6), (b)(7)(C) interviewed MAJ (DR) (b)(6), (b)(7)(C) 21ST CSH, BCCF, AGI who stated Mr. HAMED was transferred from the 10TH CSH, Balad, Iraq and admitted to the 21ST CSH on 25 Jun 06 due to a gunshot wound to his chest and abdomen region as well as to his right leg. MAJ (b)(6), (b)(7)(C) stated Mr. HAMED had already developed sepsis prior to his arrival to the 21ST CSH which developed into multi organ function failures. MAJ (b)(6), (b)(7)(C) stated that Mr. HAMED had an episode of vomiting which caused his blood pressure to drop dramatically. Upon clearing out the vomitus, Mr. HAMED'S heart stopped and he stopped breathing. MAJ (b)(6), (b)(7)(C) stated the life saving measures initiated by medical personnel were cardiac pressures of Dopamine to raise the blood pressure, ventilation, multiple blood and plasma transfusions, and Factor 7 to help assist in clotting the blood. MAJ (b)(6), (b)(7)(C) stated Mr. HAMED was pronounced dead at 1434 and the preliminary cause of death was multi organ system dysfunction from gunshot wounds.

AGENT'S COMMENT: MAJ (b)(6), (b)(7)(C) related an ethics committee meeting was held to discuss the worsening condition of Mr. HAMED. MAJ (b)(6), (b)(7)(C) stated that it was agreed that if a terminal event did occur, that Cardio Pulmonary Resuscitation (CPR) would be futile and did not need to be performed.

About 1530, 5 Jul 06, SA (b)(6), (b)(7)(C) verified and photographed the body of Mr. HAMED. (See Photographic Packet and Compact Disc for details)

About 1550, 5 Jul 06, SA (b)(6), (b)(7)(C) obtained copies of the medical records and preliminary death certificate pertaining to Mr. HAMED. (See Medical Records and Death Certificate for details)

About 1600, 5 Jul 06, SA (b)(6), (b)(7)(C) obtained the Personal Data Report (PDR) pertaining to Mr. HAMED from the Biometrics Automated Toolset System (BATS), BCCF, AGI. The PDR did not document who, when, where and why he was apprehended. (See PDR for details)

About 1130, 6 Jul 06, SA (b)(6), (b)(7)(C) obtained the Detainee Packet pertaining to Mr. HAMED from SSG (b)(6), (b)(7)(C) Military Police Desk, 21ST CSH, 1/142ND Field Artillery (FA), 96TH Military Police Battalion (MP BN), BCCF, AGI. SA (b)(6), (b)(7)(C) reviewed the Detainee Packet which documented Mr. HAMED was apprehended by the Iraqi Army after he ran from a checkpoint and was shot. (See Detainee Packet for details)

TYPED NAME, SEQUENCE NUMBER	ORGANIZATION	
SA (b)(6),(b)(7)(C),(b)(7)(F)	76TH MP Det (CID)(FWD)(-), BCCF, AGI, APO AE 09342	
(b)(6), (b)(7)(C)	DATE: 6 Jul 06	EXHIBIT: 1

CID FORM 94-E
(Automated)

PROTECTIVE MARKING IS EXCLUDED FROM
AUTOMATIC TERMINATION (Para 13, AR 34-16)

AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER 0100-06-CID789-78473

BASIS FOR INVESTIGATION:

About 1530, 6 Jul 06, SA (b)(6), (b)(7)(C) with the assistance of (b)(6), (b)(7)(C) Interpreter, L3 Communications, reviewed the detainee packet and verified the translations were accurate.///Last Entry///

TYPED NAME, SEQUENCE NUMBER	ORGANIZATION	
SA (b)(6),(b)(7)(C),(b)(7)(F)	76TH MP Det (CID)(FWD)(-), BCCF, AGI, APO AE 09342	
(b)(6), (b)(7)(C)	DATE: 6 Jul 06	EXHIBIT: /

CID FORM 94-E

(Automated)

PROTECTIVE MARKING IS EXCLUDED FROM AUTOMATIC TERMINATION (Para 13, AR 34-16)

0100 06 CID789 78473

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

(b)(6)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER
Hamad Jalad	NA	NA	(b)(6) ISN

ORGANIZATION Organisation	NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
Abu Ghraib 21st CSH	Iraq		[X] MALE Masculin [ ] FEMALE Féminin

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

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit
STREET ADDRESS Domicilié 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]		Multiorgan system dysfunction	2 weeks
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	Sepsis	2 weeks
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu ayant suscité la cause primaire	Gun shot wound	2 weeks
OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives[2]		ARDS	2 weeks

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée [ ] YES Oui [ ] NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
HOMICIDE Homicide	SIGNATURE Signature / DATE Date	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 décès

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	TITLE OR DEGREE Titre ou diplômé
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
DATE Date	SIGNATURE Signature

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 related to the disease or condition causing death.
1. Préciser la nature de la maladie, de la blessure ou de la complication qui a [illegible] qu'un arrêt du coeur, etc.
2. Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport [illegible] qui a provoqué la mort.

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

DD FORM 2064, APR 1977 REPLACES DA FORM 3565, 1 JAN 1973 AND DA FORM 3565, 1 SEP 1975, WHICH ARE OBSOLETE.

EXHIBIT

01 06 CID789 78473

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-2; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL: ABU

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)*

(b)(6)

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)*: 1434 5 July 2006

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: N/A

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)* multiorgan system Dysfunction	2 weeks
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) Sepsis	2 weeks
	(2) Gun shot wound	2 weeks
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. ARDS	2 weeks.
	b.	

9. DATE: 5 July 2006

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

11. SIGNATURE OF MEDICAL OFFICER: (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 1 OCT 72 3894 REPLACES DA FORM 8-252, 1 JAN 66, WHICH WILL BE USED.

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

USAPPC V1.00

(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION ☐ BURIAL ☐ CREMATION ☐ REMOVAL *(Specify)*		DATE OF DISPOSITION	

REGISTRATION OF VITAL STATISTICS			
REGISTRY *(Town and Country)*	DATE REGISTERED	FILE NUMBER STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

USAPA V1.00

DD FORM 2064, APR 1977 (BACK)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

0100-06-CID789-78473

MILITARY OPERATIONS
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMDD)

2. PAGE ___ OF ___ PAGES

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

3. TENTATIVELY IDENTIFIED DECEDENT

a. NAME (Last, First, Middle Initial) (or Unidentified)	b. GRADE	c. SSN	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS (YYYYMMDD)

4. PLACE OF RECOVERY (Include grid coordinates)	5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS a. #1	b. #2

7. INVENTORY OF EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION

8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION

9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)

☐ ALL KNOWN EFFECTS ☐ ALL KNOWN EFFECTS RECOVERED FROM UNIT ☐ ALL KNOWN EFFECTS RECOVERED FROM REMAINS

10. PREPARING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION

d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)

11. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION

d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)

12. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION

d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

DD FORM 1076, JUL 1998 PREVIOUS EDITION MAY BE USED.

USAPA V1.00

MEDICAL RECORD

PROGRESS NOTES

AUTHORIZED FOR LOCAL REPRODUCTION

0100-06-CID789-78473

0100 06 CID789 78473

DATE	NOTES
25 June 06 0400	RT delivered 2.5 mg acetaminol / 3 mg NSS and .5 mg atrovent / 2.5 mg NSS to RT via [illegible] [illegible] (b)(6)
25 June 06 @0630	Nursing Admission Note: Pt admitted via ETR from 10th CSH @ approximately 0300. Pt had 8.0 trach c̄ ambu, transfer to bed c̄ 4 man assist. Pt was bagged for quite some time as RT was troubleshooting ventilator. After getting pt settled in bed. Assessment was completed. Noticeable wounds. Entry wound puncture to lower back, small amt oozing, dressing placed on site. RLE noticeable puncture sites oozing where old ex fix was located, bilateral sides of (R) leg incision c̄ staples + sutures, oozing sites covered c̄ dressing 4x4 to (R) hip area x 2, 4 ABD's over (R) lower leg c̄ Kerlix wrap over it. Suprapubic catheter insertion site noticeable smell, drainage leaking from site. Upon admission urine cx, blood cx done. (R) nare dobhoff clamped, DGT LIWS c̄ green bilious drainage. Noticeable thrush in mouth, pt tongue bleeding will ask MD for swish + spit or something to assist pt. Thick brown secretions from mouth when suction. CBC from ER returned HCT 21.4. MD ordered 2u RBC. ER stated T+C was done - lab called shortly before 0600 stating ∅ T+C purple top was sent. So T+C done @ 0600. Gave report to (b)(6) Awaiting blood.

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.

(b)(6)

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

DATE	NOTES
25 June 06	Nursing Admission note continued. (b)(6)
	Pt has Ostomy LUQ c̄ good output. Wound vac upon assessment had been cut. Wound vac connector found + placed on tube. Op site over site. Wound vac currently working. Pt on light sedation currently. Vent F_iO_2 @ 60% pt doing well. MD (b)(6) in to assess pt. They left dressings OTA so ortho (b)(6) can assess. Awaiting 2u PRBC, 2 amps Ca Gluconate (resorted off to oncoming shift @ ≈ 0800. Pt resting in bed. (b)(6)
6-25-06 1154	ICU Note:
meds	Pt transferred from 10th cstt last pm. See summary for details - briefly sustained GSW to back, exciting suprapubic on 15 Jun 06.
D5 c̄ 20K 100cc/hr	During his course he underwent ex lap, hartmans procedure, Bladder
Flagyl 500	repair c̄ SP cath placement, Percutaneous plating of (R) femur,
Imipenum 250	trach, repair of popliteal vein & artery. He course was
Fentyl gtt	complicated by septic shock 2° e. coli, AHF (Creat peak 2.5)
Diflucan 400	and respiratory failure requiring prolonged mechanical ventilation.
Reglan 10	Exam: 112/58 105 28 T=100 98% vent: simv / 700/16/60% / PEEP=5 / PS=5
Emycin oph.	I/O since admit: 400/920
Zantac	Gen Intubate c̄ trach, OG tube, NG Dopltof, overspence
Nystatin trachea.	off sedation
	Cv mild tachy s̄ @ 16/hr
	Chest (R) SC, lungs c̄ diffuse faint rhonchi
	abd VOC in place, nondistended, (+) colostomy output
	SP cath in place.
	ext RLE c̄ staples along medial thigh RLE sutures removed by ortho
	dressing is in place - pur ortho (cont w-D, Δ's.
	(cont next page) (b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

2

STANDARD FORM 509 (REV. 5-99) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
6-25-06	ICU Note continued
1154	iABS on admit:
	ABG 7.47/37.1/108/26.7 10^{9} \ 7^{8} / 23^{1} \ 125 142 / 3.9 \ 106 / 26 \ 28 / TNP \ 211
	Alb = 1.7 Ab = 112 ALT = 38 AST = 65 TB = 10^{7}
	Ca = 7.2 Φ = 4.4 TP = 4.8 DB = 8.1
	A/P 1) Neuro / ψ / pain:
	He has been off sedation for awhile, and his mental status was not clearing while @ 10th CSH. We will hold sedation and follow neuro.
	2) Pulm: Trach in place, ABG reasonable on current vent setting - will attempt to wean.
	3) Cr: 2 uprbc's currently transfusing. o/w stable, no obvious acute bleeding.
	4) FEN: Will attempt TF's, replace Ca^{+2}, cont Reglan
	5) ID: Cont current Antibx's for at least one more week for sepsis syndrome per 10th CSH.
	We will replace all tubes & lines (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)

(b)(6)

REGISTER NO.	WARD NO.

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

PRINTED ON RECYCLED PAPER

509-114

0100-06-CID789-78473
0100 06 CID789 78473

DATE | NOTES

25 Jun 06 1300
Ortho Note

DOI 15 Jun 06 GSW abd & (R) femur

S/p ex fix femur
S/p plating 23 Jun 06 (R) femur
S/p repair pop vein + pop artery.

O/ ventilated / sedated. febrile WBC 10.9

fasciotomy wounds c̄ large drainage,
opened to find fat necrosis &
drainage & no granulation
no apparent I+D of femur fracture
Drainage ~~from~~ from (R) sup kaondylar
area laterally ~~might~~ suspect this
is the fracture that is draining
XRAY - comminuted distal femoral shaft
fx S/p plating.

(b)(6)

Recommend I+D of fasciotomy
wounds, I+D fracture site.

(b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 509 (REV. 5-99) BACK

EXHIBIT

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
1350 25 Jun	PRBC note: Pt received 2u PRBCs for a Hct of 23.1. Pt tol the 2u c̄ Ø s/s of reaction.
2nd unit	Start Vitals: 1120 - 101, 111/62, 99[9]
	Stop Vitals: 1330 - 102, 120/66, 100[1]
1st unit	Start vitals: 0915 - 104, 102/55, 99[8]
	Stop vitals: 1115 - 100, 108/59, 99[7]
	Continue to monitor et draw post transfusis CBC @ 1430. (b)(6)
25 June 06 1901	OP NOTE
	Pre-op DX: GSW ABDOMEN
	OPEN ABDOMEN s/p VAC placement/ vicryl mesh
I&D of (R) Supracondylar Femur Fx VAC placement	Postop DX: same
	Procedures Ex-Lap / I&D Abdominal wall / VAC placement
	Surgeon: (b)(6) ASST: (b)(6)
	GBL: minimal IVF: Crystalloid Comp: ∅
	Drains: ∅
	Disp: To ICU / STABLE. (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.

(b)(6)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 1-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

~~FAT USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

DATE	NOTES
25 Jun late entry 1900	Pt dsg Δ done to RLE, ~~bilat~~ an fasciotomy to inner calf et outer calf, wet → dry dsg Δ et cultures sent; sutures removed per (b)(6) et then drsg Δ's done. Pt to OR this afternoon for abd washout et RLE washout. Colostomy site cleaned et bag Δ'd: under colostomy dsg old skin breakdown noted et duoderm placed on sites under colostomy dsg. Stoma red, unc. Back entrance wound small, dsg applied. Skin break ↓ on (R) buttox: duoderm applied.
1630	Pt to OR.
1900	Pt return from OR. (b)(6)
2000 25 June	PT delivers 2.5 mg ALG/3mL NSS and .5 mg atrovent / 2.5 mL NSS to Pt via in line neb @ 6LPM (b)(6)
2330 25 June	PT delivers 2.5 mg ALG/3mL NSS and .5 mg atrovent / ~~3mL~~ 2.5 NSS to PT via in line neb @ 6LPM (b)(6)
26 Jun 06 @ 0300	Late entry: Assumed care of pt @ 1900. Pt straight from OR. Pack vitals complete + transferred to ICU flowsheet. Pt had CXR, dobhoff placement today. (b)(6) ordered (R) TLC, SC to be pulled + cath tip cultured. That was done and A-line was sent for CX as well. Pt TMax 102.9 ≈ 2200. Tylenol PR given. Pt has ice packs on bil under arms, under groin. Assessment was complete see assessment on flowsheet. Subsequently assessment really didn't change much. Lungs still coarse. Pt

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
26 June 06 @ 0300 cont.	trach inner cannula changed out, thick, dried green production around cannula. Pt suctioned PRN, produ thick tan secretions. Oral cavity cleaned along c̄ nystantin around inner mouth. Copious amounts of thick tan, blood tinged sputum suctioned from mouth. Oral care done multiple times. AM care/bath comple All lines flushed, patent. Trach care done diligentle, pt had thick, dried mucous around trach. Pt now resting 107/56 pulse 97 - 97% O_2 sats Event SIMV Rate 16, TV 700 PEEP 5, 60% F_1O_2. Blanket placed below bil feet to prevent foot drop. Ativan gtt @ 0.5mg/hr per Dr Hardc orders. Pt resting. Will continue to assess and monitor (b)(6)
26 June 06 0345	PT delivers 2.5 mg alos/3 mg NSS and 1.5 mg atovent/2.5 mg NSS to PT via [illegible] @ 6 LPM (b)(6)
26 June 06 @ 0600	Late entry: Pt bathed ~~[illegible]~~ and upon bathing, pt had big output of mucousy/red (bloody) drainage from anus. Pt labs + CXR done, Pt turned to (B) side. VSS. Will cont. to assess and monitor [illegible]

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.

(b)(6)

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

PRINTED ON RECYCLED PAPER

000017

509-114

DATE	NOTES 0100-06-CID789-78473
6-26-06	Ivv Note:
	No events overnight - He was placed on ativan gtt 2° to aggitation.
	Exam: 106/52 91 35 98⁹ T^m 102 97% simv/70%/16/200/5/5
	Gen sedated, trach, DHT ABG 7.48/37²/78/27⁷ ; Ca = 0.89
	CV RRR's @ lgtr I/O = 6764/5535
	Lungs diffuse Rhonchi LABS
	Abd (f) colostomy, ⊘BS, vac in place. CXR: DHT @ GE jxn.
	ext ⊘ c/cle, vac in place RLE RUQ US: normal, ⊘ CBD dilation.
	9⁵ / 9⁵ / 28² / 145 143 / 110 / 28 / 256 (3.0) / 24 / IG
	A/p 1) Neuro/ψ/pain - He did rouse overnight, now back on sedation. AIB = 1.2 AΦ = 205 ALT = 48 AST = 71 TB = 12.7 DB = 9.9 Ca = 7.6 Φ = 4.2 TP = 5³
	2) CV: Still anemic. Transfuse 2u pbc's
	3) Lungs: Stable, cont to wean vent as able.
	4) GI: advance DHT. ↑ Bili c̄ obstruction pattern on LFT's however US neg. Will follow
	5) FEN: Replace lytes, attempt to feed.
	(b)(6)
26 Jun 06 - (1220) -	
	Tube feeding started, Osmolyte @ 30 cc/hr via duoff tube (b)(6)
26 Jun 1400	Pt stable, afebrile. DHT advanced per (b)(6) et CXR done p̄ to verify placement. TF started. Pt receiving 2u PRBC's for Hct 26. Pt also received replacement electrolytes: 2gm Mg, 40meq KCL, 2gm Ca Chloride. Labs to be drawn @ 1430. Pt also received 500ml bolus NS x1 for

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 509 (REV. 5-99) BACK

[redacted]

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
	~~decreased urin~~ an low BP of 96/48. Pt responded well. Continue to monitor (b)(6)
1830 26 Jun	Blood note - Pt received 2u PRBC c̄ no s/s of reaction, pt stable et afebrile. TMax 995. start vitals @ 1145 - 93, 96/47, 988 stop vitals @ 1615 - 104, 101/50, 995 post transfusion CBC done et final HCT is 35. Continue to monitor. (b)(6)
26 June 06 1910	I, (b)(6) Assumed Duty Of Pt. Pt In Bed HOB 30°. Dobhoff (C) Nare Osmolite @ 30cc/HR. (R) IJ Central Line Infusing IV Drips c̄ Difficulty. (R) Radial Art Line, Midline Abd with Wound VAC, Suprapubic Foley Cath To Gravity. RLE Medial And Lateral Wound VAC. At 1900 Pt Had Temp Of 101.0. 975 mg PR Tylenol Given. VSS. Will Continue To Monitor / (b)(6)
26 June 06	Pt delivers 2.5 mg [illegible]/3 mg [illegible] and .5 mg [illegible]/2.5 [illegible] Pt [illegible] @ 6 [illegible] (b)(6)
26 June 06 2100	Pt Fever Max of 101.7. Temp Now @ 100.7. Pt Did Have Low B/P (b)(6) made Aware. Stat CMP Drawn. VSS. Will Cont To Monitor / (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)

(b)(6)

REGISTER NO.	WARD NO.

PROGRESS NOTES
Medical Record

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

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

EXHIBIT

DATE	NOTES 0100-06-CID789-78473 0100 06 CID789 78473
2345	PT delivered 2.5 mg ALB/3 mL NS and .5 mg atrovent/2.5 mL
26 June	NS to PT via [illegible] @ 6 LPM (b)(6)
27 June 06	THRU NITE, PT LABS DELLENOD. 3 AMPS CAL GLUCONATE GIVEN. 40 MEQ
0315	KCL GIVEN. K RESULTS ARE 3.3. CURRENTLY ZOSYN INFUSING. AS SOON
	AS ZOSYN IS FINISHED, WILL HANG 2ND KCL. VSS. WILL CONTINUE
	TO MONITOR (b)(6)
27 June	PT delivered 2.5 mg ALB/3 mL NS and .5 mg atrovent/2.5 mL
0400	NS to PT via [illegible] @ 6 LPM (b)(6)
27 Jun	Pt went to OR @ 1100 et returned @ 1600.
1800	Pt returned c̄ new wound vac to abd
	et RLE. Suprapubic catheter removed
	et an indwelling catheter placed
	in penis. Pt also returned c̄ 2 JP's
	in lower abdomen. Tegaderm placed
	on old suprapubic site - @ site old
	blood drng noted c̄ clot. Will monitor
	site. New abx ordered et hung. Pt
	returned c̄ BP in 100's et neosynephrine
	drip running. Neo finished et
	BP dropped to 70/48. New neo drip
	started et pressure ↑ 115/70. Levo
	drip ordered et neo stopped.
	Current BP is 122/66 et Levo drip
	on call. Ø pressures infusing @
	present. TF per (b)(6) are on
	hold until am. ØBS. Lungs CTA
	c̄ ↓'d bases, pt only responds et
	withdraws to pain c̄ deep stimuli.

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

STANDARD FORM 509 (REV. 5-99) BACK

EXHIBIT

0100-06-CID789-78473 0100-06-CID789 78473

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
	pt has ∅ spont mvmnt of extremities. Pt afebrile c TMax 99.5. pt received 2 units Factor VIII et will receive 2u FFP, 1u IS infusing now. Will continue to monitor. (b)(6)
27Jan06 1900	Assumed care of pt from day shift. GCS PERRL and sluggish. Facial grimacing to pain. NGT to (L) nare – clamped. Bruising noted to forehead & lip upon accepting of pt. C-collar to midline neck c collar. Vent – SIMV 700 TV RR 16 FiO2 100/ PEEP 5 PSV 0. Pt BR c 16, pulling 700+ TV by self. Coarse lung sounds throughout c diminished bases. Equal rise & fall of chest noted. S1S2 present c no ~~ad~~ additional noise. ∅ BS. Abdomen distended but soft. Facial grimacing noted during palpation of (L) quadrant. JP x1 to (R) upper quadrant c small amt bloody drainage. W/V to mid abd intact to 125 mm Hg, 300 ml SS drainage noted in canister. Clot under transparent dressing c small leakage noted between groin. JP x1 to (L) suprapubic area – over-

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.

(b)(6)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT

DATE	NOTES
27 Jun 06 1900 (cont)	c̄ small amt serous drainage noted from insertion site. Suture to both JP sites intact. ∅ bruising or swelling noted at insertion sites. Colostomy to (L) L quad. ∅ ~~et~~ stool noted in bag. GSW to lower mid back c̄ gauze dressing C/D/I. Small sacral stage II tear/decul c̄ duoderm intact. Small amt yellowish/mucosal drainage from rectum noted. Foley to gravity draining sufficent amt clear yellow urine. Fasciotomy to RLE to W/V @ 175 mmHg section. 200 ml SS drainage noted in canister. +1 pulses to BLE c̄ pitting edema +2. Warm (B) UE to touch & cap refill < 3 seconds. A line to (R) radial c̄ +1 pulses. +2 pulse to L radial. (B) UE warm to touch, cap refil < 3 seconds. +2 pitting edema noted. (R) IJ III lumen c̄ D5 1/2 NS + 20k @ 120 ml/hr. Fent @ 150 mcg/h, Atwin @ 1.0 mcg/h. Diflucan currently @ 25 ml/hr. FFP running (2nd bag) Levophed on hold for MAP ↓ 60. Flagyl on hold to run after diflucan finishes. TF on hold until am by MD order. VSS. BP 120/64 (A-line) BPM 97 Mean 83, RR 16, SaO2 100%. T 99.5. Will cont to monitor
2000	Pt delivered 2.5 mg ... / 3 mg ... and ... mg ... / 2.5 mg ...
	Pt ... in ... @ 66 ...
2000	Pt continues to be stable. See VS on flowsheet. Flagyl hung & finished @ 2100. Zasyn hung & currently infusing. E-mycin applied to both eyes. JP stripped & measured. 25 ml in JP 2. 10 ml - over-

(b)(6)

(b)(6)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

STANDARD FORM 509 (REV. 5-99) BACK

EXHIBIT

ACLU-RDI 5532 p.22

000022 2

10-L-0126 ACLU CID ROI 11645

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
27 June 06 2200 (cont)	obtained from JP #1. FFP currently [illegible] Will cont to monitor (b)(6)
27 June	RT titrates FIO2 from 100% to 80% due to ABG results REC (b)(6) (b)(6)
2240	Zantac 150mg IV hung, Lantus 15u SQ given. Lovenox 30mg SQ given. Pt remains stable. Will continue to monitor (b)(6)
2300	FFP infusion complete. Will draws COAG per (b)(6) (b)(6)
2301	Past transfusion VS T 98.6 P 94 RP 117/61 (b)(6)
27 June 2330	RT titrates FIO2 from 100% to 80% [illegible] to ABG results per dr [illegible] (b)(6)
2345	RT delivers 2.5 mg [illegible] / 3 mL [illegible] and .5 mg [illegible] / 2.5 mL [illegible] [illegible] (b)(6)
0001	Coag result back. (b)(6) made aware of coag result. Ordered 10mg Vitamin K SQ, 4Gm Calcium Chloride IVPB & repeat coags c̄ Am labs. 2010 Vitamin K given SQ (10mg). (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.

(b)(6)

PROGRESS NOTES
Medical Record

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 509 (REV. 6-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

EXHIBIT

DATE	NOTES
0031	Calcium Chloride begun. Pt heart rate began to rise & pt appeared to have difficulty recieving O_2 from vent. Upon assessment found vent tube kinked. Fent increased to 175 mcg to help relieve pt distress. Will monitor — (b)(6)
0100	Calcium ~~gluconate~~ Chloride on hold to run Urasyn 3mg WPB. Pt more relaxed, RR returned to 1h & HR returned to ↑ 90's Sats 99%. — (b)(6)
0127	Calcium Chloride resumed c̄ Urasyn — (b)(6)
0200	Pt washed & linens changed. Incision to outer & inner upper thigh c̄ sutures intact was leaking significant amount serous drainage. Upper thigh rewrapped c̄ kerlix gauze and 4x4 dressing. 50 mcg Fentyrl given by charge nurse ~~for pt~~ because upon lifting of (R) leg, pt showed extreme facial grimacing. Pt rolled to (L) side, dressing to lower back intact, duoderm intact, small amt yellowish/mucosal drainage cleaned from rectum. No other breakdown noted on back. +1 pulse to LLE/warm to touch, cap refill less than 3 seconds. A-line leaking once pt placed back on back, dressing changed c̄ aseptic technique, tegaderm applied, new monitoring kit applied & zeroed. A-line & NIBP correlating well. Will cont. to monitor — (b)(6)
0336	Fent decreased to 7 ml/hr to 7 ml/hr due to ~~cont~~ corilate c̄ amt of medication in 140 ml

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

STANDARD FORM 509 (REV. 5-99) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
0336 (cont)	of saline instead of 100 ml as stated — (b)(6)
0345	pt delivered 2.5 mg ALB/3 mg NSS and 5 mg atrovent / 2.5 mg NSS to pt via in line neb @ 6 LPM (b)(6)
0430	Pt remains stable. ABG, CMP, CBC & [illegible] sent. (b)(6)
0515	Am CXR done. Unasyn 3 mg hung. (R) IJ patent, flushes & draws back blood +1 regular rhythm pulse to (R) LE. Warm to touch, cap refill less than 3 seconds — (b)(6)
0600	Vancomycin started through ~~distal~~ cm proximal part. Flagyl started through distal part.
28 June 06	No significant events over night.
0800	Assessment completed. See ICU flowsheet. (b)(6) notified of VABP 90s/50s MAP 60-61. Ordered to ~~F~~ Give hetastarch 500ml IV bolus x2 + 5% albumin 250ml bolus. Pt currently on vent per trach SIMV TV 700 FiO_2 70%. Peep 5, ØPS, RR16 PIP 35 Sat 97%. Pt currently is sedated c̄ ativan at 2mg/hr (20ml/hr) + fentanyl 100mcg/hr (7ml/h) to (R) IJ TL c̄ D5 1/2 NS c̄ 20 meq KCl at 120 ml/hr. Pt has spontaneous eye opening

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.

(b)(6)

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

DATE	NOTES
28Jun06	Ø cough reflex c̄ suctioning, slight gag reflex. Interpreter at BS. Pt unable to follow commands or track c̄ eyes. Will continue to monitor. (b)(6)
1000	TF restarted at 20ml/hr to DHT osmolite per (b)(6)
1030	Reep 5 PS↑ from 0-5 per (b)(6)
1045	ABP 100S/48-50S MAP 60S. 5% albumin 250ml bolus + 500ml NS bolus started per (b)(6) (b)(6)
1120	ABP 112/47 (MAP 67) after bolus. Will continue to monitor. (b)(6)
1200	Assessment completed. Dressing changed to (R) LE thigh area 4 lateral punctures c̄ serous drainage, staple to medial + lateral thigh. Pt turned to (L) side + ABP ↓ 70S/40S 500ml NS bolus given + levophed gtt started at 5mcg/min. (b)(6) notified. Ordered to switch maintenance bolus to NS @ 200ml/hr. (b)(6)
1400	Red chemistry drawn + sent to Bucca - lab unable to perform creatinine.
1450	↓ sats 91%. Pt suctioned. hg amount of ~~se~~ yellow secretions RR 53. ↑ ativan gtt to 3.5mg/hr. ABG drawn + reported to (b)(6)
1600	Assessment completed. Pt remains on SIMV vol control TV 700 RR16 FiO_2 60%. Reep 5 PS5 sats 98-99%. Pt remains on levophed gtt at 10-15 mcg/min ABP 110/50S MAPS (60S). Rifampin still infusing started at 1500. Will continue to monitor. (b)(6)
1800	T 101.1 orally. (b)(6) notified Ø new orders. (b)(6)
2000	[illegible] (b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 500 EXHIBIT

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
6-28-06 10:15	FLN Note Notified by nursing staff this am for ↓SBP to 90's c MAP of 60. Given hetastarch 500cc x2, Albumin 250cc & ↑IVF rate to 150cc/hr. c good response.
meds	Exam: 111/48 92 40 T=98 Cat 91% Vent SIMV 16/700/70%/PEEP 5
Unasyn	I/O = 8141/7309 FSBS = 164 ABGs: 7.46/36.2/93/26.1 iCa = 1.07
Vanco	Gen: responds c grimmace to pain
Levophed gtt	Trach, DHT in place, ichteriz
Zosyn	CV RRR S1g1r
Lovenox	Lungs Rhonchi
IVF D5 1/2 NS c 20 KCl	Abd soft, @BS.
	ext @ c/c/d.
Heparin gtt ISS	TP=3.5 @=4.5 GGT=162
Lantus 15 QD	A/P: 1) Neuro/F/pain: Still slow to respond - had neg head CT per report. will follow.
Flagyl	2) CV: Cont IVF bolus c fluids & colloids to keep MAP > 65.
Foley gtt	3) Pulm: ↑PEEP & add PS to keep FiO_2 lower than 70% (target 50% or lower).
Fluconazole	4) FEN: ↑IVF rate to 150cc/hr, restart TF c Emycin
Reglan TID	5) ID: Add Rifampin for MRSA synergy - D/c Flagyl & Zosyn.
Zantac	
E-mycin ophth	
Nystatin	
TF @ 20	

LABS
CXR: ↑RLL opacity
stable LLL opacity
stable lines/trach.
TNP 118/28/162 23 TMP
3.3 10^3 / 30 / 138
Alb = 1.4 Alk = 213 ↑
ALT = 56 Bili = 88
AST = 95 Ca = 9.9

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | (b)(6)

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.

(b)(6)

PROGRESS NOTES
Medical Record

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

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

EXHIBIT

DATE	NOTES 0100-06-CID789-78473
28 June 06 2000	Nursing: Assumed care of pt. Pt lying on (R) side @ present in NAD. Levophed infusing @ 1.0 mcg/kg/min, Fent @ 100 mcg/hr, ativan @ 5 mg/hr, NS @ 250 mL/hr. Pt has (R) dobhoff @ 30 mL/hr TF, held now for erythromycin, will restart @ 2200. Pt has JP x 2 (each side of abd.) pt has wound vac to Lg (2 sides) and abd. Pt lungs fairly clear, rhonchorous. Pupils 3mm sluggish, responds (grimaces) only to deep pain, ϕ posturing noted. Pt u/o > 200 mL/hr. ϕ BS present, colostomy LUQ red, beefy, ϕ output @ present. Will continue to assess and monitor — (b)(6)
~~28 June~~ error corrected 2345	at below 2.5 mg and/3 mg via and 5 mg about 12 hr via IV pt via IV line and @ 6 L/hr (b)(6)
29 June 06 0028	Nursing. MD ordered CMP to check Na level that was high on ABG. Just received CMP back. Na 170, Cl=125, K=3.3, Phos=3.2, Glucose=42. Midnight FS yielded 56, MD made aware. Pt given D50 ½ amp = 25 mL and started IVF D5W @ 100 mL/hr. Will recheck FS in 1 hour. Pt assessed, ϕ Δ's from previous except pt still warm. Tylenol PR was given for T=101.9. Pt had large amt of serosanguinous oozing from JP site (R), (R) side JP covered by wound vac dressing. Area of wound vac dressing around JP cut off. 4X4 dry dressing placed around JP. Dressing is now c/d/i. Pt abdomen noticeably larger. Wound vac have good output. Pt turned to (L) side. Will continue to assess & monitor — (b)(6)
29 June 06 0114	Recheck FS = 87 — (b)(6)
29 June 06 0130	MDs (b)(6) aware to pt 1st CMP glucose = 42, FSBS checked @ 57, ½ amp D50 given & maint fluids Δ'd as per previous order. Rifampin, Vancomycin d/c'd along with Cantex. MD was shown the order that was written and what he actually received. MD stated awareness. Will continue to assess and monitor — (b)(6)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

STANDARD FORM 600 (REV. 5-80) BACK

EXHIBIT

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
6-29-06	ICU Note:
1020	Overnight had high UO, ↓FSBS, ↑LFT's. Unable to check
meds	urinary lytes, or serum/urine osm, or cortisol levels.
Nebs QID	We empirically treated c Vasopressin & stress dose
D5W @ 50	steroids given the refractory hypotension & slow CNS
Vasopressin 5 U/hr	recovery.
Methylpred 125 TID	Exam: 179/70 95 (27) 99[4] 100% vent simv 12/700/50%/PEEP 10/PS 5
Fentanyl gtt	I/O = 9330/9103 +222.7 ABG: 7.45/35/102/25.3 iCa = 0.91
Diflucan 400	Green still responsive only to pain c grimace ↑tone LARAS
Erythromycin	Neck: JVP is, trach: green t/c 10' 1° 20?
Zantac	CV: RRR 5 @ 1/6 29
Mycostatin	Lungs: diffuse rhonchi
Vancomycin	ABD - BVQ JP, Vac, ΦBS 163 123 30 PT/INR
Levophed	ext = trace (3) LE edema. 3.1 22 ICT 81 16.6/1.7
TF	A-Lb = 1.5 Alb = 4.94
Lovenox	A/P) Neuro/Y/pain: still slow to ALT = 22 AST = 118 TB = 17.2
Nexium	respond. CNS Δ's could be related Φ = 4.5 TG = 251, CHOL = TNP,
(b)(6)	to adrenal insuff. HDL 45.
(b)(6)	2) CV: Inguinal P stress dose steroids & vasopressin. Will
	follow HCT & consider transfusion if Hgb drops any
	further.

(b)(6)

(OVER)

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.	

(b)(6)

PROGRESS NOTES
Medical Record

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 509 (REV. 9-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

EXHIBIT

DATE	NOTES
6-29-06 1000	3) Pulm: ↓Tv to 650, repeat ABG 1°. He remains stable/unchanged. Peak pressures ~30's Pplt ~25's.
	4) FEN: With the ↑Na+, high vol. urine we were concerned for DI, therefore started Vasopressin. In addition the protracted hypotension associated c̄ electrolyte changes suggestive of adrenal insuff. Responded well to steroids. Will cont for now and plan to slowly wean if remains stable. Cont D5W as IVF.
	5) ID: Cont antibx's. (b)(6)
29 Jun 06 1000	Brief op rats / Ortho
	Rx (R) open femur fx & open knee joint and open leg fasciotomies ~~pto~~ proc LTD all wounds
	Wounds are cleaner but still no sig granulation tissue. Fasciotomy sites retressed c̄ wound vacs & knee closed over Drains
	(b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~
STANDARD FORM 509 (REV. 5-99) BACK

ACLU-RDI 5532 p.30

000030 2

10-L-0126 ACLU CID ROI 11653

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
29 June	RT deliver 2.5 mg alb/3 mc NSS and 5 mc atrovent/2.5
0400	mc NSS TO Pt via in-line neb @ 6 LPM (b)(6)
~~08~~ 0710	Chemistry results reported to (b)(6). Ca gluconate + KCl IVPB ordered. (b)(6)
0800	Assessment completed. See 1W flowsheet. Pt remains ventilated per trach SIMV PIP 36 TV700 FiO_2 50 RR 12 Peep 5 PS 10 Sat 100%. Pt sedated on fentanyl 100mcg/hr (5ml/hr) + ativan ~~25mg/hr~~ 25ml/hr (2.5mg/hr) to proximal port of (R) IJ TL c̄ DS @ 150ml/hr. KCl IVPB infusing to distal port + Ca gluconate infusing to medial port. Pt has Ø spontaneous movement of extremities, spontaneous eye opening. Will continue to monitor. (b)(6)
0900	1u FFP started @ 30ml/hr
	99 99 139/72 100%
0905	99.7 99 141/72 100%
0910	99.7 97 142/72 100%
0915	99.6 95 140/71 100%
0930	99.4 92 136/68 100
1000	99.2 93 139/70 100
1022	99.2 97 140/71 100
	179 ml completed Ø S/SX of adverse reaction

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.

(b)(6)

PROGRESS NOTES
Medical Record

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 1.0.3 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

EXHIBIT

DATE	NOTES 0100 06 CID789 78473
29 Jun 06	2u FFP started.
1035	99.2 ~~140~~ 97 140/71 100
1040	99.2 97 140/72 100%
1045	99.2 98 141/73 100%
1100	99.2 97 139/72 100%
1115	98.7 95 143/74 100
	2u FFP Complete 187ml Ø S/SX of adverse reaction. (b)(6)
1150	Pt taken to OR for washout of abd + ®LE.
1420	Pt back from OR. New JP placed to ® thigh c̄ dressing. Small amount of bloody drainage to ® thigh. Pt placed back on vent SIMV FiO_2 100%. TV 650 Resp 10 PS5 RR 12 Sat 100%. Will titrate FiO_2 ↓ c̄ ABG results. Ø Changes from AM assessment. Will continue to monitor. (b)(6)
1600	Assessment Completed. Ø Changes. ®LE saturated c̄ bloody drainage. Redressed c̄ abdominal pads. (b)(6) at BS + aware. New sutures + JP drain. Pt pedal pulse ®LE (b)(6)
2000	Pt delivered 2.5 mg [illegible] / 3 [illegible] [illegible] [illegible] 2.5 [illegible] [illegible] [illegible] [illegible] @ [illegible] (b)(6)
2010	Assumed care of pt from day shift @ 1900. VSS. ABP 95/51 HR 104, RR 12 T 99% Sat 99%. Pt on (L) side. Pt withdrawls to painful stimuli. PERRLA. NGT to (L) nare c̄ TPN @ 30 ml/hr. Sores noted to mouth + lips. 8.0 non disposable trach to vent settings. SIMV 650 TV 60% FiO_2 R 12 Resp 10 PSV [illegible]. Coarse lungs sounds throughout. Minimal BS present. Abdomen distended / soft - over

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~
STANDARD FORM 509 (REV. 5-99) BACK
EXHIBIT
ACLU-RDI 5532 p.32
000032 2
10-L-0126 ACLU CID ROI 11655

0100-06-CID789-78473 78473

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
2010 cont	Mid abdominal region to w/u suction @ 150 ml approx 100 ml SS drainage in canister JP x 1 to RUQ ~ serous drainage noted. JP x 2 to (R) LQ ~ SS drainage noted. Foley to gravity draining sufficient clear amber urine. 2 small holes x 1 to each suprapubic crease, holes to (R) side packed ~ about 1 inch of iodoform gauze, approx 1/2 inch deep. gauze dressing covering applied. Kerlix wrap to upper (R) thigh noted, serous drainage noted. incision ~ suture underneath. Fasciotomy to (R) LE to w/u suction of 150 mmHg 100 ml SS drainage noted in canister. (R) Extremities elevated ~ roll ~~to~~ below RUE to reduce foot drop. +1 pulse to RUE + warm to touch cap refill brisk. JP to RU Thigh ~ SS drainage noted. (R) A line to (R) radial flushed & zeroed. (R) is patent & draws back blood. D5W @ 120 ml/hr, Fent @ 100 mcg/hr, Ativan @ 20 mg/hr FFP @ 100 ml/hr, second bag. Nystatin powder applied to groin area, Nystatin rinse applied to mouth, ~~and~~ Erythromycin 250 mg NGT ~

(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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

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

EXHIBIT

DATE	NOTES 0100-06-CID789-78473
29 Jun 06	
2145	FFP second bag complete. T 100³ P 97 ABP 117/59. No reactions noticed. Lovenox 30 mg sulq given. Tantac hung. Reglan 10 mg IV given. E-mycin applied to both eyes. Urine as reported earlier was not clear amber but amber c̄ sediment but still [illegible] (b)(6)
2300	Pt remains stable. VS ABP 112/57 MAP 74 P 95 RR 12 T 99⁹. Pulse to RLE +1 palpable & regular. RLE is warm to touch cap refill brisk PARRLA & sluggish. KCl started. CaCl2 started @ 2100 and finished @ 2310 [illegible] cent to monitor (b)(6)
2345	RT deliver 2.5 mg [illegible]/3 mL NSS and .5 mg atrovent/2.5 mL NSS to PT [illegible] @ 6 LPM [illegible]
~~0010~~	
30 Jun 06	Unasyn hung. FS 377 10u regular insulin given. Charge
0010	nurse made aware. RLE elevated and warm to touch [illegible] & regular. Pt positioned to (R) side (b)(6)
0130	Oral & trach suctioning performed. thin green mucous obtained. Pulse to RLE palpable & regular. extremities warm to touch. (b)(6)
30 June 06 @	[illegible] fentanyl IVP [illegible] given for dressing Δ's and pt grimacing
0380	VSS. will have nurse reassess in 1° (b)(6)
0400	RT deliver 2.5 mg [illegible]/3 mL NSS and .5 mg atrovent/2.5 mL NSS to PT [illegible] @ 6 LPM [illegible]
0437	Pt appear aggitated increased Ativan to 4 mg/hr and ↑ fent to 150 mcg/hr. Will monitor pain control (b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 809 (REV. 5-99) BACK

EXHIBIT

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
30 Jun 06 0550	Pt continues to be aggitated & breathing over the vent. Charge nurse aware & advised to increase Fent to 200 mcg/hr & Ativan to 5 mg/hr. Will cont to monitor — (b)(6)
0600	FS 497 to (R) hand (b)(6) notified. Ordered to retake & if still high give 20 u Regular insulin. Upon reassessment FS to (L) hand was 528. 20 u regular insulin given — (b)(6)
0700	Report given to day shift. Pt beginning to appear less aggitated — (b)(6)
0800	Pt assessed, see ICU flowsheet, vent SIMV, R12, VT650 FIO2 60%, Fentanyl 200 mcg, Ativan 2.5 mg, 8 NF Trach, beefy, pink stoma site, ABO, RIE w/VAL to 125 mmHg, will monitor — (b)(6)
0930	Dex 543, MD notified, will check in 1° — (b)(6)
1030	Pt given 12 u Reg Ins, will check in 1° — (b)(6)
6-30-06	ICU Note:
1110	Overnight had very high FSBS.
	Exam 123/61 83 26 98.8 SIMV 12/650/60%/Peep 10/PS 5
	I/O = 6921/4943 P_{PIC} = 25, P_{PIC} = 13 ABG 7.43/37/124/24.8 ; Ca = 0.86
	(OVER)

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 503 (REV. 6-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

EXHIBIT

DATE	NOTES
meds	ICU Note cont:
labs	Gram 123/61 83 26 98° LABS
IVF: D5W	Green Significant icterus, responds to pain 8' / 7 / 25 / 8 / 198
vasopressin 5U	Neuro ⓦ 15, trach
Cefepime	CV RRR S @ 1 gtt
ethylpred 120 TID	Lungs - Rhonchi, coarse. 155 / 31 | 117 / 166 | 52 / 22 | 411 / 167 Alb = 1.8
Levaquin 3/11 @ 0600	Abd - ⓝ colostomy output, ⓝ BS TB = 17 Ca = 7.4 Alk Φ = 767
ingram pos	vac in place, JP's in place. PT/INR = 11'/1.1 ALT = 93 AST = 100
IF @ 30	A/P 1) Neuro / ψ / pain: stable but still responds only to pain.
overnight 30 @ HS	2) CV: ↓ HCT, transfuse 2u prbc's
Levaq gtt	3) P/Im: Good oxygenation this am, ↓ FiO2 to 50%
D5S	if still OK will come down on the PEEP.
Fent gtt	His Ppic & Ppit are improved today.
Ceftazidime	4) FEN: Not eating, don't D5W, replace, Cal, Mag,
Zosyn ampicillin 50 BID	& Et, Advance TF to 50cc/hr; target will be
	70cc/hr.
	5) ID: Stable, cont current antibx.
	6) Endocrine: Responding well to vasopressin & steroids.
	His FSBS has been very high, will start scheduled
	NPH & Regs; will also D/c steroids today.
	(b)(6)
1200	Pt reassessed, FiO2 50%, ABG checked, will notify MD (b)(6)
	when results ready, FS 519, will monitor —
1800	Pt given 12u NPH, 6u Regulars per MD, will check
	in 1° (b)(6)
1330	Dex @ 483, Pt given 12u Reg Ins, will monitor — (b)(6)

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES				
30 Jun 06	Blood transfusion note:				
1155 ~~1055~~	Unit #1	Start: ~~1055~~ 1155			
Start	118/59	88	15	100%	98.4°
1200 5min	117/59	88	14	100%	98.3°
1205 10min	117/58	88	16	100%	98.4°
1210 15min	118/58	84	14	100%	98.4°
1288 30min	113/56	94	30	100%	98.8
1300 45min	116/58	93	26	100%	
1335 60min	RT complete VS: 98.8, 89, 111/55, 100%				(b)(6)
1345	2nd URBC started: Temp 98.8, 88, 117/60				(b)(6)
1400	136/73, 75, 27, 100%, 99.3				(b)(6)
1415	146/79, 75, 100%, 26				(b)(6)
1445	137/72, 75, 100%, 27, 99				99.0 (b)(6)
1530	Tranfusion completed, 121/62, 78, 100%, 99.1				(b)(6)

W001706
D025557

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.	

(b)(6)

PROGRESS NOTES
Medical Record

~~FOR OFFICIAL USE ONLY~~
LAW ENFORCEMENT SENSITIVE

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

EXHIBIT

DATE	NOTES 0100-06-CID789-78473

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 509 (REV. 5-99) BACK

EXHIBIT

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
1500	Pt RLE W/VAC has blood filled pocket on distal end, MD notified, no further orders — (b)(6)
1600	Pt dex @ 480, MD notified, will start pt on Ins gtt, will monitor — (b)(6)
1700	Pt assessed, lungs coarse, ↓ Resp to 5, ABS in 1°, Dex @ 502, Ins gtt started, will check FS in 1°, will monitor — (b)(6)
2000 30 Jun 06	RT delivery 2.5 mg 4cc/3mc [illegible] .5 mg [illegible] line [illegible] @ 6CPM (b)(6)
30 Jun 06 2130 Late entry	Assumed care of pt from day shift @ 1900. Pt stable. VSS. GCS. Perrla, sluggish 2mm. 8.0 non fenstrated trach → vent SMV 40%. 650 12 5/5. Afebrile. Coarse lung sounds. Faint BS. Soft, distended abdomen to W/V suction @ 150 mmHg new canister in place. JP to RMQ, JP TO RLQ quadrant draining serous → SS fluid, RLE kerlix wrapped c̄ ABD pad. c̄ serous drainage to posterior thigh. JP x1 draining SS fluid. Elevated +1 pulse regular warm to touch, brisk cap refill. Foley to gravity draining amber urine c̄ sediment. (R) radial A-line flushed c̄ monitoring. (R) IJ ¢ blood drawback — oven—

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.

(b)(6)

PROGRESS NOTES
Medical Record

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

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

EXHIBIT

DATE NOTES 0100-06-CID789-78473

1900 cont but patent, proximal & mid part flushed & draws blood back, D5½NS @ 150. Fent @ 200 mcg/hr Ativan @ 15 ml/hr. Ins qtts @ 10 u/hr. FS Q1° c̄ qtts sliding scale. TF to NGT (Dobhoff) @ 50 ml/hr. Ca Gluc running @ 63 ml/hr. Reddness noted to entire back c̄ no breakdown. Stage II to coccyx c̄ duoderm intact. Scally skin, scabbing noted to lip, nose & forehead. Pt is jaundice. Will cont to monitor 2000 Pt washed c̄ linen changed. A-line dressing changed due to serous leakage from insertion site & suture holes. JP to abdomen covered c̄ 4x4 @ ~~elo~~ porous tape. Dressing to right thigh changed. Incision c̄ staples to inner and out upper thigh. Incision c̄ ~~sto~~ sutures to anterior thigh & knee c̄ JP insertion site to proximal incisional area. 5 small holes approx 1/8 inch deep c̄ yellow ~~pus~~ exudate noted all pack c̄ iodoform, single strand each. Extremity elevated. +1 pulse regular s/Warm to touch, brisk cap refill. — (b)(6)

2140 Ativan hung - new concentration bag 10 mg/100 ml currently @ 30 ml/hr / 3 mcg/hr. (b)(6) made aware of the fact that wound vac not suctioning properly to inner RLE - RLE is boggy c̄ blood collection to distal aspect of w/v sponge. Tegaderm applied to attempt to stop any leaks. (b)(6) stated he would consult c̄ (b)(6) — (b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 509 (REV. 5-99) BACK

EXHIBIT

2

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
30JUN06 2221	FS 462 14u insulin gtts cont. CMP sent. Lovenox 30mg given SQ, E-mycin applied to both eyes. Zantac hung at 2130. Reglan 10mg given IVP by (b)(6) (b)(6)
2300	FS 452. 14u insulin gtts cont. Pulse to RLE palpable & regular. CMP results back. Will notify (b)(6) of the results. (b)(6)
0345	RT delivers 2.5 mg ... /3 mm ... and .5 mg ... /2.5 mm ... to PT via inline neb @ 6LPM (b)(6)
1JUL06 0005	FS 438. Will cont insulin gtts & 14u. Pulse to RLE palpable & regular. Warm to touch, brisk cap refill. Pupils PERRLA + 2mm & sluggish. Urinary hung. Will cont to monitor (b)(6)
0245	Pt remains stable. VSS. Dressings to JP to ABD changed, SS drainage noted. Dressing to A line changed using aseptic technique, serous drainage noted. Pulse to RLE palpable. Warm to touch brisk refill. (b)(6)
0300	Na^+ 155, FS 458. (b)(6) notified of (b)(6) suggestion to change maintanance fluid to D5W i/o Na ↑ above 152. (b)(6) ordered D5W over

RELATIONSHIP TO SPONSOR | SPONSOR | 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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

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

EXHIBIT

DATE	NOTES
	@ current rate 125 ml/hr. & 10u SQ Regular insulin. FS held this hour, pending ~~FS~~ insulin shot & charge nurse advise. (b)(6)
0345	RT delivers 2.5 mg ACB/3 mg NSS and .5 mg atrovent/2.5 mg NSS to Pt via inline neb @ 6 LPM (b)(6)
0400	FS 442. Will cont 14u insulin gtts coverage. VSS. Pulse palpable and regular to RLE. Warm to touch, brisk cap refill. Blood formation @ distal portion of W/V sponge leaking, reinforced c̄ tegaderm. Pupils PERRLA but sluggish. Pt continues to grimace to pain. (b)(6)
0500	FS 428 20u Reg insulin given SQ, per (b)(6) Insulin gtts cont @ 14u/hr. FS range 420-470 throughout shift. Blood continues to leak from distal aspect of W/V sponge. Trach care done, thick greenish/yellow mucous obtained, Am CXR done. Will cont to monitor (b)(6)
0600	Am labs. CBC, CMP, ABG sent. FS 374. 14u insulin drip maintained. JP drain stripped. Ø output to colostomy. No vent changes. VSS. FS 374. Pulse to RLE palpable & regular, Warm to touch, brisk cap refill. 30 units SQ total extra given on top of 14u/insulin gtts. Sufficient Foley output. Maintance changed to D5W0 ~~[illegible]~~ TF @ 50 ml/hr through NAT (b)(6)
1000	Pt taken to OR @ this time. Pt given 10 mg vecuronium Iup. SaO2 100% c̄ BVM. FS prior to OR 135. Insulin gtts 4u/hr (b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~
STANDARD FORM 509 (REV. 5-99) BACK
EXHIBIT
ACLU-RDI 5532 p.42
000042 2
10-L-0126 ACLU CID ROI 11665

GSW Abd.

0100-06-CID789-784739 78473

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **PROGRESS NOTES**

DATE	NOTES
1330	Pt returned from OR at this time. Insulin gtt off for Fs ↓ 80. MO notified. USS. SaO2 100 % c 40% FIO2. I will continue to monitor. (b)(6)
1JUL06	
1426	SURGERY
	OPNOTE
	PRE-OP DX: GSW ABDOMEN
	SLP CHOLECYSTECTOMY
	SLP SP CATHETER REMOVAL & OVERSEW OF BLADDER
	SLP PELVIC ABSCESS DRAINAGE.
	SLP (2) NEPHROSTOMY / DIVERTING LLQ COLOSTOMY (16th CSH)
	POSTOP DX: SAME
	PROCEDURE: EX-LAP WASHOUT; DPC (PARTIAL) OF ABDOMINAL WOUND (SKIN ONLY); WOUND VAC PLACEMENT.
	SURGEON: (b)(6) ANES: (b)(6)
	ASST: (b)(6) EBL: 100 cc
	DICT TO PALM / (b)(6) CRYS: 950 cc Lyte & Uros: 350
	DRAINS: JP x 2

Skip only close BLADDER repair tether c RG cystostomy via midline

VAC placement

(b)(6)

RELATIONSHIP TO SPC (b)(6)

SPONSOR'S NAME — 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)

(b)(6)

REGISTER NO. — WARD NO.

PROGRESS NOTES
Medical Record

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

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

EXHIBIT

000043 2

PRINTED ON RECYCLED PAPER

DATE	NOTES 0100-06-CID789-78473 0100 06 CID789 78473
7-1-06	KW Notes: Called to bedside for hypotension. Attempted to give Hetastarch IV bolus - Poor flow forward on (R) IJ TL → attempted to draw back, but could not. Difficult to flush. New (R) SC placed urgently using Seldinger technique, 5 cc 1% lidocaine, ∅ complications - 16 cm at the skin. CXR - ∅ PTX. All parts working well. Given 1L hetastarch, started Vasopressin gtt @ 0.1u/hr c̄ good ~~resto star~~ results. Will titrate as needed to keep ~~SAP~~/MAP ~ 65-70 or greater. (b)(6)
1915 1 July 06	[illegible] (b)(6) [illegible]
1 Jul 06 2100	Late entry. Assumed care of pt from day shift. VSS. GCS Sedated Spontaneous head movement. Pupils Perrla - sluggish. NGT to (L) nare c̄ TF enur ~~TPN~~ @ 50 ml/hr. 8.0 non fenstrated trach to vent SIMV 50 / 650 TV R 12 S/S Coarse lung sounds, Hypoactive BS. Abdomen soft, distended. Colostomy LLQ. 200 ml semisolid stool noted. JP x 1 to both sides of upper abdomen c̄ SS drainage noted. Foley to gravity c̄ sufficent drainage, green tint due to CT dye. RLE c̄ kerlix gauze wrap due to surgical incisions c̄ staples & sutures. JP x 1 to anterior lower thigh c̄ SS drainage noted - over

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 509 (REV. 5-99) BACK

EXHIBIT

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
1 JUL 06 1900 cont	W/V to RLE / caly to 150 mm Hg ∈ approx 100 ml SS drainage in canister. W/V to abdomen @ 150 mm Hg ∈ approx 50 ml SS drainage in canister. All pulses palpable, all extremities warm to touch ∈ general edema +2 x 4 extremities. Duoderm to sacral area intact. A-line to radial ∈ 300 psi from pressure bag. ⓡ subclavian TIT lumen placed today patent ∈ verified by X-Ray. ⓡ IV to be DIC ASAP. D5W @ 125 ml/hr, Fent @ 10 ml/hr ∈ 100 mcg/hr. Ativan @ 15 ml/hr 3.0 mcg/hr. Insulin gtts on hold last finger stick 121. Will continue if FS reaches 150. Vasopressin @ 0.1 u/min 3.6 ml/hr. Will cont to monitor — (b)(6)
2000	FS. 144 will hold insulin gtts ∈ cont to monitor. Oral suctioning done pulled approx 10 ml thick yellow secreations. Trach care ∈ suctioning done. Trach ~~cannula~~ cannula ~~lumen~~ replaced. Thick yellow/brown mucus around trach site. Small amt secreations pulled from cannula. Sats remain 98-100%. — (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)*

(b)(6)

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

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

EXHIBIT

DATE	NOTES 0100 06 CID 789 78473
2100	FS 149. EBC, CMP, BMP, Renal panel. Hepatic panel sent to BUCCA per (b)(6) [redacted]. Pt breathing 40 BPM, increased Fent to 200 mcg/hr & Ativan to 5 mcg/hr. HR 93, BP 128/70 Sat 100%. Temp 101.2. Will monitor pain management - (b)(6) [redacted]
2130	Temp 102.1 975 mg tylenol given PR per orders. Icepacks applied to groin & auxillary region. Will reasses in 1 hr (b)(6) [redacted]
2200	Zantac hung. E-mycin applied to both eyes Reglan 10mg given IVP c̄ CPT Pfel supervision. FS 207 insulin gtts began @ 6u/hr. Will cont to monitor. ABG, CMP sent awaiting results (b)(6) [redacted]
2300	FS 178 decreased insulin gtts to 4u/hr. Oral & trach suctioning done, thick yellow secreations obtained. 200 ml yellow/frothy stool recorded from colostomy (b)(6) [redacted]
2 Jul 06 0000	FS 109. Insulin gtts stopped. Unasyn hung Pt MAP below 65 @ 61. Vasopressin increased to 4u/min. Pt responded & map @ 71, Map @ 78 5 mins later. Vasopressin ↓ to 2u/min Will cont to monitor (b)(6) [redacted]
2 July 06 0115	RT delivery 2.5 mg [illegible]/3 [illegible] and .5 mg [illegible]/2.5 [illegible] to PT [illegible] @ 6 LPM. (b)(6) [redacted]
0100	Pt temp 99.4. FS 124 Ou required. Oral & trach suctioning performed. Pulse regular & palpable to RLEs/W/V intact. Warm to tech, brisk refill (b)(6) [redacted]

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 509 (REV. 5-99) BACK

EXHIBIT

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
23 Jul 06 0200	FS. 169. Insulin gtts began @ 4u. Methylprednisone drip started. (R) subclavian dressing changed. 200 ml yellow semiformed stool from colostomy. Pt breathing over vent. ↑ Ativan to 7mg/hr.
0300	FS 170 will maintain Insulin gtts @ 4u/hr. 10ml bloody drainage from JP#1, minimal serous drainage from JP#2, 25ml SS drainage from JP#3. Oral & trach suctioning applied. (b)(6)
0345	Pt delivered 2.5 mg ang/ Sm, NSS and .5 mg amount/2.5 mg NSS to Pt via in line neb @ 6 LPM (b)(6)
0500	FS 161 will maintain Insulin gtts @ 4u/hr. Am lab CBC, CMP & ABG sent. Am CXR done.
0600	FS 169, will maintain Insulin gtts @ 4u/hr. Oral & trach suctioning provided. (b)(6)
0840	FS glucose 120. Insulin drip stopped at this time. Pt map 83 at this time. Linens Δ this am. Dsg on sacrum Δ'd. Will continue to monitor (b)(6)
1300	1st unit PRBC started at this time via central line. HR 80's BP-140/66. Will continue to monitor (b)(6)
1500	2nd unit PRBC started at this time. Pt had temp 101°. Dr. notified pt given 800mg liquid motrin as ordered. Will continue to monitor (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.
(b)(6)		

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE | NOTES

1200

2 July 01 ortho update

(R) leg wounds no granulation @ fascitory sites, pressed open c̄ vacs - continue open wound management.

(R) femur fracture wound closed over drains after multiple LTD's. This is not ideal but the better choice over open wound management due to the open joint. JP drains c̄ serous output

(b)(6)

FOR
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

STANDARD FORM 509 (REV. 5-99) BACK

GSW Abd

MEDICAL RECORD — PROGRESS NOTES — 0100 06 CID 789 78473

AUTHORIZED FOR LOCAL REPRODUCTION

DATE	NOTES
1700	2nd unit PRBC finished at this time. TLC patent to flush and return. No reaction noted. SvO2 100% = 50% Fio2. Will continue to monitor (b)(6)
7-20-06 1904	Flow Note No events O/N. Insulin gtt @ 4u, Vasopressin gtt @ 0.1u/h TF @ 70cc E replication. Epoch: 127/63 86 12 101 100% SIMV 50%/12/650/PE5/PS5 I/O = 4467/6155 ABG: 7.468/31/85/23 Gren Interic, responsive to pain. GPM. Stable NLL & LL quadrifes Neck track in place CV - (R) 98, RRR S1W/gl/r Lungs - ↓BS (B) base, trans faint Rhonchi Abd vac in place (+) BS ext 3mm (B) LE edema. PT/INR = 15.2/1.2 — 20 / 11 / 178 / 33 152 / 114 / 32 / 145 — 2.8 / 1.1 / 1.1 A-lPx 1113 ϕ = 2.7 Amylase = 138 TB = 17.6 A/P: 1) Neuro/ϕ/Pain: stable, still only responds to painful stim. 2) Pul/m: stable, we could consider obtaining weaning parameters in Am. (OVER) (b)(6)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | ID NUMBER

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) (b)(6) | REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE	NOTES
7-2-06	ICV Note cont
	3) CV - Today we transfused 2 pts's
	Remains hemodynamically stable
	4) FEN - Replace K+, Ca+2, advance TF to 70.
	Can't Vasopressin SQ & gtt.
	5) Endo - Can't steroids/to per tomorrow.
	6) ID - can't current tx. (b)(6)
7-2-06	PT delivery 2.5 mg acid/3 mL NSS and .5 mg
2000	atrovent/3 mL NSS to PT via inline neb @ 6 LPM (b)(6)
02 July 06	At 1900, I (b)(6) Assumed Duty of Pt. Pt In Bed c̄ HOB @ 45°
2030	DHT (L) Nare Infusing Osmolite @ 70cc/HR (R) SC TLC Mult IV Infusion
	All Ports Patent Flush And Draw Blood. 8 Trach In Place. Vent.
	Rate 12, TV 650, FiO2 50, PS 5, PEEP 5, Mid ABD To Cont Suction Via
	Suction Cannister Due To Being Out Of Wound Vac Cannister. LLQ
	Colostomy. Liquid Yellow Brown Drainage. 16 FR Foley To Gravity
	Amber To Dark Amber Urine. RLE c̄ Wound Vac Drsg x2. JP x3.
	VSS. Pt Had Mild Fever @ Start Of Shift. Motrin And Ilepacks
	Lowered. Pt On Mult Pain Med Drip. Will Cont To Monitor /- Sat Cont
2345	PT delivery 2.5 mg acid/3 mL NSS and .5 mg atrovent/2.5 mL
	NSS to PT via inline neb @ 6 LPM (b)(6)
03 July 06	Pt TF Turned Off Due To Pt Going To OR In AM. VSS. IV Maint Fluid
0015	DSW @ 125. FSBS Q1°. Will Continue To Monitor /- (b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT
STANDARD FORM 509 (REV. 5-99) BACK

DATE	NOTES
03 Jun 06 0300	Bedbath Given And Linen D'D. Upon Turning Pt, Pt Noted To Have Stage II Decub 11cmx 11cm To Coccyx. Wounds Appeared To Be Shear Tears With Small Amounts Of Necrotic Tissue. Also Pt Found To Have 4 Open Wounds To (R) Lat. Thigh. No Dressing Noted On Them And No Type Of Packing No Drainage. VSS. Will Cont To Monitor. (b)(6)
03 Jun 06 0400	Pt delivered 2 mg amp/3 mls NS [illegible] @ 6 LPM (b)(6)
7-7-06 1110	ICU Note No events overnight. Plan to OR today for washout.
meds	Exam: 139/71 75 12 98° 99% vent simv 12/650/50% PE 5/PS 5
↓ PSV	Gen: icteric, unresponsive ABG: 7.42/34/117/24 K=2.3
↓ sedation gtt	CV: RRR S1 S2 w/o m/r/g
↑ FF	Lungs: ↓ BS bases, few rhonchi BUN/Cr 11/0.8 185 PT/INR 20/1.0 328
~~BS~~ Insulin gtt	Abd: vac in place, (+) colostomy output 147/2.3 109/22 32/140 Alb 1.2
Lasoprazole 30 mg IV QD	Ext: vac in place Alb=95 Amy=82 TB=22
Prosym 3gm Q6°	A/P: 1) Neuro/Psych: Hold ativan, Fentanyl to light sedation.
Ovenox 30 BID	2) CV - Stable
Ativan gtt	3) Pulm - Greatly improved, cont to wean vent.
Levo gtt	4) FEN: Replace K.
Ancef 2gm IV Q8	5) ID - Cont Meds.

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME (LAST, FIRST) (b)(6) | 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.

(b)(6)

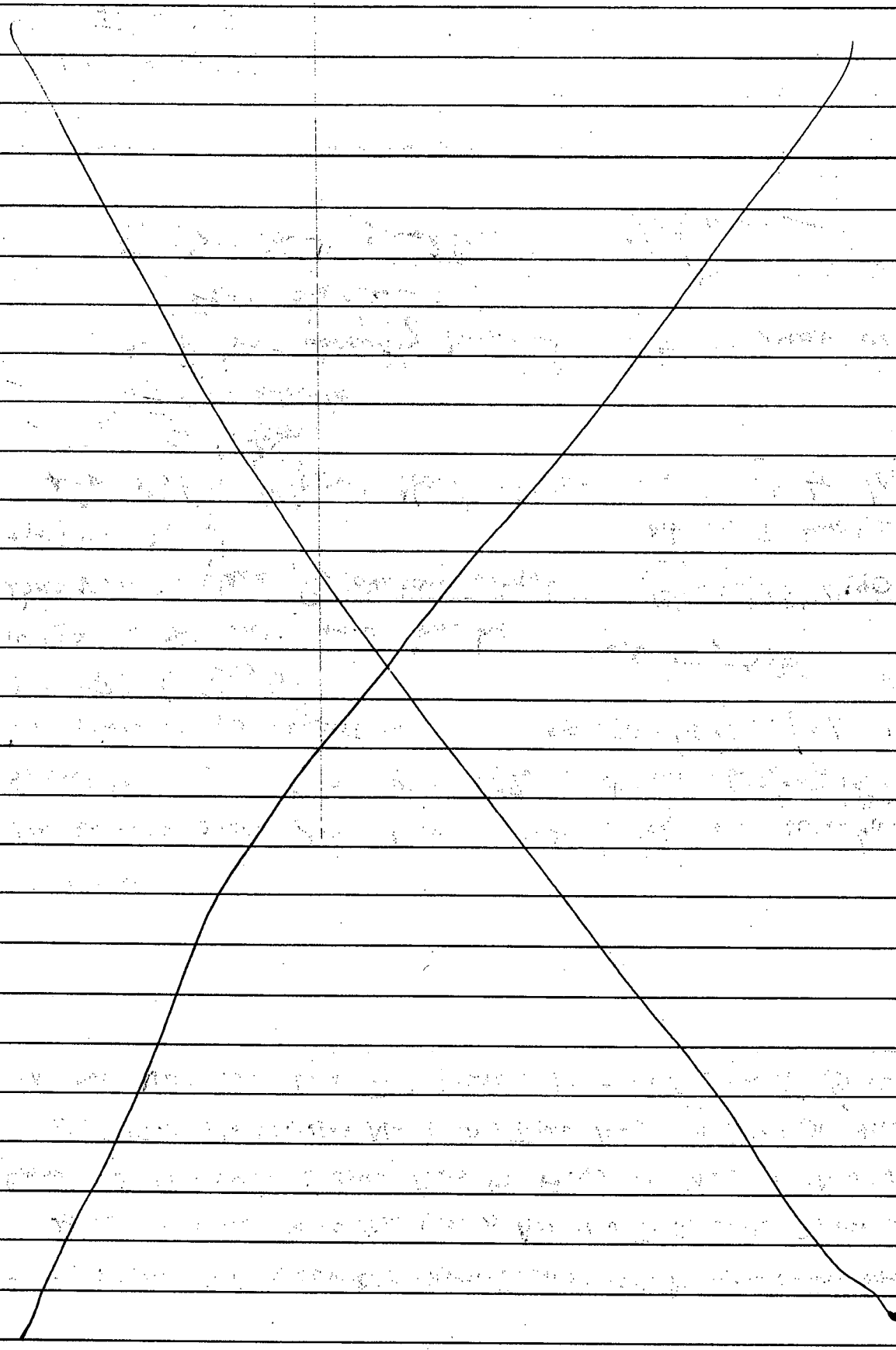
PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE	NOTES



~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

STANDARD FORM 509 (REV. 5-99) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
3 JUL 06 1400	Pt rolled to side and new duoderm applied to stage II decub to sacral area. Area is about 10cm x 10 cm c̄ necrotic tissue to outside of wound. VSS pt will go to OR this afternoon. Will continue to monitor (b)(6)
3 JUL 06	OP NOTE
	Pre-op DX: GSW ABD ORGN
	ORGN ABDOMEN
	Postop DX: SAME
	NECROTIC PERFORATED RECTUM c̄ ABSCESS
	Procedure: EX-LAP
	WASHOUT
	LOW ANTERIOR RESECTION (RESECTION of REMAINING RECTAL STUMP)
	Surgeon: (b)(6)
	Asst: (b)(6)
	Anesthesia: (b)(6)
	EBL 300cc Ex: 1,300
	Drains: 0
	Findings: NECROTIC / GANGRENOUS RECTUM ⇒ EXCISED
	Surgical / LAP SPONGES x 2 TO ~~Rec~~ true Recur
	TO OR AGAIN 4 pm for (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.
(b)(6)		

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

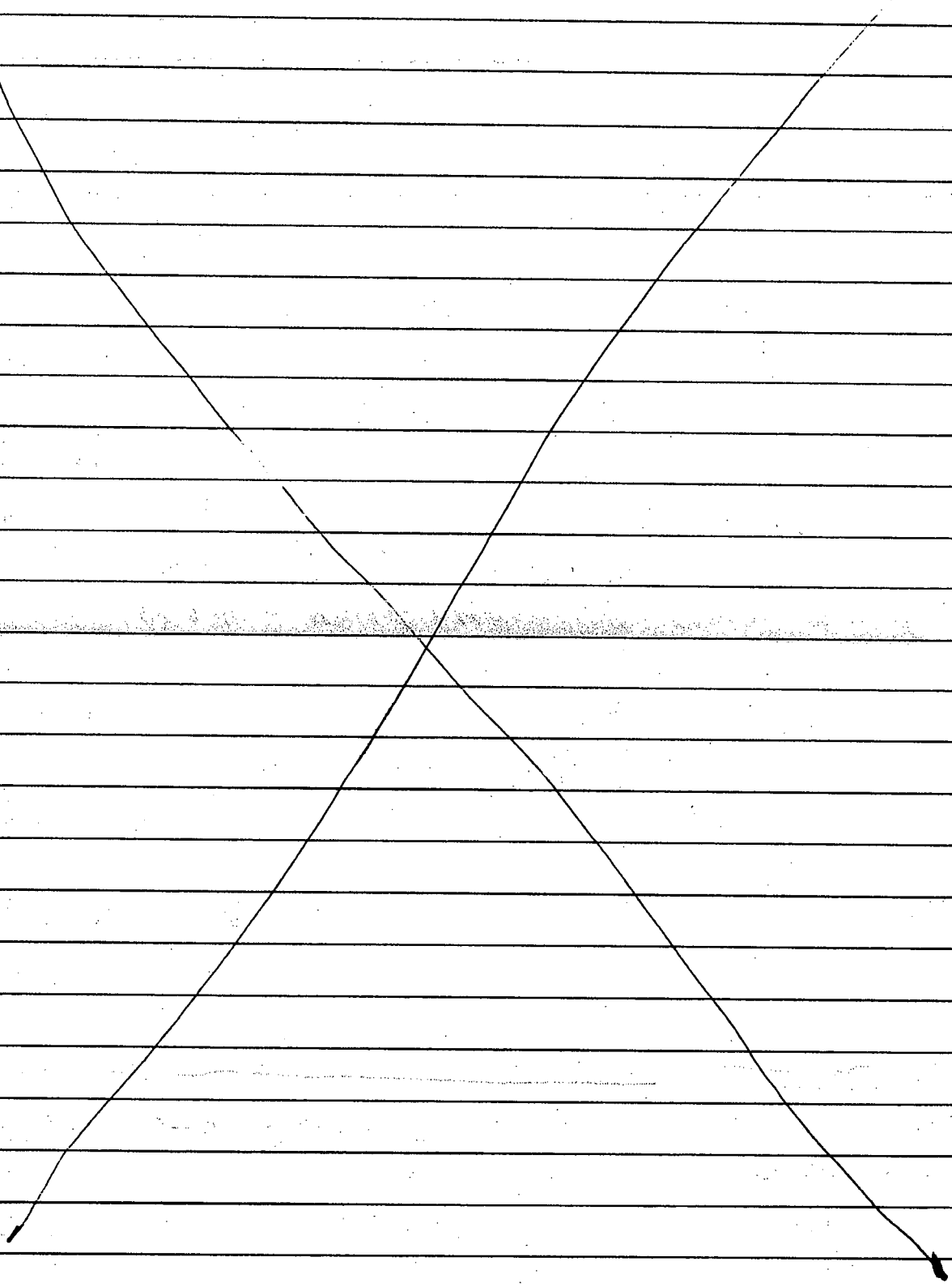
EXHIBIT 2

509-114

PRINTED ON RECYCLED PAPER

DATE

NOTES



~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

STANDARD FORM 509 (REV. 5-99) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
03 July 06	Pt Received From OR. VSS. (L) Art. Line Placed In OR. (L) NARE OHT, (R) SC
2045	TLC Mult IV Infusions. MED ABD. w/ Wound VAC 125 mm Suction. 16 FR
	Foley To Gravity Dark Amber Urine. JP x 1 To (R) Thigh. Wound VAC
	To Medial And Lateral (R) Calf. Fentanyl Drip For Pain. #8 Trach. Vented.
	12, 650, 100, 5/5. Will Cont To Monitor (b)(6)
3 July 2345	At below 2.5. mg qhs / 3 mg BS and .5 mg (b)(6)
	at most / 2.5 mg prn to RT Vent w/ wean @ 6 AM
04 July 06	2u PRBC And 2u FFP ordered. 1u FFP Started. VS. 102/44, 89, 12, 100%, 98.2.
0010	Will Continue To Monitor (b)(6)
0025	95/43, 94, 12, 100% 98.4 (b)(6)
0040	95/42, 95, 12, 100% on vent (b)(6)
0100 ~~0010~~ AM	103/57, 97, 12, 100%, 98.2 FSBS 111. Insulin Drip Held. (b)(6)
0115	137/73, 85, 12, 100%, 98.4. (b)(6)
0135	1u FFP. Done. No Reaction Noted. 1u PRBC Started. (b)(6)
	VS 103/48, 91, 100%, 12, 98.6 (b)(6)
0150	106/50, 87, 12, 100%, 98.9. FSBS 144. Insulin Drip Still Held (b)(6)
0205	111/51, 90, 12, 100%, 98.6, (b)(6)
0220	110/50, 98, 12, 100%, 99.2 (b)(6)
0225	Pt B/P Dropped To 80/40. Vasopressin Started On Pt. Pressin Started @ 0.1 un/min
	Slowly Titrated Up To 3 un/hr B/P 101/50 MAP 69. Will Maintain Pressin.
	Will Cont To Monitor (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.

(b)(6)

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

509-114

DATE	NOTES
04 JULY 06	PT OSTOMY HAD 75cc MUCOUS LIKE DRAINAGE FROM OSTOMY. /— (b)(6)
0300	
0315	1u PRBC INFUSED. VSS. PT HAD MILD TEMP 99.3. MEDICATED E 800mg MOTRIN PER DHT. 2u PRBC STARTED. 126/67, 92, 99.3, 12, 100% /— (b)(6)
0330	PT GRIMACING AND THRASHING IN BED. DUE TO SUSPECTED PAIN, 5mg IVP MORPHINE GIVEN PER MD ORDER VSS. WILL CONTINUE TO MONITOR /— (b)(6)
0335	96/43, 94, 12, 100%, 99.6 /— (b)(6)
0345	PT Valium 2.5mg PO/NG/GT NOW TO PT and 5mg at bedtime / 2.5mg IVP NOW TO PT UNIT IN/ and Q 6hrs (b)(6)
0445	2u PRBC FINISHED. VSS. 2nd U FFP STARTED /— (b)(6)
	119/55, 96, 12, 100%, 98.9 /— (b)(6)
0500	118/58, 98, 12, 100%, 99.2 /— (b)(6)
0515	108/50, 92, 12, 100%, 98.9 /— (b)(6)
7-4-06	ICU Note
1415	S/P CPAP trial this am. He maintained saturations but had a rise in pCO2 & was placed back on the vent.
Neuro/ Diffusion Respiration/ GI	Exam: 152/81, 108 43-26 98° Vent sim v 12/650/50%/PE5/PS5. I/O = 63 87/6800 ABG: 7.45/31/75/22/96%
IF Fentanyl/ DSW	Gen: Icteric, spontaneous movement not responding to commands.
Insulin gtt	CV: mild tachy, RR/Sbr
Imesyn	Lungs: Few faint rhonchi
Nursing	Abd: soft NT (+) colostomy output.
Ativan gtt	ext: vac in place.
Nebs/ Methylprednisone	Hyp ↑ Neuro/↓/Pain. ↑ Ativan to Versed, light sedation to decrease his hyperventilation (b)(6)
Progress in 5 SQ. Continue	(CONT NEXT PAGE)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

STANDARD FORM 509 (REV. 5-99) BACK

0100-06-CID789-78473 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
7-4-06	ICU Note Cont:
1415	2) CV: Stable - will transfuse today.
	3) Pulm: Cont to maximize vent c̄ CPAP trial again tomorrow. Will maintain light but adequate sedation
	4) FEN: Replace Mag, Ca+, K+
	5) ID: cont current antimicrobials.
	(b)(6)
4 JUL 06	SURGERY
1705	OVER THE COURSE OF TODAY, VAC CONTINUES TO PUT OUT LARGE SOURCE OF BLEEDING OUTPUT, GIVEN PELVIC RESECTION & EST GRANDY. MOST LIKELY SOURCE OF BLEEDING IS PELVIC WILL RETURN TO OR EMERGENTLY, REMOVE PACKS & EXPLORE SOURCE OF BLEEDING TOMORROW
	(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.
(b)(6)		

PROGRESS NOTES
Medical Record

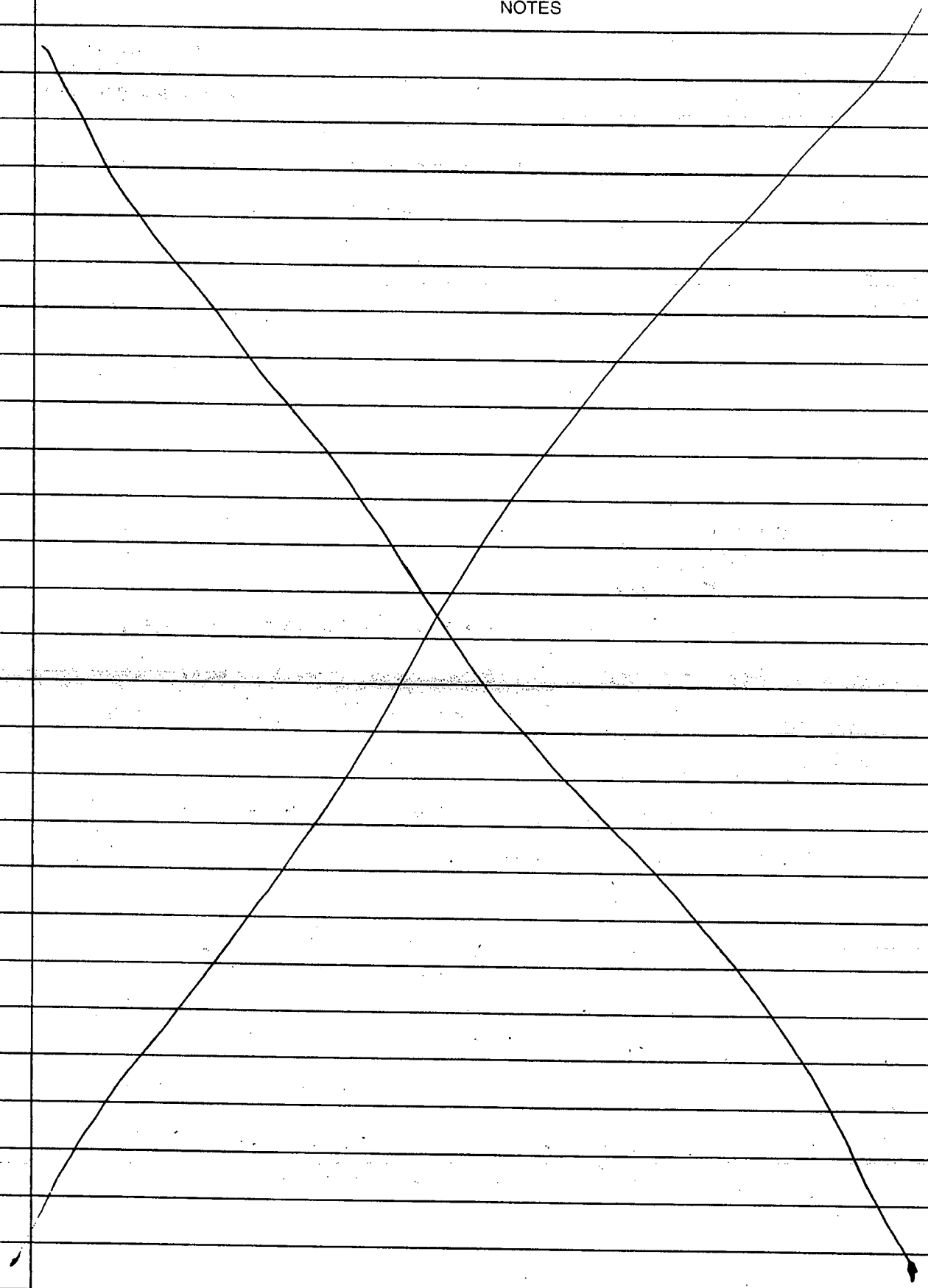
STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

509-114

DATE	NOTES



~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

0100-06-CID782-78473 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

PROGRESS NOTES

DATE	NOTES
4 Jul 06	OP NOTE
1810	DX: Open Abdomen
	PT NOTED TO HAVE 3+ VAC CANISTERS FULL OF BLOODY FLUID & ↓ Hb/HCT, ADDITIONALLY, VAC NOT SEALING 20/20 BLOODY FLUID.
	Procedure: EX-LAP
	INTRA-operative US
	Consults: RADIOLOGY
	(b)(6)
	⊖ DILATED HEPATIC DUCTS
	Normal PV/HV FLOW
	Normal HA FLOW
	Surgeon: (b)(6) / (b)(6)
	Anesthesia: GETA / (b)(6)
	EBL. Minimal
	Although 500+ cc old Blood/Clot removed.
	Pack / Lap Sponge Removed as well.
	IVF: 350 cc Crystalloid
	Disp: To ICU: (Critical Condition)
	(b)(6)

RELATIONSHIP TO SPONSOR | LAST | 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)

(b)(6)

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~
509-114

EXHIBIT 2

PRINTED ON RECYCLED PAPER

DATE	NOTES
1830 4July06	In am pt hypotensive et on Vasopressin drip @ .2u/kg/min. BP ↑'d along c bolus' given. BP stable p that. Throughout shift pt Wondvac canister to abdominal wound vac was putting out large amounts of bloody drng. (b)(6) et (b)(6) notified. V.O. per (b)(6) to monitor output. This afternoon @ 1600 pt BP ↓'d to 60/40 et bloody drng noted on abdomen around black wondvac sponge. Vasopressin ↑'d to 1u/min et 2 bolus' off 500ml of 5% albumin hung along c 500ml NS bolus. Pressures ↑'d to 113/60. (b)(6) notified et pt went to OR @ 1700. Pt returned from OR @ 1820 et BP was as low as 60/20. Vasopressin increased to 2u/min et Dopamine started @ 10mcg/kg/min. 2 more bolus' of 500ml 5% albumin hung along c 500ml hetastarch bolus. BP currently @ 104/49 c Vasopressin off et Dopamine @ 5mcg/kg/min. BP is improving. Pt has large stage II decubiti on coccyx et bilat buttox. Duoderm applied. FS currently 72, insulin gtt is off. Continue to monitor et return pre-op orders. (b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

STANDARD FORM 509 (REV. 5-99) BACK

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
1900 4 July 06	Blood note — pt received 1u PRBC for ↓ Hct
late entry	start vitals: 99³, 92, 123/77
	end vitals: 989, 87, 105/50
	ØS/S reaction. pt stable during blood transfusion. (b)(6)
04 July 06	Pt ordered 2u PRBC and 2u FFP. 1st Unit PRBC started. /-SGT Cu & Cu-/
1930	VS. 112/56, 113, 99.5, 12, 100% /— (b)(6) —/
1945	108/53, 112, 12, 100%, /AA 99.7 /— (b)(6) —/
2000	pt delur 2.5 mg a ... /3 ... and .5 mg ... /
	2.5 ... pt ... @ 6 ... (b)(6)
2105	1st U PRBC finished. VSS. No reaction noted. Starting 2nd U. /-SGT Cu & Cu
04 July 06	Late entry: At 1900, I, (b)(6), assumed duty of pt. Pt just
2200	recieved back from OR. Low B/P. Mult orders given and done. Pt ordered
	2u FFP and 2u PRBC. PRBC infusing w/o diff. (L) Nare DHT c̄ TF @
	35cc/HR (R) SC TLC. Mult IV infusion. Mid add wound vac. 16 FR Foley
	to gravity. (R) LE c̄ wound vac to med + lateral calf. Stage II decub
	to coccyx duoderm in place. Pt has mild temp 99.8. Motrin given.
	Will continue to monitor /— (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.
(b)(6)		

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

509-114

DATE	NOTES
04 July 06 2300	2u PRBC Infused. No s/s Rx. VSS. 1u FFP Started /- (b)(6)
05 July 06	
0005 ~~0000~~	1u FFP Infused c̄ Difficulty. VSS. 2nd UFFP Started. /- (b)(6)
05 July 0010	RT delivered 2.5 mg qld/3ml NSS and .5 mg atrovent/ 2.5 ml NSS to PT via in line neb @ 6 LPM (b)(6)
05 July 06 0115	2nd U FFP Completed. VSS. IV Fluids Continued. PT Noted To Have Slowing UOP. Will Continue To Monitor /- (b)(6)
0400	RT delivered 2.5 mg qld/3ml NSS and .5 mg atrovent/ 2.5 ml NSS to PT via in line neb @ 6 LPM (b)(6)
05 July 06 0515	(b)(6) Made Aware Of Poor UOP And Falling B/P And MAP. 1L NS Bolus Ordered And Given. VSS Will Continue To Monitor /- (b)(6)
0600	Charge nurse note: Agree c̄ (b)(6) assessment. All drips were changed c̄ me either changing them or telling him to titrate. Upon return of pt from OR, Hetastarch 500, Albumin 5% 20mL x2 given. Throughout night pt received 2u PRBCs, 2u FFPs, Dopamine up to 10mcg/kg/min currently, but @ one pt throughout night pt got up to 15mcg/kg/min, but HR up in 120's, COL Sprout added levophed to gtt. Pt titrated on both throughout night. Currently Dopamine is @ 10mcg/kg/min and levophed is @ 8.5 mcg/min. Vasopressin turned off today. Insulin gtt on and off c̄ adjustment of FSBG q1°. KCl 40meq infusing 1L bolus given. All assessments completed by (b)(6) As charge nurse (b)(6) + myself continually monitoring pt. Currently 107/47 c̄ map @ 65. Will titrate 2 pressors as needed (b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

STANDARD FORM 509 (REV. 5-99) BACK

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
7-5-06	ICU Note
1050	Called to bedside by nursing staff this am. for hypotension. Patient already received 1L PVF bolus, was on Dopamine & Levophed already & we have titrated up to current dose
meds	of 15mcg Dopamine & 40 of levophed. In addition we have
Dopamine gtt	given 1 1/2L of Hetostarch & basal rate to 200cc/hr. Despite
Levophed gtt	these efforts that patient continues to periodically drop
NF D5NS	his SBP down into the 80's. Impromptu ethics committee
TF	meeting called as this patient has multiorgan system
Foley gtt	dysfunction and despite all efforts he continues to
Versed gtt	deteriorate. Given his multiorgan system dysfunction he
PPS	has a very high mortality and it is very likely
Prognosis Stage	that he will not survive beyond the next 72 hours and
Unasyn 3gm	possibly the next 24 hours. At the ethics meeting
Nebs	his case was discussed in detail and the decision was
Diflucan	made to institute a DNR order - specifically no CPR,
	no DC Cardioversion, & no acute cardiac meds.
	Exam: 100/50 115 36 99^T 100% vent SIMV 12/650/60%/PE 5/PS 5
	Gen - unresponsive, sedated, trach & NGT in place, grossly edematous
	CV - Tachy S1 S2 RRR
	Lungs - Diffuse coarse Rhonchi (OVER)

(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.

(b)(6)

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

509-114

DATE | NOTES

ICU Note cont

abd vac in place, (+) colostomy output.

ext vac in place

LABS. ABG 7.4 | 28.4 | 104 | 18 BE=-6 6' 64 115 28'

iCa = 1.07

140 116 41 138
ICT ICT ICT

Alb=2.1
Aφ=630
TB=24.9

A/P 1) Neuro/Ψ/pain - Still not responsive to pain. Suspect hepatic encephalopathy.

2) CV - Currently on max doses of pressors. Addition of a 3rd pressor while be futile at this point. We will cont periodic IVF bolus', as well as colloid bolus.

3) Pulm - He has increasing FiO_2 requirements likely 2° to worsening ASD related to multiple IVF bolus' which have been required to maintain an adequate SBP. Cont management of vent.

4) FEN - Replace Ca^+, K^+ replaced this am. Hold TF for now, will resume when he is more stable.

5) ID - Cont antibiotics for now.

(b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

STANDARD FORM 509 (REV. 5-99) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
5 July 06	100 115 109/49 100 0810 1st U FFP started
0810	99.6 111 107/49 100
	99.8 112 104/48 100
0940	268 ml infused. Ø S/SX of adverse reaction.
0950	2u FFP started
	99.9 111 103/47 100% 36
	99.7 112 103/48 100%
	99.7 111 102/47 100%
	1045 2u FFP complete 240 ml. Ø S/SX of adverse reaction. (b)(6)
5 July 06	0820 assessment completed. See 110 flowsheet. Pt remains
1020	vented to trach SIMV TV 650 FiO_2 60% RR 12 (RR 36)
late entry	Peep 5 PSS sat 100%. Pt is sedated c̄ fentanyl 100 mcg/hr
	5 ml/hr + versed at 5 mg/hr to distal pnt of (L) SCTL
	D5 @ 60 ml/hr, dopamine @ 10 mcg/kg/min + levo @
	10.5 mcg/min (19.4 ml/hr). 500 ml bolus hetastarch started
	for UO 20 ml/hr + levo titrated up to 15 mcg/min
	+ dopamine ↑ 15 mcg/kg/min. Ø movement of (B) UE or
	(B) LE. Spontaneous cough + gag reflex c̄ suctioning
	Will continue to monitor. (b)(6)
0830	Pt plan is for pt to be DNR per (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.
(b)(6)		

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

509-114

DATE	NOTES
5July06 1200	Assessment Completed. Pt FiO_2 ↑ to 80 from 60 for sat 95%. 2 amps bicarb for HCO_3 14 per (b)(6) [redacted]. Levophed at 30mcg/min (56.3ml/hr) + dopamine 10mcg/kg/min (31.9ml/hr), fentanyl 275mcg/hr (13.8ml/hr) + versed @ 12mg/hr. UO remains ≈ 5-6ml/hr (b)(6) [redacted] aware. Caglucinate IVPB KCl + Mg infusing. (b)(6) [redacted]
	~~Death Note~~
	~~Called to bedside by nursing staff - Patient had episode of emesis~~ (b)(6)
5July ~~1415~~ 1449	Pt rolled to side to change sheets @ 1415 Cpowell CPTAN. Emesis x 2 thru train + mouth. TF to DHT off prior to rolling pt. Pt suctioned. ABP ↓ 50s/30s → 30/20s, HR 40-20s. ↓ sat 89%. Pt DC from vent + BVM @ 100%. Pt is DNR Ø CPR Ø Cardiac meds Ø Cardioversion. (b)(6) [redacted], (b)(6) [redacted] + (b)(6) [redacted] (b)(6) [redacted] at BS. (b)(6) [redacted] Performing US of heart. Death called by (b)(6) [redacted] 1437. Events lasted ≈ 17 minutes. (b)(6) [redacted]

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2
STANDARD FORM 509 (REV. 5-99) BACK

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

7-05-06 1455 Death Note:
Called to bedside by nursing staff. Patient ~~called~~ had episode of emesis, followed by bradycardia, hypotension, PEA & asystole. He was suctioned aggressively, his Dopamine & Levophed were already maximized. Within 10 minutes of the acute event his pupils were fixed & dilated, he was pulseless and bedside US exam revealed no cardiac activity. Time of death 1434 hrs.

(b)(6)

5 JUL 06 ETHICS Committee met this morning to discuss prognosis. Committee unanimously agreed that prognosis ~~was~~ for survival was extremely unlikely and recommended not extraordinary measures (chest compressions, ACLS drugs, defibrillation) beyond that already being done. I agreed. I have followed along on this patient since admission. This note is written after patient's demise.

(b)(6)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME (LAST, FIRST) | NUMBER

(b)(6)

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS M.

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.

(b)(6)

PROGRESS NOTES
Medical Record

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

N7540-00-634-4176

0100-06-CID789-78473

DICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATEMENT, TREATING ORGANIZATION (*Sign each entry*)
25-Jun-06	Nutrition Risk Screening
	S/O: Active Duty Contractor (Detainee) Civilian
	Ward: DEW Bed Number: 3
	Dx: GSW TO ABDOMEN
	Age: Gender: (b)(6) Ht: 64" Wt: BMI:
	Diet:
	Tolerating Diet:
	A/P:
	Nutrition Risk:
	~~Patient determined to be at low nutrition risk; will be re-screened in one week~~
	Patient determined to be at nutrition risk secondary to :
	Further intervention by RD needed within 48 hours
	(b)(6)

PATIENT'S IDENTIFICATION (Use this space for Mechanical)

(b)(6)

RECORDS MAINTAINED AT:

PATIENT'S NAME (*Last, First, Middle Initial*)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

FOR OFFICIAL USE ONLY

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA/ICMR

LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

10th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

(b)(6)

DISCHARGE SUMMARY

DATE OF Transfer: 24 Jun 2006

NAME: (b)(6)
SSN:

Date of Admission: 15 Jun, 2006
Date of Discharge/Transfer: 24 Jun, 2006

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS AND HOSPITAL COURSE:

Admit 15: See JTTR. In brief SI with GSW to back, exiting suprapubic region. Arrived hemodyanmcially stable, though after initial survey BP dropped to 90. Obvious intraperitoneal injury. Exam: GCS 15, neck supple. Chest with b/l bs, no injury. Abdomen soft, with distention in lower quadrant. Weak right DP pulse, no PT signal. Expanding hematoma in popliteal fossa, and distal right thigh. Films showed supracondylar femur fx on right leg. Taken to OR for Ex-lap and external fixation, and popliteal exploration. He was found to have a perforation of the sigmoid colon, and distal rectum, therefore underwent diversion, with tacking of rectal stump with prolene suture. He also had a perforation to the dome of the bladder. This was repaired primarily. No injury was noted to the bladder neck, or the ureteral orifices. A suprapubic catheter was placed. Next the popliteal region was explored for expansion of a hematoma. The popliteal vein was transected and repaired end to end. The popliteal artery was repaired with a lateral suture. Good Doppler signals were noted. An external fixator was applied in record time by (b)(6), who subsequently did a percutaneous plating of the femur on 23 June. His early post operative course was complicated by septic shock from an e.coli bacteremia. He was re-explored, and noted no ischemic bowel, a viable rectal stump, no leakage from the stapled end or bladder. The ostomy has remained functional and viable. He was eventually weaned from levophed, and remains on a two week course of fluconazole, imipenum, and flagyl. One week remains on this therapy. His renal function deteriorated on Amikacin, which was eventually d/c d when his creatinine peaked at 2.5, currenly normalized last was 1.7. Neurolgoically he has had a prolonged wake up, and with weaning of all sedation agents, only responds to pain. A head CT done yesterday was negative. He is now hemodyanmcially stable, on minimal vent settings. His electrolytes are wnl. On 23 June he underwent a tracheostomy for prolonged respiratory failure, and temporary abdominal closure. He is now ready for transfer with orthopedic follow up, and eventual skin grafting of his abdomen. His overall neurologic prognosis is uncertain.

DISCHARGE DIAGNOSES:

1) GSW Abdomen with Distal Sigmoid and distal Rectal and dome of Bladder Perforation
2) GSW Right leg with supracondylar femur fracture, popliteal artery and vein injury

PROCEDURES DURING ADMISSION:

1) Exploratory Laparotomy
2) Hartmans procedure, end sigmoidostomy
3) Bladder repair with suprapubic catheter.
4) Percutaneous plating of right femur

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

10th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

(b)(6)

5) Tracheostomy
6) Temporary abdominal closure, vicryl mesh, and vacuum dressing.
7) End to end repair of popliteal vein, rle, and lateral suture of right popliteal artery

RECOMMENDED MEDICATIONS ON DISCHARGE:

1) Continuation of broad spectrum antibiotics, 7 days remain on fluconazole, imipenum, flagyl-standard dose
2) Versed/Fentanyl

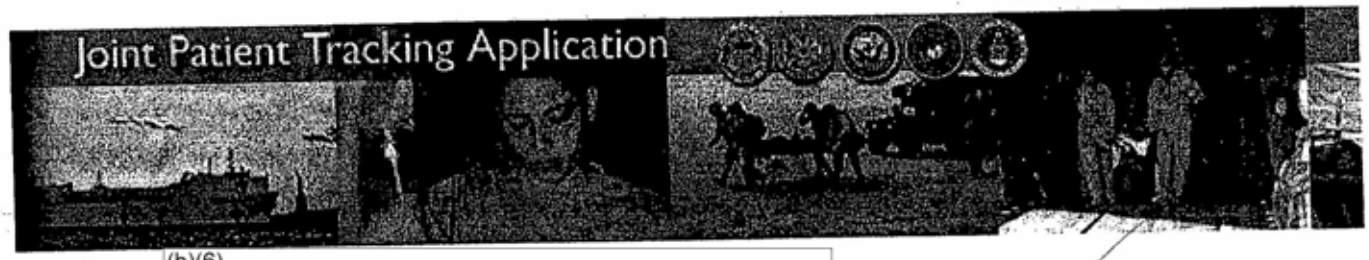
CONDITION: Critical Stable

PLAN/RECOMMENDATION:

1) Vent weaning
2) Skin grafting to temporary abdominal closure
3) Orthopedic follow up for femur fracture
4) Removal of suprapubic catheter in 2-4 weeks.

(b)(6)

0100-06-CID789-78473



Welcome (b)(6)

Patient Reg./Update | Patient Search | Patient Info. | Reports | Patients By Service

Patient Treatment Management

SSN [ ] ? NAME [ ] ?

SSN	NAME	SEX	RANK	BRANCH
(b)(6)	(b)(6)	(	SI	UNKNOWN
DIAGNOSIS:	OPN WND ANTERIOR ABDOMEN			
ATTACHMENTS:1 file		(b)(6) : Create		
View SF 502 Narrative Summary (PDF)				

STATUS	LOCATION	DATE	FACILITY
INPATIENT	ICW	6/15/2006 10:17:33 AM	10th CSH - N. Baghdad
INPATIENT	ICU	6/16/2006 11:16:58 PM	10th CSH - N. Baghdad
TRANSFERRED TO ARMY MTF	LRMC	6/18/2006 10:13:23 PM	
INPATIENT	ICU	6/19/2006 12:09:54 AM	10th CSH - N. Baghdad

FACILITY	AUTHOR	DATE	NOTES
10th CSH - N. Baghdad	(b)(6)	6/15/2006 11:09:07 PM	Admit: See JTTR. In brief SI with GSW to back, exiting suprapubic region. Arrived hemodyanmcially stable, though after initial survey BP dropped to 90. Obvious intraperitoneal injury. Exam: GCS 15, neck supple. Chest with b/l bs, no injury. Abdomen soft, with distention in lower quadrant. Weak right DP pulse, no PT signal. Expanding hematoma in popliteal fossa, and distal right thigh. Films showed supracondylar femur fx on right leg. Taken to OR for Ex-lap and external fixation. Op Note: Preop Dx: GSW abdomen Post: same Findings: Distal rectal injury. Distal Sigmoid injury. Bladder perforation. RLE: Supracondylar femur fx, open. Right leg: Popliteal vein-complete transection. Popliteal artery laceration. Surgeon: (b)(6) Anesthesia: GETA Fluids: See Flowsheet Drains: Suprapubic catheter and sigmoidostomy Condition: Critical Procedure: Exploratory Laparotomy Knee Spanning External Fixation of right femur fx Bladder

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

			repair, and suprapubic cath Hartmanns procedure Popliteal vein-end to end repair Popliteal artery lateral suture Description: Sterile prep and midline incision. Eviscerated small bowel no injury noted. No solid organs injury. Lesser sac without hematoma. See findings above. A GIA staplerr was used to divided the rectosigmoid colon. The rectal stump was tagged with two prolene sutures. The distal sigmoid was exteriorized, and matured after abdominal closure onto the skin with vicryl suture. The bladder was repaired with double layer chromic, and a concentric purse string was used to secure a suprpubic catheter. The abdominal cavity was copiously irrigated. Next the abdomen was closed with running PDS. (b)(6) placed an external fixator on the right leg. A medial approach was used to explore the right popliteal artery and vein. The artery was repaired by lateral suture, and the vein was mobilzed above and below a complete transection. Minimal segmental loss was noted, and accomondated a spatulated end to end repair. The wounds were closed in layers. Skin was stapled. A doppler confirmed a DP and PT signal. A two incision 4 compartment fasciotomy was performed in the standard fashion. A jacobs ladder was placed over the sites.
10th CSH - N. Baghdad	(b)(6	6/15/2006 11:22:52 PM	
10th CSH - N. Baghdad	(b)(	6/16/2006 7:03:03 AM	DISTAL FEMUR FX S/P VASCULAR REPAIR EX-FIX. PLAN ORIF ONCE SKIN CLOSED/GRAFTED.
10th CSH - N. Baghdad	(b)(6	6/16/2006 9:53:43 AM	POD1: Extubated. Cooperative. Hemodynamics stable. Urine output adequate with IVF bolus. Labs stable. Ostomy viable this am. Suprapubic cath working. Dressings covered. Audible doppler signal in both PT and DP. No pedal edema noted. Wounds covered. Leg in external fixator. Plan for Washout in am of fasciotomy sites.
10th CSH - N. Baghdad	(b)(6)	6/16/2006 11:03:54 AM	Iraqi male s/p GSW to back resulting in bowel injuries and bladder repair; rt femur fx. Labs(16Jun): Na-146, K-3.1, Bun-19, creat-1.1, Glu-258 A: Est BW: 70 kg; Est nutrient needs: 1750-2100 kcal/day (25-30 kcal/kg); 85-105 g pro/day (1.2-1.5 g/kg). Fluids: 2450 cc/day (35 cc/kg). Noted elevated glucose. REC: 1. TF of Jevity at goal rate of 70 cc/hr. Begin at 25 cc/hr and increase by 15-25 cc q 4 hours as tol to goal. This will provide 2016 kcal and 93 g/pro/day. 2. Additional 1090 cc/day free water can be provided via bolus tube flushes and/or IVF. 3. If tube in stomach, keep HOB elevated 30-45 degrees during infusion and for 30-60 minutes after stopping infusion. Check gastric residuals q 4 hours. Hold if >200 cc. 4. FSBS q 4-6 hours. May require SSI. P: Will continue to f/u and monitor tolerance to TF.
10th CSH		6/16/2006	GU note: Bladder repaired primarily with chromic 2-layer running sutures and SP tube placed intraoperatively. Pt now POD#1 and will continue SP

ACLU-RDI 5532 p.72
10-L-0126 ACLU CID ROI 11695

- N. Baghdad	(b)(6)	11:43:04 AM	tube drainage to gravity for 14 days. At that time may clamp off SP tube and allow pt a trial of voiding spontaneously. If successful and cystogram shows no extravasation, then d/c SP tube. MCG
10th CSH - N. Baghdad	(b)(6)	6/18/2006 1:06:50 AM	BRIEF OP NOTE Reintubated earlier today for respiratory failure consistent with sepsis. Grew GNR quickly out of broth. Given aminoglycoside and taken to OR for exploration. OPERATION: Ex lap, rigid procto, washout and placement of pelvic drains SURGEONS: [redacted] (b)(6) FINDINGS: Murky fluid in pelvis. Able to wean off pressors with washout. Small amount of bubbling with insufflation from rigid procto. 2 26 Fr Malekot drains and 1 10mm JP drain placed in pelvis. Abdomen closed with vac drain. PLAN: Return to OR in 24-48 hours for washout. Daily DRE. Continue broad spectrum antibiotics, pressors as needed. Drains to suction. (b)(6)
10th CSH - N. Baghdad	(b)(6)	6/19/2006 11:16:28 AM	Op Note: Preop Dx: Septic Shock, s/p GSW abdomen Post: Same Procedure: abdomen washout, fasciotomy closed medial right leg Surgeon: [redacted] (b)(6) Anesthesia GETA Fluid see flowsheet Drains none condition critical Findings: Normal viable colon and rectal stump. No enterotomy. No solid organ injury. Right colon medialized, no colotomy noted. Lesser sac examined, no leaks. Stomach viable. Paracolic gutters, morrison pouch, and pelvis were copiously irrigated. The medial side of the right leg fasciotomy incision was irrigated and closed in two layers. The lateral side was washed, and a vacuum dressing was applied.
10th CSH - N. Baghdad	(b) (6)	6/20/2006 8:53:51 AM	GSW abd with rectal/bladder injury-septic shock last 24 hrs. Improved overnight. Tmax 101. Weaned off pressors. Glucose noted 300. Wbc stable at 6. creatinine decreased to 2. 3. Suprapubic cath draining 100cc/hr urine. continue abx fluconazole, flagyl, imipenum. Last culx with ecoli-sens pending. Vac change in OR on Thursday.
10th CSH - N. Baghdad	(b) (6)	6/21/2006 2:58:18 PM	Op Note: Right leg fasciotomy s/p popliteal vein injury and femur fx Procedure: closure of lateral side, right leg Fox geta fluids see flow sheet description, prep drape, 6l pulse lavage, layered closure and application of kerlix ace wrap, take to unit.
10th CSH - N. Baghdad	(b)(6)	6/22/2006 12:37:28 PM	S: Pt tol TF of suplena at 30 cc/hr. On vent. O: Iraqi male s/p GSW abd, septic, renal failure Diet: Suplena at 30 cc/hr provides 1440 kcal/day and 21.6 g/pro/day Labs(22June): Na-154, K-4.7, Bun-41, Creat-1.5, Glu-153 A: Est BW: 70 kg; Est nutrient needs: 1750-2100 kcal/day (25-30 kcal/kg), 40-55 g pro/day (0.6-0.8 g/kg). Elevated labs noted. REC: As renal function improves, increase rate to 40 cc/hr which will provide 1920 kcal/d (27 kcal/kg) and 28.8 g/pro/d (0.4 g/kg). P: Will continue to f/u.
			Neuro-off sedation with slow wake up. will scan head today. VSS, low grade temps only on

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ACLU-RDI 5532 p.73
10-L-0126 ACLU CID ROI 11696

0100-06-CID789-78473

10th CSH - N. Baghdad	(b)(6	6/22/2006 1:44:27 PM	flagyl,fluconazone, imipenum. wbc 11 range. creatinine 1.7, urine output brisk. Plan: Femur fx-OR (b)(6) to follow and close abdomen-Friday. Continue present mgt. Pending xfr to abu
10th CSH - N. Baghdad	(b)(6)	6/23/2006 1:29:06 PM	OP NOTE: Preop Dx: Resp Failure. Open Abdomen Post Op DX: Same Procedure: Temp Abd Closure. Tracheostomy Surgeon: (b)(6) Anesthesia: GETA Condition: Stable Fluids: Flowsheet Drains none Findings: open abdomen with omentum covering small bowel. No drainage. Nl tracheal tissues. Description: The abdomen was prepped and draped in standard fashion. The vacuum dressings were removed. The vicryl mesh was placed over the fascia, and sewn with vicryl suture. The vacuum dressing was replaced. Next the neck was prepped, and a longitudinal incision was made above the sternal notch and a dissection was carried out in the midline to the trachea. Two prolene stays were placed, and a cruciate incision was made to accomondate a tracheal dialator. Next a number 8 trach tube was advanced and secured with a 2.0 prolene. The colostomy bag was replaced, and the patient was taken to the ICU
10th CSH - N. Baghdad	(b)(6)	6/23/2006 1:29:47 PM	D/C summary: To Abu Garab, see attachment.

PENDING RTD ○ PENDING TRANSFER ○ FOLLOW UP APPT ○

Show Template

SUBMIT NOTE

Type notes here:

SAVE NOTES Procedure Hx ☐

REFRESH PAGE

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ACLU-RDI 5332 p.74
000074
10-L-0126 ACLU CID ROI 11697

NAME/SSN [redacted] 0100-06-CID789-78473

UNIT

	DATE	23 JUN	23 JUN	24 JUN	24 JUN	24 JUL	24 JUL		
	TIME	1300	1810	0100	0400	1700	1700		
CBC/COAG	Limits								
WBC	4.5 - 10.5				11.3	7.8	9.2		
Hb	11.0 - 18.0				7.3	27.6	7.8		
Hct	35 - 60				22	23.6	23.9		
Plts	150 - 450				117		125		
%Lymp.	20.5 - 51				11.8		14.1		
aPTT (sec)	25 - 33				~		TNP		
PT (sec)	9 - 12				13.4		14.5		
INR					1-34		1.5		
ABG iStat				0100	0400				
Na	138 - 146	150		150	150				
K	3.5 - 4.9	4.1		3.2	4.5				
tCO2	22 - 28	25	27	27	27				
iCa	1.12 - 1.32	1.12		1.06	0.75				
Hct	38 - 51	22		22	21				
Hb	12 - 17	7.5		7.5	7.1				
Temp				100.1	100.9				
FiO2	.21 - 1.0	8		50	55				
pH	7.31 - 7.45	7.363	7.404	7.479	7.448				
pCO2	35 - 45	42.3	41.0	35.2	38.3				
PO2	80 - 105	57	102	73	95				
HCO3	22 - 26	24.0	25.6	26	26.2				
BE	(-2) - (+3)	-1	1	3	2				
SaO2 (calc)	95 - 98%	88	98	95	97				
Anion Gap	12 (+/-4)								
(A-a) grad	Variable								
PaO2/FIO2	<300 bad								
CHEMSTRY									
Na	135 - 145				152		150		
K	3.5 - 4.3				2.9		3.0		
Cl	98 - 107				113		112		
tCO2	22 - 30				27		27		
BUN	9 - 20				40		35		
Creat	0.8 - 1.5				1.5		1.4		
Glucose	75 - 110				94		57		
CA	8.4 - 10.2				7.4		7.0		
Albumin	3.5 - 5.5								
ALP	53 - 128								
ALT	10.0 - 47								
AST	11.0 - 38								
AMY	14 - 97								
T. BILI	0.2 - 1.6								
GGT	5.0 - 85								
CK	39 - 320								
CKMB									
Mg					1.9				
Phos					4.6				

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

[redacted]

10-L-0126 ACLU CID ROI 11698

Personal Data - Privacy Act of 1974 [redacted]93-579)
PATIENT LAB INQUIRY 0100-06-CID789-78473
For: 24 Jun 06

)ort requested by: (b)(6)

(b)(6) (b)(6) M/38 Reg #: (b)(6)
Military Unit: UNKNOWN

Jun 06 @ 1732 (Coll)				SERUM
K	3.0	L	(3.5-4.3)	mmol/L
CL-	112	H	(98-107)	mmol/L
MG	1.6			
CO2	27		(22-30)	mmol/L
GLUCOSE	57	L	(75-110)	mg/dl
BUN	35	H	(9-20)	mg/dL
CREAT	1.4		(0.8-1.5)	mg/dL
CA	7.0	L	(8.4-10.2)	mg/dL
PHOSPHORUS	3.9			mg/dL
NA+	150	H	(135-145)	mmol/L
Jun 06 @ 1732 (Coll)				PLASMA
PT	14.5	H	(9-12)	sec
APTT	TNP		(25-33)	sec
INR	1.5		(1 B unit)	B unit

:erpretations:
B unit

Jun 06 @ 1732 (Coll)				BLOOD
WBC	9.2		(4.5-10.5)	x10 3/uL
RBC CNT	2.55	L	(4.0-6.0)	x10 6/uL
HGB	7.8	L	(11-18)	g/dL
HCT	23.6	L	(35-60)	%
MCV	92.3		(80.0-99.9)	fl
MCH	30.4		(27.0-32.0)	pg
MCHC	32.9	L	(33.0-37.0)	g/dL
PLATELETS	125	L	(150-450)	x 10 3/uL
LYMPHS/100 WBC	14.1			
LYMPH#	1.3		(1.2-3.4)	x10 3/uL

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

[redacted]

		( ) Vecuronium Drip ____ mg/hr, titrate	07	
	- - - - -	to TOF < ____, Max Dose ____ mg/hr	19	
17JUN	(b)(6)	(✓) Fentanyl Drip(max 300mcg/hr) titrate	07	(b)(6)
	- - - - -	( ) Morphine Drip(max 4mg/hr) titrate pain	19	
	- - - - -	( ) Colace 100 mg PO/NGT BID	08	
	- - - - -		20	
	- - - - -	( ) Zantac 50 mg IV Q8 hours		
17JUN	(b)(6)	(✓) Protonix 40 mg IV QD	10	(b)(6)
	- - - - -			
17JUN	(b)(6)	(✓) FLAGYL 500 mg IV Q 8 hours	06	(b)(6)
	- - - - -	( ) Unasyn ____ gm IV Q ____ hours	14	
	- - - - -	( ) Zosyn ____ gm IV Q ____ hours	22	
	- - - - -	( ) Levaquin ____ mg IV QD	08	
17JUN	(b)(6)	(✓) Imipenem 250 mg IV Q 8°	06	(b)(6)
	- - - - -	hours	14	
	- - - - -		22	
	- - - - -			
17JUN	(b)(6)	(✓) Lovenox 30 mg SQ BID	08	(b)(6)
	- - - - -	( ) Heparin 5,000 units SQ BID	20	
	- - - - -	( ) Nystatin 200,000 u PO/NGT Swish	08	
	- - - - -	and Swallow Q12 hours	20	
	- - - - -			

ALLERGIES: ☐ YES ☐ NO (b)(6)

PRIMARY DIAGNOSIS: Dx: S/P GSW Abdomen (R) Femur FX Cond:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO PAGE NO. ____

PATIENT IDENTIFICATION: (b)(6)

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	

ICU, 86th CSH, Baghdad, Iraq

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ACLU

10-L-0126 ACLU CID ROI 11700

(b)(6)

6/20	(b)(6)	Insulin gtt. Titrate per protocol sheet	07 / 19	/ /	/ /	(b)(6)	
6/20	(b)(6)	Reglan 10mg IVP q8°	06 / 14 / 22	/ /	/ /	(b)(6) / (b)(6)	
6/20	(b	Δ IVF to D5 ½NS c̄ 20 mEq K @ 75ml/hr	07 / 19	/ /	/ /	(b)(6)	~~DC'd 21 Jun~~ (b)(6)
~~21 Jun~~ 21 JUN	(b)(6)	D5W + 20mEq KCl IV (1L bag) to run @ 100cc/hr while NPO for OR	07	/ /	/ /	(b)(6)	~~DC'd~~
21 JUN	(b)(6)	Resume D5½NS + 20 mEq KCl @ 75cc/hr when back from OR	07 / 19	/ /	/ /	(b)(6) / (b)(6)	DICW

ALLERGIES: ☐ YES ☐ NO PRIMARY DIAGNOSIS: GSW Abd

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION

(b)(6)

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 4876, 1 FEB 79 EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. USAPA V1.00

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

Mo. 6 Yr. 06

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

VERIFY BY WRISTBAND

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 24 | 25
24 JUN	(b)(6)	Δ IVF D5W @ 20 meq KCl @ 100cc/hr	07 19	(b)(6)

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW ABDOMEN (R) FEMUR FX

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION:

(b)(6)

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 V1.00

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

(b)(6)

10-L-0126 ACLU CID ROI 11703

1st Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

0100-06-CI

Name: (b)(6)

SSN: (b)(6)

DOB:

Date of Admission:

Diagnosis/Procedure: GSW to Back

Neuro status: 4T

Respiratory: 8.0 TRACH - BS coarse bilat Sats 95-97%

Ventilator Settings: SIMV: 650/20/50%/10/5

Cardiovascular: ST 110's - BP stable c̄ Maps in 60's

GI: abd open c̄ wound vac / colostomy to LUQ

GU: Suprapubic catheter: uop ~200/hr OGT → clamped Dophoff → Suplena c 30 cc/hr - has had ϕ residuals

IV Access:

1. (R) SC TL
2. (R) Fem Cordis
3. (L) Wrist Aline
4.

Current IV medications and dosage:

1. Flagyl 500ug IV Q8 - last dose c 2200 (06,14,22)
2. Imepenem 250ug IV Q8 - last dose c 2200 (06,14,22)
3. Protonix 40ug IV QD
4. Fentanyl c 200ucg/hr

Fluconazole 400ug IV Q48hrs → last dose 24 Jun 06 1000

Last Vital Signs: Reglan 10ug IV Q8hrs (06,14,22) - last dose 2200

Time: 0045 Temp: 101.1 BP: 103/52 HR: 112 Resp Rate 24

Lab Results: PH: 7.36 PCO2: 46.3 PO2 92 HCO: 26.3 BE: 1
FiO2 50 HGB: 8.5 HCT: 25 PLT: Na: 145 K: 3.7 BUN: 30
Cr: GLU: 220 Mg: Phos:

*IVF: D5W+20K @ 100 cc/hr

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Task Force 21 Med
Abu Ghraib, Iraq

Bed #3
0100-06CID789-78473

Microbiology Laboratory Report

Accession #	(b)(6)
Collection Date	6/25/2006
Patient Name	
SSN or ID	(b)(6)
Sample Type	Wound, Incistion Site
Sample Site	R Leg
Patient Location	ICU
Provider	(b)(6)
Result Type	Preliminary 1
[X] Gram's Stain	No organisms seen; rare WBC's/low power field
[ ] Acid-fast Stain	(b)(6)
[ ] KOH Prep	
[X] Culture	
[ ] Acinetobacter Screen	
[ ] MRSA Screen	
Qty isolate #1	
Isolate #1	
Qty isolate #2	
Isolate #2	
Qty isolate #3	
Isolate #3	
Comments	
Report Date	6/25/2006
Tech	(b)(6)
Reviewed By	(b)(6)

	Isolate 1	Isolate 2	Isolate 3
Amikacin			
Amox/K Clav			
Amp/Sulbactam			
Ampicillin			
Azithromycin			
Aztreonam			
Cefazolin			
Cefepime			
Cefotaxime			
Cefotetan			
Cefoxitin			
Ceftazidime			
Ceftriaxone			
Cefuroxime			
Cephalothin			
Chloramphenicol			
Ciprofloxacin			
Clindamycin			
Erythromycin			
Gatifloxacin			
Gentamicin			
Imipenem			
Levofloxacin			
Linezolid			
Meropenem			
Moxifloxacin			
Nitrofurantoin			
Norfloxacin			
Ofloxacin			
Oxacillin			
Penicillin			
Pip/Tazo			
Piperacillin			
Rifampin			
Synercid			
Tetracycline			
Ticar/K Clav			
Tobramycin			
Trimeth/Sulfa			
Vancomycin			

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

0100-06-CID789-78473

NSN 7540-01-165-7294

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Right Femor Right Knee CxR	(b)	(b)(	(b)(6)	ETR	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

GSW S/P

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSACTION *(Month, day, year)*
(b)(6) TD 0500		

RADIOLOGIC REPORT

25 Jun 06

femur/Knee - only distal/mid femur shot

GSW c̄ Comm Fx Distal femur

S/P ORIF.

Ex-fix tract prox tibia.

? Loose Bodies knee.

CxR

LT > RT Basilar ASD

trach. (R) CVC, DHT

Central VASC prominence

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
(b)(6)	LOCATION OF RADIOLOGIC FACILITY
	SIG (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by USAHC/RIF/RMR
(41 CFR) 201-45.505

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

NSN 7540-01-165-7294

0100-06-CID789-78473

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED

PCXR

Port KUB

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
			TCU	

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUESTER (b)(6)

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR (b)(6)

DATE REQUESTED 6/25/04

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

Routine

VERIFY TUBE PLACEMENT

DATE OF EXAMINATION *(Month, day, year)* (b)(6) 25 Jun 04

DATE OF REPORT *(Month, day, year)*

DATE OF TRANSACTION *(Month, day, year)*

RADIOLOGIC REPORT

T 0500

KUB - DHT likely in Distal Duod

Artifact LUQ

? overlying density LLQ

CXR

See other 519

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/OMB FIRMR
(41 CFR) 201-45.505

~~FOR OFFICIAL USE ONLY~~

1 - Medical Record

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

0100-06-CID789-78473

NSN 7540-01-165-7294

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED

(R) femur AP/Lat (R) Knee

(R) tibia AP/Lat AP/LAT

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
			ICU	

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUE (b)(6)

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR

DATE REQUESTED 25 Jun 06

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

transfer pt from LOCSH, preop Xrays

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSACTION *(Month, day, year)*
25 Jun 06 @ 1127		

RADIOLOGIC REPORT

Ø Δ

? frags near greater troch

Prob small knee LB's

Screw tract posterior fem condyle.

(b)(6)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATU (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR [illegible])

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

1 - Medical Record

EXHIBIT 2

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [X] 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
- [X] CROSSMATCH

DATE REQUESTED: 25 June 2006

DATE AND HOUR REQUIRED: ASAP

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: GSW To ABDOMEN

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.

(b)(6)

DATE VERIFIED: 25JUN06

TIME VERIFIED: 0603

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.

PATIENT NO.: (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NEG	COMP

PREVIOUS RECORD CHECK: [ ] RECORD [X] NO RECORD

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

DONOR	RECIPIENT
ABO: O	ABO: O
Rh: POS	Rh: Pos

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 20060625

REMARKS: T+C exp. 28 JUN06 @ 0800
Unit Exp. 03JUL06

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)

AT (Hour): 1118 ON (Date): 28 Jun 06

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 re... ion Form and on the

(b)(6)

1st VE

(b)(6)

2

PRE-TRANSFUSION
TEMP. 99.9 PULSE 101 BP 111/62

DATE OF TRANSFUSION: 25 Jun 06 TIME STARTED: 1120

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED
349 ML	1328 / 25 Jun 06

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	100.1	102	120/66

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.)
- [X] NO [ ] YES (Specify)

(b)(6)

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

(b)(6)

SEX: (b)(6) WARD: ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

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

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [X] 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: Iunit

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 25 June 2006

DATE AND HOUR REQUIRED: ASAP

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: GSW To Abdomen

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: 25 June 06

TIME VERIFIED: 0603

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.

PATIENT NO.: (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NEG	Comp

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [X] NO RECORD

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

DONOR	RECIPIENT
ABO: O	ABO: O
Rh: POS	Rh: Pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 20060625

REMARKS: T+C expires 28 JUN06 @ 0800
Unit exp: 03 JUL 06

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)*: 0908 ON *(Date)*: 25JUN06

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: (b)(6)

(b)(6)

PRE-TRANSFUSION

TEMP.	PULSE	BP
99.8	104	102/55

DATE OF TRANSFUSION: 25 Jun 06

TIME STARTED: 0915

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED
345 ML	25 Jun / 1115

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	99.7	100	108/59

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.)*
- [X] NO
- [ ] YES *(Specify)*

SIGNATURE: (b)(6)

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

(b)(6)

SEX: (b)(6)

WARD: ICU

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ACLU-RDI 5532 p.87
10-L-0126 ACLU CID ROI 11710

MEDICAL RECORD — **INTRAOPERATIVE DOCUMENT** — 000-06-CID789-78473

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

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

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

3. DATE 25 JUN 04 TIME PATIENT ARRIVED IN SUITE 1600

4. PATIENT IN ROOM TIME 1600 NUMBER 1-2

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Patient trached

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: Arms secured to padded arm boards.

8. SKIN PREPARATION

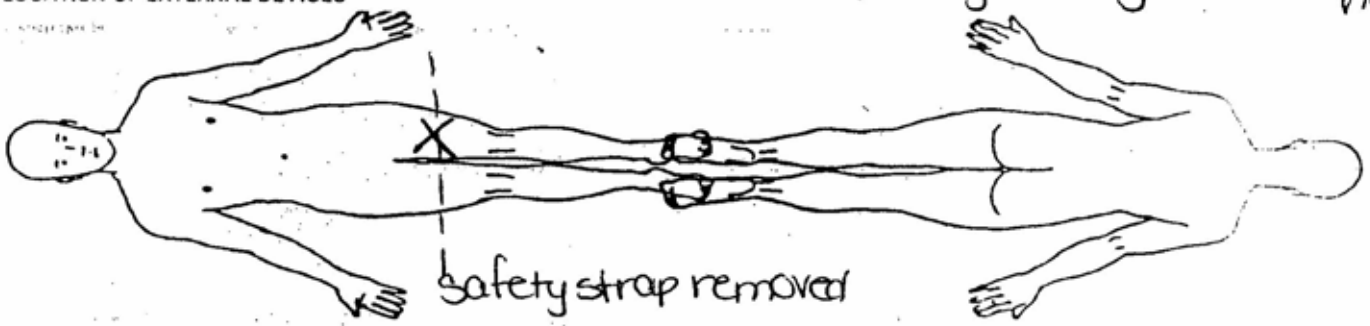
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION (Specify) Betadine
SITE: abdomen BY WHOM: (b)(6)
SITE: Right leg + foot BY WHOM: (b)(6)

COMMENTS: ∅ pooling or irrigation irritation noted

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS		Initial Count	First Closing Count	Final Closing Count
Sponge	☑ Yes ☐ No	C	C	C
Needle Sharp	☑ Yes ☐ No	C	C	C
Instrument	☐ Yes ☑ No			
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;)

(b)(6)

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

☐ ESU NO: (b)(6)
GROUND PAD: BRAND Valleylab
LOT NO: (b)(6)

☐ ESU NC:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

cut 30/coag 30

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1, FEB 82, WHICH IS OBSOLETE. USAPA V1.01

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

...OS... IMPLANTS ☐ YES ☑ NO IF YES NAME: ID NUMBER; MANUFACTURER

100-06-CID789-78473

MEDICATIONS/ORDERS

...ATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

...ATIONS/...UTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

... ☑ YES ☐ NO, TYPE(S):

0.9% NaCL

...ORDERS	TIME	CARRIED OUT BY

...TURE (b)(6)

...RATING ROOM ☐ NO ☑ IF YES, SITE

LABORATORY SPECIMENS

...EN (S) ☐ NO ☑	NAME	NAME
...N SECTION (FS) ☐ NO ☑	NAME	NAME
... ☑ NO ☐	NAME aerobic, anaerobic, gram stain right leg	NAME
	NAME	NAME
	NAME	

18. DRESSING/IMMOBILIZATION *(Specify)*
Wound vac to abdomen
Wound vac to Right leg lower
fluffs, kerlix, ace wrap right upper leg

...S, DRAINS/PACKING YES ☐ NO ☑

...IZE	2.	3.
	2.	3.

...INFORMATION

Surgeon: (b)(6)

Anes: (b)(6)

Colostomy changed.

...ERATION(S) PERFORMED

① I&D abdomen, change wound vac
② I&D Right leg wounds, apply wound vac

...TIENT TRANSFERRED TO ~~P~~ ICU TIME 1902 METHOD Litter

...GISTERED NURSE SIGNATURE (b)(6)

...E OF DA... ...M 5179-1, OCT 87

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT USAPA V1.01 2

MEDICAL RECORD–ANESTHESIA

w/o RLE bour[illegible] Raced RLE

AUTHORIZED FOR LOCAL REPRODUCTION

OR 1601

PROCEDURE: Abdominal Wound Washout / Irrig & Debrid Abd Wall

DATE: 6/25/16 | OR NO. | PAGE OF: 1 | SURGEON(S): (b)(6)

ITEM	START	STOP
Anesthesia	1545	1915
Procedure	1720	1905

RECOVERY ROOM

Time 1910 1940 2015 2030 2045 2100

PRE-PROCEDURE: ☑ Identified ☑ ID Band ☐ Questioning; ☑ Chart Review ☐ Permit Signed; ☑ NPO Since 24; Pre-anesthetic State: ☐ Awake ☐ Apprehensive ☐ Uncooperative ☐ Calm ☑ Asleep ☐ Confused ☐ Unresponsive

MONITORS AND EQUIP: ☑ Sterile ☐ Esoph ☐ Precord ☐ Other; ☑ Non-invasive B/P ☑ Nerve Stimulator; ☑ Continuous EKG ☐ 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 Fmks ☐ Fiber Op ☐ Stylet; ☐ Attempts x ____ ☐ Blade ____; ☐ Tube size ____ ☐ Endobronchial; ☐ Regular ☐ RAE ☐ Armored ☐ Laser; ☐ Cuffed ☐ Min. occ. pres. ☐ Air ☐ N2O; ☐ Uncuffed, leaks at ____ cm H2O; ☐ Secured at ____ ☐ ET CO2 Present; ☐ Breath Sounds ____; ☐ Circuit: ☐ Circle ☐ Non-rebreathing; ☐ Airway: ☐ Oral ☐ Nasal ☐ Natural; ☐ Mask Case ☑ Via Tracheostomy; ☐ Nasal Cannula ☐ Simple O2 Mask

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

CONTROLLED DRUGS

Drug	Used	Destroyed	Returned

Provider ____ Witness ____

TIME: 1600 × 1630 × 1700 × 1730 × 1800 × 1830 × 1900 × 1930 × 2000 × 2030

AGENTS

☐ Hal ☐ Enf ☐ Iso (%)	SEV	1.5	1.0	.8	.6	1.0	.8	.8	.8	.8	.6	.6
☐ N2O ☐ Air (L/min)												
Oxygen (L/min)	3	3	2	3	3	3	3	3	3	3	3	3
Vecuronium (mg)	10					10					8	
Neostigmine (mg)			10	5mg	5mg	10	10	10		10	10	
( )												

FLUIDS

LR					450	350		1000			1000	
Urine (ml)												
EBL (ml)					500							

MONITORS

EKG	ST	ST	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
% O2 Inspired (FiO2)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O2 Saturation (SaO2)	98	98	98	97	97	98	99	99	96	99	99	100
End Tidal CO2	E	42	40	39	38	34	34	33	35	33	34	40
Temp: ☐ °C ☐ °F				38.3	38.3	38.9	38.4	38.5		38.7	38.4	38.8

VITAL SIGNS

Baseline Values: 106/60 B/P; 110 P; ____ R

B/P												
P												
R												

VENT

Tidal Vol. (ml)		780	790	810	890	780	780	750	720	750	720	720
Resp. Rate		14	14	14	14	16	16	16	16	16	16	16
Peak Pres. (cm H2O)	AV	30	31	30	31	30	30	26	26	24	24	24
PEEP (cm H2O)												
Symbols for Remarks		CV	CV	CV	CV	CV	CV	CV	CV	CV	CV	CV
Position						Sup	Sup	Sup	Sup	Sup	Sup	Sup

TOTALS: 30; 900; 1300

SYMBOLS
- × ANESTHESIA
- ⊙ OPERATION
- V / Λ B/PCUFF PRESSURE
- ↓ / † ARTERIAL LINE PRESSURE
- Δ MEAN ARTERIAL PRESSURE
- ● PULSE
- O SPONTANEOUS RESP
- ⊘ ASSISTED RESP
- Ⓜ CONTROLLED RESP
- T TOURNIQUET

REMARKS

1750 Abdominal Wound End

1800 RLE I&D

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

(b)(6)

(b)(6)

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

0100-06-CID789-78473

PRE-ANESTHESIA EVALUATION

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
≈40	☒M ☐F	in./cm.	≈ 90 lb/kg.	B/P 114 / 62 P 100 R 36 T 100'

PROPOSED PROCEDURE
W/O ABD, PLACEMENT (R) IJ / (R) RADIAL Aline

PREVIOUS ANESTHESIA/OPERATIONS (If none, check here ☐)
Ex lap
Fasciotomy
Trach

CURRENT MEDICATIONS (If none, check here ☐)
Flagyl 500 mg Q8
Imipenum 250 mg Q8
Fentanyl GH
Fluconazole 400mg IV Q48
E-mycin opthalmic oint
Zantac 50mg Q12
Nystatin S/S
Reglan 10mg Q8

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS (If none, check here ☐)
UNKNOWN

ALLERGIES (If NKDA, check here ☐)
NKDA

AIRWAY/TEETH/HEAD AND NECK
Trach 8.0 shiley

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☒ CHART
☐ SIGNIFICANT OTHER ☐ PATIENT

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma, Bronchitis, COPD, Dyspnea, Orthopnea, Pneumonia, Productive cough, Recent cold, SOB, Tuberculosis	☐	Tobacco Use: ☐ No ☐ Yes ___ Pack/Day for ___ Years 8.0 shiley vent SIMV, TV 700 RATE 16 60% FIO2 Peep 1 PS 5/5	Chest X-ray Pulmonary Studies SEE CHART
CARDIOVASCULAR Angina, Arrhythmia, CHF, Exercise Tolerance, Hypertension, MI, Murmur, MVP, Pacemaker, Rheumatic fever	☐	(R) SC TLC (L) RADIAL ARTLINE	EKG
HEPATO/GASTROINTESTINAL Bowel obstruction, Cirrhosis, Hepatitis, Histal hernia, Jaundice, N&V, Reflux/heartburn, Ulcers	☐	Ethanol Use: ☐ No ☐ Yes Frequency_____ S/P ex lap. Colostomy LLQ	
NEURO/MUSCULOSKELETAL Arthritis, Back problems, CVA/stroke, DJD, Headaches, Loss of consciousness, Neuromuscular disease, Paralysis, Paresthesia, Syncope, Seizures, TIAs, Weakness	☐	MULT (R) LES WOUNDS (R) fasciotomy.	
RENAL/ENDOCRINE Diabetes, Renal failure/Dialysis, Thyroid disease, Urinary retention, Urinary tract infection, Weight loss/gain	☐	Renal failure 2° sepsis S.P. catheter 2° bladder injury	
OTHER Anemia, Bleeding tendencies, Hemophilia, Pregnancy, Sickle cell trait, Transfusion history		Septic	

PROBLEM LIST/DIAGNOSES
1. S/P GSW back
2. Sepsis
3. Mult ABD injury (colostomy, bladder)
4. Renal failure
5. (R) fasciotomy

PLANNED ANESTHESIA/SPECIAL MONITORS
GA / trach
Aline, central line & Routine

ASA PS: 1, 2, 3, (4), 5, E

LAB STUDIES — Hgb/HcT/CBC — Electrolytes — Urinalysis

Other: 7.8 / 10.9 / 125 / 23.1 — 142 / 106 / 28 / 211 4 / 3.9 / 26

ABG
0810 ph 7.47
CO2 37.1
O2 108
HCO3 26.7
SaTs 99
Be 3
iCa 0.97

POST-ANESTHESIA NOTE

PRE-ANESTHESIA MEDICATIONS ORDERED

SIGNATURE OF EVALUATOR(S)
(b)(6)

Signed Date Time

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

OPTIONAL FORM 517 BACK

EXHIBIT 2

0100-06-CID789-78473

Time In 1900 Wt ~90 kg Allergies NKDA

Procedure S/P Ex Lap, vac replacement

Physician (b)(6) Hx: S/P GSW to abd

Pre-Op Vitals (BP,P) 106/60, 110 EBL — IV Fluids LR 2550 Urine Output 500

Type of Anesthesia X General ____ IV Sedation ____ Local ____ Block ____

Time	Temp	Pulse	Resp	BP	SaO_2	O_2
1900 Admit	101.7	111	16	94/51	100%	60% vent
1915 15		119	16	123/64	97%	60% vent
1930 30		124	16	119/64	97%	60% vent
1945 45		124	16	112/60	98%	60% vent
60						
90						
120						
150						

Pre/Intra/Immediate Post-op Meds	
Versed	mg
Fentanyl	mcg
Zofran	mg
Toradol	mg
Ketamine	mg
Propofol	mcg
Antibiotics	
Vecuronium 30mg	
Neosynephrine 900	

Legend	ADM	15	30	45	60	90	D/C	Additional Notes
Moves 4 Extremities = 2 Moves 2 Extremities = 1 Moves 0 Extremities = 0	0	0	0	0				
Deep Breathe/Cough = 2 Dyspnea = 1 Apneic = 0	vent	vent	vent	vent				
BP +/- 20% of Pre-op = 2 BP +/- 20 - 50% of Pre-op = 1 BP +/- 50% of Pre-op = 0	2	2	2	2				
Fully Awake = 2 Arouses on Calling = 1 Unresponsive = 0	0	0	0	0				
> 92% on Room Air = 2 O_2 to Maintain > 90% = 1 < 90% with O_2 = 0	1	1	1	1				

(b)(6) DEPARTMENT/SERVICE/CLINIC PACU/ICU DATE 25 June 06

PATIENT'S IDENTIFICATION

(b)(6)

- ☐ History/Physical
- ☐ Other Examination or Evaluation
- ☐ Diagnostic Studies
- ☐ Treatment
- ☐ Flowchart
- ☐ Other

DA FORM 4700, May 78

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Admission Assessment	Discharge Assessment
Ineffective Breathing Pattern	**Ineffective Breathing Pattern**
Lung Sounds Equal Yes X No ___ Clear Yes ___ No X coarse	Lung Sounds Equal Yes X No ___ Clear Yes ___ No X coarse
O_2 Therapy vent	O_2 Therapy vent
Airway ETT ___ Oral ___ Nasal ___ N/A ___ Trach 8.0 Shiley	Airway ETT ___ Oral ___ Nasal ___ N/A ___ trach 8.0 Shiley
Altered Thought Process	**Altered Thought Process**
X Unresponsive ___ Sedated/Responds to verbal Stimuli ___ Sedated/Responds to DEEP Stimulus ___ Awake ___ Oriented to time, place, person paralyzed	X Unresponsive ___ Sedated/Responds to verbal Stimuli ___ Sedated/Responds to DEEP Stimulus ___ Awake ___ Oriented to time, place, person still paralyzed
Potential for Decreased Cardiac Output	**Potential for Decreased Cardiac Output**
X Cardiac Monitor X NSR w/o ectopy ST's ectopy	X Cardiac Monitor X ~~NSR~~ w/o ectopy ST's ectopy
Skin Condition X Warm X Dry ___ Cool ___ Clammy	Skin Condition X Warm X Dry ___ Cool ___ Clammy
X IV site without s/s infiltration	X IV site without s/s infiltration
X Capillary refill < 3 Sec.	X Capillary refill < 3 Sec.
Potential for Injury	**Potential for Injury**
___ Moves all extremities	___ Moves all extremities
Supportive Devices UTA, paralyzed	Supportive Devices pt paralyzed
Altered Pattern of Urinary Elimination	**Altered Pattern of Urinary Elimination**
___ Foley ___ Due to void/Time of last void Suprapubic	___ Foley ___ Due to void/Time of last void Suprapubic catheter intact
Altered GI Functions	**Altered GI Functions**
___ Active Bowel Sounds X4 Quads X Hypoactive BS ___ Abdomen non-distended Other ___ Ostomy LUQ	___ Active Bowel Sounds X4 Quads X Hypoactive BS ___ Abdomen non-distended Other ___ Colostomy LUQ output (+)
Impaired Skin Integrity	**Impaired Skin Integrity**
Dressings wound vac abd intact, suprapubic	Dressings wound vac abd intact
C/D/I Cath intact dressings intact	C/D/I all dressing intact
Alteration in Comfort	**Alteration in Comfort**
Pain Level Ø (0 = none, 10 = severe)	Pain Level sed (0 = none, 10 = severe)
Location sed fentanyl	Location fentanyl
Ice/Heat/Elevation ___ Positioning HOB↑	Ice/Heat/Elevation ___ Positioning ___

RN Signatur (b)(6) RN Signat (b)(6)

Anesthesia Medication Orders
1
2
3

Time	Medication	Dose	Route	Time	Signature	Effect

Other Interventions (R) SC TLC D/c'd cath tip sent for CX, (L) radial A-line D/c'd cath tip sent for CX
PACU Standards Ø met, but pt in ICU cont cardiac [illegible]
See ICU flowsheet (b)(6)

PACU Standards of Care Met
Name:
Signature:

~~FOR OFFICIAL USE ONLY~~ EXHIBIT 2
~~LAW ENFORCEMENT SENSITIVE~~

NSN 7540-01-165-7294 519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Ultrasound liver				TCU	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

↑ Bili levels

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
26 Jun 06/0730		

RADIOLOGIC REPORT

Unremarkable RUQ U/S
& GB stones / GBWT / fluid
& intrahepatic or CBD dilatation
CBD ~ 5 mm
Nml hepatic echogenicity

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
	LOCATION OF RADIOLOGIC FACILITY

(b)(6) (b)(6) EXHIBIT 2

RADIOLOGIC CONSULTATION STANDARD FORM 519-B (Rev. 8-83)

NSN 7540-01-165-7294

0100-06-CID789-78473

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
ap/lat (R) Knee				ICU	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUE (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

s/p bone removal

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
26 Jun / 0815 @830		

RADIOLOGIC REPORT

fragments of Bone excised, largest @ Distal medial femur

O/w ¢ Δ

(b)(6)

9527 - put in @ 9521

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

(b)(6)

SIGNAT (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Medical Record

EXHIBIT 2

NSN 7540-01-165-7294

0100-06-CID789-78473

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
PCXR		(b)(6)		ICU	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)				TELEPHONE/PAGE NO.
	(b)(6)				DATE REQUESTED 26JUN06

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
26JUN06 TDOSGU		

RADIOLOGIC REPORT

(b)(6)

Φ Δ

Stable LLL s/ (R) parchm

ASD

prob (L) effusion

DHT @ GEJ

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
(b)(6)	LOCATION OF RADIOLOGIC FACILITY
	SIGN (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

NSN 7540-01-165-7294

0100-06-CID789-78473

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED

PCXR

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	(b)(6)		FCU	

FILM NO.

PREGNANT ☐ YES ☐ NO

(b)(6)

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTER

(b)(6)

DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

POST-OP, R/O PTX, PLACEMENT (R) IJ TRIPLE LUMEN

DATE OF EXAMINATION *(Month, day, year)*

25 June 06 TD 1920

DATE OF REPORT *(Month, day, year)*

DATE OF TRANSACTION *(Month, day, year)*

RADIOLOGIC REPORT

(b)(6)

- DAT now back in stomach
- stable LLL opacity/effusion track, (R) IJ OK

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATU (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Medical Record

EXHIBIT 2

NSN 7540-01-165-7294

0100-06-CID789-78473

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED

PCXR

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	(b	(b)(6)	ICU	

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUESTED BY (b)(6)

TELEPHONE/PAGE NO.

(b)(6)

DATE REQUESTED 25JUN06

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

Dobhoff placement ✓

DATE OF EXAMINATION *(Month, day, year)* 25June06 (b)(6)

DATE OF REPORT *(Month, day, year)*

DATE OF TRANSACTION *(Month, day, year)*

RADIOLOGIC REPORT

TD2335

DHT now in proximal Stomach

o/w QA

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIG (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201.45.505

~~FOR OFFICIAL USE ONLY~~
~~Medical Record~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

518-124 0100-06-CID789-78473 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [x] RED BLOOD CELLS 1u
- [ ] 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 26 Jun 06

DATE AND HOUR REQUIRED 0950

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

IF PATIENT IS FEMALE, IS THERE HISTORY OF:
RhIG TREATMENT? DATE GIVEN: N/A
HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN (Print) (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE S/P GSW abd Hct=26

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.

SIGN (b)(6)

DATE VERIFIED 26 Jun 06

TIME VERIFIED 0950

Exp 3 Jul 06

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO.

PATIENT NO.

DONOR ABO O Rh POS

RECIPIENT ABO O Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: NEGATIVE

CROSSMATCH: Compatible

PREVIOUS RECORD CHECK: [x] RECORD [ ] NO RECORD

(b)(6) TEST

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 26 Jun 06

REMARKS: T&C expires 29 Jun 06 @ 2359

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)

AT (Hour) 1130 ON (Date) 26 Jun 06

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the ... hes item by item. The re... nsfusion Form and on the ...

(b)(6)

1st VE...

2nd (b)(6)

PRE-TRANSFUSION TEMP. 98.8 PULSE 93 BP 96/47

DATE OF TRANSFUSION 26 Jun 06 TIME STARTED 1145

POST-TRANSFUSION DATA

AMOUNT GIVEN 340 ML

TIME/DATE COMPLETED/INTERRUPTED 26 Jun 06 / 1345

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 99.5 PULSE 102 BLOOD PRESSURE 108/56

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.)
- [x] NO [ ] YES (Specify)

SIGN (b)(6)

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

SEX (b)(6) WARD 1 Ch

(b)(6)

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

EXHIBIT 2

STANDARD FORM 518 (REV. 5-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Medical Record Copy

518-124

0100-06-CID789-78473

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)

- [x] RED BLOOD CELLS 1u
- [ ] 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 26 Jun 06

DATE AND HOUR REQUIRED 0958

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: N/A

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN (Print) (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE Hct=26

S/p GSW abd

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.

SIGN (b)(6)

DATE VERIFIED 26 Jun 06

TIME VERIFIED 0950

SECTION II – PRE-TRANSFUSION TESTING

Exp 3 Jul 06

UNIT NO. (b)(6)

TRANSFUSION NO.

PATIENT NO.

DONOR ABO O Rh POS

RECIPIENT ABO O Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Neg	Comp

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

(b)(6)

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 26 Jun 06

REMARKS:

T&C expires 29 Jun 06 @ 2359

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND IS (b)(6)

AT (Hour) 1350 ON (Date) 26 Jun 06

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 (b)(6)

2nd (b)(6)

PRE-TRANSFUSION TEMP. 99.5 PULSE 102 BP 104/54

DATE OF TRANSFUSION 26 Jun 06 TIME STARTED 1402

POST-TRANSFUSION DATA

AMOUNT GIVEN 330 ML

TIME/DATE COMPLETED/INTERRUPTED 26 Jun / 1615

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
99.5	104	100/80

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.)

- [x] NO
- [ ] YES (Specify)

SIGNAT (b)(6)

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

(b)(6)

SEX (b)(6)

WARD ICU

ICU #3

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

EXHIBIT 2

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Medical Record Copy

000100

ACLU-RDI 5532 p.100

10-L-0126 ACLU CID ROI 11723

NSN 7540-01-165-7294

0100-06-CID789-78473

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
CXR / High KUB.	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)				TELEPHONE/PAGE NO.
	SI (b)(6)				DATE REQUESTED 6-26-06

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

Check DHT placement.

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
26 JUN 06		

RADIOLOGIC REPORT

@ 1111

- DHT advanced to tip overlying Distal Stomach
- φ Δ ⓛ Base opticity prob Effusion

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility)	LOCATION OF MEDICAL RECORDS
(b)(6)	LOCATION OF RADIOLOGIC FACILITY
	(b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

~~FOR OFFICIAL USE ONLY~~
~~Medical Record~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

CEDURE AND SITE VERIFICATION 0100-06-CID789-78473

For use of this form, see MEDCOM Cir 40-17

This document will be maintained as a permanent part of the medical record

PROCESS	STAFF'S SIGNATURE*	INITIALS*	DATE AND TIME
1st verification (ward/ambulatory procedure unit/clinic). Prior to pre-op medication administration. I verified all of the following: a. Intended procedure (with side/level/site) is written clearly on consent and consent is signed by provider. b. Patient identified using two patient identifiers. c. Patient/parent/guardian and witness have signed the consent. d. Patient/parent/guardian verbalizes understanding of the intended procedure and points to the site.	Licensed Staff Member** (b)(6)	(b)(6)	27 Jun 06 0900
2nd verification - Operating provider (ward/ambulatory procedure unit/clinic/holding area). Prior to pre-op medication administration. I verified all of the following: a. Correct patient. b. Procedure (with side/level/site) and operating provider listed on consent are correct. c. With patient's involvement, I have written my initials on the surgical site. Note: Patient refusal of marking will be annotated on this document in the "notes" section.	Operating Provider		
2nd verification - Anesthesia provider and OR nurse/licensed staff member (holding area). Prior to pre-op medication administration. I verified all of the following: a. Patient, procedure (side/level/site), and operating provider listed on consent are correct. b. Consent matches H&P or progress note. c. The operating provider's initials have been written on the operative site.	Anesthesia Provider		
	(b)(6)	(b)(6)	27 JUNE 1000
3rd verification/final time out - OR nurse/licensed staff member (OR or procedural area) I verified all of the following: a. Patient's ID (name and SSN) has been reviewed and is consistent with the consent. b. The operating provider verbally confirmed (as a final time out) with the team the following. 1. Patient's name, intended procedure, and side/level/site. 2. The patient information is consistent with the consent and H&P or progress note. 3. Scans/x-rays available per operating provider's request.	OR Nurse/Licensed Staff Member**		

*Write the signature and initials once; thereafter, only initials are required.

**In outpatient clinics not requiring a licensed staff member's participation in the procedure, the verification will be completed by the non-licensed staff in attendance at the procedure.

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

(b)(6)

Notes:

ICU, bed 3

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

MEDCOM FORM 741-R (TEST) (MCHO) OCT 02 PRIVACY ACT STATEMENT OF 1974 IS COVERED BY DD FORM 2005 *MC V1.00*

0100-06-CID789-78473

PATIENT'S IDENTIFICATION	SURGICAL CHECKLIST
(b)(6)	UNIT/ROOM/BED ICU-3
	INSTRUCTIONS: INITIAL OR MARK N/A IF NOT APPLICABLE

CLINICAL RECORDS

SF 515 - TISSUE EXAMINATION		PRE-OP COUNSELING TO PATIENT	n/a
SF 516 - OPERATION REPORT		A. M. CARE/PREP	
SF 517 - ANESTHESIA		VALUABLES AND JEWELRY REMOVED	
SF 518 - BLOOD TRANSFUSION _____ UNITS		HAIRPINS, MAKEUP, NAILPOLISH REMOVED	
SF 522 - OPERATIVE PERMIT *(Signed and Witnessed)*		DENTURES/BRIDGE REMOVED	
SF 509 - PROGRESS NOTE *(Contains physician's informed consent)*	✓	CONTACT LENSES/GLASSES, GLASS EYE, HAIRPIECE, PROSTHESIS REMOVED	
BLOOD TRANSFUSION CONSENT		VOIDED *(Specify time)* @	
MEDICATION ADMINISTRATION RECORD	✓		
IV FLOW SHEET	✓	ENEMA *(If ordered)*	
HISTORY AND PHYSICAL	✓	ID/ALLERGY BAND(S) ON NON-OPERATIVE ARM (LEGIBLE)	
SF 511 - T.P.R. GRAPHIC			
NURSES NOTES	✓	INPATIENT IDENT PLATE ON CHART TO OR	✓
DOCTORS ORDERS	✓		
X-RAY *(ONLY the required)*		NPO SINCE: 0100/27 Jun 06	
REPORTS		PRE-OP MEDICATION *(Specify kind and time administered)*	
FILMS		✓ NO	YES *(see Medication Record)*
LABORATORY REPORTS *(ONLY the required)*	✓	Fentanyl > 175 mcg/hr gtt	
HEMATOLOGY		Ativan - 1mg/hr	
URINE			
EKG			
(Prior to pre-op medication)		CATHETER IN PLACE	
T 98.1 P 97 R 27 BP 117/56 WT		YES ✓ NO CLAMPED TO DRAINAGE ✓	

KNOWN ALLERGIES

COMMENTS

DATE AND TIME RELEASED TO OR: 27 Jun

SIGNA (b)(6)

DD Form 1924, OCT 83 PREVIOUS EDITIONS ARE OBSOLETE.

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT CID789-78473

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Litter BY OR Personnel

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

3. DATE 27JUN06 TIME PATIENT ARRIVED IN SUITE 1044

4. PATIENT IN ROOM TIME 1044 NUMBER 1-2

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Patient intubated.

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: Arms secured to padded arm boards

8. SKIN PREPARATION

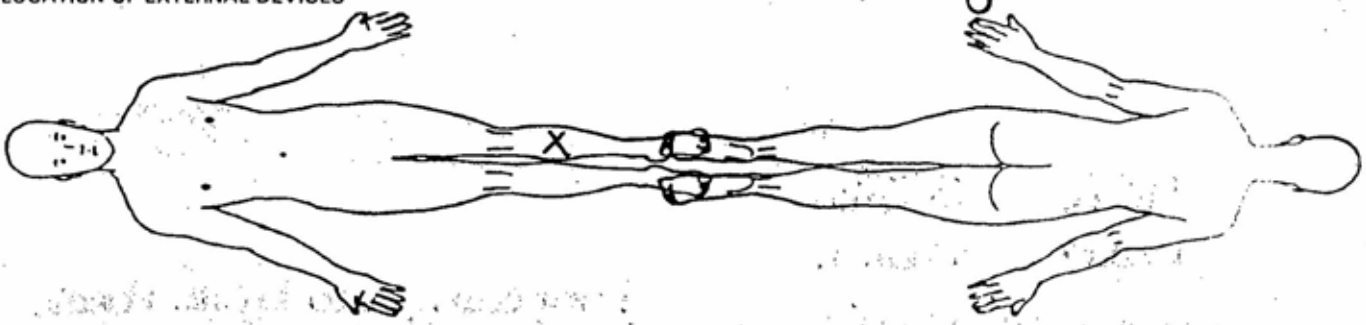
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION (Specify) Betadine
SITE: Right foot & leg BY WHOM: (b)(6)
SITE: abdomen BY WHOM:

COMMENTS: Ø pooling or irritation noted

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS		C = Correct I = Incorrect: Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes ☑ No					
Needle Sharp	☐ Yes ☑ No					
Instrument	☐ Yes ☑ No					
Other	☐ Yes ☑ No					

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

(b)(6)

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

☐ ESU NO: (b)(6)
GROUND PAD: BRAND Valleylab
LOT NO: (b)(6)

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DD FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

EXHIBIT 2

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

RO... IMPLANTS ☐ YES ☑ NO IF YES NAME: ID NUMBER; MANUFACTURER 00.06 CID789-78473

MEDICATIONS/ORDERS

...ATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

...CATIONS	...LUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

... ☑ YES ☐ NO, TYPE(S):

0.9% NACL

...DT	TIME	CARRIED OUT BY

...TURE (b)(6)

...RATING ROOM ☑ IF YES, SITE abdomen
... ☑ NO ☐

6 LABORATORY SPECIMENS

...MEN(S)	NAME	NAME
...EN SECTION(S)	NAME	NAME
	NAME gram stain and culture of gallbladder fluid	NAME
...A	...ME	NAME
	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* Wound vac to abdomen and Right lower leg & upper leg

...S, DRAINS, PACKING YES ☑ NO ☐

...SIZE			
	Foley 16 Fr	2. 10mm JP drain	3.
	bladder	2. abdomen	3.

...9. ...D. ...INFORMATION

Surgeon: (b)(6)

Anes. (b)(6)

Foley cath placed by (b)(6) intraop. Colostomy bag changed.

...OPERATIONS PERFORMED

Ex lap; primary bladder repair; ~~este~~ gall bladder removed
I & D Right leg wounds

...1. ...ATIENT ...FERRED TO ICU TIME 1555 METHOD litter

...REGISTERED NURSE SIGNATURE (b)(6)

...SE ...DA ...RM 5179-1, OCT 87 ~~FOR OFFICIAL USE ONLY~~ ~~LAW ENFORCEMENT SENSITIVE~~ EXHIBIT 2 USAPA V1.01

AUTHORIZED MEDICAL REPRODUCTION

Bloodless Report

0100-06-CID289-7847

MEDICAL RECORD–ANESTHESIA

PROCEDURE: open chole / abd w/o / R leg fasciotomy w/o

ITEM	START	STOP
Anesthesia		
Procedure		

DATE: 27 Jun 06 | OR NO. | PAGE OF: 2 | SURGEON: (b)(6)

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

PATIENT SAFETY
- ☐ Anes. Machine Checked
- ☐ Safety Belt On ☐ Auxiliary 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 CO_2 ☐ 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-O_2 ☐ I.T.A. ☐ Rapid Sequence ☐ Cricoid Pressure ☐ Intravenous ☐ Inhalation ☐ Intramuscular ☐ Rectal
- Regional: ☐ Bolus ☐ Prep ☐ Local ☐ Needle ☐ Cath(s) ☐ Dose ☐ Attempts x ☐ Site ☐ Level ☐ Catheter ☐ See Remarks

AIRWAY MANAGEMENT
- ☐ Intubation ☐ Oral ☐ Nasal ☐ Direct Vision ☐ Magill's ☐ Blind ☐ Dif. see Remks ☐ Fiber Op ☐ Stylet ☐ Attempts x ☐ Blade ☐ Tube size ☐ 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	B/P	O_2 Sat.
☐ PACU ☐ ICU ☐ L&D	P	T

☐ Awake ☐ Asleep ☐ Stable ☐ Unstable ☐ Extubated ☐ Intubated ☐ Oral Airway ☐ Nasal Airway ☐ Face Shield O_2 ☐ T-Piece O_2

CONTROLLED DRUGS

Drug	Used	Destroyed	Returned

Provider: Witness:

TIME: 1545 x 1600 x 1700 x 1800 x 1900 x

AGENTS
- ☐ Hal ☐ Enf ☐ Iso ☐ N_2O ☐ Air (L/min)
- Oxygen (L/min): 3 3

FLUIDS
- LR 1050 NV

MONITORS
- Urine: Foley (ml) (150)
- EBL (ml) (100)
- EKG: SR SR
- % O_2 Inspired (FIO_2): 50 1.0
- O_2 Saturation (SaO_2): 97 98
- End Tidal CO_2: 39 29
- Temp: ☐ °C ☐ °F: 37.3 37.4

VITAL SIGNS

Baseline Values

200 180 160 140 120 100 80 60 40 20

B/P P R

VENT

Tidal Vol. (ml)	650	680
Resp. Rate	16	16
Peak Pres. (cm H_2O)	31	31
PEEP (cm H_2O)	8	8
Symbols for Remarks	CV	CV
Position	supine	–

TOTALS

SYMBOLS
- × ANESTHESIA
- ☺ OPERATION
- V / ^ B/P CUFF PRESSURE
- ↓ / ↑ ARTERIAL LINE PRESSURE
- Δ MEAN ARTERIAL PRESSURE
- ● PULSE
- O SPONTANEOUS RESP
- ⊘ ASSISTED RESP
- Ⓡ CONTROLLED RESP
- T TOURNIQUET

ANE (b)(6)

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

REMARKS

Transferred to ICU

Report given to ICU nurse

(b)(6)

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

PRE-ANESTHESIA EVALUATION

AGE	SEX ☐M ☐F	HEIGHT in./cm.	WEIGHT lb./kg.	PRE-PROCEDURE VITAL SIGNS B/P P R T

PROPOSED PROCEDURE

PREVIOUS ANESTHESIA/OPERATIONS *(If none, check here ☐)*

CURRENT MEDICATIONS *(If none, check here ☐)*

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS *(If none, check here ☐)*

ALLERGIES *(If NKDA, check here ☐)*

AIRWAY/TEETH/HEAD AND NECK

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☐ CHART
☐ SIGNIFICANT OTHER ☐ PATIENT

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma, Bronchitis, COPD, Dyspnea, Orthopnea Pneumonia, Productive cough, Recent cold, SOB, Tuberculosis	☐	Tobacco Use: ☐ No ☐ Yes ____ Pack/Day for ____ Years	Chest X-ray Pulmonary Studies
CARDIOVASCULAR Angina, Arrhythmia, CHF, Exercise Tolerance, Hypertension MI, Murmur, MVP, Pacemaker, Rheumatic fever	☐		EKG
HEPATO/GASTROINTESTINAL Bowel obstruction, Cirrhosis, Hepatitis, Hiatal hernia Jaundice, N&V, Reflux/heartburn, Ulcers	☐	Ethanol Use: ☐ No ☐ Yes Frequency_____	
NEURO/MUSCULOSKELETAL Arthritis, Back problems, CVA/stroke, DJD, Headaches, Loss of consciousness, Neuromuscular disease, Paralysis Paresthesia, Syncope, Seizures, TIAs, Weakness	☐		
RENAL/ENDOCRINE Diabetes, Renal failure/Dialysis, Thyroid disease, Urinary retention, Urinary tract infection, Weight loss/gain	☐		
OTHER Anemia, Bleeding tendencies, Hemophilia, Pregnancy, Sickle cell trait, Translusion history			

PROBLEM LIST/DIAGNOSES

ASA PS: 1 2 3 4 5 E

LAB STUDIES Hgb/HcT/CBC Electrolytes Urinalysis

Other

PLANNED ANESTHESIA/SPECIAL MONITORS

PRE-ANESTHESIA MEDICATIONS ORDERED

POST-ANESTHESIA NOTE

SIGNATURE OF EVALUATOR(S)

Signed Date Time

OPTIONAL FORM 517 BACK

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

RM1044

ASA III S/P multi GSW — Bladder injury — open cystotomy

AUTHORIZED FOR LOCAL REPRODUCTION — 0100-06-CID789-7847

MEDICAL RECORD–ANESTHESIA

PROCEDURE: ABD W/O, (R) leg fasciotomy W/O

ITEM	START	STOP
Anesthesia	1030	1610
Procedure	1125	1550

DATE: 07 JUN 06 | OR NO. | PAGE OF | (b)(6) | (b)(6)

PRE-PROCEDURE
- ☑ Identified ☐ ID Band ☑ Questioning
- ☐ Permit Signed ☑ Chart Review
- ☐ NPO Since midnight
- Pre-anesthetic State: ☐ Calm ☑ Sleep ☐ Awake ☐ Confused ☐ Apprehensive ☐ Unresponsive ☐ Uncooperative sedated
- 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 (R) Rectal ☐ EEG
- ☐ Warming Blanket ☐ Fluid Warmer
- ☐ Airway Humidifier ☐ BIS
- ☐ NG/OG Tube ☐ Foley Catheter
- ☐ Art Line
- ☑ CVP TLC (R) IJ
- ☐ PA Line
- ☐ IV(s)
- ☐

ANESTHETIC TECHNIQUES
- Method: ☑ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bler Block ☐ Ankle Blk ☐ M.A.C.
- General: ☐ Rapid Sequence ☐ Pre-O_2 ☐ L.T.A. ☐ Intravenous ☐ Cricoid Pressure ☐ Intramuscular ☑ Inhalation ☐ 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 Remks ☐ Fiber Op ☐ Stylet
- ☐ Attempts x ___ ☐ Blade ___ ☐ Tube size ___ ☐ 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 BBS ☑ Circuit: ☐ Circle ☐ Non-rebreathing ☐ Airway: ☐ Oral ☐ Nasal ☐ Natural ☐ Mask Case ☐ Via Tracheostomy ☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY ROOM
Time 1605 | BP 124/69 | O_2 Sat 98
- ☐ PACU ☐ PICU ☐ L&D — P 102 | R 16 cont | T
- ☐ Awake ☐ Asleep ☐ Spont Resp ☐ Ventilator ☐ Stable ☐ Unstable ☐ Extubated ☐ Intubated ☐ Oral Airway ☐ Nasal Airway ☐ Face Shield O_2 ☐ T-Piece O_2

CONTROLLED DRUGS

Drug	Used	Destroyed	Returned

Provider ____ Witness ____

TIME: 1045 1100 1120 1130 1140 1150 1200 1210 1220 1230 1240 1250 1300 1310 1320 1330 1340 1350 1400 1410 1420 1430 1440 1450 1500 1510 1520 1530 1540 1550 TOTALS

AGENTS
- ☐ Hal ☐ Enf ☐ Iso
- ☐ N_2O ☐ Air (L/min)
- Oxygen (L/min): 1.3 1.3 1.3 1.3 1.0 .8 .8 .8 .6 .8 .8 1.0 1.0 1.0

0100-06-CID789-78473

PRE-ANESTHESIA EVALUATION

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
	☐ M ☐ F	in./cm.	lb./kg.	B/P P R T

PROPOSED PROCEDURE

PREVIOUS ANESTHESIA/OPERATIONS *(If none, check here ☐)*

CURRENT MEDICATIONS *(If none, check here ☐)*

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS *(If none, check here ☐)*

ALLERGIES *(If NKDA, check here ☐)*

AIRWAY/TEETH/HEAD AND NECK

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☐ CHART
☐ SIGNIFICANT OTHER ☐ PATIENT

SYSTEM		WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY		☐	Tobacco Use: ☐ No ☐ Yes ___ Pack/Day for ___ Years	Chest X-ray / Pulmonary Studies
Asthma	Pneumonia			
Bronchitis	Productive cough			
COPD	Recent cold			
Dyspnea	SOB			
Orthopnea	Tuberculosis			
CARDIOVASCULAR		☐		EKG
Angina	MI			
Arrhythmia	Murmur			
CHF	MVP			
Exercise Tolerance	Pacemaker			
Hypertension	Rheumatic fever			
HEPATO/GASTROINTESTINAL		☐	Ethanol Use: ☐ No ☐ Yes Frequency_____	
Bowel obstruction	Jaundice			
Cirrhosis	N&V			
Hepatitis	Reflux/heartburn			
Hiatal hernia	Ulcers			
NEURO/MUSCULOSKELETAL		☐		
Arthritis	Paresthesia			
Back problems	Syncope			
CVA/stroke	Seizures			
DJD	TIAs			
Headaches	Weakness			
Loss of consciousness				
Neuromuscular disease				
Paralysis				
RENAL/ENDOCRINE		☐		
Diabetes				
Renal failure/Dialysis				
Thyroid disease				
Urinary retention				
Urinary tract infection				
Weight loss/gain				
OTHER				
Anemia				
Bleeding tendencies				
Hemophilia				
Pregnancy				
Sickle cell trait				
Transfusion history				

See chart

PROBLEM LIST/DIAGNOSES

ASA PS: 1 2 3 4 5 E

LAB STUDIES Hgb/HcT/CBC Electrolytes Urinalysis

PLANNED ANESTHESIA/SPECIAL MONITORS
GA / trach
a line + routine

Other

PRE-ANESTHESIA MEDICATIONS ORDERED

POST-ANESTHESIA NOTE

SIGNATURE OF EVALUATOR(S)

Signed Date Time

OPTIONAL FORM 517 BACK

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Task Force 21 Med
Abu Ghraib, Iraq

0108-06-CID789-78473

Microbiology Laboratory Report

Accession #	(b)(6)
Collection Date	6/27/2006
Patient Name	
SSN or ID	(b)(6)
Sample Type	Body Fluid
Sample Site	Gall bladder
Patient Location	OR
Provider	(b)(6)
Result Type	FINAL
X Gram's Stain	No organisms seen; no WBC's/low power field
Verbal Report	(b)(6)
Bacterial Antigens	
Culture:	
Qty isolate 1:	
Isolate #1	
Qty isolate 2	
Isolate #2	
Qty isolate 3:	
Isolate #3	
Comments	Culture will be shipped
Report Date	6/27/06
Tech	(b)(6)
Reviewed By	(b)(6)

	Isolate 1	Isolate 2	Isolate 3
Amikacin			
Amox/K Clav			
Amp/Sulbactam			
Ampicillin			
Azithromycin			
Aztreonam			
Cefazolin			
Cefepime			
Cefotaxime			
Cefotetan			
Cefoxitin			
Ceftazidime			
Ceftriaxone			
Cefuroxime			
Cephalothin			
Chloramphenicol			
Ciprofloxacin			
Clindamycin			
Erythromycin			
Gatifloxacin			
Gentamicin			
Imipenem			
Levofloxacin			
Linezolid			
Meropenem			
Moxifloxacin			
Nitrofurantoin			
Norfloxacin			
Ofloxacin			
Oxacillin			
Penicillin			
Pip/Tazo			
Piperacillin			
Rifampin			
Synercid a			
Tetracycline			
Ticar/K Clav			
Tobramycin			
Trimeth/Sulfa			
Vancomycin			

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Task Force 21 Med
Abu Ghraib, Iraq

0100-06-CID789-78473

Microbiology Laboratory Report

Accession #	(b)(6)
Collection Date	6/25/2006
Patient Name	
SSN or ID	(b)(6)
Sample Type	Wound, Surface
Sample Site	R Leg
Patient Location	OR
Provider	(b)(6)
Result Type	FINAL
[X] Gram's Stain	Moderate Gram-positive cocci; rare Gram-negative coccobacilli; Many WBC's/LPF
[ ] Acid-fast Stain	
[ ] KOH Prep	
[X] Culture	
[ ] Acinetobacter Screen	
[ ] MRSA Screen	
Qty isolate #1	Moderate
Isolate #1	Enterococcus faecium
Qty isolate #2	Moderate
Isolate #2	Staphylococcus aureus
Qty isolate #3	Moderate
Isolate #3	Acinetobacter baumanii/haemolyticus
Comments	See Microbiology Laboratory Report W433 from the same patient for susceptibility results for isolates #2 and #3
Report Date	6/27/2006
Tech	(b)(6)
Reviewed By	(b)(6)

	Isolate 1	Isolate 2	Isolate 3
Amikacin			
Amox/K Clav	S		
Amp/Sulbactam	S		
Ampicillin			
Azithromycin	R		
Aztreonam			
Cefazolin	R		
Cefepime	R		
Cefotaxime	R		
Cefotetan			
Cefoxitin			
Ceftazidime			
Ceftriaxone	R		
Cefuroxime			
Cephalothin	R		
Chloramphenicol	S		
Ciprofloxacin	I		
Clindamycin	R		
Erythromycin	R		
Gatifloxacin	S		
Gentamicin	I		
Imipenem	R		
Levofloxacin	S		
Linezolid	S		
Meropenem			
Moxifloxacin	S		
Nitrofurantoin			
Norfloxacin			
Ofloxacin	S		
Oxacillin	R		
Penicillin			
Pip/Tazo	R		
Piperacillin			
Rifampin	S		
Synercid	S		
Tetracycline	R		
Ticar/K Clav			
Tobramycin			
Trimeth/Sulfa			
Vancomycin	S		

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Task Force 21 Med
Abu Ghraib, Iraq

#3

0400-06-CID789-78473

Microbiology Laboratory Report

Accession #	(b)(6
Collection Date	6/25/2006
Patient Name	
SSN or ID	(b)(
Sample Type	Wound, Incision Site
Sample Site	L Leg
Patient Location	ICU
Provider	(b)(6)
Result Type	FINAL
[X] Gram's Stain	No organisms seen; rare WBC's/low power field
[ ] Acid-fast Stain	
[ ] KOH Prep	
[X] Culture	
[ ] Acinetobacter Screen	(b)(6)
[ ] MRSA Screen	
Qty isolate #1	Moderate
Isolate #1	Staphylococcus aureus = MRSA
Qty isolate #2	Moderate
Isolate #2	Acinetobacter baumanii/haemolyticus
Qty isolate #3	
Isolate #3	
Comments	
Report Date	6/27/2006
Tech	(b)(6)
Reviewed By	(b)(6)

	Isolate 1	Isolate 2	Isolate 3
Amikacin		R	
Amox/K Clav	R		
Amp/Sulbactam	I	S	
Ampicillin			
Azithromycin			
Aztreonam		R	
Cefazolin	R		
Cefepime	R	R	
Cefotaxime	R	R	
Cefotetan			
Cefoxitin			
Ceftazidime		I	
Ceftriaxone	R	R	
Cefuroxime			
Cephalothin	R		
Chloramphenicol	S	R	
Ciprofloxacin	R	R	
Clindamycin	S		
Erythromycin	R		
Gatifloxacin	I		
Gentamicin	R	R	
Imipenem	R	R	
Levofloxacin	R	I	
Linezolid	S		
Meropenem		R	
Moxifloxacin	S		
Nitrofurantoin			
Norfloxacin			
Ofloxacin	R		
Oxacillin	R		
Penicillin			
Pip/Tazo			
Piperacillin		R	
Rifampin	S		
Synercid	S		
Tetracycline	R	R	
Ticar/K Clav		R	
Tobramycin		R	
Trimeth/Sulfa	R	R	
Vancomycin	S		

	Isolate 3
Amikacin	
Amox/K Clav	
Amp/Sulbactam	
Ampicillin	
Azithromycin	
Aztreonam	
Cefazolin	
Cefepime	
Cefotaxime	
Cefotetan	
Cefoxitin	
Ceftazidime	
Ceftriaxone	
Cefuroxime	
Cephalothin	
Chloramphenicol	
Ciprofloxacin	
Clindamycin	
Erythromycin	
Gatifloxacin	
Gentamicin	
Imipenem	
Levofloxacin	
Linezolid	
Meropenem	
Moxifloxacin	
Nitrofurantoin	
Norfloxacin	
Ofloxacin	
Oxacillin	
Penicillin	
Pip/Tazo	
Piperacillin	
Rifampin	
Synercid	
Tetracycline	
Ticar/K Clav	
Tobramycin	
Trimeth/Sulfa	
Vancomycin	

This Acinetobacter has a more resistant sensitivity-profile than most we've seen here, it appears Unasyn is the only one (S) here.

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

NSN 7540-01-165-7294 519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED

P. ABD

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	(b)(6)	(b)(6)	OR TCU	

FILM NO.

PREGNANT ☐ YES ☑ NO

REQUESTED BY (Print) (b)(6)

TELEPHONE/PAGE NO.

(b)(6)

DATE REQUESTED 27 JUN 06

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
27 JUN 06		

RADIOLOGIC REPORT

@ 13:30

MRA - operative Cholangiogram

demonstrating CBD

& filling proximal tree

central linear filling Defect

possibly Clot vs. Sludge

& viz stones

(b)(6)

PATIENT'S IDENTIFICATION *(For typed or written entries: Name - last, first, middle, Medical Facility)*

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

EXHIBIT 2

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

1 Medical Record

0100-06-CID789-78473

NSN 7540-01-165-7294

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
PCXR		(b		ICU	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*
DOBHOFF TUBE PLACEMENT, R/O PTX, CENTRAL LINE PLACEMENT

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
27 JUNE 06 TD 0500		

RADIOLOGIC REPORT (b)(6)

STABLE
DHT tip NOT seen
(at least in distal stomach)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*
(b)(6)
ICU #3

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-45.505

~~FOR OFFICIAL USE ONLY~~
1 - Medical Record
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

519-302

NSN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

AGE / SEX / SSN (Sponsor)	WARD/CLINIC: ICU	REGISTER NO.	
FILE NO.		PREGNANT ☐ YES ☐ NO	
REQUESTED BY (Print) (b)(6)		TELEPHONE/PAGE NO.	
SIGNATURE OF REQUESTOR		DATE REQUESTED	

EXAMINATION(S) REQUESTED

PCXR

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

S/P OR ETT placement?

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
22 JUN 06		

RADIOLOGIC REPORT

@ 1617

Limited EXAM

ETT @ seen

needs repeat

Repeat,

trach, (R) JJ, DHJ

@ B' L>R ASD

(L) [illegible]

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility)

LOCATION OF MEDICAL RECORDS

(b)(6)

~~FOR OFFICIAL USE ONLY~~

~~W ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ACLU-RDI 5532 p.115

000115

10-L-0126 ACLU CID ROI 11738

0100-06-CID789-78473

Time In 1600 Wt ____ kg Allergies ____

Procedure Bladder, open cystly, R bcg fascia

Physician ____ Hx: ____

Pre-Op Vitals (BP,P) ____ EBL 400 IV Fluids 1500 Urine Output 1150

Type of Anesthesia ____ General ✓ IV Sedation ____ Local ____ Block ____

Hetastarch 2L Plasmalyte

Time	Temp	Pulse	Resp	BP	SaO_2	O_2
1600 Admit	99	101	16	111/58	100	100
1604 15	99.5	102	16	126/69	98	
1610 30						
45						
60						
90						
120						
150						

Pre/Intra/Immediate Post-op Meds	
Versed	mg
Fentanyl	mcg
Zofran	3.375 mg
Toradol	mg
Ketamine	mg
Propofol	mcg
Antibiotics	
Cefazolin 2g	

Neo 9gt 10mg Vit K

Legend	ADM	15	30	45	60	90	D/C	Additional Notes
Moves 4 Extremities = 2 Moves 2 Extremities = 1 Moves 0 Extremities = 0	0	0						
Deep Breathe/Cough = 2 Dyspnea = 1 Apneic = 0	1	1						
BP +/- 20% of Pre-op = 2 BP +/- 20 - 50% of Pre-op = 1 BP +/- 50% of Pre-op = 0	2	1						
Fully Awake = 2 Arouses on Calling = 1 Unresponsive = 0	0	0						
> 92% on Room Air = 2 O_2 to Maintain > 90% = 1 < 90% with O_2 = 0	1	1						

See ICU flowsheet

PRE (b)(6) URE & TITLE)	DEPARTMENT/SERVICE/CLINIC	DATE
	ICU	27 Jun 06
PAT ION		

(b)(6)

- ☐ History/Physical
- ☐ Other Examination or Evaluation
- ☐ Diagnostic Studies
- ☐ Treatment
- ☐ Flowchart
- ☐ Other

DA FORM 4700, May 78

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Admission Assessment	Discharge Assessment
Ineffective Breathing Pattern	**Ineffective Breathing Pattern**
Lung Sounds Equal Yes ____ No ____ Clear Yes ____ No ____ O_2 Therapy ____ Airway ETT ____ Oral ____ Nasal ____ N/A ____	Lung Sounds Equal Yes ____ No ____ Clear Yes ____ No ____ O_2 Therapy ____ Airway ETT ____ Oral ____ Nasal ____ N/A ____
Altered Thought Process	**Altered Thought Process**
____ Unresponsive ____ Sedated/Responds to verbal Stimuli ____ Sedated/Responds to DEEP Stimulus ____ Awake ____ Oriented to time, place, person	____ Unresponsive ____ Sedated/Responds to verbal Stimuli ____ Sedated/Responds to DEEP Stimulus ____ Awake ____ Oriented to time, place, person
Potential for Decreased Cardiac Output	**Potential for Decreased Cardiac Output**
____ Cardiac Monitor ____ NSR w/o ectopy Skin Condition ____ Warm ____ Dry ____ Cool ____ Clammy ____ IV site without s/s infiltration ____ Capillary refill < 3 Sec.	____ Cardiac Monitor ____ NSR w/o ectopy Skin Condition ____ Warm ____ Dry ____ Cool ____ Clammy ____ IV site without s/s infiltration ____ Capillary refill < 3 Sec.
Potential for Injury	**Potential for Injury**
____ Moves all extremities Supportive Devices ____	____ Moves all extremities Supportive Devices ____
Altered Pattern of Urinary Elimination	**Altered Pattern of Urinary Elimination**
____ Foley ____ Due to void/Time of last void	____ Foley ____ Due to void/Time of last void
Altered GI Functions	**Altered GI Functions**
____ Active Bowel Sounds X4 Quads ____ Hypoactive BS ____ Abdomen non-distended Other ____	____ Active Bowel Sounds X4 Quads ____ Hypoactive BS ____ Abdomen non-distended Other ____
Impaired Skin Integrity	**Impaired Skin Integrity**
Dressings ____ C/D/I ____	Dressings ____ C/D/I ____
Alteration in Comfort	**Alteration in Comfort**
Pain Level ____ (0 = none, 10 = severe) Location ____ Ice/Heat/Elevation ____ Positioning ____	Pain Level ____ (0 = none, 10 = severe) Location ____ Ice/Heat/Elevation ____ Positioning ____
RN Signature ____	RN Signature ____

Anesthesia Medication Orders

1 ____

2 ____

3 ____

Time	Medication	Dose	Route	Time	Signature	Effect

Other Interventions ____

PACU Standards of Care Met

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

518-124 0100-06-CID789-78473 NSN 7540-00-634-4159

MEDICAL RECORD | BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [ ] RED BLOOD CELLS
- [X] FRESH FROZEN PLASMA 1 Unit
- [ ] PLATELETS (Pool of _____ units)
- [ ] CRYOPRECIPITATE (Pool of _____ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) _____

VOLUME REQUESTED (If applicable) 1U ML

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED Now

DATE AND HOUR REQUIRED 27 JUN 06

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

REMARKS:

REQUESTING PHYSICIAN (Print) (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE S/P GSW

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.

(b)(6)

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

DATE VERIFIED 27 JUN 06

TIME VERIFIED 1614

SECTION II – PRE-TRANSFUSION TESTING

Exp 8 Nov 06

UNIT NO. (b)(6)

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Neg	Compatible NA FFP

PREVIOUS RECORD CHECK: [X] RECORD [ ] NO RECORD

(b)(6)

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

[X] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 27 Jun 06

REMARKS: T & C will expire 30 Jun 06 @ 2359

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSP (b)(6)

AT (Hour) 1722 ON (Date) 27 Jun 06

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.

(b)(6) 27 JUN 06

2nd (b)(6)

PRE-TRANSFUSION TEMP. 99.4 PULSE 90 BP 140/83

DATE OF TRANSFUSION 27 JUN 06 TIME STARTED 1730

POST-TRANSFUSION DATA

AMOUNT GIVEN 250 ML

TIME/DATE COMPLETED/INTERRUPTED 27 Jun

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE 98.8 PULSE 97 BLOOD PRESSURE 116/64

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.)
- [X] NO [ ]

SIGNATURE (b)(6)

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

(b)(6)

SEX (b)(6) WARD ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 5-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Medical Record Copy

18–124 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 1 unit
- ☐ PLATELETS *(Pool of _____ units)*
- ☐ CRYOPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1U ML

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

DATE REQUESTED now

DATE AND HOUR REQUIRED 27 JUN 06

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

REMARKS:

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

DIAGNOSIS OR OPERATIVE PROCEDURE S/P GSW

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.

(b)(6)

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

DATE VERIFIED 27 JUN 06

TIME VERIFIED 1618

SECTION II – PRE-TRANSFUSION TESTING

Exp: 21 JUN 06

UNIT NO. (b)(6)

TRANSFUSION NO.

PATIENT NO.

DONOR ABO O Rh POS

RECIPIENT ABO O Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Negative	NA FFP

PREVIOUS RECORD CHECK:
☒ RECORD ☐ NO RECORD
S (b)(6)

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 27 June 06

REMARKS:

T & C will expire 30 June 06 C2359

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)

AT (Hour) 1426 ON (Date) 27 Jun 06

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.

1 (b)(6)

2 (b)(6)

PRE-TRANSFUSION TEMP. 99.2 PULSE 98 BP 117/62

DATE OF TRANSFUSION 27 Jun TIME STARTED 1925

POST-TRANSFUSION DATA

AMOUNT GIVEN 280 ML

TIME/DATE COMPLETED/INTERRUPTED 27 Jun

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
☒ NONE ☐ SUSPECTED	98.6	94	117/61

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)*

(b)(6)

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

(b)(6)

SEX (b)(6) WARD ICU

(b)(6)

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Medical Record Copy

06/28/2006 07:32:05 AM

Rx:
Dx:

BP:

Dept:
Room:
Oper:

Rate	89	. Normal sinus rhythm, rate 89.....Normal P axis, PR, rate & rhythm
PR	155	. Consider left atrial enlargement.....P V1 -.10 mV or more negative
QRSD	90	. Probable LVH with ST-T abnormalities.....LVH voltage, ST-T negative
QT	370	
QTc	450	

--AXIS--

P	69
QRS	63
T	263

Requested by:

- ABNORMAL ECG -

PRELIMINARY-MD MUST REVIEW

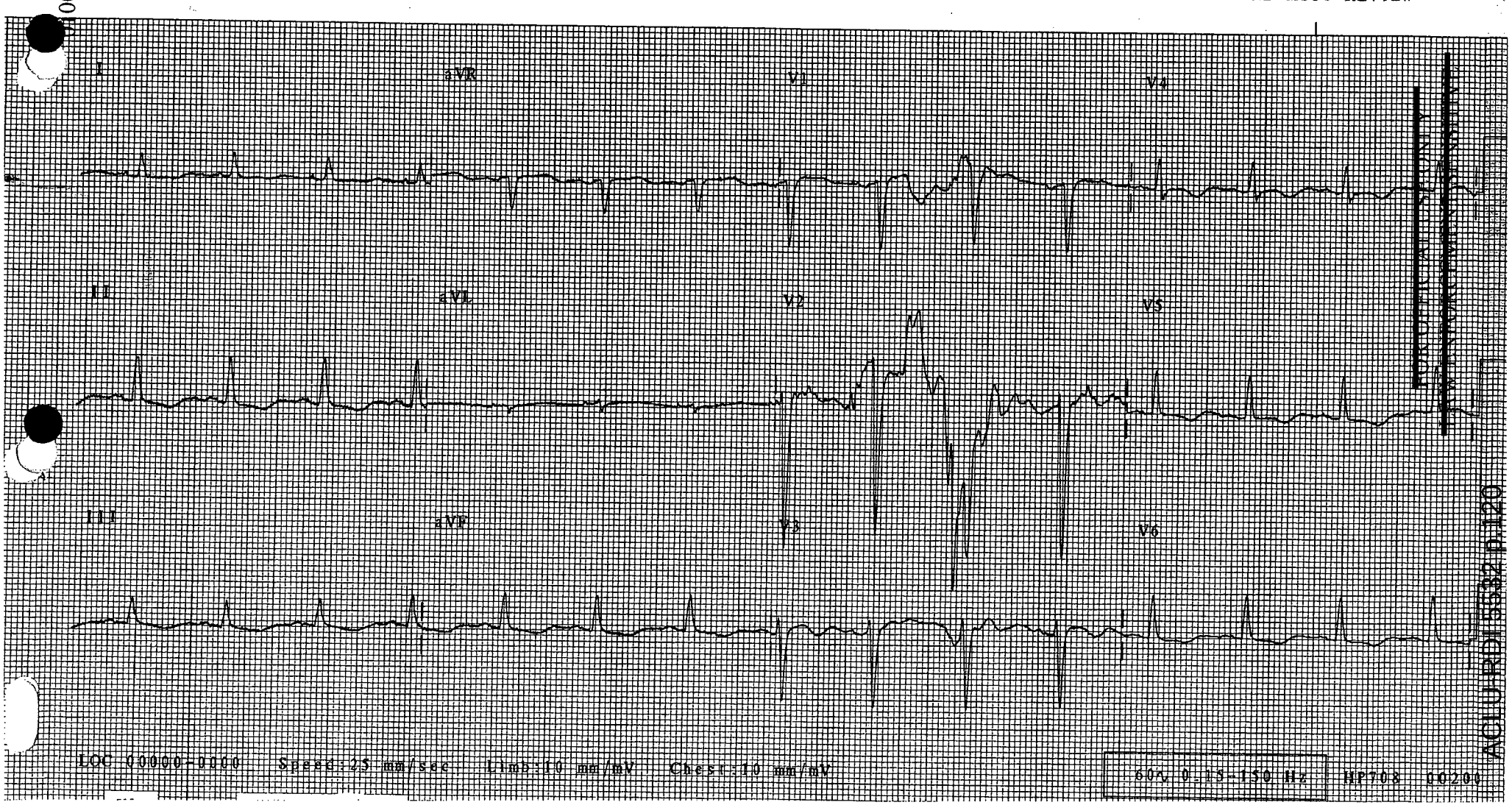


EXHIBIT 2

000120

ACLU-RDI 5932 p.120

10-L-0126 ACLU CID ROI 11743

100-06-CID789-78473

06/28/2006 07:33:21 AM

Rx:
Dx:

BP:

Dept:
Room:
Oper:

2

Rate	89	. Sinus rhythm, rate 89.....Normal P axis, rate
PR	152	. Ventricular premature complex.....Short R-R, wide aberrant QRS
QRSD	94	. Consider left atrial enlargement.....P V1 -.10 mV or more negative
QT	377	. Probable LVH with ST-T abnormalities.....LVH voltage, ST-T negative
QTc	459	

--AXIS--

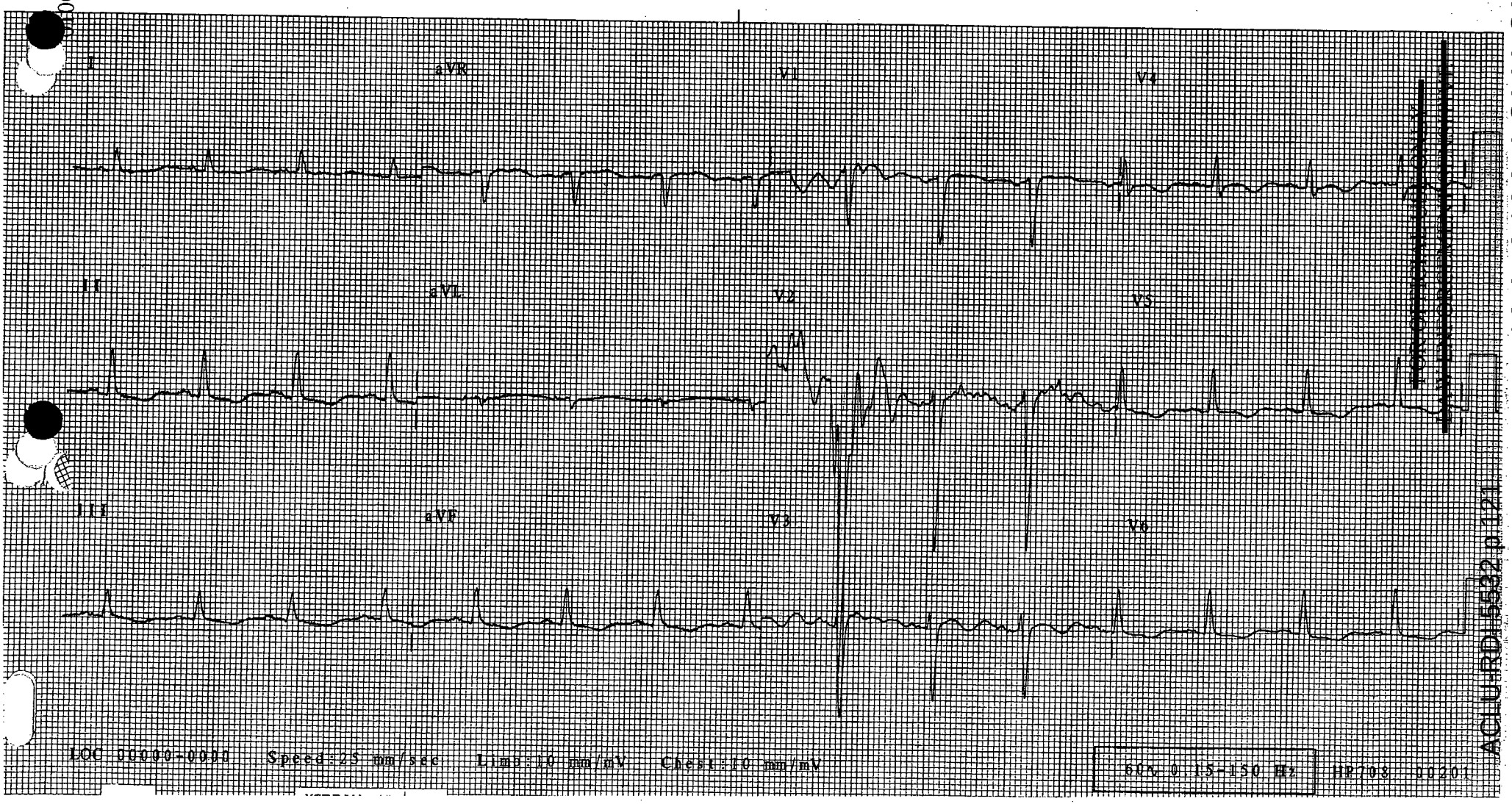
P	84
QRS	69
T	259

Requested by:

EXHIBIT

- ABNORMAL ECG -

PRELIMINARY-MD MUST REVIEW



00-06-CID789-78473
000121
10-L-0126 ACLU CID ROI 11744
ACLU-RDI 5532 p.121

Task Force 21 Med
Abu Ghraib, Iraq

#3

p100-06-CID789-78473

Microbiology Laboratory Report

Accession #	(b) (6)
Collection Date	6/25/2006
Patient Name	unknown
SSN or ID	(b)(6
Sample Type	Cath Tip
Sample Site	
Patient Location	ICU
Provider	(b)(6)
Result Type	FINAL
[ ] Gram's Stain	
[ ] Acid-fast Stain	
[ ] KOH Prep	
[X] Culture	A-line, central line; growth only from A-line
[ ] Acinetobacter Screen	
[ ] MRSA Screen	(b)(6)
Qty isolate #1	>15 colonies
Isolate #1	Staphylococcus xylosus
Qty isolate #2	
Isolate #2	
Qty isolate #3	
Isolate #3	
Comments	Coagulase negative staphylococci
Report Date	6/28/2006
Tech	(b)(6)
Reviewed By	(b)(6)

	Isolate 1	Isolate 2	Isolate 3
Amikacin			
Amox/K Clav	R		
Amp/Sulbactam	S		
Ampicillin			
Azithromycin			
Aztreonam			
Cefazolin	R		
Cefepime	R		
Cefotaxime	R		
Cefotetan			
Cefoxitin			
Ceftazidime			
Ceftriaxone	R		
Cefuroxime			
Cephalothin	R		
Chloramphenicol	R		
Ciprofloxacin	R		
Clindamycin	R		
Erythromycin	R		
Gatifloxacin	S		
Gentamicin	R		
Imipenem	R		
Levofloxacin	R		
Linezolid	S		
Meropenem			
Moxifloxacin	S		
Nitrofurantoin			
Norfloxacin			
Ofloxacin	R		
Oxacillin	R		
Penicillin			
Pip/Tazo			
Piperacillin			
Rifampin	S		
Synercid	S		
Tetracycline	S		
Ticar/K Clav			
Tobramycin			
Trimeth/Sulfa	R		
Vancomycin	S		

No growth from central line
Cath tip 2

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

0100-06-CID789-78473

540-01-165-7294

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

NATION(S) REQUESTED	AGE	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
PCYR	(b)(6)		ICU	
	FILM NO.			PREGNANT ☐ YES ☐ NO
	REQUE (b)(6)			TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)			DATE REQUESTED

IFIC REASON(S) FOR REQUEST *(Complaints and findings)*

Routine
Pt on vent - Trach

E OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSACTION *(Month, day, year)*
28 June 2006		

DIOLOGIC REPORT 0530

- increasing (R) parahilar / RLL opacity
- Stable LLL opacity / effusion
- stable lines / trach

(b)(6)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*

(b)(6)

LOCATION OF RADIOLOGIC FACILITY

SIGNATUR (b)(6)

3

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201.45.505

~~FOR OFFICIAL USE ONLY~~
1 - Medical Record
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

(b)(6)

NSN 7540-01-165-7294

0100-06-CID789-78473

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE (b)(6)	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
PCXR	FILM NO.			PREGNANT ☐ YES ☐ NO
	REQUES (b)(6)			TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)			DATE REQUESTED 4/29/06

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

Routine

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSACTION *(Month, day, year)*
29 APR 06		

RADIOLOGIC REPORT 0500

Posted

Improved LLL opacity

c some ATX remain

Better volume

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*

(b)(6)

#3

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

EXHIBIT 2

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

518-124 0100-06-CID789-78473 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [x] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 27 JUN 06

DATE AND HOUR REQUIRED STAT

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

REMARKS:

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

DIAGNOSIS OR OPERATIVE PROCEDURE: EX-LAP

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.

(b)(6)

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

DATE VERIFIED 27JUN06

TIME VERIFIED 1155

Exp 3 Jul 06

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Neg	comp

PREVIOUS RECORD CHECK:
- [x] RECORD
- [ ] NO RECORD

SI (b)(6)

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 27 Jun 06

REMARKS: T&C expires 30 Jun 06 @ 2359

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTOR (b)(6)

AT *(Hour)* 1243 ON *(Date)* 26 Jun 06

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.

1 (b)(6)

2nd VERIFIER (b)(6)

PRE-TRANSFUSION
TEMP. 35.8 PULSE 94 BP 98/51

DATE OF TRANSFUSION 27 JUN 06 TIME STARTED 1254

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 UNIT ML

TIME/DATE COMPLETED/INTERRUPTED 27 JUN 06

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
36.1	88	100/57

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.)*
- [x] NO
- [ ] YES *(Specify)*

SI (b)(6)

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

(b)(6)

SEX (b)(6)

WARD OR

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

EXHIBIT 7

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Medical Record Copy

518-124

0100-06-CID789-78473

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*: 1 UNIT ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [x] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 27JUN06

DATE AND HOUR REQUIRED: STAT

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: EX-LAP

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.

(b)(6)

DATE VERIFIED: 27JUN06

TIME VERIFIED: 1155

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NEG	comp

PREVIOUS RECORD CHECK: [x] RECORD [ ] NO RECORD

SIGNATURE OF PERSON TEST: (b)(6)

DONOR	RECIPIENT
ABO: O	ABO: O
Rh: POS	Rh: POS

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 27Jun06

REMARKS: T&C expires 30Jun06 @2359

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

I[illegible]: (b)(6)

AT *(Hour)*: 1245 ON *(Date)*: 27Jun06

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.

(b)(6)

2nd [illegible]: (b)(6)

PRE-TRANSFUSION

TEMP. 36.4 | PULSE 89 | BP 99/50

DATE OF TRANSFUSION: 27JUN06 | TIME STARTED: 1350

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED
1 UNIT ML	27Jun06 1405

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[x] NONE [ ] SUSPECTED	36.4	90	95/48

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.)*

[x] NO [ ] YES *(Specify)*

(b)(6)

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

(b)(6)

SEX: (b)(6)

WARD: OR

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 8-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Medical Record Copy

PRINTED ON RECYCLED PAPER

518-124

0100-06-CID789-78473

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)*: 1 UNIT ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☐ CROSSMATCH

DATE REQUESTED: 27JUN06

DATE AND HOUR REQUIRED: STAT

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: EX-LAP

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: Prior Draw

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. W15N06 (b)(6)

TRANSFUSION NO.

PATIENT NO. (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	NA

PREVIOUS RECORD CHECK: ☐ RECORD ☒ NO RECORD

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

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE 27JUN06

REMARKS: Exp 30 JUN06 @1226

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPE (b)(6)

AT (Hour) 1518 ON (Date) 27 June 06

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 (b)(6)

2nd VERIFIER (Signatu (b)(6)

PRE-TRANSFUSION

TEMP. 34.2 PULSE 94 BP 104/54

DATE OF TRANSFUSION 27JUN06 TIME STARTED 1330

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 UNIT ML

TIME/DATE COMPLETED/INTERRUPTED 27JUN06 1340

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
☑ NONE ☐ SUSPECTED	36.2	93	106/56

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)*

SI (b)(6)

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, [illegible] rate; hospital or medical facility)

(b)(6)

(b)(6)

WARD OR

(b)(6)

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

EXHIBIT 2

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Medical Record Copy

000127

ACLU-RDI 5532 p.127

10-L-0126 ACLU CID ROI 11750

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

0100-06-CID789-78473

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)

- [ ] RED BLOOD CELLS
- [x] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of _____ units)
- [ ] CRYOPRECIPITATE (Pool of _____ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) _____

VOLUME REQUESTED (If applicable): 1 UNIT ML

REMARKS:

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: ~~ST~~ 27 JUN 06

DATE AND HOUR REQUIRED: STAT

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: EX-LAP

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: Prior Draw

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.

PATIENT NO.: (b)(6)

DONOR: ABO O; Rh POS

RECIPIENT: ABO O; Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: NA

PREVIOUS RECORD CHECK: [ ] RECORD [x] NO RECORD

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

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 27 JUN 06

REMARKS: Exp. 30 JUN 06 @ 1226

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

IN (b)(6)

AT (Hour): 1320 ON (Date): 27 June 07

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.

1 (b)(6)

2 (b)(6)

PRE-TRANSFUSION

TEMP. 36° PULSE 94 BP 104/54

DATE OF TRANSFUSION: 27 JUN 06 TIME STARTED: 1330

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED: 27 JUN 06 1340

REACTION: [x] NONE [ ] SUSPECTED

TEMPERATURE: ~~93~~ 36 PULSE: 93 BLOOD PRESSURE: 106/56

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)

S (b)(6)

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

(b)(6)

SEX (b)(6) WARD OR

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 2

PRINTED ON RECYCLED PAPER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

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)* 10 ML

REMARKS:

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

DATE REQUESTED 29Jun06

DATE AND HOUR REQUIRED 29 Jun06

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: GSW to ABD

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 29Jun06

TIME VERIFIED 0810

Exp 07Dec06

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Neg	MA FFP

PREVIOUS RECORD CHECK: ☒ RECORD ☐ NO RECORD

SIGNATURE (b)(6)

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 29Jun06

REMARKS: T&C expires 2 July 06 @ 2359

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTION (b)(6)

AT *(Hour)* 0859 ON *(Date)* 29Jun06

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 (b)(6)

2nd VERIFIER *(Signature)* (b)(6) 29Jun06

USA

PRE-TRANSFUSION

TEMP. 99 PULSE 99 BP 139/72

DATE OF TRANSFUSION 29Jun06 TIME STARTED 0900

POST-TRANSFUSION DATA

AMOUNT GIVEN 179 ML

TIME/DATE COMPLETED/INTERRUPTED 29Jun06 1022

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
☒ NONE ☐ SUSPECTED	99.2	97	146/71

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 (b)(6)

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

(b)(6)

SEX (b)(6)

WARD ICU

ICU

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

EXHIBIT 2

STANDARD FORM 519 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

Medical Record Copy

518-124 0100-06-CID789-78473 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [ ] RED BLOOD CELLS
- [X] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of _____ units)
- [ ] CRYOPRECIPITATE (Pool of _____ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) _____

VOLUME REQUESTED (If applicable): 1U ML

REMARKS:

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 29JUN06

DATE AND HOUR REQUIRED: 29JUN06 0810

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: GSW to abd

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: 29JUN06

TIME VERIFIED: 0810

SECTION II – PRE-TRANSFUSION TESTING

Exp 12Dec06

UNIT NO. (b)(6)

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO: O
Rh: POS

RECIPIENT
ABO: O
Rh: POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Neg	NA FFP

PREVIOUS RECORD CHECK:
- [X] RECORD
- [ ] NO RECORD

SIG (b)(6)

- [X] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 29JUN06

REMARKS: T&C expires 2July06 @2359

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INS (b)(6)

AT (Hour) 1029 ON (Date) 29JUN06

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 (b)(6)

2nd VERIFIER (Signature)

PRE-TRANSFUSION
TEMP. 99.2 PULSE 97 BP 140/71

DATE OF TRANSFUSION: 29JUN06 TIME STARTED: 1035

POST-TRANSFUSION DATA

AMOUNT GIVEN: 180 ML

TIME/DATE COMPLETED/INTERRUPTED: 29JUN06 1115

REACTION
- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
98.7	97	142/74

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.)
- [X] NO
- [ ] YES (Specify)

SIGN (b)(6)

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

(b)(6)

SEX (b)(6)

WARD ICU

ICU

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record EXHIBIT 2

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

Medical Record Copy 000130

ACLU-RDI 5532 p.130
10-L-0126 ACLU CID ROI 11753

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: 29 Jun 06

DATE AND HOUR REQUIRED: 29 Jun 06, 1650

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

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

REQUESTING PHYSICIAN (Last): (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW to Abd

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: 29 Jun 06

TIME VERIFIED: 1650

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. Exp 4Jan07

(b)(6)

TRANSFUSION NO.

PATIENT NO.

DONOR	RECIPIENT
ABO: O	ABO: O
Rh: POS	Rh: POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Neg	NA FFP

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

PREVIOUS RECORD CHECK:
☒ RECORD ☐ NO RECORD

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

DATE: 29 Jun 06

REMARKS: T&C expires 2 July 06 @ 2359

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTE (b)(6)

AT *(Hour)* 1732 ON *(Date)* 29 Jun 06

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.

(b)(6)

(b)(6)

PRE-TRANSFUSION

TEMP.	PULSE	BP
99.5	104	105/54

DATE OF TRANSFUSION: 29 Jun 06

TIME STARTED: 1722

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

(b)(6)

POST-TRANSFUSION DATA

AMOUNT GIVEN: 176 ML

TIME/DATE COMPLETED/INTERRUPTED: 1825 29 June 2006

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
☒ NONE ☐ SUSPECTED	100.0	108	105/54

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)*

(b)(6)

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record EXHIBIT 2

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

ICU

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Medical Record Copy

PROCEDURE AND SITE VERIFICATION R[illegible]0100-06-CID789-78473

For use of this form, see MEDCOM Cir 40-17

This document will be maintained as a permanent part of the medical record

PROCESS	STAFF'S SIGNATURE*	INITIALS*	DATE AND TIME
1st verification (ward/ambulatory procedure unit/clinic). Prior to pre-op medication administration. I verified all of the following: a. Intended procedure (with side/level/site) is written clearly on consent and consent is signed by provider. b. Patient identified using two patient identifiers. c. Patient/parent/guardian and witness have signed the consent. d. Patient/parent/guardian verbalizes understanding of the intended procedure and points to the site.	Licensed Staff Member** (b)(6)	(b)(6)	29 Jun
2nd verification - Operating provider (ward/ambulatory procedure unit/clinic/holding area). Prior to pre-op medication administration. I verified all of the following: a. Correct patient. b. Procedure (with side/level/site) and operating provider listed on consent are correct. c. With patient's involvement, I have written my initials on the surgical site. Note: Patient refusal of marking will be annotated on this document in the "notes" section.	Operating Provider (b)(6)		29 Jun
2nd verification - Anesthesia provider and OR nurse/licensed staff member (holding area). Prior to pre-op medication administration. I verified all of the following: a. Patient, procedure (side/level/site), and operating provider listed on consent are correct. b. Consent matches H&P or progress note. c. The operating provider's initials have been written on the operative site.	Anesthesia Provider		
	OR Nurse/Licensed Staff Mer(b)(6)	(b)(6)	29JUN02 1145
3rd verification/final time out - OR nurse/licensed staff member (OR or procedural area) I verified all of the following: a. Patient's ID (name and SSN) has been reviewed and is consistent with the consent. b. The operating provider verbally confirmed (as a final time out) with the team the following. 1. Patient's name, intended procedure, and side/level/site. 2. The patient information is consistent with the consent and H&P or progress note. 3. Scans/x-rays available per operating provider's request.	OR Nurse/Licensed Staff Member**		

*Write the signature and initials once; thereafter, only initials are required.

**In outpatient clinics not requiring a licensed staff member's participation in the procedure, the verification will be completed by the non-licensed staff in attendance at the procedure.

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

(b)(6)

Notes:

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

MEDCOM FORM 741-R (TEST) (MCHO) OCT 02 REQUIREMENT OF PRIVACY ACT OF 1974 IS COVERED BY DD FORM 2005 MC V1.00

0100-06-CID789-78473

PATIENT'S IDENTIFICATION	SURGICAL CHECKLIST
(b)(6)	UNIT/ROOM/BED: ICU / Rm1 / Bed3
	INSTRUCTIONS: INITIAL OR MARK N/A IF NOT APPLICABLE

CLINICAL RECORDS

SF 515 - TISSUE EXAMINATION		PRE-OP COUNSELING TO PATIENT	
SF 516 - OPERATION REPORT		A. M. CARE/PREP	
SF 517 - ANESTHESIA		VALUABLES AND JEWELRY REMOVED	(b)(
SF 518 - BLOOD TRANSFUSION _____ UNITS		HAIRPINS, MAKEUP, NAILPOLISH REMOVED	N/A
SF 522 - OPERATIVE PERMIT *(Signed and Witnessed)*		DENTURES/BRIDGE REMOVED	N/A
SF 509 - PROGRESS NOTE *(Contains physician's informed consent)*	(b)(6)	CONTACT LENSES/GLASSES, GLASS EYE, HAIRPIECE, PROSTHESIS REMOVED	(b)(6)
BLOOD TRANSFUSION CONSENT		VOIDED *(Specify time)* @	N/A
MEDICATION ADMINISTRATION RECORD			Foley (b)(6)
IV FLOW SHEET		ENEMA *(If ordered)*	
HISTORY AND PHYSICAL			N/A
SF 511 - T.P.R. GRAPHIC		ID/ALLERGY BAND(S) ON NON-OPERATIVE ARM (LEGIBLE)	(b)(6)
NURSES NOTES		INPATIENT IDENT PLATE ON CHART TO OR	labels
DOCTORS ORDERS			
X-RAY *(ONLY the required)*		NPO SINCE: NN TF shut off	(b)(6)
REPORTS			
FILMS			
LABORATORY REPORTS *(ONLY the required)*		PRE-OP MEDICATION *(Specify kind and time administered)*	
HEMATOLOGY	(b)(6)	X NO	YES *(see Medication Record)*
URINE			
EKG			
(Prior to pre-op medication)		CATHETER IN PLACE	
T P R BP WT		YES X NO CLAMPED TO DRAINAGE	

KNOWN ALLERGIES

NKDA

COMMENTS

DATE AND TIME RELEASED TO OR:

SIGNATURE OF NURSE RELEASING PATIENT TO OPERATING ROOM

DD Form 1924, OCT 93 PREVIOUS EDITIONS ARE OBSOLETE.

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ORI 1155

ASA IV

AUTHORIZED FOR LOCAL REPRODUCTION
0100-06-CID789-78471

MEDICAL RECORD–ANESTHESIA

PROCEDURE: Abdominal Wound Washout / Re-Ex Lap I+D / Trach S+D

DATE	OR NO.	PAGE OF	SURGEON(S)
6/29/06	1	1	(b)(6)

	START	STOP
Anesthesia	1145	
Procedure	1220	

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

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

MONITORS AND EQUIPMENT
- ☑ Sleth ☐ Esoph ☐ Precord ☐ Other
- ☐ Non-Invasive B/P ☐ Nerve Stimulator
- ☑ Continuous EKG ☐ V Lead EKG
- ☑ Pulse Oximeter ☐ Oxygen Analyzer
- ☑ End Tidal CO_2 ☐ Resp Gas Anlyzr
- ☐ Temp ☐ EEG
- ☐ Warming Blanket ☐ Fluid Warmer
- ☐ Airway Humidifier ☐ ☐ Foley Catheter
- ☑ NG/OG Tube (R) ☐ ☐
- ☑ Art Line (R) ☐ ☐
- ☐ CVP ☐ ☐
- ☐ PA Line ☐ ☐
- ☐ IV(s) ☐ ☐

ANESTHETIC TECHNIQUES
- Method: ☑ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C.
- General: ☐ Pre-O_2 ☐ 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 ☐ Diff. see Rmks ☐ Fiber Op ☐ Stylet
- ☐ Attempts x ☐ Blade ☐ Tube size ☐ 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	BP	P	O_2 Sat	R	T
	0/45	92			

- ☐ PACU ☐ ICU ☐ L&D
- ☐ Awake ☐ Spont Resp ☐ Oral Airway
- ☐ Asleep ☐ Ventilator ☐ Nasal Airway
- ☐ Stable ☐ Extubated ☐ Face Shield O_2
- ☐ Unstable ☐ Intercost Tube ☐ Face O_2

CONTROLLED DRUGS

Drug	Used	Destroyed	Returned

Provider: Witness:

TIME: X 1200 X 1230 X 1300 X 1330 X 1400 X 1430 X 1500 X 1530 X 1600 X

											TOTALS
AGENTS: ☐ Hal ☐ Enf ☐ Iso (%)	3Sev	0.8	.8	.8	.8	.8	.8	.8	.8	.8	
AGENTS: ☐ N_2O ☐ Air (L/min)											3
AGENTS: Oxygen (L/min)	2	2	2	2	2	2	2	2	2	2	30
AGENTS: Vecuronium (mg)	10					10				10	
AGENTS: Isoproterenol (mg)			0.2			0.2					0.4
FLUIDS: D5											
FLUIDS: Urine Foley (ml)			200								
FLUIDS: EBL (ml)											
MONITORS: EKG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	
MONITORS: % O_2 Inspired (FIO_2)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	
MONITORS: O_2 Saturation (SaO_2)	100	100	100	100	100	100	100	100	100	100	
MONITORS: End Tidal CO_2	38	36	34	34	34	34	34	36	36	37	
MONITORS: Temp: ☐ °C ☐ °F											

VITAL SIGNS: Baseline Values; 103/45 B/P; 92 P; R

VENT: Tidal Vol. (ml)	740	700	690	650	690	680	680	680	670	
VENT: Resp. Rate	16	16	16	16	16	16	16	16	16	
VENT: Peak Pres. (cm H_2O)	AV 30	27	29	29	27	29	27	28	26	
VENT: PEEP (cm H_2O)	—	—	—	—	—	—	—	—	—	
Symbols for Remarks	CV	CV	CV	CV	CV	CV	CV	CV	CV	
Position	Supine	—	Prone	—	Supine	—	Prone	—	Supine	

SYMBOLS
- × ANESTHESIA
- ⊙ OPERATION
- V / Λ B/PCUFF PRESSURE
- ↓ / ↑ ARTERIAL LINE PRESSURE
- Δ MEAN ARTERIAL PRESSURE
- ● PULSE
- ○ SPONTANEOUS RESP
- ⊘ ASSISTED RESP
- ⊙ CONTROLLED RESP
- T TOURNIQUET

REMARKS

1300 ABO w/o completed
1305 (R) leg w/o started

(b)(6)

PATIENT'S IDENTIFICATION (Last, first, middle: ID No. (SSN or other); hospital or medical facility.)

(b)(6)

Transfusion Plan
Cell Saver & Ampa C

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

100-06-CID789-78473

PRE-ANESTHESIA EVALUATION

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
	☒M ☐F	in./cm.	lb./kg.	B/P 102/45 P 78 R T

PROPOSED PROCEDURE: Abdomin GSW / Ex-Lap Washout / RLE GSW I & D

PREVIOUS ANESTHESIA/OPERATIONS (If none, check here ☐): Abd / RLE GSW I & D's

CURRENT MEDICATIONS (If none, check here ☐):

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS (If none, check here ☐):

ALLERGIES (If NKDA, check here ☐):

AIRWAY/TEETH/HEAD AND NECK: ≠ Tracked / On Vent

HISTORY FROM ☐ PARENT/GUARDIAN ☐ SPOUSE ☐ SIGNIFICANT OTHER ☐ POOR HISTORIAN ☐ CHART ☐ PATIENT

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY: Asthma, Bronchitis, COPD, Dyspnea, Orthopnea; Pneumonia, Productive cough, Recent cold, SOB, Tuberculosis	☒	Tobacco Use: ☐ No ☐ Yes ___ Pack/Day for ___ Years Tracked / Mechanical Ventilation	Chest X-ray; Pulmonary Studies
CARDIOVASCULAR: Angina, Arrhythmia, CHF, Exercise Tolerance, Hypertension; MI, Murmur, MVP, Pacemaker, Rheumatic fever	☐		EKG
HEPATO/GASTROINTESTINAL: Bowel obstruction, Cirrhosis, Hepatitis, Hiatal hernia; Jaundice, N&V, Reflux/heartburn, Ulcers	☒	Ethanol Use: ☐ No ☐ Yes Frequency ___ S/P Ex-Lap & opend Abdominal Wound	
NEURO/MUSCULOSKELETAL: Arthritis, Back problems, CVA/stroke, DJD, Headaches, Loss of consciousness, Neuromuscular disease, Paralysis; Paresthesia, Syncope, Seizures, TIAs, Weakness	☒	GSW RLE	
RENAL/ENDOCRINE: Diabetes, Renal failure/Dialysis, Thyroid disease, Urinary retention, Urinary tract infection, Weight loss/gain	☐		
OTHER: Anemia, Bleeding tendencies, Hemophilia, Pregnancy, Sickle cell trait, Transfusion history			

PROBLEM LIST/DIAGNOSES

ASA PS: 1 / 2 / 3 / (4) / 5 / E

LAB STUDIES: Hgb/HcT/CBC; Electrolytes; Urinalysis; Other

PLANNED ANESTHESIA/SPECIAL MONITORS: GETA Standard ASA - A-Line

PRE-ANESTHESIA MEDICATIONS ORDERED

POST-ANESTHESIA NOTE

SIGNATURE OF EVALUATOR(S): (b)(6)

Signed ____ Date ____ Time ____

OPTIONAL FORM 517 BACK

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

0100-06-CID789-78473

Time In 1415 Wt _____ kg Allergies NKDA

Procedure Abd washout

Physician _____ Hx: GSW to abd

Pre-Op Vitals (BP,P) _____ EBL _____ IV Fluids 700 Urine Output 850

Type of Anesthesia _____ General ✓ IV Sedation _____ Local _____ Block _____

Time	Temp	Pulse	Resp	BP	SaO_2	O_2
Admit	98.3 (A)	93	12	88/44	94	Vent
~~5~~ 15	98.8	66	12	104/55	93	Vent
~~10~~ 30	98.9	92	12	114/64	93	Vent
~~30~~ 45	98.7	97	12	124/60	100	Vent
60						
90						
120						
150						

Pre/Intra/Immediate Post-op Meds	
Versed	mg
Fentanyl	mcg
Zofran	mg
Toradol	mg
Ketamine	mg
Propofol	mcg
Antibiotics	

Legend	ADM	15	30	45	60	90	D/C	Additional Notes
Moves 4 Extremities = 2 Moves 2 Extremities = 1 Moves 0 Extremities = 0	Ø	Ø	Ø					
Deep Breathe/Cough = 2 Dyspnea = 1 Apneic = 0	2	2	2					
BP +/- 20% of Pre-op = 2 BP +/- 20 - 50% of Pre-op = 1 BP +/- 50% of Pre-op = 0	1	1	1					
Fully Awake = 2 Arouses on Calling = 1 Unresponsive = 0	Ø	Ø	Ø					
> 92% on Room Air = 2 O_2 to Maintain > 90% = 1 < 90% with O_2 = 0	Ø	Ø	Ø					

P (b)(6)

DEPARTMENT/SERVICE/CLINIC ICU

DATE 29 JUN 06

PATIENT IDENTIFICATION

(b)(6)

- ☐ History/Physical
- ☐ Other Examination or Evaluation
- ☐ Diagnostic Studies
- ☐ Treatment
- ☐ Flowchart
- ☐ Other

A FORM 4700, May 78

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Admission Assessment	Discharge Assessment 78473
Ineffective Breathing Pattern	**Ineffective Breathing Pattern**
Lung Sounds Equal Yes ___ No ___ Clear Yes ___ No ___ O_2 Therapy ___ Airway ETT ___ Oral ___ Nasal ___ N/A ___	Lung Sounds Equal Yes ___ No ___ Clear Yes ___ No ___ O_2 Therapy ___ Airway ETT ___ Oral ___ Nasal ___ N/A ___
Altered Thought Process	**Altered Thought Process**
___ Unresponsive ___ Sedated/Responds to verbal Stimuli ___ Sedated/Responds to DEEP Stimulus ___ Awake ___ Oriented to time, place, person	___ Unresponsive ___ Sedated/Responds to verbal Stimuli ___ Sedated/Responds to DEEP Stimulus ___ Awake ___ Oriented to time, place, person
Potential for Decreased Cardiac Output	**Potential for Decreased Cardiac Output**
___ Cardiac Monitor ___ NSR w/o ectopy Skin Condition ___ Warm ___ Dry ___ Cool ___ Clammy ___ IV site without s/s infiltration ___ Capillary refill < 3 Sec.	___ Cardiac Monitor ___ NSR w/o ectopy Skin Condition ___ Warm ___ Dry ___ Cool ___ Clammy ___ IV site without s/s infiltration ___ Capillary refill < 3 Sec.
Potential for Injury	**Potential for Injury**
___ Moves all extremities Supportive Devices ___	___ Moves all extremities Supportive Devices ___
Altered Pattern of Urinary Elimination	**Altered Pattern of Urinary Elimination**
___ Foley ___ Due to void/Time of last void	___ Foley ___ Due to void/Time of last void
Altered GI Functions	**Altered GI Functions**
___ Active Bowel Sounds X4 Quads ___ Hypoactive BS ___ Abdomen non-distended Other ___	___ Active Bowel Sounds X4 Quads ___ Hypoactive BS ___ Abdomen non-distended Other ___
Impaired Skin Integrity	**Impaired Skin Integrity**
Dressings ___ C/D/I ___	Dressings ___ C/D/I ___
Alteration in Comfort	**Alteration in Comfort**
Pain Level ___ (0 = none, 10 = severe) Location ___ Ice/Heat/Elevation ___ Positioning ___	Pain Level ___ (0 = none, 10 = severe) Location ___ Ice/Heat/Elevation ___ Positioning ___

RN Signature ___ RN Signature ___

Anesthesia Medication Orders

1 ___
2 ___
3 ___

Time	Medication	Dose	Route	Time	Signature	Effect

Other Interventions ___

PACU Standards of Care Met

Name: ___

Signature: ___

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

~~EXHIBIT~~ 2

MEDICAL RECORD	INTRAOPERATIVE DOCUMENT For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

0100-06-CID789-78473

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Litter BY OR Personnel	2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)
3. DATE 29JUN06 TIME PATIENT ARRIVED IN SUITE	4. PATIENT IN ROOM TIME NUMBER 1-3

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Patient intubated

6. NURSING PERSONNEL

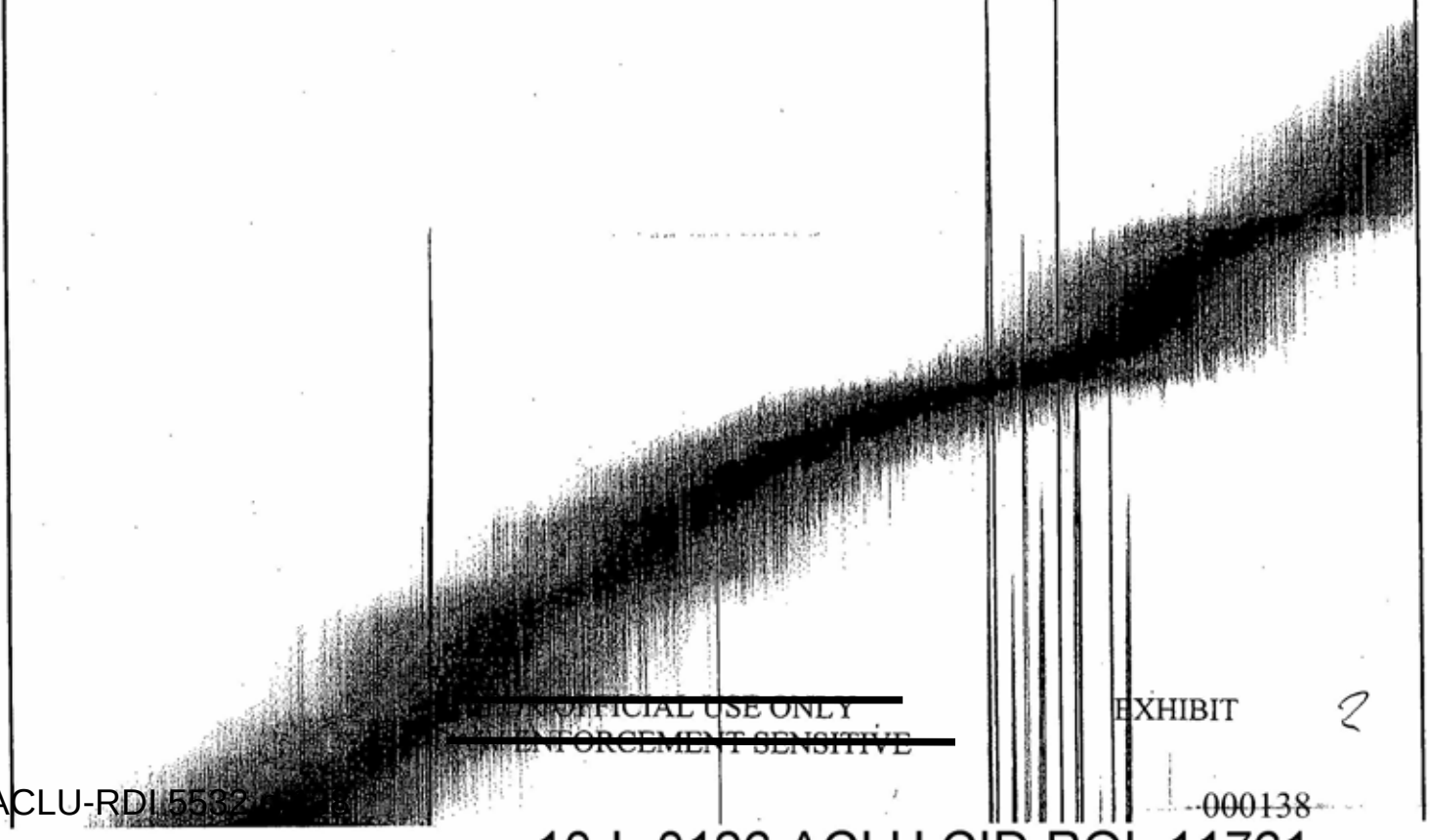
ASSIGNED SCRUB	(b)(6)	RELIEF SCRUB	
ASSIGNED CIRCULATOR	(b)(6)	RELIEF CIRCULATOR	(b)(6)

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: Arms secured to padded arm boards

8. SKIN PREPARATION



~~OFFICIAL USE ONLY~~
~~ENFORCEMENT SENSITIVE~~

EXHIBIT 2

MEDICAL RECORD — **INTRAOPERATIVE DOCUMENT** — 789-78473

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Litter BY OR Personnel

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

3. DATE 29JUN06 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME NUMBER 1-3

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Patient intubated

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

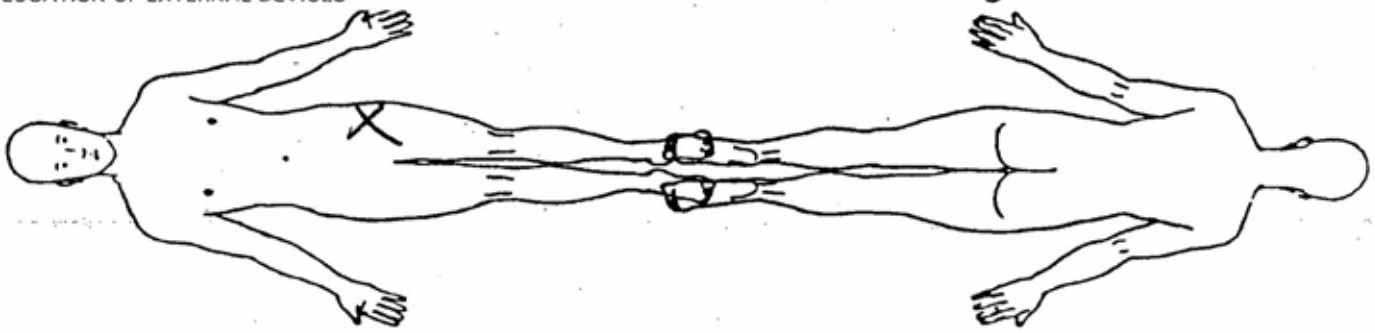
COMMENTS: Arms secured to padded arm boards

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP
COMMENTS:

PREP SOLUTION *(Specify)* Beta/Beta
SITE: Abdomen BY WHOM: (b)(6)
SITE: Right leg + foot BY WHOM:
COMMENTS: ∅ padding or irritation noted

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	SCRUB	CIRCULATOR
Sponge	☐ Yes ☑ No					
Needle Sharp	☐ Yes ☑ No					
Instrument	☐ Yes ☑ No					
Other	☐ Yes ☑ No					

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

(b)(6)

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

☐ ESU NO: (b)(6)
GROUND PAD: BRAND (b)(6)
LOT NO: (b)(6)

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

FOR OFFICIAL USE ONLY ut 30 / COOPER EXHIBIT 2

DA FORM 5179-1, OCT 87 PREVIOUS EDITIONS ARE OBSOLETE. USAPA V1.01

LAW ENFORCEMENT SENSITIVE

0100-06-CID789-78473

13. PROSTHESIS, IMPLANTS ☐ YES ☑ NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):

0.9% NaCl

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE (b)(6)

15. X-RAY IN OPERATING ROOM YES ☐ NO ☑

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☑	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☑	NAME	NAME
CULTURE (C) YES ☐ NO ☑	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)*

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

	1.	2.	3.
TYPE/SIZE	JP 7mm 12	JP 10mm	
SITE	abdomen	Right leg upper	

18. DRESSING/IMMOBILIZATION *(Specify)*

Wound VAC to abdomen

JP and Keflix to upper leg
Wound VAC to lower leg

19. ADDITIONAL INFORMATION

Anes. (b)(6)

Surgeon. (b)(6)

20. OPERATION(S) PERFORMED

I & D abdomen
I & D Right leg

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU	1414	Litter

22. REGISTERED NURSE SIGNATURE (b)(6)

EXHIBIT 2

REVERSE OF DA FORM 5179-1, OCT 87 LAW ENFORCEMENT SENSITIVE USAPA V1.01

518–124

0100-06-CID789-78473

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [X] 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
- [X] CROSSMATCH

DATE REQUESTED 30 Jun 06

DATE AND HOUR REQUIRED 30 Jun 06 ASAP

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
GSW to abd.

I have collected a blood specimen from 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 30.06.06

TIME VERIFIED 11:39

SECTION II – PRE-TRANSFUSION TESTING

Exp 3 July 06

UNIT NO. (b)(6)

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO O
Rh POS

RECIPIENT
ABO O
Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Neg	Comp

PREVIOUS RECORD CHECK:
[X] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST
(b)(6)

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Jun 06

REMARKS:
T&C expires 3 July 06 @ 2359

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED (b)(6)

AT *(Hour)* 1150 ON *(Date)* 30 Jun 06

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 (b)(6)

(b)(6)

PRETRANSFUSION
TEMP. 98.4 PULSE 88 BP 118/59

DATE OF TRANSFUSION 30 Jun 06

TIME STARTED ~~1255~~ 1155

POST-TRANSFUSION DATA

AMOUNT GIVEN 300 ML

TIME/DATE COMPLETED/INTERRUPTED 1330 30 Jun 06

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	98.8	89	111/59

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.)*
[X] NO [ ] YES *(Specify)*
(b)(6)

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

SEX (b)(6)

WARD ICU #3

(b)(6)

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record 2

EXHIBIT

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Medical Record Copy

0001141

ACLU-RDI 5532 p.141

10-L-0126 ACLU CID ROI 11764

518-124

0100-06-CID789-78473

7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [X] 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
- [X] CROSSMATCH

DATE REQUESTED: 30 Jun 06

DATE AND HOUR REQUIRED: 30 Jun 06 ASAP

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: GSW to abd

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: 30-06-06

TIME VERIFIED: 11:34

SECTION II – PRE-TRANSFUSION TESTING

Exp 3 July 06

UNIT NO.: (b)(6)

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NEG	comp

PREVIOUS RECORD CHECK:
- [X] RECORD
- [ ] NO RECORD

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

DONOR	RECIPIENT
ABO: O	ABO: O
Rh: POS	Rh: POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 30 June 06

REMARKS: T&C expires 3 July 06 @ 2359

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED (b)(6)

AT *(Hour)*: 1343 ON *(Date)*: 30 Jun 06

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 (b)(6)

2nd (b)(6)

PRE-TRANSFUSION

TEMP.	PULSE	BP
98	88	117/60

DATE OF TRANSFUSION: 30 Jun 06 TIME STARTED: 1345

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED
350 ML	1530 30 Jun 2006

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	99.1	70	121/62

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.)*
- [X] NO
- [ ] YES *(Specify)*

(b)(6)

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

SEX: (b)(6)

WARD: ICU

#3

(b)(6)

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Medical Record Copy

000142

MEDICAL RECORD | **INTRAOPERATIVE DOCUMENT** 0100-00-CID789-78473

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

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

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

3. DATE 01 Jul 06 TIME PATIENT ARRIVED IN SUITE 1035

4. PATIENT IN ROOM
TIME 1035 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Patient trached

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: Arms secured to padded arm boards

8. SKIN PREPARATION

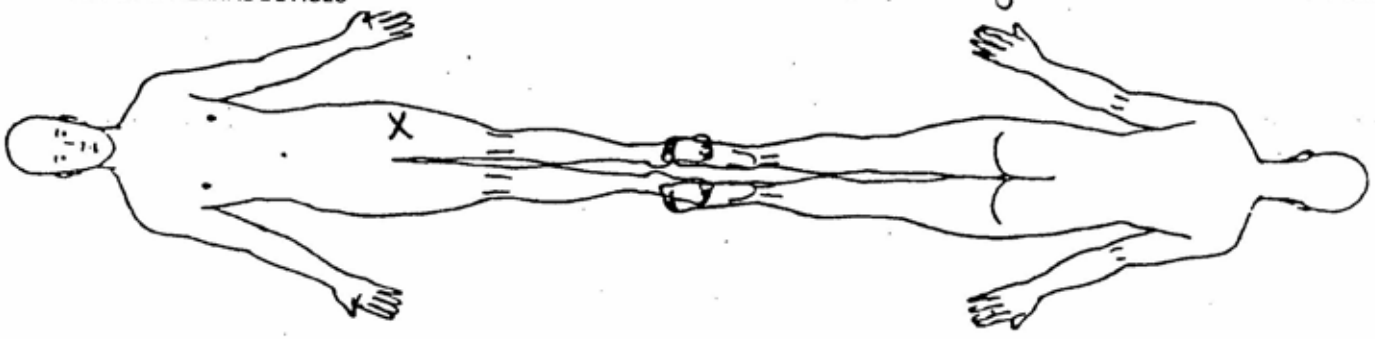
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR
☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Beta/beta
SITE: abdomen BY WHOM (b)(6)
SITE: Right leg BY WHOM

COMMENTS: Ø pooling or irritation noted

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	SCRUB	CIRCULATOR
Sponge	☐ Yes	☑ No					
Needle Sharp	☐ Yes	☑ No					
Instrument	☐ Yes	☑ No					
Other	☐ Yes	☑ No					

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

(b)(6)

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

☑ ESU NO: (b)(6)
GROUND PAD: BRAND (b)(6)
LOT NO: (b)(6)

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

Cut 30/ coag 30

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 TEST, PRESS AND/OR OBSOLETE. EXHIBIT USAPA V1.01

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

2

13. PROSTHESIS, IMPLANTS ☐ YES ☐ NO IF YES NAME: ID NUMBER; MANUFACTURER ~~2400-06-CID789-78473~~

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):

0.9% NaCl

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☑ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☑	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☑	NAME	NAME
CULTURE (C) YES ☐ NO ☑	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

	1.	2.	3.
TYPE/SIZE	JP Drains 10mmx2		
SITE	Abdomen		

18. DRESSING/IMMOBILIZATION *(Specify)*

Wound vac to right leg
Wound Vac to Abdomen

19. ADDITIONAL INFORMATION

Surgeon (b)(6)

Anes. (b)(6)

20. OPERATION(S) PERFORMED

① I&D Right leg
② I&D abdomen

21. PATIENT TRANSFERRED TO ICU TIME 1328 METHOD Litter

22. REGISTERED NURSE SIGNATURE (b)(6)

EXHIBIT 2

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.01

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

KM 1055

ASA III

AUTHORIZED FOR LOCAL REPRODUCTION
0100-06-CID789-8473

MEDICAL RECORD–ANESTHESIA

PROCEDURE: I+D RLE / ABD w/o

ITEM	START	STOP
Anesthesia	1009	
Procedure	1050	1305

DATE: 1 JUL 06 | OR NO. | PAGE OF | SURGEON(S): (b)(6) / (b)(6) | TRACH 8.0

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

PATIENT SAFETY
☑ Anes. Machine & PM223 Checked
☑ Safety Belt On ☐ Auxiliary Roll
☑ Arm Restraints ☐ Arms Tucked
☑ Pressure points checked and padded
☑ Eye Care: ☐ Ointment ☐ Saline ☐ Taped ☐ Pads ☐ Goggles

MONITORS AND EQUIPMENT
☑ Sloth ☐ Esoph ☐ Precord ☐ Other
☑ Non-invasive B/P ☐ Nerve Stimulator
☐ Continuous EKG ☐ V Lead EKG
☑ Pulse Oximeter ☐ Oxygen Analyzer
☐ End Tidal CO_2 ☐ Resp Gas Analyzer
☐ Temp Blanket ☐ EEG
☐ Warming Blanket ☐ Fluid Warmer
☐ Airway Humidifier ☐
☐ NG/OG Tube ☐ Foley Catheter
☑ Art Line Radial
☑ CVP (2) 11 TLC
☐ PA Line
☐ IV(s)
☐

ANESTHETIC TECHNIQUES
Method: ☑ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C.
General: ☐ Pre-O_2 ☐ L.T.A. ☐ Rapid Sequence ☐ Cricoid Pressure ☐ Intravenous ☑ Inhalation ☐ Intramuscular ☐ Rectal
Regional: ☐ Position ☐ Prep ☐ Local ☐ Needle ☐ Drug(s) ☐ Dose ☐ Attempts # ☐ Site ☐ Level ☐ Catheter ☐ See Remarks

AIRWAY MANAGEMENT
☐ Intubation ☐ Oral ☐ Nasal ☐ Direct Vision ☐ Magill's ☐ Blind ☐ Dif. see Pmks ☐ Fiber Op ☐ Stylet
☐ Attempts # ☐ Blade
☐ Tube size ☐ Endobronchial
☐ Regular ☐ RAE ☐ Armored ☐ Laser
☐ Cuffed ☐ Min. occ. pres. ☐ Air ☐ N_2O
☐ Uncuffed, leaks at cm H_2O
☐ Secured at
☐ Breath Sounds
☑ Circuit: ☐ Circle ☐ Non-rebreathing
☐ Airway: ☐ Oral ☐ Nasal ☐ Natural
☐ Mask Case ☐ Via Tracheostomy
☐ Nasal Cannula ☐ Simple O_2 Mask
ET CO_2 Present

RECOVERY ROOM
Time: 1310 | BP 109/53 | O_2 Sat 100
☐ PACU ☐ ICU ☐ L&D | P 94 | R Vent | T
☐ Awake ☐ Spont Resp ☐ Oral Airway
☐ Asleep ☑ Ventilator ☐ Nasal Airway
☑ Stable ☐ Extubated ☐ Face Shield O_2
☐ Unstable ☐ T-Piece O_2

CONTROLLED DRUGS

Drug	Used	Destroyed	Returned

Provider: Witness:

TIME: 1030 · 1100 · X · 1200 · X · 1300 · 1400 · X · 1320

												TOTALS
AGENTS: Hal ☐ Enf ☐ Iso ☐	2.0	1.5	1.0	1.0	1.0	0.8	0.8	0.8	0.8	0.8	0.8	
N_2O ☐ Air (L/min)												
Oxygen (L/min)	2	2	2	2	2	2	2	2	2	2	2	
Vecuronium (10)	10			10								
Fentanyl (0.2)					0.2				0.2			30 / 0.4
( )												
( )												
( )												
FLUIDS: S/L Dextrose						150	250	350				430
INSULIN 6U/hr	4u/hr								2			
Ringers LR 20	ml/hr			100								
Urine Foley (ml)						350						
EBL (ml)												
MONITORS: EKG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	
% O_2 Inspired (FIO_2)	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	
O_2 Saturation (SaO_2)	100	100	100	100	100	100	100	100	100	100	100	
End Tidal CO_2	42	34	29	30	31	31	33	33	34	34	35	
Temp: ☑ C ☐ F	37	37	37	37	36	36	36	36	36	36	36	
↑ BP				130	130	130	130	140	130	130	130	

VITAL SIGNS: Baseline Values 117/55 BP; 74 P; R; 200 180 160 140 120 100 80 60 40 20

VENT												
Tidal Vol. (ml)	780	980	940	980	830	740	800	760	760	750	780	
Resp. Rate	16	16	16	12	12	10	10	10	10	10	10	
Peak Pres. (cm H_2O)	30	31	29	27	28	27	27	30	07	29	28	
PEEP (cm H_2O)	–	–	–	–	–	–	–	–	–	–	–	
Symbols for Remarks	CV	CV	CV	CV	CV	CV	CV	CV	CV	CV	CV	
Position		–		–		–		–		–		

SYMBOLS: × ANESTHESIA; ⊙ OPERATION; V ^ BP CUFF PRESSURE; ↓ ↑ ARTERIAL LINE PRESSURE; Δ MEAN ARTERIAL PRESSURE; ● PULSE; O SPONTANEOUS RESP; ⊘ ASSISTED RESP; ⊙ CONTROLLED RESP; T TOURNIQUET

ANESTHESIA PROVIDER(S): (b)(6)

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

(b)(6)

REMARKS

1140 BG (A-Line) 54
1145 Methylene Blue Retrograde thru Foley Catheter
1240 BG (A-Line) 57
↓ INSULIN gtt to 2u/hr
1125 leg procedure ended
1130 abd procedure began

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2
TO LOU CHAPUT'S AFFIDAVIT
10 OCT

Report Given to Lou Nucy

PRE-ANESTHESIA EVALUATION

AGE	SEX ☐M ☐F	HEIGHT in./cm.	WEIGHT lb./kg.	PRE-PROCEDURE VITAL SIGNS B/P P R T

PROPOSED PROCEDURE

PREVIOUS ANESTHESIA/OPERATIONS *(If none, check here ☐)*

CURRENT MEDICATIONS *(If none, check here ☐)*

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS *(If none, check here ☐)*

ALLERGIES *(If NKDA, check here ☐)*

AIRWAY/TEETH/HEAD AND NECK

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☐ CHART
☐ SIGNIFICANT OTHER ☐ PATIENT

SYSTEM	WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma, Bronchitis, COPD, Dyspnea, Orthopnea Pneumonia, Productive cough, Recent cold, SOB, Tuberculosis	☐	Tobacco Use: ☐ No ☐ Yes ____ Pack/Day for ____ Years	Chest X-ray, Pulmonary Studies
CARDIOVASCULAR Angina, Arrhythmia, CHF, Exercise Tolerance, Hypertension MI, Murmur, MVP, Pacemaker, Rheumatic fever	☐		EKG
HEPATO/GASTROINTESTINAL Bowel obstruction, Cirrhosis, Hepatitis, Hiatal hernia Jaundice, N&V, Reflux/heartburn, Ulcers	☐	Ethanol Use: ☐ No ☐ Yes Frequency_____	
NEURO/MUSCULOSKELETAL Arthritis, Back problems, CVA/stroke, DJD, Headaches, Loss of consciousness, Neuromuscular disease, Paralysis Paresthesia, Syncope, Seizures, TIAs, Weakness	☐		
RENAL/ENDOCRINE Diabetes, Renal failure/Dialysis, Thyroid disease, Urinary retention, Urinary tract infection, Weight loss/gain	☐		
OTHER Anemia, Bleeding tendencies, Hemophilia, Pregnancy, Sickle cell trait, Transfusion history			

PROBLEM LIST/DIAGNOSES

ASA PS: 1 2 3 4 5 E

LAB STUDIES Hgb/HcT/CBC Electrolytes Urinalysis

Other

PLANNED ANESTHESIA/SPECIAL MONITORS

PRE-ANESTHESIA MEDICATIONS ORDERED

POST-ANESTHESIA NOTE

SIGNATURE OF EVALUATOR(S)

Signed Date Time

OPTIONAL FORM 517 BACK

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

PROCEDURE AND SITE VERIFICATION R... 0100-06-CID789-78473

For use of this form, see MEDCOM Cir 40-17

This document will be maintained as a permanent part of the medical record

PROCESS	STAFF'S SIGNATURE*	INITIALS*	DATE AND TIME
1st verification (ward/ambulatory procedure unit/clinic). Prior to pre-op medication administration. I verified all of the following: a. Intended procedure (with side/level/site) is written clearly on consent and consent is signed by provider. b. Patient identified using two patient identifiers. c. Patient/parent/guardian and witness have signed the consent. d. Patient/parent/guardian verbalizes understanding of the intended procedure and points to the site.	Licensed Staff Member** (b)(6)	(b)(6)	1 Jul 06 1025
2nd verification - Operating provider (ward/ambulatory procedure unit/clinic/holding area). Prior to pre-op medication administration. I verified all of the following: a. Correct patient. b. Procedure (with side/level/site) and operating provider listed on consent are correct. c. With patient's involvement, I have written my initials on the surgical site. Note: Patient refusal of marking will be annotated on this document in the "notes" section.	Operating Provider (b)(6)		1 JUL 06 1055
2nd verification - Anesthesia provider and OR nurse/licensed staff member (holding area). Prior to pre-op medication administration. I verified all of the following: a. Patient, procedure (side/level/site), and operating provider listed on consent are correct. b. Consent matches H&P or progress note. c. The operating provider's initials have been written on the operative site.	Anesthesia Provider (b)(6) OR Nurse/Licensed Staff (b)(6)	(b)(6)	1 Jul 06 1030 01 Jul 06 1030
3rd verification/final time out - OR nurse/licensed staff member (OR or procedural area) I verified all of the following: a. Patient's ID (name and SSN) has been reviewed and is consistent with the consent. b. The operating provider verbally confirmed (as a final time out) with the team the following. 1. Patient's name, intended procedure, and side/level/site. 2. The patient information is consistent with the consent and H&P or progress note. 3. Scans/x-rays available per operating provider's request.	OR Nurse/Licensed Staff Member** (b)(6)		01 Jul 06 1050

*Write the signature and initials once; thereafter, only initials are required.

**In outpatient clinics not requiring a licensed staff member's participation in the procedure, the verification will be completed by the non-licensed staff in attendance at the procedure.

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

(b)(6)

Notes:

ICU Bed #3

FOR OFFICIAL USE ONLY

EXHIBIT 2

MEDCOM FORM 741-R (TEST) (MCHO) OCT 02 PRIVACY ACT STATEMENT OF 1974 IS COVERED BY DD FORM 2005 MC V1.00

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

100-06-CID789-78473

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: 29 Jun 06

DATE AND HOUR REQUIRED: 29 Jun 06, 1650

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: GSW to ABd

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.

(b)(6)

DATE VERIFIED: 29 Jun 06

TIME VERIFIED: 1650

Exp 27Dec06

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O, Rh POS

RECIPIENT: ABO O, Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: NEG

CROSSMATCH: NA FFP

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 29 Jun 06

REMARKS: TE expired 2 July 06 @2359

PREVIOUS RECORD CHECK:

☒ RECORD ☐ NO RECORD

(b)(6)

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED: (b)(6)

AT *(Hour)*: 1820 ON *(Date)*: 29 Jun 06

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.

(b)(6)

2nd VERIFIER *(Signature)*

PRE-TRANSFUSION

TEMP. 100 | PULSE 108 | BP 100/63

DATE OF TRANSFUSION: 29 Jun 06 | TIME STARTED: 1826

POST-TRANSFUSION DATA

AMOUNT GIVEN: 230 ML

TIME/DATE COMPLETED/INTERRUPTED: 2145 29 JUN 06

REACTION: ☒ NONE ☐ SUSPECTED

TEMPERATURE: 100.3 | PULSE: 97 | BLOOD PRESSURE: 117/59

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.)*

(b)(6)

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

(b)(6)

SEX: (b)(6)

WARD: ICU

ICU Bed #3

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

EXHIBIT 2

Medical Record Copy

000148

ACLU-RDI 5532 p.148

10-L-0126 ACLU CID ROI 11771

0100-06-CID789-78473

NSN 7540-01-165-7294 519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
~~CT~~ Abd Abdomen		(b)	(b)(6)		
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

(b) Dobhoff placement

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSACTION *(Month, day, year)*
12/06		

RADIOLOGIC REPORT

@1354

DHT overlying Stomach

JP Drain LLQ

nonobstr. pattern

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
(b)(6)	LOCATION OF RADIOLOGIC FACILITY
	SIG (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 1

0100-06-CID789-78473

NSN 7540-01-165-7294

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Portable CXR	(b)		(b)(6)	ICU	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

Central line Placement

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSACTION *(Month, day, year)*
12/06 @ 1715		

RADIOLOGIC REPORT

new (R) sc cvc o/w

stable lines/tubes. ⌀ PTX

central vascular prominence

& mild ↑ basilar opacities

MS/DW

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGN (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

EXHIBIT 2

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

NSN 7540-01-165-7294

0100-06-CID789-78473

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
CXR	(b)(6)				
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

VENT
NGT PLACEMENT
R/O INFILTRATES

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
1 JUL 06 0445		

RADIOLOGIC REPORT

Lungs clear!

Stable tubes / lines

(b)(6)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

(b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR 201-45.505)

OFFICIAL USE ONLY
Medical Record
FOREMENT SENSITIVE

EXHIBIT 2

0100-06-CID789-78473
600-108

17540-00-634-4176
ICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATEMENT, TREATING ORGANIZATION (Sign each entry)
19 JUN 06	Nutrition Risk Screening
	S/O: Active Duty Contractor (Detainee) Civilian
	Ward: TCW Bed Number: 17
	Dx: Abdomen Pain
	Age: Gender: M Ht: 67" Wt: BMI:
	Diet: NPO
	Tolerating Diet:
	A/P:
	Nutrition Risk:
	~~Patient determined to be at low nutrition risk; will be re-screened in one week~~
	Patient determined to be at nutrition risk secondary to :
	Further intervention by RD needed within 48 hours
	Nutrition Care Division NCD, TF 21 MED

PATIENT'S IDENTIFICATION (Use this space for Mechanical
(b)(6)

RECORDS MAINTAINED AT:

PATIENT'S NAME (Last, First, Middle Initial) | SEX

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION

DEPARTMENT/SERVICE | IDENTIFICATION NO. | DATE OF BIRTH

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA/ICMR

0100-06-CID789-78473

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [x] RED BLOOD CELLS (1 u
- [ ] 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.)
- [x] TYPE AND SCREEN T&C
- [ ] CROSSMATCH

DATE REQUESTED 2 July 06

DATE AND HOUR REQUIRED 1145

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 GSW abd

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.

SI (b)(6)

DATE VERIFIED 2 July 06

TIME VERIFIED 1145

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO. 01

PATIENT NO. (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NEG	Comp

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 2 JUL 06

REMARKS: unit EXP 3 JUL 06

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT (Hour) 1250 ON (Date) 2 JUL 06

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.

(b)(6)

(b)(6)

PRE-TRANSFUSION TEMP. 100 | PULSE 91 | BP 134/46

DATE OF TRANSFUSION 2 JUL 06 | TIME STARTED 1300

POST-TRANSFUSION DATA

AMOUNT GIVEN 375 ML

TIME/DATE COMPLETED/INTERRUPTED 1450 2 JUL 06

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
101.5	84	150/75

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)

SEX (b)(6) WARD ICU

~~FOR OFFICIAL USE ONLY~~

~~RCEMENT SENSITIVE~~

EXHIBIT 1

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

000153

(b)(6)

ACLU-RDI 5532 p.153

10-L-0126 ACLU CID ROI 11776

100-06-CID789-78473

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)

- [x] RED BLOOD CELLS 1U
- [ ] 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 2July06

DATE AND HOUR REQUIRED 1145

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: N/A

HEMOLYTIC DISEASE OF NEWBORN? _____

REQ (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE GSW abd

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 corr (b)(6)

SIG

DATE VERIFIED 2July06

TIME VERIFIED 1145

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO. (b)(6)

PATIENT NO. (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN: NEG

CROSSMATCH: COMP

PREVIOUS RECORD CHECK: [ ] RECORD [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)

DONOR: ABO O; Rh POS

RECIPIENT: ABO O; Rh POS

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 2JUL06

REMARKS: Unit EXP 3JUL06

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT (Hour) 1450 ON (Date) 2JUL06

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 V (b)(6)

(b)(6)

PRE-TRANSFUSION TEMP. 101.5 PULSE 85 BP 151/77

DATE OF TRANSFUSION 2July06 TIME STARTED 1500

POST-TRANSFUSION DATA

AMOUNT GIVEN 357 ML

TIME/DATE COMPLETED/INTERRUPTED 1650 2JUL06

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 101.5 PULSE 90 BLOOD PRESSURE 134/67

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.)

[x] NO [ ] YES (Specify)

(b)(6)

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

SEX (b)(6)

WARD 1CM

(b)(6)

~~AL USE ONLY~~

~~EMENT SENSITIVE~~

EXHIBIT 2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

0100-06-CID789-78473

NSN 7540-01-165-7294

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

AMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
CXR		(b)	(b)(6)	ICU	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

R/O INFILTRATES
VENT
COARSE LUNG SOUNDS

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
2JUL06		

RADIOLOGIC REPORT

0510

Stable RLL & LLL linear opacities M/L ATX
(R) IJ & SC CVC

(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility)

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNA (b)(6)

(b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

(b)(6) (b)(6) 78473

From: (b)(6)
Sent: Sunday, July 02, 2006 9:24 AM
To: (b)(6)
Cc:

Subject: ABU Results

Bucca Team Please ensure to e-mail lab results to (b)(6) and CC me. Thank you. (b)(6) the results for (b)(6) are:

Chemistry
AlB 1.3 g/dL
Alp 1613 U/L High
ALT 203 U/L High
AMY 144 U/L High
AST 284 U/L High
Uric 2.9 Mg/dL
Tbil 18.2 mg/dL
BUN 40 Mg/dL High
Ca 6.0 mg/dL
Chol 139 mg/dL
Cl 116 mmol/L High
CO2 25 mmol/L
Crea 1.1 mg/dL
GGT 911 U/L High
Glu 108 mg/dL
K 2.1 mmol/L Low (Panic Value)
Mg 1.8 mg/dL
Phos 2.9 mg/dL
TProt 4.0 g/dL
Na 149 mmol/L

CBC
WBC 11.8 High
RBC 3.18
HGb 9.5
HCt 29.0
MCV 91.3
MCH 29.9
MCHC 32.7
PLt 327
LY% 10.0 Low
LY# 1.2

Coagulation
PT 12.6 sec
APTT 36.4 sec
INR 1.3

(b)(6), the other chemistries will be performed this evening and micro will be resulted as they become available.

I am assuming you received the piccolo reagents if you need more let me know. We had one tube that leak a little bit in last nights shipment(we should have enough to do the testing)If you don't have the lids that fit flush with the tube let me know and we will send you some. Hope all is going well with the transition.

(b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

NSN 7540-01-165-7294 519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
PCXR		(b)		ICU	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

DHT PLACEMENT
R/O PTX
R/O INFILTRATE
ROUTINE

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSACTION *(Month, day, year)*
03 JULY 2006 (b)(6)		

RADIOLOGIC REPORT TD0500

Improved (R) base ATX
↑ (R) peripheral (R) lung AT ASD
& stable opacity (L) Base
All prob ATX
O/N ¢ Δ

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
(b)(6) ICU #3	LOCATION OF RADIOLOGIC FACILITY
	SIGNATUR (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

0100-06-CID789-78473

PATIENT'S IDENTIFICATION

(b)(6)

SURGICAL CHECKLIST

UNIT/ROOM/BED

ICU Bed #3

INSTRUCTIONS: INITIAL OR MARK N/A IF NOT APPLICABLE

CLINICAL RECORDS

SF 515 - TISSUE EXAMINATION		PRE-OP COUNSELING TO PATIENT	
SF 516 - OPERATION REPORT		A. M. CARE/PREP	
SF 517 - ANESTHESIA		VALUABLES AND JEWELRY REMOVED	
SF 518 - BLOOD TRANSFUSION _____ UNITS		HAIRPINS, MAKEUP, NAILPOLISH REMOVED	(b)(6)
SF 522 - OPERATIVE PERMIT *(Signed and Witnessed)*		DENTURES/BRIDGE REMOVED	
SF 509 - PROGRESS NOTE *(Contains physician's informed consent)*	(b)(6)	CONTACT LENSES/ GLASSES, GLASS EYE, HAIRPIECE, PROSTHESIS REMOVED	
BLOOD TRANSFUSION CONSENT		VOIDED *(Specify time)* @	(b)(6)
MEDICATION ADMINISTRATION RECORD			
IV FLOW SHEET		ENEMA *(If ordered)*	
HISTORY AND PHYSICAL		ID/ALLERGY BAND(S) ON NON-OPERATIVE ARM (LEGIBLE)	
SF 511 - T.P.R. GRAPHIC			
NURSES NOTES		INPATIENT IDENT PLATE ON CHART TO OR	
DOCTORS ORDERS			
X-RAY *(ONLY the required)*		NPO SINCE: midnight	(b)(6)
REPORTS			
FILMS		PRE-OP MEDICATION *(Specify kind and time administered)*	
LABORATORY REPORTS *(ONLY the required)*		NO	YES *(see Medication Record)*
HEMATOLOGY			
URINE			
EKG			

(Prior to pre-op medication)

T		P		R		BP		WT	

CATHETER IN PLACE

YES		NO		CLAMPED		TO DRAINAGE	

KNOWN ALLERGIES

COMMENTS

INSERT CARD HERE

DATE AND TIME RELEASED TO OR:

SIGNATURE OF NURSE RELEASING PATIENT TO OPERATING ROOM

(b)(6)

~~OFFICIAL USE ONLY~~
~~FOR OFFICIAL USE ONLY~~
~~ATTORNEY WORK PRODUCT~~
~~ATTORNEY-CLIENT PRIVILEGED~~
~~DELIBERATIVE~~
~~PRE-DECISIONAL~~
~~ATTORNEY WORK PRODUCT~~
~~ATTORNEY-CLIENT PRIVILEGED~~
~~DELIBERATIVE~~
~~PRE-DECISIONAL~~

EXHIBIT 2

DD Form 1924, OCT 93 PREVIOUS EDITIONS ARE OBSOLETE

CEDURE AND SITE VERIFICATION 0100-06-CID789-78473

For use of this form, see MEDCOM Cir 40-17

This document will be maintained as a permanent part of the medical record

PROCESS	STAFF'S SIGNATURE*	INITIALS*	DATE AND TIME
1st verification (ward/ambulatory procedure unit/clinic). Prior to pre-op medication administration. I verified all of the following: a. Intended procedure (with side/level/site) is written clearly on consent and consent is signed by provider. b. Patient identified using two patient identifiers. c. Patient/parent/guardian and witness have signed the consent. d. Patient/parent/guardian verbalizes understanding of the intended procedure and points to the site.	Licensed Staff Member** (b)(6)	(b)(6)	3JUL06
2nd verification - Operating provider (ward/ambulatory procedure unit/clinic/holding area). Prior to pre-op medication administration. I verified all of the following: a. Correct patient. b. Procedure (with side/level/site) and operating provider listed on consent are correct. c. With patient's involvement, I have written my initials on the surgical site. Note: Patient refusal of marking will be annotated on this document in the "notes" section.	Operating Provider (b)(6)		3 Jul 06 1615
2nd verification - Anesthesia provider and OR nurse/licensed staff member (holding area). Prior to pre-op medication administration. I verified all of the following: a. Patient, procedure (side/level/site), and operating provider listed on consent are correct. b. Consent matches H&P or progress note. c. The operating provider's initials have been written on the operative site.	Anesthesia Provider (b)(6) (b)(6)	(b)(6) (b)(6)	3 Jul 06 1630 3JUL06 1630
3rd verification/final time out - OR nurse/licensed staff member (OR or procedural area) I verified all of the following: a. Patient's ID (name and SSN) has been reviewed and is consistent with the consent. b. The operating provider verbally confirmed (as a final time out) with the team the following. 1. Patient's name, intended procedure, and side/level/site. 2. The patient information is consistent with the consent and H&P or progress note. 3. Scans/x-rays available per operating provider's request.	OR Nurse/Licensed Staff Member** (b)(6)	(b)(6)	3Jul06 1715

*Write the signature and initials once; thereafter, only initials are required.

**In outpatient clinics not requiring a licensed staff member's participation in the procedure, the verification will be completed by the non-licensed staff in attendance at the procedure.

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

(b)(6)

ICU Bed # 3

Notes:

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

MEDCOM FORM 741-R (TEST) (MCHO) OCT 02 PRIVACY ACT STATEMENT OF 1974 IS COVERED BY DD FORM 2005 *MC V1.00*

MEDICAL RECORD | **INTRAOPERATIVE DOCUMENT** 00-CID789-78473

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Litter BY OR staff

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

3. DATE 03 Jul 06 TIME PATIENT ARRIVED IN SUITE 1650

4. PATIENT IN ROOM
TIME 1650 NUMBER 1-4

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Patient intubated

6. NURSING PERSONNEL

ASSIGNED SCRUB	(b)(6)	RELIEF SCRUB	(b)(6)
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: Arms secured to padded arm boards

8. SKIN PREPARATION

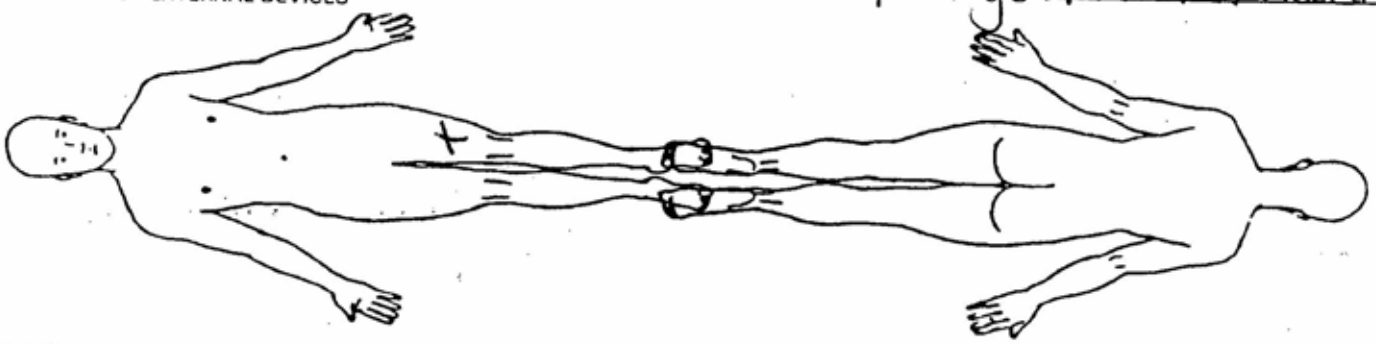
HAIR REMOVAL ☐ YES ☑ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Beta/beta
SITE: abdomen BY WHOM (b)(6)
SITE: Right leg BY WHOM

COMMENTS: ∅ pooling or irritation noted

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS			Initial ~~Other~~	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☑ Yes	☐ No	C	C	C	(b)(6)	(b)(6)
Needle Sharp	☑ Yes	☐ No	C	C	C		
Instrument	☑ Yes	☐ No	C	C	C		
Other	☐ Yes	☑ No					

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

(b)(6)

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

☐ ESU NO: (b)(6)
GROUND PAD: BRAND (b)(6)
LOT NO:

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

cut 50/coag 50

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82 WHICH IS OBSOLETE. USAPA V1.01

~~INTERNAL USE ONLY~~

EXHIBIT 2

~~LAW ENFORCEMENT SENSITIVE~~

13. PROSTHESIS, IMPLANTS ☐ YES ☑ NO IF YES NAME: ID NUMBER; MANUFACTURER

100-06-CID789-78473

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):

0.9% NaCl

OTHER ORDERS

	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE (b)(6)

15. X-RAY IN OPERATING YES ☐ NO ☑ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☑	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☑	NAME	NAME
CULTURE (C) YES ☐ NO ☑	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*

Wound vac to abd
Wound vac to left leg

19. ADDITIONAL INFORMATION

Surgeon: (b)(6)

Anes: (b)(6)

20. OPERATION(S) PERFORMED

① Low anterior resection
② Wound vac change to leg (left)

21. PATIENT TRANSFERRED TO ICU TIME 1955 METHOD stretcher

22. REGISTERED NURSE SIGNATURE (b)(6)

REVERSE OF DA FORM 5179-1, OCT 87

EXHIBIT 2

USAPA V1.01

~~LAW ENFORCEMENT SENSITIVE~~

(b)(6)

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD–ANESTHESIA

PROCEDURE: (L) RADICAL ACTIVE PROCEDURE 06-CID789-78473 RLE WLE ABDVLE EXLAP c rectal excision

ITEM	START	STOP
Anesthesia	1640	2000
Procedure	1720	1945

DATE: 3 Nov 06 | OR NO.: 1 | PAGE OF: 1 | SURGEON(S): (b)(6)

PRE-PROCEDURE
- ☑ Identified ☐ Band ☑ Questioning
- ☐ Chart Review ☑ Permit Signed
- ☑ NPO Since MN
- Pre-Anesthetic State: ☐ Calm ☐ Asleep ☐ Confused ☐ Unresponsive
- ☐ Anxious ☑ Sedated ☐ Apprehensive

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 CO_2 ☐ Resp Gas Anlyzr
- ☐ Temp ____ ☐ EEG
- ☐ Warming Blanket ☐ Fluid Warmer
- ☐ Airway Humidifier ☐ ____
- ☐ NG/OG Tube ☐ Foley Catheter
- ☐ Art Line R&L RADIAL
- ☑ CVP SUBCLAVIAN
- ☐ PA Line
- ☐ IV(s)
- ☐

ANESTHETIC TECHNIQUES
- Method: ☑ General ☐ Spinal ☐ Epidural ☐ Caudal ☐ Brachial ☐ Bier Block ☐ Ankle Blk ☐ M.A.C.
- General: ☐ Pre-O_2 ☐ L.T.A. ☐ Rapid Sequence ☐ Cricoid Pressure ☐ Intravenous ☑ Inhalation ☐ Intramuscular ☐ Rectal
- Regional: ☐ Position ____ ☐ Prep ____ ☐ Local ____ ☐ Needle ____ ☐ Drug(s) ____ ☐ Dose ____ ☐ Attempts # ____ ☐ Site ____ ☐ Level ____ ☐ Catheter ____ ☐ See Remarks

AIRWAY MANAGEMENT
- ☑ Intubation ☐ Oral ☐ Nasal
- ☐ Direct Vision ☐ Magill's ☐ Blind
- ☐ Diff. see Remks ☐ Fiber Op ☐ Stylet
- ☐ Attempts # ____ ☐ Blade ____
- Tube size ____ ☐ Endobronchial
- ☐ Regular ☐ RAE ☐ Armored ☐ Laser
- ☑ Cuffed ☐ Min. occ. pres. ☐ Air ☐ N_2O
- ☐ Uncuffed, leaks at ____ cm H_2O
- ☑ Secured at ____ ☑ ET CO_2 Present
- ☑ Breath Sounds BBS
- ☑ Circuit: ☐ Circle ☐ Non-rebreathing
- ☐ Airway: ☐ Oral ☐ Nasal ☐ Natural
- ☐ Mask Case ☐ Via Tracheostomy
- ☐ Nasal Cannula ☐ Simple O_2 Mask

RECOVERY ROOM

Time	BP	P	R	T	O2 Sat
1930	113/51	69			
		82			

- ☐ PACU ☐ ICU ☐ L&D
- ☐ Awake ☐ Sponl 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
Fentanyl	150	—	—

Provider ____ Witness ____

TIME: 1600 1700 1800 1900 2000 2100

AGENTS
- ☐ Hal ☐ Enf ☐ Iso ☐ N_2O ☐ Air (L/min): 1.0 1.8 2.0 .8 .5 .8 1.0 1.3 1.3 1.3 1.0 1.0
- Oxygen (L/min): 2 2 2 2 2 3 3 3 3 3 3 3
- Urocuronium 5
- Fentanyl 100/50 100/100 100/100 100/100
- Ancef 1gm/50ml 1gm
- Versed (mg/ml) 2mg 0.2 0.2
- LR 200 500 400 (1000)

FLUIDS
- D5 (D5 ½NS) 36m 125cc/h
- Urine ☐ cc ☐ (ml) 150 200 300 300
- EBL (ml)

MONITORS
- EKG: SR SR SR SR SR SR SR SR SR SR SR SR
- % O_2 Inspired (FIO_2): 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0
- O_2 Saturation (SaO_2): 100 100 100 100 100 100 100 100 99 99 99 99
- End Tidal CO_2: 35 34 31 36 34 34 35 33 34 33 31 31
- Temp: ☐ °C ☐ °F: 35.9 35.8 35.8 35.8 35.8 35.7 35.7 35.2

VITAL SIGNS
- Baseline Values: BP 107/65; P 68; R
- 200 180 160 140 120 100 80 60 40 20

VENT

Tidal Vol. (ml)	740	760	760	480	420	680	660	690	610	660	660	720
Resp. Rate	13	13	13	10	12	10	11	10	10	10	10	10
Peak Pres. (cm H_2O)	30	28	30	30	29	33	33	34	38	32	34	32
PEEP (cm H_2O)	—	—	—	—	—	—	—	—	—	—	—	—
Symbols for Remarks	CV	CV	CV	CV	CV	CV	CV	CV	CV	CV	CV	CV
Position	☐	—	☐	—	☐	—	—	—	☐	—	☐	—

TOTALS: 10; 150 (GTT) see 9th row; D5 1000; Versed; 300

SYMBOLS
- × ANESTHESIA
- ⊙ OPERATION
- V ^ B/PCUFF PRESSURE
- ARTERIAL LINE PRESSURE
- Δ MEAN ARTERIAL PRESSURE
- ● PULSE
- O SPONTANEOUS RESP
- ⊘ ASSISTED RESP
- ⊙ CONTROLLED RESP
- T TOURNIQUET

(b)(6)

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

REMARKS
- 1/3 0450 PT/INR 10.2/1.0 — 19 / 185 / 33
- exlap Stop @ 1920 1/3 1800
- RLE Vac Δ Start 1925 - see above — 20.4 / 207 / 30 — 10.4/1.0
- Results reported to surgeon
- ↓ insulin gtt to 2u/hr
- ↑ D5 to 150 cc/hr

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

~~FOR OFFICIAL USE ONLY~~
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

PRE-ANESTHESIA EVALUATION

0100-06-CID789-78473

AGE	SEX ☐M ☐F	HEIGHT in./cm.	WEIGHT lb./kg.	PRE-PROCEDURE VITAL SIGNS B/P	P	R	T

PROPOSED PROCEDURE

PREVIOUS ANESTHESIA/OPERATIONS *(If none, check here ☐)*

CURRENT MEDICATIONS *(If none, check here ☐)*

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS *(If none, check here ☐)*

ALLERGIES *(If NKDA, check here ☐)*

AIRWAY/TEETH/HEAD AND NECK

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☐ CHART
☐ SIGNIFICANT OTHER ☐ PATIENT

SYSTEM		WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY		☐	Tobacco Use: ☐ No ☐ Yes ____ Pack/Day for ____ Years	Chest X-ray / Pulmonary Studies
Asthma	Pneumonia			
Bronchitis	Productive cough			
COPD	Recent cold			
Dyspnea	SOB			
Orthopnea	Tuberculosis			
CARDIOVASCULAR		☐		EKG
Angina	MI			
Arrhythmia	Murmur			
CHF	MVP			
Exercise Tolerance	Pacemaker			
Hypertension	Rheumatic fever			
HEPATO/GASTROINTESTINAL		☐	Ethanol Use: ☐ No ☐ Yes Frequency_____	
Bowel obstruction	Jaundice			
Cirrhosis	N&V			
Hepatitis	Reflux/heartburn			
Hiatal hernia	Ulcers			
NEURO/MUSCULOSKELETAL		☐		
Arthritis	Paresthesia			
Back problems	Syncope			
CVA/stroke	Seizures			
DJD	TIAs			
Headaches	Weakness			
Loss of consciousness				
Neuromuscular disease				
Paralysis				
RENAL/ENDOCRINE		☐		
Diabetes				
Renal failure/Dialysis				
Thyroid disease				
Urinary retention				
Urinary tract infection				
Weight loss/gain				
OTHER				
Anemia				
Bleeding tendencies				
Hemophilia				
Pregnancy				
Sickle cell trait				
Transfusion history				

PROBLEM LIST/DIAGNOSES

ASA PS: 1 2 3 4 5 E

LAB STUDIES Hgb/HcT/CBC Electrolytes Urinalysis

Other

PLANNED ANESTHESIA/SPECIAL MONITORS

PRE-ANESTHESIA MEDICATIONS ORDERED

POST-ANESTHESIA NOTE

SIGNATURE OF EVALUATOR(S)

Signed Date Time

OPTIONAL FORM 517 BACK

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Admission Assessment	Discharge Assessment
Ineffective Breathing Pattern	**Ineffective Breathing Pattern**
Lung Sounds Equal Yes ✓ No ___ more coarse on (L) Clear Yes ___ No ___ O_2 Therapy vent SIMV Rate 12, TV 650, PEEP 5 Airway ETT ✓ Oral ___ Nasal ___ N/A ___ TRACH midline	Lung Sounds Equal Yes ✓ No ___ coarse (R) Clear Yes ___ No ___ O_2 Therapy vent SIMV 12 Rate 6, TV 650, PEEP 5 Airway ETT ___ Oral ___ Nasal ___ N/A ___ TRACH midline
Altered Thought Process	**Altered Thought Process**
✓ Unresponsive ___ Sedated/Responds to verbal Stimuli ___ Sedated/Responds to DEEP Stimulus ___ Awake ___ Oriented to time, place, person	✓ Unresponsive ___ Sedated/Responds to verbal Stimuli ___ Sedated/Responds to DEEP Stimulus ___ Awake ___ Oriented to time, place, person
Potential for Decreased Cardiac Output	**Potential for Decreased Cardiac Output**
✓ Cardiac Monitor ✓ NSR w/o ectopy Skin Condition ✓ Warm ___ Dry ___ Cool ___ Clammy ✓ IV site without s/s infiltration ✓ Capillary refill < 3 Sec.	✓ Cardiac Monitor ✓ NSR w/o ectopy Skin Condition ✓ Warm ___ Dry ___ Cool ___ Clammy ✓ IV site without s/s infiltration ✓ Capillary refill < 3 Sec.
Potential for Injury	**Potential for Injury**
___ Moves all extremities Supportive Devices sedated	___ Moves all extremities Supportive Devices sedated
Altered Pattern of Urinary Elimination	**Altered Pattern of Urinary Elimination**
✓ Foley ___ Due to void/Time of last void dark amber – sediments	✓ Foley ___ Due to void/Time of last void
Altered GI Functions	**Altered GI Functions**
___ Active Bowel Sounds X4 Quads ___ Hypoactive BS ___ Abdomen non-distended Other ___ active BS	___ Active Bowel Sounds X4 Quads ___ Hypoactive BS ___ Abdomen non-distended Other ___ active BS to (R)
Impaired Skin Integrity	**Impaired Skin Integrity**
Dressings wound vac to abd (R) leg – saturated C/D/I in blood	Dressings wound vac to abd (R) leg C/D/I
Alteration in Comfort	**Alteration in Comfort**
Pain Level sedated (0 = none, 10 = severe) Location ___ Ice/Heat/Elevation ___ Positioning HOB ↑	Pain Level sedated (0 = none, 10 = severe) Location ___ Ice/Heat/Elevation ___ Positioning HOB ↑
RN Signatu (b)(6)	RN Signatur (b)(6)

Anesthesia Medication Orders

1 ___

2 ___

3 ___

Time	Medication	Dose	Route	Time	Signature	Effect

Other Interventions Neosynephrine D/cd upon PACU admission.

PT 1° in PACU met – is currently IN ICU (b)(6)

PACU Standards of Care Met

Name: ___

Signature ___

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

0100-06-CID789-78473
DS450

Time In 2000 Wt _____ kg Allergies Unk

Procedure RLE w/o ABD, Exlap 1c Rectal incision

Physician (b)(6) Hx: Abd GSW

Pre-Op Vitals (BP,P) 113/51 EBL 300 IV Fluids LR 1000 Urine Output ~~300~~ 650, 265 ~~in~~ or PACU

Type of Anesthesia ✓ General _____ IV Sedation _____ Local _____ Block _____

FS

Time	Temp	Pulse	Resp	BP	SaO_2	O_2
Admit	974	143	12	114/51	96	Vent 100%
015 15		80	12	142/68	100%	vent 100%
30	972	83	12	132/63	100%	vent 100%
45	973	84	12	126/61	100%	vent 100%
60						
90						
120						
150						

Pre/Intra/Immediate Post-op Meds		
Versed		mg
Fentanyl	150	mcg
Zofran		mg
Toradol		mg
Ketamine		mg
Propofol		mcg
Antibiotics		
neo-		

Vec 10

Legend	ADM	15	30	45	60	90	D/C	Additional Notes
Moves 4 Extremities = 2 Moves 2 Extremities = 1 Moves 0 Extremities = 0	0	0	0	Ø				
Deep Breathe/Cough = 2 Dyspnea = 1 Apneic = 0	Vent 0	vent Ø	vent Ø	vent Ø				
BP +/- 20% of Pre-op = 2 BP +/- 20 - 50% of Pre-op = 1 BP +/- 50% of Pre-op = 0	1	~~Ø~~ 1	2	2				
Fully Awake = 2 Arouses on Calling = 1 Unresponsive = 0	0	0	0	Ø				
> 92% on Room Air = 2 O_2 to Maintain > 90% = 1 < 90% with O_2 = 0	1	1	1	1				

(b)(6)

DEPARTMENT/SERVICE/CLINIC PACU / ICU

DATE 03JUL06

PATIENT'S IDENTIFICATION

(b)(6)

- ☐ History/Physical
- ☐ Other Examination or Evaluation
- ☐ Diagnostic Studies
- ☐ Treatment
- ☐ Flowchart
- ☐ Other

DA FORM 4700, May 78

Rectal Excision

Unasyn 3gm
.4 Scalapmine

A-line (L) new

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

H/H 10/30

Ink 1.0

518-124 0100-06-CID789-78473 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
03JUL06

DATE AND HOUR REQUIRED
03JUL06 ASAP

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 Ex Lap

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

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO.

PATIENT NO. (b)(6)

DONOR
ABO AB
Rh Pos

RECIPIENT
ABO O
Rh Pos

TEST INTERPRETATION
ANTIBODY SCREEN: Neg
CROSSMATCH: N/A

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS:
Exp 05Jul06

PREVIOUS RECORD CHECK:
☐ RECORD ☒ NO RECORD
(b)(6)
DATE 04Jul06

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)

AT *(Hour)* _____ ON *(Date)* 04Jul06

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. 98.3 PULSE 89 BP 102/44

DATE OF TRANSFUSION
04Jul06

TIME STARTED
0010

POST-TRANSFUSION DATA

AMOUNT GIVEN
300 ML

TIME/DATE (COMPLETED) INTERRUPTED
0135 04Jul06

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
☒ NONE ☐ SUSPECTED	98.6	91	103/48

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)

(b)(6)

SEX (b)(6)

WARD PU

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

EXHIBIT 2

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Medical Record Copy

000166

ACLU-RDI 5532 p.166

10-L-0126 ACLU CID ROI 11789

518-124 0100-06-CID789-78473 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [x] 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
- [x] CROSSMATCH

DATE REQUESTED: 03JUL06

DATE AND HOUR REQUIRED: 03JUL06 ASAP

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 Ex Lap

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: 03 July 06

TIME VERIFIED: 2315

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.

PATIENT NO.: (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN: Neg

CROSSMATCH: Comp

PREVIOUS RECORD CHECK: [ ] RECORD [x] NO RECORD

SIG: (b)(6)

DONOR: ABO O, Rh Pos

RECIPIENT: ABO O, Rh Pos

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 2006070

REMARKS: I.S. Cross Match Only. @0020 Ex: 12 Jul 06

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

IN: (b)(6)

AT (Hour): 0133 ON (Date): 04 Jul 06

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. 98.6 PULSE 91 BP 103/48

DATE OF TRANSFUSION: 04 July 06

TIME STARTED: 0135

POST-TRANSFUSION DATA

AMOUNT GIVEN: 345 ML

TIME/DATE COMPLETED INTERRUPTED: 04JUL06 @ 0310

REACTION: [x] NONE [ ] SUSPECTED

TEMPERATURE: 99.3 PULSE: 92 BLOOD PRESSURE: 126/6

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.)
- [x] NO [ ] YES (Specify)

(b)(6)

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

SEX: (b)(6) WARD: ICU

(b)(6)

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

EXHIBIT 2

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [X] 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: (b)(6)

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 03 July 06

DATE AND HOUR REQUIRED ASAP

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 Ex Lap

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 03 July 06

TIME VERIFIED 2315

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO.

PATIENT NO. (b)(6)

DONOR	RECIPIENT
ABO O	ABO O
Rh Pos	Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Neg	Comp

PREVIOUS RECORD CHECK: [ ] RECORD [X] NO RECORD

SIGN (b)(6)

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 20060704

REMARKS: I.S. Crossmatch only @0020 Ex: 12 July 06

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INS (b)(6)

AT (Hour) 0310 ON (Date) 20060704

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.

(b)(6)

(b)(6)

PRE-TRANSFUSION

TEMP. 99.3 PULSE 92 BP 126/67

DATE OF TRANSFUSION 04JUL06 TIME STARTED 0315

POST-TRANSFUSION DATA

AMOUNT GIVEN 368 ML

TIME/DATE COMPLETED/INTERRUPTED 0440 04JUL06

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	98.9	96	119/55

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.)
[X] 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)

(b)(6)

SEX (b)(6)

WARD ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

EXHIBIT 2

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Medical Record Copy

518–124

0100-06-CID789-78473 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: 03JUL06

DATE AND HOUR REQUIRED: 03JUL06 ASAP

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 Ex Lap

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

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.

PATIENT NO.: (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Neg	N/A

PREVIOUS RECORD CHECK:

☐ RECORD ☐ NO RECORD

SI (b)(6)

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 20060703

DONOR	RECIPIENT
ABO O	ABO O
Rh Pos	Rh Pos

REMARKS: Thawed @ 2331 on 20060703

Exp: 20060706/2331

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

I (b)(6)

AT *(Hour)* 0445 ON *(Date)* 04JUL06

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.

(b)(6)

2nd VERIFIER *(Signature)*

(b)(6)

PRE-TRANSFUSION

TEMP. 98.9 PULSE 96 BP 119/55

DATE OF TRANSFUSION: 04JUL06

TIME STARTED: 0445

POST-TRANSFUSION DATA

AMOUNT GIVEN: 212 ML

TIME/DATE COMPLETED/INTERRUPTED: 0530 04 JULY 06

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
☒ NONE ☐ SUSPECTED	98.9	92	108/55

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)

(b)(6)

SEX: (b)(6)

WARD: ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

EXHIBIT 2

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Medical Record Copy

000169

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT ID 789-78473

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA litter BY OR staff

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

3. DATE 4 JULY 06 TIME PATIENT ARRIVED IN SUITE 1700

4. PATIENT IN ROOM TIME 1700 NUMBER 1-2

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Patient trached

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: Arms secured to padded arm boards

8. SKIN PREPARATION

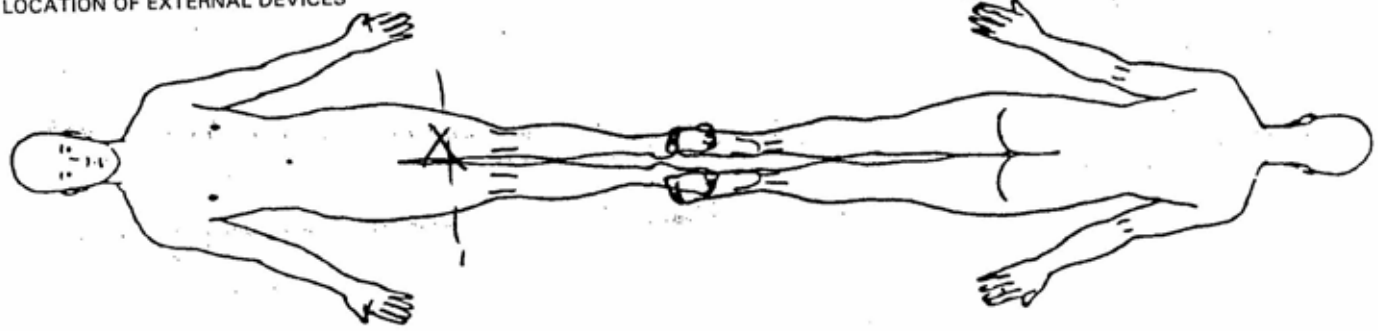
HAIR REMOVAL DONE BY: ☐ YES ☐ NO ☐ OR ☐ NURSING UNIT METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION (Specify) Beta / beta BY WHOM (b)(6)
SITE: abdomen
SITE: BY WHOM:

COMMENTS: ϕ pad/finger irritation (b)(6)

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

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

(b)(6)

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

☐ ESU NO: (b)(6)
GROUND PAD: BRAND (b)(6)
LOT NO:

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

~~FOR OFFICIAL USE ONLY~~
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

DA FORM 5179-1, OCT 87 REPLACES DEC 82, WHICH IS OBSOLETE. USAPA V1.01

0100-06-CID789-78473

13. PROSTHESIS, IMPLANTS ☐ YES ☑ NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☑

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):

0.9% NaCl

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S S (b)(6)

15. X-RAY IN OPERATING ROOM YES ☐ NO ☑ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☑	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☑	NAME	NAME
CULTURE (C) YES ☐ NO ☑	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

18. DRESSING/IMMOBILIZATION *(Specify)*

Wound vac to abdomen

17. TUBES, DRAINS/PACKING YES ☐ NO ☑

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION (b)(6)

Surgeon.

Anes. (b)(6)

20. OPERATION(S) PERFORMED

Ex lap, operative ultasound

21. PATIENT TRANSFERRED TO ICU TIME 1815 METHOD Litter

22. REGISTERED NURSE SIGNATURE

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

USAPA V1.01

REVERSE OF DA FORM 5179-1, OCT 87

PATIENT'S IDENTIFICATION

(b)(6)

SURGICAL CHECKLIST

UNIT/ROOM/BED

16 W 3

INSTRUCTIONS: INITIAL OR MARK N/A IF NOT APPLICABLE

CLINICAL RECORDS

SF 515 - TISSUE EXAMINATION		PRE-OP COUNSELING TO PATIENT	✓
SF 516 - OPERATION REPORT		A. M. CARE/PREP	
SF 517 - ANESTHESIA		VALUABLES AND JEWELRY REMOVED	
SF 518 - BLOOD TRANSFUSION 2 UNITS		HAIRPINS, MAKEUP, NAILPOLISH REMOVED	✓
SF 522 - OPERATIVE PERMIT *(Signed and Witnessed)*	✓	DENTURES/BRIDGE REMOVED	
SF 509 - PROGRESS NOTE *(Contains physician's informed consent)*	✓	CONTACT LENSES/GLASSES, GLASS EYE, HAIRPIECE, PROSTHESIS REMOVED	
BLOOD TRANSFUSION CONSENT		VOIDED *(Specify time)* @ Previously	✓
MEDICATION ADMINISTRATION RECORD			
IV FLOW SHEET	✓	ENEMA *(If ordered)*	
HISTORY AND PHYSICAL	✓	ID/ALLERGY BAND(S) ON NON-OPERATIVE ARM (LEGIBLE)	
SF 511 - T.P.R. GRAPHIC			
NURSES NOTES	✓	INPATIENT IDENT PLATE ON CHART TO OR	
DOCTORS ORDERS	✓		
X-RAY *(ONLY the required)*		NPO SINCE: MN	✓
REPORTS	✓		
FILMS		PRE-OP MEDICATION *(Specify kind and time administered)*	
LABORATORY REPORTS *(ONLY the required)*		X NO ☐ YES *(see Medication Record)*	
HEMATOLOGY	✓		
URINE			
EKG			

(Prior to pre-op medication)

T		P		R		BP		WT	

CATHETER IN PLACE

YES	X	NO		CLAMPED		TO DRAINAGE	

KNOWN ALLERGIES

NKDA

COMMENTS

DATE AND TIME RELEASED TO OR:

SIGNATURE (b)(6)

DD Form 1924, OCT 93 PREVIOUS EDITIONS ARE OBSOLETE.

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

PROCEDURE AND SITE VERIFICATION 0100-06-CID789-78473

For use of this form, see MEDCOM Cir 40-17

This document will be maintained as a permanent part of the medical record

PROCESS	STAFF'S SIGNATURE*	INITIALS*	DATE AND TIME
1st verification (ward/ambulatory procedure unit/clinic). Prior to pre-op medication administration. I verified all of the following: a. Intended procedure (with side/level/site) is written clearly on consent and consent is signed by provider. b. Patient identified using two patient identifiers. c. Patient/parent/guardian and witness have signed the consent. d. Patient/parent/guardian verbalizes understanding of the intended procedure and points to the site.	(b)(6)	(b)(6)	4 July 06 1643
2nd verification - Operating provider (ward/ambulatory procedure unit/clinic/holding area). Prior to pre-op medication administration. I verified all of the following: a. Correct patient. b. Procedure (with side/level/site) and operating provider listed on consent are correct. c. With patient's involvement, I have written my initials on the surgical site. Note: Patient refusal of marking will be annotated on this document in the "notes" section.	Operating Provider (b)(6)		4 Jul 06 1644
2nd verification - Anesthesia provider and OR nurse/licensed staff member (holding area). Prior to pre-op medication administration. I verified all of the following: a. Patient, procedure (side/level/site), and operating provider listed on consent are correct. b. Consent matches H&P or progress note. c. The operating provider's initials have been written on the operative site.	Ane (b)(6) OR Nurse/Licensed Staff (b)(6)	(b)(6) (b)(6)	4/4/06 1644 4 Jul 06 1645
3rd verification/final time out - OR nurse/licensed staff member (OR or procedural area) I verified all of the following: a. Patient's ID (name and SSN) has been reviewed and is consistent with the consent. b. The operating provider verbally confirmed (as a final time out) with the team the following. 1. Patient's name, intended procedure, and side/level/site. 2. The patient information is consistent with the consent and H&P or progress note. 3. Scans/x-rays available per operating provider's request.	OR Nurse/Licensed Staff Member**	(b)(6)	4 Jul 06 1710

*Write the signature and initials once; thereafter, only initials are required.

**In outpatient clinics not requiring a licensed staff member's participation in the procedure, the verification will be completed by the non-licensed staff in attendance at the procedure.

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

(b)(6)

(b)(6)

Notes:

~~FOR OFFICIAL USE ONLY~~
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

REQUIREMENT OF PRIVACY ACT OF 1974 IS COVERED BY DD FORM 2005

MC V1.00

MEDCOM Form 041-R (TEST) (MCHO) OCT 02

ORI 17W

AUTHORIZED FOR LOCAL REPRODUCTION
0100-06-GID789-78473

MEDICAL RECORD–ANESTHESIA

PROCEDURE: Abdominal wash-out / Ex-Lap 4/3

	START	STOP
Anesthesia	1630	1830
Procedure	1715	1810

4/4/05 | OR NO. 1 | PAGE OF 1 | SURGEON(S) (b)(6)

PRE-PROCEDURE
☐ Band ☐ Questioning
☐ Permit Signed
Since A.M.
Anesthetic State: ☐ Calm ☒ Asleep ☐ Confused ☐ Unresponsive
Comprehensive
Cooperative

PATIENT SAFETY
Mgs. Machine # 2102 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
☐ Breath ☐ Esoph ☒ Precord ☐ Other
☐ Non-invasive B/P ☐ Nerve Stimulator
☐ Continuous EKG ☐ V Lead EKG
☐ Pulse Oximeter ☐ Oxygen Analyzer
☒ End Tidal CO_2 ☐ Resp Gas Anlyzr
☐ Temp ☐ EEG
☐ Warming Blanket ☐ Fluid Warmer
☐ Airway Humidifier ☐ _____
☐ NG/OG Tube ☐ Foley Catheter
☐ Art Line
☐ CVP
☐ PA Line
☐ IV(s)
☐ _____

ANESTHETIC TECHNIQUE
Method: ☒ General ☐ Spinal
☐ Epidural ☐ Caudal ☐ Brachial
☐ Bier Block ☐ Ankle Blk ☐ M.A.C.
☐ L.T.A.
General: ☐ Rapid Sequence ☐ Pre-O_2 ☐ 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
☐ DB, see Perrks ☐ Fiber Op ☐ Stylet
☐ Attempts x ___ ☐ Blade ___
☐ Tube size ___ ☐ 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 1820 | B/P 73/39 | O_2 Sat 98%
☐ PACU | P 111 | R Vent
☐ 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

Provider _____ Witness _____

TIME:	1700	1730	1800	1830	1900	1930	2000	2030	2100	2130	TOTALS
☐ Hal ☐ Enf ☐ Iso (%)	6cv	1.0	.8	.8	off						
☐ N_2O ☐ Air (L/min)											
Oxygen (L/min)	2	2	2	2	2						
Ringer's Lactate	500										
Ringer's Lact. w/ 1 Amp Ephedrine	500										
Vasopressin 1 Unit/ml		"	"	"							
Neo (5 MG/ML)											400
D5 NS	1250			250	350						
Urine (ml)			100								
EBL (ml)											
EKG	SR	SR	SR	SR	SR						
% O_2 Inspired (FIO_2)	1.0	1.0	1.0	1.0	1.0						
O_2 Saturation (SaO_2)	100	100	100	100	100						
End Tidal CO_2	(2)	35	34	35	34						
Temp: ☐ °C ☐ °F	—	—	37.8	37.7	37.7						

VITAL SIGNS

Baseline Values: 76/40 B/P; 94 P; R

200 180 160 140 120 100 80 60 40 20

VENT

Tidal Vol. (ml)		560	600	640	640
Resp. Rate		10	14	14	14
Peak Pres. (cm H_2O)	AV	30	31	32	28
PEEP (cm H_2O)		—	—	—	—
		CV	CV	CV	CV

SYMBOLS
× ANESTHESIA
⊖ OPERATION
V / Λ B/P CUFF PRESSURE
↓ / ↑ ARTERIAL LINE PRESSURE
Δ MEAN ARTERIAL PRESSURE
● PULSE
○ SPONTANEOUS RESP
⊘ ASSISTED RESP
⊗ CONTROLLED RESP
T TOURNIQUET

(b)(6)

REMARKS

PATIENT'S IDENTIFICATION (Last, first, middle; ID No. (SSN or other) or medical facility.)

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (7-95)
Prescribed by GSA/ICMR.
FPMR (41 CFR) 101-11.203(D)(10)

(b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

0100-06-CID789-78473

NSN 7540-01-165-7294

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
PCXR		(b)		ICU	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)				DATE REQUESTED 04 JULY 06

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

R/O INFILTRATE
R/O PTX
DHT PLACEMENT
ROUTINE

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
04 JULY 06 TODAY		

RADIOLOGIC REPORT

(b)(6)

STABLE ATX/ASD (R)
MIDLINE S/P (L) BASE

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, Medical Facility)*

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATU (b)(6)

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

EXHIBIT 2

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

518-124 0100-06-CID789-78473 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of _____ units)
- [ ] CRYOPRECIPITATE (Pool of _____ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) 1u

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)
- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 4JulyO6

DATE AND HOUR REQUIRED 4JulyO6 ASAP

REQUESTING PHYSICIAN (Print) (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE GSW to ABD

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.

SI (b)(6)

DATE VERIFIED 4JulyO6

TIME VERIFIED ASAP

VOLUME REQUESTED (If applicable) _____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

REMARKS:

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

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO. (b)(6)

PATIENT NO. (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NEG	Comp

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 4JUL06

REMARKS: T&C EXP 7JUL06 @ 1708
Unit EXP 12JUL06

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6) (re)

(Hour) 2118 ON (Date) 20060704

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)

(b)(6)

PRE-TRANSFUSION
TEMP. 99.8 PULSE 113 BP 104/52

DATE OF TRANSFUSION 04 JulY 06

TIME STARTED ~~215~~ AM 2115

POST-TRANSFUSION DATA

AMOUNT GIVEN 375 ML

TIME/DATE COMPLETED INTERRUPTED 2250 04 JulY06

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	99.9	112	115/57

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.)
- [X] 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)

(b)(6)

SEX (b)(6) WARD ICU

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record EXHIBIT 2

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

0100-06-CID789-78473 NSN 7540-00-634-4159

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

EQUESTED (Check one)

CD BLOOD CELLS

☐ FRESH FROZEN PLASMA

☐ PLATELETS (Pool of _____ units)

☐ CRYOPRECIPITATE (Pool of _____ units)

☐ Rh IMMUNE GLOBULIN

☐ OTHER (Specify) _____

VOLUME REQUESTED (If applicable)

1U ML

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)

☐ TYPE AND SCREEN

☒ CROSSMATCH

DATE REQUESTED 4JULY06

DATE AND HOUR REQUIRED 4JULY06 ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

REQUESTING PHYSICIAN (Print) (b)(6)

DIAGNOSIS OR OPERATIVE PROCEDURE

GSW to ABD

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.

SI (b)(6)

DATE VERIFIED 4JULY06

TIME VERIFIED ASAP

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO. 03

PATIENT NO. (b)(6)

DONOR ABO O Rh POS

RECIPIENT ABO O Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: NEG

CROSSMATCH: Comp

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

PREVIOUS RECORD CHECK:

☐ RECORD ☒ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)

DATE 4JUL06

REMARKS: T&C EXP 7JUL06 @ 1708
Unit Exp 12JUL06

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)

AT (Hour) 1939 ON (Date) 20060704

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)

PRE-TRANSFUSION

TEMP. 99.5 PULSE 113 BP 112/56

DATE OF TRANSFUSION 04 JULY 06

TIME STARTED 1930

POST-TRANSFUSION DATA

AMOUNT GIVEN 335 ML

TIME/DATE COMPLETED/INTERRUPTED 2105 04JUL06

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE 99.8

PULSE 117

BLOOD PRESSURE 107/57

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)

(b)(6)

SEX (b)(6)

WARD ICU

CIAL USE ONLY
CEMENT SENSITIVE

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record 2

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

000177
Medical Record Copy

518-124

0100-06-CID789-78473

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: 04JUL06

DATE AND HOUR REQUIRED: 04JUL06 ASAP

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 Ex Lap

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

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.

PATIENT NO.: (b)(6)

DONOR: ABO O; Rh POS

RECIPIENT: ABO O; Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NEG	NA

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

PREVIOUS RECORD CHECK: ☐ RECORD ☒ NO RECORD

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

DATE: 4JUL06

REMARKS: thawed @ 1830 on 4JUL06 Exp 9JUL06 @ 1830

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

I (b)(6)

AT (Hour) 2258 ON (Date) 20060704

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.

(b)(6)

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

PRE-TRANSFUSION: TEMP. 99.8; PULSE 112; BP 110/54

DATE OF TRANSFUSION: 04 July 06

TIME STARTED: 2255

POST-TRANSFUSION DATA

AMOUNT GIVEN: 255 ML

TIME/DATE COMPLETED/INTERRUPTED: 2355 04 July 06

REACTION: ☒ NONE ☐ SUSPECTED

TEMPERATURE: 99.4

PULSE: 108

BLOOD PRESSURE: 104/50

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)

(b)(6)

SEX: (b)(6)

WARD: ICU

LAW ENFORCEMENT SENSITIVE

BLOOD OR BLOOD COMPONENT TRANSFUSION

EXHIBIT Medical Record 2

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

000178

Medical Record Copy

MEDICAL RECORD | BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

JRS

COMPONENT REQUESTED (Check one)
- [ ] RED BLOOD CELLS
- [X] 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

DATE AND HOUR REQUIRED

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: GSW to ABD

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 04 JUL 06

TIME VERIFIED ASAP

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO.

PATIENT NO. (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
Nes	N/A

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [X] NO RECORD

(b)(6)

DONOR	RECIPIENT
ABO O	ABO O
Rh POS	Rh POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 20060704

REMARKS:
Thawed @ 20060704/0448
Exp: 20060707/0448

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)

AT (Hour) 0009 ON (Date) 20060805

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. 99.4 PULSE 106 BP 103/51

DATE OF TRANSFUSION 05 JULY 06 TIME STARTED 0005

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED		
285 ML	0115 05 JULY 06		
REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[X] NONE [ ] SUSPECTED	99.5	107	114/55

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.)
- [X] 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)

SEX | WARD

(b)(6)

~~RICIAL USE ONLY~~
~~PLACEMENT SENSITIVE~~

BLOOD OR BLOOD COMPONENT TRANSFUSION
Medical Record

EXHIBIT 2

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

518-124

0100-06-CID789-78473

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: 04 JULY 06

DATE AND HOUR REQUIRED: ASAP

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: SP EX LAP

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

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)

TRANSFUSION NO.: PA (b)(6)

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NEG	NA

PREVIOUS RECORD CHECK: ☐ RECORD ☒ NO RECORD

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

DONOR	RECIPIENT
ABO: O	ABO: O
Rh: POS	Rh: POS

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE: 4 JUL 06

REMARKS: thawed @ 1830 on 4 JUL 06
Exp 9 JUL 06 @ 1830

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

(b)(6)

AT *(Hour)*: 0800 ON *(Date)*: 05 Jul 06

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 (b)(6)

2nd (b)(6)

PRE-TRANSFUSION: TEMP. 100 | PULSE 115 | BP 109/49

DATE OF TRANSFUSION: 5 JULY 06 | TIME STARTED: 0810

POST-TRANSFUSION DATA

AMOUNT GIVEN: 208 ML

TIME/DATE COMPLETED/INTERRUPTED: 0940 5 JULY 06

REACTION: ☐ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
99.9	112	132/76

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: (b)(6)

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

(b)(6)

SEX: (b)

WARD: ICU

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

BLOOD OR BLOOD COMPONENT TRANSFUSION
EXHIBIT
Medical Record 2

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

000180

ACLU-RDI 5532 p.180

10-L-0126 ACLU CID ROI 11803

518-124

0100-06-CID789-78473

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)* 1U ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☒ CROSSMATCH

DATE REQUESTED 5JulyO6

DATE AND HOUR REQUIRED 5JulyO6 ASAP

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

GSW to ABD

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.

(b)(6)

DATE VERIFIED 5JulyO6

TIME VERIFIED 5JulyO6 0820

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)

TRANSFUSION NO.

PATIENT NO.

DONOR ABO O Rh Pos

RECIPIENT ABO O Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: THAWED FFP

EXPIRES: 10 JUL O6 @ 0845 HRS

PREVIOUS RECORD CHECK:

☐ RECORD ☐ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST (b)(6)

DATE 5 JUL O6

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT (Hour) 0945 ON (Date) 5 JUL O6

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. 99.9 PULSE 111 BP 103/47

DATE OF TRANSFUSION 5JulyO6 TIME STARTED 0950

POST-TRANSFUSION DATA

AMOUNT GIVEN 200 442 ML

TIME/DATE COMPLETED/INTERRUPTED 5JulyO6 1045

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
99.2	107	93/40

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 (b)(6)

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

(b)(6)

SEX (b)(6) WARD ICU

~~OFFICIAL USE ONLY~~
~~PROCUREMENT SENSITIVE~~

BLOOD OR BLOOD COMPONENT TRANSFUSION
EXHIBIT
Medical Record 2

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

000181

Medical Record Review

ACLU-RDI 5532 p.181

10-L-0126 ACLU CID ROI 11804

0100-06-CID789-78473

NSN 7540-01-165-7294

519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
PCXR		(b)		ICU	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)				DATE REQUESTED 05 July 06

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

Routine R/O PTX
R/O INFILTRATE

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
05 July 06 T 0500		

RADIOLOGIC REPORT

(b)(6)

Increased Parahilar opacities & interstitial markings. S/o edema
Pt (C) Basilar ASD
DHT pulled Back still in Stomach

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility)

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

~~OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~
~~Medical Record~~

EXHIBIT 1

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: (b)(6)

DATE OF ORDER: 7/1/01 TIME OF ORDER: C0439 HOURS

LIST TIME ORDER NOTED AND SIGN: (b)(6)

Insulin 20 units Sub-cu

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)

DATE OF ORDER: 7-1-06 TIME OF ORDER: 1625 HOURS

(1) Vasopressin 5u SQ TID

(2) Δ IVF to D5W (b)(6)

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)

DATE OF ORDER: 7-1-06 TIME OF ORDER: 1740 HOURS

(1) Hetastarch 500cc IV x II - Dave

(2) Vasopressin gtt start @ 0.1u/h Titrate to keep MAP >65

(3) D/C Levophed gtt

(4) NS 500cc IVF plus n

(b)(6)

NURSING UNIT: 1CU | ROOM NO. | BED NO.: 3

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER _____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

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: (b)(6)

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
6-29-06	1700 HOURS	

1. Magnesium SO4 2gm IV Over 2
2. KCl 60meq IV over 4 hrs
3. Calcium Gluconate 4gm IV over 1h
4. CMP & above complete 0300
5. Start IF resume previous order

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

24° chart/done [illegible]

PATIENT IDENTIFICATION: (b)(6)

DATE OF ORDER	TIME OF ORDER
6/30/06	0600 HOURS

1. Insulin 20 units Regular SQ now
2. Recheck D-stick in one hour

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)

DATE OF ORDER	TIME OF ORDER
6-30-06	1115 HOURS

1. Insulin NPH 18u in Am SQ
   Reg 8u in Am SQ
   NPH 8u in PM SQ
   Reg 4u in PM SQ
2. Transverse IV probe's
3. ↓ methylprednisolone to 60mg IV TID

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)

DATE OF ORDER	TIME OF ORDER
	HOURS

4. ↓ FiO2 to 50% ABG in 1
5. Calcium Gluconate 2gm IV over 2°
6. Magnesium SO4 2gm IV over 2°
7. KCl 60 meq IV over 3°
8. Increase IVF to 50cc/hr done
9. D/C oral Erythromycin

NURSING UNIT | ROOM NO. | BED NO.

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

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

(b)(6)

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
6-30-06	1700 HOURS	

(1) ~~Vasopress~~ D/C Vasopression
(2) Δ IVF to D5½NS @125 a/hr
(3) D/C NPH & Reg Insulin.
(4) FSBS ~~Q2~~ 0 over Q1°
(5) Chem 7 Q4°
(6) Regular Insulin gtt
FSBS/Glucose <150 2u/hr

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER	TIME OF ORDER	
150-200 4u/hr	HOURS	
201-250 6u/hr		
251-300 8u/hr		
>300 10u/hr		

(b)(6)

(7) Calcium Gluconate 4gm IV over 4°
(8) ↓ PEEP to 5, ABG in 1°

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER	TIME OF ORDER	
30 June 06	1900 HOURS	

(b)(6)

(1) Notify MD if Glucose >400
(2) If FSBS 300 - 350 12u
351 - 400 14u

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER	TIME OF ORDER	
~~3~~ 01JUL06	0300 HOURS	

(b)(6)

(1) Δ IVF to DSW @125 mL/hr
(2) give 10u SQ regular insulin xi now.
V.O.

(b)(6)

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

~~FOR OFFICIAL USE ON~~
~~LAW ENFORCEMENT SEN~~

2

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

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

(b)(6)

DATE OF ORDER: 29Jun06 TIME OF ORDER: 0710 HOURS

1 2gm NPB Ca gluconate over 2°

2 40meq KCl NPB over 2°

(b)(6)

LIST TIME ORDER NOTED AND SIGN

(b)(6)

NURSING UNIT: ICU ROOM NO.: BED NO.: 3

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER: 29Jun06 TIME OF ORDER: 0810 HOURS

1 transfuse 2u FFP x 1 now

2 10mg Vit K SQ x T now

(b)(6)

(b)(6)

NURSING UNIT: ICU ROOM NO.: BED NO.: 3

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER: 6-29-06 TIME OF ORDER: 1615 HOURS

1 ✓ 10ags & CBC

(b)(6)

(b)(6)

NURSING UNIT: ROOM NO.: BED NO.:

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER: 29 Jun 06 TIME OF ORDER: 1650 HOURS

1. Transfuse 2 FFP x T Now

2. 10mg Vit K SQ x T Now

(b)(6)

NURSING UNIT: Page 15 ROOM NO.: BED NO.: FOR O... LAW ENF...

(b)(6)

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

0100-06-CID789-78473

MEDICAL RECORD - PROVIDER ORDER

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

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Orders completed during the shift in which they are written will be signed off adjacent to the order and do not require recopying on other ITR forms.

DATE/ TIME	ORDERS (SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE; PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME).
27JUN06 @2100	Hold PM dose of Lovenox V.O. (b)(6) [redacted] (b)(6) [redacted] 28June06 @2200
28June06 @2315	(1) Hold TF for OR tomorrow. Hold @MN tonig (b)(6) [redacted]
	(2) CMP now V.O. (b)(6) [redacted] previous
28June06 @2359	(1) ½ Amp D50 now, recheck FS in 1° (2) Start IVF: D5W @150mL/hr, D/C NS V.O. (b)(6) [redacted] noted and transmitted (b)(6) [redacted]
6-29-06 0050	1) D/C Ritampin 2) D/C Vancomycin 3) D/C Lantus 4) Lipid panel with next lab draw (basic panel (b)(6) [redacted] 5) Vasopressin 5u SQ Q6° 6) Methylprednisolone 120mg IV, TID 7) ↓ vent rate to 12; done (b)(6) [redacted]
	24° chart ✓ done (b)(6) [redacted] 30June06 @0530

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

(b)(6) [redacted]

Complete the following information on page 1 of provided orders only. Note any changes on subsequent pages.

Diagnosis: GSW to abd s/p Ex lap

Height: _____ Weight (lbs): _____ Diet: NPO TF

Allergies: NKOA

Nursing Unit	Room No.	Bed No.	Page No.
[illegible]	1	3	14

EXHIBIT

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

MEDCOM FORM 688-R (TEST) (MCHO)JUN 03 PREVIOUS EDITIONS ARE OBSOLETE MC V2.00

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 (b)(6)

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
↓	1600	1653 HOURS	
1	20meq KCl over 1° IVPB X1		
2	~~PEEP to 10~~ ~~ABG~~		

(b)(6)

Dawn VO Noted + transcribed

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

PATIENT IDENTIFICATION

	DATE OF ORDER	TIME OF ORDER	
	6-28-06	1730 HOURS	
1	PEEP to 10, √ ABG @ 1930.		

(b)(6)

noted transcribed Dawn VO TNT

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

PATIENT IDENTIFICATION (b)(6)

	DATE OF ORDER	TIME OF ORDER	
†	28 June	1836 HOURS	
1	tylenol supp 975mg PR for fever 101.5 or >		

(b)(6)

+ transcribed Dawn TNT

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

24° chart √ done (b)(6) 28 June 06 @ 2030

PATIENT IDENTIFICATION

	DATE OF ORDER	TIME OF ORDER	
	28 June 06	2000 HOURS	
1	√ Rate to 16		
2	√ FiO2 to 50%		
3	ABG in 1°		
4	Calcium Gluconate to 4gm IV		

(b)(6)

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.

~~FOR OFFICIAL USE ONLY~~ ~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 12

(b)(6)

24° chart done 30 June 06 @ 2000

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 (b)(6)

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

DATE OF ORDER 6-28-06 TIME OF ORDER [redacted] HOURS

LIST TIME ORDER NOTED AND SIGN

1. Rifampin 600mg IV QD
2. D/C Zoxyn 10 & ABG
3. D/C Flagyl (b)(6)
4. Albumin 25 gm IV
5. NS 500cc IVF bolus.
6. ↑ Maintenance IVF to 150cc/hr
7. Emycin 250mg per DHT Q8°

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

hold TF for 7hr following

8. Add PS @ 5, ↑ PEEP to 10
✓ ABG @ 1°

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 28 Jun 06 TIME OF ORDER 1135 HOURS

1. 40 meq KCl over 2hrs IVPB

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

PATIENT IDENTIFICATION

Crowe WT noted AN + transcribed

DATE OF ORDER 28 Jun 06 TIME OF ORDER 1230 HOURS

1. 500ml NS bolus x T mow
2. IVF/ds Δ to NS 200ml/hr
3. Albuterol nebs (b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

Page 12

~~FOR OFFICIAL USE ONLY~~ LAW ENF (b)(6)

EXHIBIT 2

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

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

0100-06-CID789-78473

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: (b)(6)

DATE OF ORDER: 1700 / 27 Jun — TIME OF ORDER: HOURS — LIST TIME ORDER NOTED AND SIGN: noted (b)(6)

start @ 5mcg/min
Max dose = 30mcg/min
Keep MAP 765

Levophed drip now / 27 Jun 1700

V.O. (b)(6) (b)(6)

NURSING UNIT: | ROOM NO.: | BED NO.: 3

PATIENT IDENTIFICATION: (b)(6)

DATE OF ORDER: 27 Jun 06 — TIME OF ORDER: 1850 HOURS

V.O. (b)(6) —

Hold TF until am shift (b)(6)

noted (b)(6) 27 Jun 1850

NURSING UNIT: ICU | ROOM NO.: 3 | BED NO.:

PATIENT IDENTIFICATION:

DATE OF ORDER: 6/27/06 — TIME OF ORDER: 2355 — VO (b)(6) HOURS

(1) 10mg SO Vit K ... 0001

(b)(6)

TF osmolite ...

(b)(6)

NURSING UNIT: | ROOM NO.: | BED NO.:

PATIENT IDENTIFICATION: (b)(6)

DATE OF ORDER: 6-28-06 — TIME OF ORDER: 0821 HOURS

(1) Hetastarch 500cc IV bolus x2
(2) Albumin 5% 250cc IV x1
(3) Resume TF @ 20cc/hr

(b)(6)

NURSING UNIT: ICU | ROOM NO.: | BED NO.: 3

24° chart / done (b)(6) 8 Jun 06 @ 2030

DA FORM 1 APR 79 4256 REPLACES ~~FOR OFFICIAL USE ONLY~~ ~~LAW ENFORCEMENT SENSITIVE~~ WHICH MAY BE USED.

EXHIBIT 2

☆U.S. GOVERNMENT PRINTING OFFICE: 2002-488-041

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: (b)(6)

NURSING UNIT: ICU | ROOM NO. | BED NO.: 3

DATE OF ORDER / TIME OF ORDER: 0800 / 27 Jun HOURS — LIST TIME ORDER NOTED AND SIGN

V.O. (b)(6)

500ml Hetastarch bolus x 1 (b)(6)

noted et done 27 Jun (b)(6) 0815

PATIENT IDENTIFICATION: (b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 6-27-06 TIME OF ORDER: 1617 HOURS

Post-op Orders

1. Upon admit ✓ CBC, Chem 20, ✓ Coags
2. Resume all previous orders.
3. ~~D/C~~ CXR on admit ✓
4. ABG upon admit ✓
5. D/C Imipenem
6. Unasyn 3gm IV Q6° HOURS ✓ 1st dose now
7. Vancomycin 1gm IV Q12° ✓ 1st dose now
8. Transfuse 2u FFP ✓
9. Factor VIIa 2 mcgs/kg IVP ✓
10. Repeat coags & FFP & Factor VIIa.
11. Repeat Coags & FFP this eve

PATIENT IDENTIFICATION: (b)(6)

NURSING UNIT: ICU | ROOM NO. | BED NO.: 3

DATE OF ORDER: (b)(6) HOURS

~~Start @ 5mcg/min~~ ~~max dose 50mcg/min~~ (b)(6)

~~After~~ V.O. neosynephrine drip Gtt Cg ~~MAP~~ ~~65~~ (b)(6) Order. (b)(6)

PATIENT IDENTIFICATION: (b)(6)

NURSING UNIT | ROOM NO. | BED NO.

Page 10

DA FORM 4256 AGE 79

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

(b)(6)

24 chart ✓ done 2030, 28 Jun 06

ACLU-RDI 5532 p.191

10-L-0126 ACLU CID ROI 11814

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

(b)(6)

DATE OF ORDER: 26 June 06 — TIME OF ORDER: 2100 HOURS — LIST TIME ORDER NOTED AND SIGN

✓ CMP NO (b)(6)

NOTED 26 June 06 2100 (b)

24° CHART ✓ 27 June 06 0080 AM

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

PATIENT IDENTIFICATION

DATE OF ORDER: 27 June 06 — TIME OF ORDER: 0110 HOURS

✓ Ca gluconate 1 amps IVPB now

✓ KCl 40 mEQ IVPB now, ~~repeated~~

repeat KCl 40 mEQ If K<3.5

NOTED 27 June 06 0150 (b)(

NURSING UNIT	ROOM NO.	BED NO.

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER: 27 JUN 06 — TIME OF ORDER: 0140 HOURS

✓ ① Hold tubefeeds for OR in AM

NOTED 27 June 06 0120 (b)

V.O. (b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER: 6-27-06 — TIME OF ORDER: 0750 HOURS — Noted

✓ ① Lantus 15u SQ QAm — 1st dose now.

② CaCl 4gm IV.

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

27

NURSING UNIT	ROOM NO.	BED NO.
Page 9		

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 0830 2

24° chart ✓ 28 June 06 @ 2030 (b)(6)

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

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: (b)(6)

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
6-26-06	1200 HOURS	26 Jun 1220 (b)(6)
① Start TF Osmolyte @ 30cc/hr.		
② Check Residuals Q4° if >150cc hold & call MD.		

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)

DATE OF ORDER | TIME OF ORDER ____ HOURS

NURSING UNIT: ICU | ROOM NO. | BED NO.: 3

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER ____ HOURS

NURSING UNIT | ROOM NO. | BED NO.

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

000193

DA FORM 4256 1 APR 79 REPLACES EDITION OF 1 JUL 72 WHICH MAY BE USED.

ACLU-RDI 5532 p.193

10-L-0126 ACLU CID ROI 11816

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
(b)(6)	26 June	0745 HOURS	noted
	✓ AP/LAT Knee (R)		(b)(6)
	S/p Bone Removal		0800
NURSING UNIT / ROOM NO. / BED NO.	(b)(6)		26 Jan

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
(b)(6)	6-26-06	0925 HOURS	
	✓ 1 CaCl 2gm IV xT		1000
	✓ 2 Magnesium SO4 2gm IV		
	✓ 3 KCl 40meq IV over 4°		noted
	✓ 4 Transfuse 2u prbc's.		(b)(6)
	5 (b)(6)		
NURSING UNIT / ROOM NO. / BED NO.			26 Jan

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
(b)(6)	6-26-06	1120 HOURS	(b)(6)
	✓ Reg Insulin Sliding Scale - SQ		
	IF FSBS <70 ÷ amp D50 call mo		26 Jan
	71-150 Nothing		
	151-200 2u		
	201-250 4u		1200
NURSING UNIT / ROOM NO. / BED NO.	251-300 6u		noted
	301-350 8u		

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
(b)(6)	351-400 10u	HOURS	
	>400 12u call mo.		
	✓ FS QID	(b)(6)	
NURSING UNIT / ROOM NO. / BED NO.			

~~FOR OFFICIAL USE ONLY~~
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

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

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 25JUN06 | TIME OF ORDER: 2130 HOURS | LIST TIME ORDER NOTED AND SIGN

(1) D5 1/2 NS c̄ 20 MEQ kcl/L
TRA 120 cc/hr

(2) Caglucarate ÷ 1 amps IVPB now

(3) KPhos 30 mmol IVPB now

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: repeat if K < 3.5 | TIME OF ORDER: _____ HOURS

(b)(6)

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 25JUN06 | TIME OF ORDER: 2230 HOURS

- Ativan 2mg IVP now
- Ativan gtt 0.5mg/hr titrate to effect not to exceed 10mg/hr
- CMP p̄ KPhos replacement
- CXR in 1°

V.O.

(b)(6)

(b)(6)

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 26JUN06 | TIME OF ORDER: 0150 HOURS

10u Regular insulin SQ now

(b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Page 6

(b)(6)

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JULY 77 WHICH IS OBSOLETE.

10-L-0126 11818

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: 25 JUN 06 TIME OF ORDER: 1906 HOURS

LIST TIME ORDER NOTED AND SIGN

1. ADMIT ICU
2. S/P EX-LAP
   VAC placement
3. Resume pre-op orders/MEAS.
4. STAT (P) CXR
5. Acti'gall ~~100 mg~~
6. place NGT LWS

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER | TIME OF ORDER

7. place DOBHoff TUBE HOURS
8. D/C (P) SC TLC & CX TIP
9. Zosyn 3.375 G IVPB Q 6°
10. ABG, CBC, CMP Now.

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

IW BGS #3

DATE OF ORDER: 25 June 06 TIME OF ORDER: 2000 HOURS

1. D/C hold lovenox in AM 26 June 06, give dose @ scheduled time

V.O. (b)(6)

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER: 25 JUN 06 TIME OF ORDER: 2130 HOURS

Tylenol 975 mg PR for fever 96°

(b)(6)

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

Page 5

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

24 chart done (b)(6)

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

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

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER AND SIGN

25 Jun 06 1000 HOURS (b)(6)

x rays

(R) femur AP/LAT

(R) tibia AP/LAT

Wtan noted (b)(6)

25 Jun 1030

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

HOURS

Bid W->D

Dressing Δ's

Vessel Sing now

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

ZV please HOURS

(done already)

(b)(6)

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

HOURS

25 Jun

24° chart ✓ done (b)(6)

26 June 06 @ 0330

NURSING UNIT | ROOM NO. | BED NO.

Page 4

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

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

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

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 25 June 06 TIME OF ORDER 0630 HOURS

LIST TIME ORDER NOTED AND SIGN

1. 5u Regular insulin x 1 now – done 0310 – (b)(6)
2. ↓ F_iO_2 80% – done 0500 – (b)(6)
3. ABG 1° – done 0600 – (b)(6)
4. ↓ F_iO_2 60% – done 0635 (b)(6)
5. ABG 1° – done – 0730 (b)(6)
6. ~~TPC error Resp~~ (b)(6)

V.O. (b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 25 June 06 TIME OF ORDER 0730 HOURS

Nystatin swish + swallow 5cc PO QID

Calcium Gluconate 2 amps now (b)(6)

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 6-25-06 TIME OF ORDER 1506 HOURS

V.O. (b)(6)

30mg BID Lovenox

– hold in am on 26 Jun

1st dose now (b)(6)

(b)(6)

PATIENT IDENTIFICATION

DATE OF ORDER 24 chart / done (b)(6) 26 Jun 06 0330

NURSING UNIT | ROOM NO. | BED NO.

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

Page 2

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

(b)(6)

DATE OF ORDER (Continued) TIME OF ORDER _____ HOURS

LIST TIME ORDER NOTED AND SIGN

(13) Wound Vac to suction

(14) vent:

SIMV 14 TV 700

PEEP 5, 100%

NURSING UNIT | ROOM NO. | BED NO.

(15) Dressing to LE wounds & Entrance wound on lower back.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER _____ HOURS

(16) Notify MD for

UO < 30 cc/hr

HR > 130

SBP < 90

Temp > 104

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 25JUN06 TIME OF ORDER 0450 HOURS

Zantac 50mg IV q12°

(D/C Protonix order)

(b)(6)

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 25JUN06 TIME OF ORDER 0450 HOURS

(1) 2 u PRBC, T+C

(2) ↑ RR to 16 BPM

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

Page 2

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

24° start check 26 June 06 @ 0530

(b)(6)

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

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

(b)(6)

DATE OF ORDER 6/25/06 TIME OF ORDER 0217 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Admit to (b)(6) /ICU
2. Dx: GSW Abdomen c̄ Sigmoid, Rectal & Bladder injury GSW (R) Leg c̄ Femur fx and popliteal art/vein injury
3. Condition: Guarded
4. Vitals: q2 hours.

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

5. Activity: Bedrest HOURS
6. Nursing: NKDA
   Suprapubic to Gravity
   Strick I/O
7. Allergies: NKDA
8. Diet: NPO
9. Meds:
   Flagyl 500mg IV q8° (@0600, 14 & 2200)
   Imepenem 250mg IV q8° HOURS (06, 14, 2
   Protonix 40mg IV qD
   Fentanyl gtt @ 200 ncg/hr
   Fluconazole 400mg IV q48° (last Dose 24 June @ 1000)
   Reglan 10mg IV q8° (06, 14, 22)
   E-mycin ophthalmic to (B) Eyes BID
10. Labs:
    qAM CBC, Chemistry HOURS
    ABG 1hr p̄ admission and qAM
    UCx, Blood Cx x2 now
11. QAM CxR
12. [illegible] @ 100cc/hr

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)

noted 6/25/06 0300

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

2

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSI~~

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

10-L-0120 ACLU CID ROI 11823

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: (b)(6)

DATE OF ORDER: 7-3-06 TIME OF ORDER: 1015 HOURS

1. ↑ Chem 7 to BID ✓
2. Ca Chloride 2gm IVP ✓
3. Hold Ativan gtt ✓
4. ↓ F_iO_2 to 40% ABG in 1° hr. (b)(6)

LIST TIME ORDER NOTED AND SIGN: noted (b)(6) 9/WM6 3/4/06 1030

NURSING UNIT: ICU ROOM NO.: BED NO.: 3

PATIENT IDENTIFICATION:

DATE OF ORDER: 7-3-06 TIME OF ORDER: 1150 HOURS

1. KCl 60 meq IV over 3° ✓
2. ↓ Fentanyl to light sedation only. ✓ (b)(6)

(b)(6)

NURSING UNIT: ROOM NO.: BED NO.:

PATIENT IDENTIFICATION: (b)(6)

DATE OF ORDER: 7-3-06 TIME OF ORDER: 1330 HOURS

1. Epogen 10,000 IPSQ TIW.
2. Transfuse 2 units
3. Acute hepatitis out (b)(6) (b)(6)

NURSING UNIT: ICU ROOM NO.: BED NO.: 3

PATIENT IDENTIFICATION:

DATE OF ORDER: 7-3-06 TIME OF ORDER: 2329 HOURS

1. DSW ↓ to 60mL/hr
2. When blood infusing, decrease DSW to 30mL/hr
3. Restart TT use

NURSING UNIT: ROOM NO.: BED NO.:

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT (b)(6) 2

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

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER WRITTEN AND SIGN HOURS
3 JUL 06	1747	(b)(6)
(1) Wayne carries transcribed 03JUL06 2200		
(2) Wound. Lavenus - done		(b)(6)
(3) Heart Serum Mg to 2.0 - transcribed 03JUL06 2200		
(4) STAT CBC, Comp, Renal, PT, PTT, ABG - done		(b)(6)
		(b)(6) 2010
		(b)(6)

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
7-3-06	1747	HOURS
(1) Magnesium SO4 2gm IV		
(2) KCl 80 meq IV over 4°		NOTE (b)(6)
(3) CaCl 2gm IVP now		03 JULY 06 2205 AA
		(b)(6)
		(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

DATE OF ORDER	TIME OF ORDER	
7-3-06	2205	HOURS
(1) Transfuse 2u FFR		noted (b)(6)
(2) Transfuse 2u prbc's		
(3) Keep heparin off until renal - done		
(2nd)		(b)(6) (b)(6)
(3) Pick up ABG		

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
4 JUL 06	0230	HOURS
(1) D/C Levaphed from 60 to 30		
(2) When Blood finishing, decrease IVF to 30		(b)(6) NOTE (b) 2340 03 JULY 06
(3) Restart IVF;		(b)(6) (b)
Saline.		(b)(6)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

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

ACLU-RDI 5532 p.202
10-L-0126 ACLU CID ROI 11825

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 (b)(6)

NURSING UNIT: Icu | ROOM NO. | BED NO.: 3

DATE OF ORDER: 04JUL06 | TIME OF ORDER: @ 0110 HOURS | LIST TIME ORDER NOTED AND SIGN: (b)(6)

① Give 5u vasopressin now if ↓ improve give 1 more 10u vasopressin

V.O. (b)(6)

Done 04JUL06 0110 (b)(6)

(b)(6)

PATIENT IDENTIFICATION (b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 04JUL06 | TIME OF ORDER: 0330 HOURS

① ~~Give~~ ~~Morphine~~ MS-Oral IVP very slow for pain ~~x~~ now

② Report if pain relief & effected

V.O. (b)(6)

(b)(6)

PATIENT IDENTIFICATION (b)(6)

NURSING UNIT: Icu | ROOM NO. | BED NO.: 3

DATE OF ORDER: 4 July 06 | TIME OF ORDER: 0845 HOURS

V.O. (b)(6) –

- 40mg Kcl over 2hrs
- 2gm Ca Gluc ✓
- 1u PRBC for ↓ Hct ✓
- post blood CBC ✓

not d/c 1115 (b)(6) (b)(6) (b)(6)

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 4 July 06 | TIME OF ORDER: 0930 HOURS

① Magnesium 2gm IV over 2° ✓

(b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ACLU-RDI 5532 p.203

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

10-L-0126 ACLU CID ROI 11826

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
(b)(6)	7-4-06	1350 HOURS	
	(1) D/C Ativan gtt.		noted (b)(6)
	(2) Versed 4mg IVP x 1 then gtt @ 2mg/hr - titrate to effect.		4 Jul 06 1545 4 Jul 06
	(b)(6)		

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
	7-4-06	1425 HOURS	noted (b)(6) 1545 4 Jul 06
	(1) D/C methylprednisolone		

~~[illegible] CHARTV 05 [illegible] 0010~~

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
(b)(6)		HOURS	
	(1) ADMIT ICU		noted et transcribed (b)(6)
	(2) postup Hb/Hct		
	(3) postup ABG		1830 4 July

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
	(4) HOLD Lovenox indefinitely.	(b)(6) HOURS	
		CPB, MC	
	THANKS	(b)(6)	

NURSING UNIT	ROOM NO.	BED NO.

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DA FORM 1 APR 79 4256

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

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the p[illegible]ency is OTSG

THE DOCTOR SHALL R[illegible]RD DATE, TIME AND SIGN EACH SET OF OR[illegible]RS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

DTG 06-CID789-78473

PATIENT IDENTIFICATION

(b)(6)

(b)(6)

NURSING UNIT | R[illegible] | NO.

DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN

7-4-06 | 1900 HOURS

1. Dopamine @ 3mcg/Kg/min titrate to keep ~~SBP~~ MAP ≥65
2. Albumin 250cc IV X 2 - Done
3. D/C Vasopressin
4. Transfuse 2u FFP
5. Resume TF

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

BED NO. 3

DATE OF ORDER | TIME OF ORDER

6. Hetastarch 500cc XT - Done HOURS

(b)(6)

(b)(6)

(b)(6)

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER

04JUL06 | 1930 HOURS

1. Transfuse 2u PRBC
2. 2amps [illegible] 2mg X V.O.

(b)(6)

NOTIFIED 04JUL06 2015 (b)(6)

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER | TIME OF ORDER

04JUL06 | 2015 HOURS

Levophed 2 Mg/min titrate for MAP ≥65

Titrate off dopamine.

(b)(6)

BY LAT [illegible]

NURSING UNIT | ROOM NO. | BED NO.

ICU | | 3

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

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

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

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

EXHIBIT 2

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

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	05JUL06	0520 HOURS	
1	1L NS Bolus over 1 hour		Done 05JUL06 0600 (b)(
2	40meq KCl over 2 hours IVPB		

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

	DATE OF ORDER	TIME OF ORDER
	7-5-06	0905 HOURS
1	D1/2 NS @ 120 cc/hr	
2	DNR: as below No CPR No acute cardiac meds No DC Cardioversion	(b)(6)
3	chem7	
4	Ativan 2mg X1	(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

	DATE OF ORDER	TIME OF ORDER
	7-5-06	1047 HOURS
1	Transfuse 2u FFP - done	(b)(6)
2	Hetastarch 500cc bolus x 3 - Done	
3	LR 1L IVF bolus now	
4	Bicarb 2amps IVP now	
5	↑ basal IVF rate to 200 cc/hr	
6	↑ FiO2 to 80%	

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER	TIME OF ORDER
7	Calcium Gluconate 2gm IV	HOURS

(b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

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: (b)(6)

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
7-5-06	1207 HOURS	
(1) ▷FSBS to Q4°		noted + done
(2) D/C Insulin gtt	(b)(6)	(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
7-5-06	1208 HOURS	
(1) ISS ~~Reg~~ resume as previously written	(b)(6)	noted + done 050706@ 1220 (b)(6)

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION: (b)(6)

DATE OF ORDER	TIME OF ORDER	
7-5-06	1242 HOURS	
(1) Magnesium SO4 2gm IV		noted + done 050706@
(2) KCl 60meq IV over 3 hrs.	(b)(6)	(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		3

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
	HOURS

NURSING UNIT	ROOM NO.	BED NO.

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

SSN or ISN: (b)(6)

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

Physician: (b)(6) Ward: ER (b)(6) (circle)

Drawn by: (b)(6) Bed: 2 Stat or Routine (circle)

21 ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

0100-06-CID789-7847

Specimen Date and time:

Reported to: (b)(6)

Criticals? (Yes)/No (Circle one)

Reported by (b)(6)

Date / Time: 25Th00 0344

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

	RPR		Negative
	HCG (or urine)		Negative

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:

(b)(6)

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan BMP Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT	REF. RANGE
C	ALB	1.5 L	3.3-5.5 g/dL
	ALP		M: 53-128 U/L F: 42-141 U/L
	ALT		10-47 U/L
	AMY		14-97 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	28 H	7-22 mg/dL
	Ca	7.3 L	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	107	98-108 mmol/L
	CO2	27	18-33 mmol/L
	Crea	ICT 2+	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	213 H	73-118 mg/dL
	K	4.1	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	4.8 H	2.2-4.4 mg/dL
	Tot. Protein		6.4-8.1 g/dL
	Na	142	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

Rapid Tests

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Hematology / Purple Top

OBCN, no diff) CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	11.8 H	4.8-10.8 x10(3)/uL
	RBC	2.33 L	4.2-6.1 x10(6)/uL
	Hgb	7.1 L	12.0-18.0 g/dL
	Hct	21.4 L	M: 42.0-52.0%
			F: 37-47%
	MCV	92.0	80.0-99.0 fl
	MCH	30.7	27.0-31.0 pg
	MCHC	33.4	33.0-37.0 g/dL
	Plt	133	130-400 x10(3)/uL
	LY%	9.9 L	20.0-44.0%
	LY#	1.2	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 - Spun Circle

PT	11.3	7.0-14.0 sec
APTT		21.0-50.0 sec
INR	1.1	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
HIV		Negative
H.pylori IgG		Negative

EXHIBIT 2

0100-06-CID789-78473

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: (b)(6) Bed: 3

(b)(6) Stat or Routine (circle)

TF 21 ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

Specimen Date and time: 0415 June 25 2006

Reported to: (b)(6)

Criticals? Yes (No) (Circle one)

Reported by: (b)(6)

Date / Time: 24 Jun 0440

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas (Bld Gas w/ lytes)

X	TEST	RESULT	REF. RANGE
	pH	7.431	7.35-7.45
	PCO2	45.8	35-45 mmHg
	PO2	221	80-105 mmHg
	TCO2	32	23-27 mmol/L
	HCO3	30.5	22-26 mmol/L
	sO2	100	95-98%
	BEecf	6	(-2) - (+3)
	iCa	0.97	1.12-1.32 mmol/L
	Na	146	138-146 mmol/L
	K	3.6	3.5-4.9 mmol/L
	Hct	42	38.0-51.0%
	Hgb	14.3	12.0-18.0 g/dL

RPR	Negative
HCG (or urine)	Negative

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		14-97 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
	CO2		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

Rapid Tests

Strep A	Negative
Drug Screen (urine)	Negative
Chlamydia	Negative
Flu A&B	Negative
Stool WBC	Negative
C. difficile (stool)	Negative
O&P (stool)	No Ova / Parasite
OccBld	Negative
Wet Mount	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 T[illegible] (Green Top)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 8

ACLU-RDI 5532 p.209

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician (b)(6) Ward: ICU

Drawn by Bed:

Gender M or F (circle)

Stat or Routine (circle)

TF 21 ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Change)

Specimen Date and time: 25 Jun 06 0810

Reported to: (b)(6)

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 25 Jun 06 0851

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.433	7.35-7.45
	PCO2	43.1	35-45 mmHg
	PO2	161	80-105 mmHg
	TCO2	30	23-27 mmol/L
	HCO3	28.8	22-26 mmol/L
	sO2	99	95-98%
	BEecf	4	(-2) - (+3)
A	iCa	0.92	1.12-1.32 mmol/L
	Na	146	138-146 mmol/L
	K	3.3	3.5-4.9 mmol/L
	Hct	39	38.0-51.0%
	Hgb	13.3	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

(b)(6)

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan / BMP / Hepatic Pan / Lipid Pan / Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.1 L	3.3-5.5 g/dL
	ALP	112	M: 53-128 U/L F: 42-141 U/L
	ALT	38	10-47 U/L
	AMY		14-97 U/L
	AST	65 H	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)	8.7 H	0-0.3 mg/dL
	Tbil	10.7 H	0.2-1.6 mg/dL
	BUN	28 H	7-22 mg/dL
	Ca	9.2 L	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	106	98-108 mmol/L
	CO2	26	18-33 mmol/L
X	Crea	ICT	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	211 H	73-118 mg/dL
	K	3.9	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	4.4	2.2-4.4 mg/dL
	Tot. Protein	4.8	6.4-8.1 g/dL
	Na	142	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

Rapid Tests

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

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

Hematology / Purple Top

CBC (no diff) / CBC / Malaria / H/H

X	TEST	RESULT	REF. RANGE
	WBC	10.9 H	4.8-10.8 x10(3)/uL
	RBC	2.54 L	4.2-6.1 x10(6)/uL
	Hgb	7.8 L	12.0-18.0 g/dL
	Hct	23.1 L	M: 42.0-52.0% F: 37-47%
	MCV	90.7	80.0-99.0 fl
	MCH	30.7	27.0-31.0 pg
	MCHC	33.8	33.0-37.0 g/dL
	Plt	125 L	130-400 x10(3)/uL
	LY%	9.5 L	20.0-44.0%
	LY#	1.0	0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	72	Mono(4-10%)	03
Bands(1-10%)	10	Eos(0-4%)	01
Lymph(20-44%)	14	Baso(0-2%)	0
Atyp Ly		Immature cells	

RBC Abn Morph: Hypochromic

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

EXHIBIT 1

revised 19 May 06 JT

*ICT 5or Crea need new sample

reviewed by:

SSN or ISN:

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

Physician: (b)(6) Ward: 1cu (b)(6) (circle)

Drawn by: Bed: 3 Stat or Routine (circle)

60% 40₂

TF 21 ABU GHRAIB
AB ORY RESULTS FORM
(Subject to Privacy Act of 1974) CID 06-CID789-78473

Specimen Date and time: 25JUN06 @0730

Reported to:

Criticals? Yes (No) (Circle one)

Reported by: (b)(6)

Date / Time: 25JUN06/0753

Chemistry (i-STAT) / Green Top / Syringe

Blood Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.47H	7.35-7.45
	PCO2	37.1	35-45 mmHg
	PO2	108 H	80-105 mmHg
	TCO2	28 H	23-27 mmol/L
	HCO3	26.7 H	22-26 mmol/L
	sO2	99 H	95-98%
	BEecf	3	(-2) - (+3)
X	iCa	0.97L	1.12-1.32 mmol/L
	Na	147 H	138-146 mmol/L
	K	3.2 L	3.5-4.9 mmol/L
	Hct	29 L	38.0-51.0%
	Hgb	9.9L	12.0-18.0 g/dL

	TEST	RESULT	REF. RANGE
	RPR		Negative
	HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

	Strep A		Negative
	Drug Screen (urine)		Negative
	Chlamydia		Negative
	Flu A&B		Negative
	Stool WBC		Negative
	C. difficile (stool)		Negative
	O&P (stool)		No Ova / Parasite
	OccBld		Negative
	Wet Mount		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
	HIV		Negative
	H.pylori IgG		Negative

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

Gender M or F (circle)

Stat or Routine (circle)

21 ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

Specimen Date and time: 1545 25 Jun

Reported to:

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 25 Jun 06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

* Bilirubin in blood sample interferes w/ Creat testing methodology

Chemistry (Piccolo)/Green or red/tiger top

Comp Pan BMP Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT		REF. RANGE
	ALB	1.4	L	3.3-5.5 g/dL
	ALP			M: 53-128 U/L F: 42-141 U/L
	ALT			10-47 U/L
	AMY			14-97 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	26	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	107		98-108 mmol/L
	CO2	24		18-33 mmol/L
	Crea	icteric	Sample	0.6-1.2 mg/dL
	GGT			5-65 U/L
	Glu	273	H	73-118 mg/dL
	K	3.4	L	3.3-4.7 mmol/L
	Mg			1.6-2.3 mg/dL
	Phosphorus	3.9		2.2-4.4 mg/dL
	Tot. Protein			6.4-8.1 g/dL
	Na	143		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

Rapid Tests

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

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

Hematology / Purple Top

CBCN (no diff) CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	10.0	4.8-10.8 x10(3)/uL
	RBC	3.58	L 4.2-6.1 x10(6)/uL
	Hgb	10.4	L 12.0-18.0 g/dL
	Hct	31.8	L M: 42.0-52.0%
			F: 37-47%
	MCV	89.0	80.0-99.0 fl
	MCH	29.8	27.0-31.0 pg
	MCHC	32.6	L 33.0-37.0 g/dL
	Plt	126	L 130-400 x10(3)/uL
	LY%	10.3	L 20.0-44.0%
	LY#	1.0	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
HIV	EXHIBIT 2	Negative
H.pylori IgG		Negative

revised 19 May 06 JT

reviewed by:

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

TF-21 ABU GHRAIB LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974) 0100-06-CID789-78473

Specimen Date and time: 25 Jun 06 1900

Reported to: (b)(6)

Criticals? (Yes) / No (Circle one)

Reported by: (b)(6)

Date / Time: 25 Jun 06 2000

(b)(6) (circle) Stat or Routine (circle)

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.467 H	7.35-7.45
	PCO2	37.6	35-45 mmHg
	PO2	88	80-105 mmHg
	TCO2	28	23-27 mmol/L
	HCO3	27.2 H	22-26 mmol/L
	sO2	97	95-98%
	BEecf	3	(-2) - (+3)
X	iCa	0.94 L	1.12-1.32 mmol/L
	Na	146	138-146 mmol/L
	K	3.1 L	3.5-4.9 mmol/L
	Hct	43	38.0-51.0%
	Hgb	14.6	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

Alb + TBIL critical
Reported to ICU @
Crea = ICT Need new sample

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan | BMP | Hepatic Pan | Lipid Pan | Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.4 L	3.3-5.5 g/dL
	ALP	164 H	M: 53-128 U/L F: 42-141 U/L
	ALT	38	10-47 U/L
	AMY		14-97 U/L
	AST	168 H	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)	9.5 H	0-0.3 mg/dL
	Tbil	12.2 H	0.2-1.6 mg/dL
	BUN	27 H	7-22 mg/dL
	Ca	7.7 L	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	107	98-108 mmol/L
	CO2	25	18-33 mmol/L
	Crea	ICT	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	237 H	73-118 mg/dL
	K	3.9	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	4.4	2.2-4.4 mg/dL
	Tot. Protein	5.3 L	6.4-8.1 g/dL
	Na	136	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

Rapid Tests

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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

Hematology / Purple Top

CBCN (no diff) | CBC | Malaria | H/H

X	TEST	RESULT	REF. RANGE
	WBC	10.1	4.8-10.8 x10(3)/uL
	RBC	3.40 L	4.2-6.1 x10(6)/uL
	Hgb	10.1 L	12.0-18.0 g/dL
	Hct	30.3 L	M: 42.0-52.0%
			F: 37-47%
	MCV	89.0	80.0-99.0 fl
	MCH	29.6	27.0-31.0 pg
	MCHC	33.3	33.0-37.0 g/dL
	Plt	148	130-400 x10(3)/uL
	LY%	13.0 L	20.0-44.0%
	LY#	1.3	0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	73	Mono(4-10%)	06
Bands(1-10%)	13	Eos(0-4%)	00
Lymph(20-44%)	05	Baso(0-2%)	00
Atyp Ly	00	Immature cells	00

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
HIV		Negative
H.pylori IgG		Negative

EXHIBIT 2

Task Force 21 Med
Abu Ghraib, Iraq

0100-06-CID789-78473

Microbiology Laboratory Report

Accession #	(b)(6)
Collection Date	6/25/2006
Patient Name	
SSN or ID	(b)(6)
Sample Type	Wound, Surface
Sample Site	R Leg
Patient Location	OR
Provider	(b)(6)
Result Type	Preliminary 1
[X] Gram's Stain	Moderate Gram-positive cocci; rare Gram-negative coccobacilli; Many WBC's/LPF
[ ] Acid-fast Stain	
[ ] KOH Prep	(b)(6)
[X] Culture	
[ ] Acinetobacter Screen	
[ ] MRSA Screen	
Qty isolate #1	
Isolate #1	
Qty isolate #2	
Isolate #2	
Qty isolate #3	
Isolate #3	
Comments	
Report Date	6/25/2006
Tech	(b)(6)
Reviewed By	(b)(6)

	Isolate 1	Isolate 2	Isolate 3
Amikacin			
Amox/K Clav			
Amp/Sulbactam			
Ampicillin			
Azithromycin			
Aztreonam			
Cefazolin			
Cefepime			
Cefotaxime			
Cefotetan			
Cefoxitin			
Ceftazidime			
Ceftriaxone			
Cefuroxime			
Cephalothin			
Chloramphenicol			
Ciprofloxacin			
Clindamycin			
Erythromycin			
Gatifloxacin			
Gentamicin			
Imipenem			
Levofloxacin			
Linezolid			
Meropenem			
Moxifloxacin			
Nitrofurantoin			
Norfloxacin			
Ofloxacin			
Oxacillin			
Penicillin			
Pip/Tazo			
Piperacillin			
Rifampin			
Synercid			
Tetracycline			
Ticar/K Clav			
Tobramycin			
Trimeth/Sulfa			
Vancomycin			

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU (b)(6) (circle)

Drawn by: Bed: 3 Stat or Routine (circle)

TF 21 ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

OIF-06-CID789-78432

Specimen Date and time: 26 Jan 06 0130

Reported to: (b)(6)

Criticals? (Yes) No (Circle one)

Reported by: (b)(6)

Date / Time: 27 Jan 06 0152

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

TBIL + ALB critical reported to ICU 0200

Chemistry (Piccolo)/Green or red/tiger top

Comp Pan BMP Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.9	3.3-5.5 g/dL
	ALP	186	M: 53-128 U/L F: 42-141 U/L
	ALT	50	10-47 U/L
	AMY		14-97 U/L
	AST	72	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)	9.6	0-0.3 mg/dL
	Tbil	12.2	0.2-1.6 mg/dL
	BUN	31	7-22 mg/dL
	Ca	7.4	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	108	98-108 mmol/L
	CO2	27	18-33 mmol/L
	Crea	LCT	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	306	73-118 mg/dL
	K	3.8	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	5.9	2.2-4.4 mg/dL
	Tot. Protein	4.9	6.4-8.1 g/dL
	Na	142	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

Rapid Tests

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

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

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
HIV		Negative
H.pylori IgG		Negative

EXHIBIT 2

SSN or ISN: _____

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

Physician: (b)(6) Ward: ICU

Drawn by: (b)(6) (circle) Bed: 3

Stat or Routine (circle)

[illegible] 21 ABU GHRAIB
AB[illegible]TORY RESULTS FORM
(Subject to Protective Order of 19 [illegible])

Specimen Date and time: 26JUN06 @0505

Reported to: (b)(6)

Criticals? (Yes) No (Circle one)

Reported by (b)(6)

Date / Time: 26 Jun 06 0600

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.464 H	7.35-7.45
	PCO2	34.7 L	35-45 mmHg
	PO2	72 L	80-105 mmHg
	TCO2	26	23-27 mmol/L
	HCO3	24.9	22-26 mmol/L
	sO2	95	95-98%
	BEecf	1	(-2) - (+3)
X	iCa	0.89 L	1.12-1.32 mmol/L
	Na	149	138-146 mmol/L
	K	2.8 L	3.5-4.9 mmol/L
	Hct	29 L	38.0-51.0%
	Hgb	9.9	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

Critical K = 2.8L
report to Davis.
critical ALB=1.2
Critical TBIL 12.7
re-lyt need new sample

Revised 19 May 06 JT

Chemistry (Piccolo)/Green or red/tiger top

Comp Pan | BMP | Hepatic Pan | Lipid Pan | Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.2	3.3-5.5 g/dL
	ALP	205	M: 53-128 U/L F: 42-141 U/L
	ALT	48	10-47 U/L
	AMY		14-97 U/L
	AST	71	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)	9.9	0-0.3 mg/dL
	Tbil	12.7	0.2-1.6 mg/dL
	BUN	28	7-22 mg/dL
	Ca	7.6	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	110	98-108 mmol/L
	CO2	24	18-33 mmol/L
	Crea	1.0	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	256	73-118 mg/dL
	K	3.0	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	4.2	2.2-4.4 mg/dL
	Tot. Protein	5.3	6.4-8.1 g/dL
	Na	143	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

Rapid Tests

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

FOR OFFICIAL USE ONLY
KOH LAW ENFORCEMENT SENSITIVE

Hematology / Purple Top

CBCN (no diff) | CBC | Malaria | H/H

X	TEST	RESULT	REF. RANGE
	WBC	9.5	4.8-10.8 x10(3)/uL
	RBC	3.17 L	4.2-6.1 x10(6)/uL
	Hgb	9.5 L	12.0-18.0 g/dL
	Hct	28.2 L	M: 42.0-52.0%
			F: 37-47%
	MCV	88.8	80.0-99.0 fl
	MCH	30.1	27.0-31.0 pg
	MCHC	33.9	33.0-37.0 g/dL
	Plt	145	130-400 x10(3)/uL
	LY%	10.4 L	20.0-44.0%
	LY#	1.0	0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	74	Mono(4-10%)	8
Bands(1-10%)	10	Eos(0-4%)	0
Lymph(20-44%)	8	Baso(0-2%)	0
Atyp Ly	0	Immature cells	0

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
HIV	EXHIBIT 2	Negative
H.pylori IgG		Negative

reviewed by:

0100-06-CID789-78473

SSN or ISN: (b)(6)

LAST, FIRST, MI:

Physician: (b)(6) Ward: ICU (b)(6) (circle)

Drawn by: Bed: 3 Stat or Routine (circle)

TF 21 ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

Specimen Date and time: 0900 26 Jun

Reported to:

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 26 Jun 06 @ 09

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.480	7.35-7.45
	PCO2	37.2	35-45 mmHg
	PO2	78	80-105 mmHg
	TCO2	29 H	23-27 mmol/L
	HCO3	27.7 H	22-26 mmol/L
	sO2	96%	95-98%
	BEecf	4	(-2) - (+3)
	iCa	0.86	1.12-1.32 mmol/L
	Na	149	138-146 mmol/L
	K	3.0	3.5-4.9 mmol/L
	Hct	26%	38.0-51.0%
	Hgb	8.8	12.0-18.0 g/dL

Red Top

RPR	Negative
HCG (or urine)	Negative

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		14-97 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
	CO2		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

Rapid Tests

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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

000217

ACLU-RDI 5532 p.217
10-L-0126 ACLU CID ROI 11840

0100-06-CID789-78473

SSN or ISN: (b)(6)

LAST, FIRST, MI:

Physician: (b)(6)

Drawn by:

Ward: 1 CH

Bed: 3

(b)(6) (circle) Stat or Routine (circle)

TF 21 ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

Specimen Date and time: 1600 26 Jun

Reported to:

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 1620 26 Jun 06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR	Negative
HCG (or urine)	Negative

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 (2) BMP Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT		REF. RANGE
	ALB	1.3	L	3.3-5.5 g/dL
	ALP			M: 53-128 U/L F: 42-141 U/L
	ALT			10-47 U/L
	AMY			14-97 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	28	H	7-22 mg/dL
	Ca	8.4		8.0-10.3 mg/dL
	Chol			100-200 mg/dL
	CK			M: 39-380 U/L F: 30-190 U/L
	Cl	112	H	98-108 mmol/L
	CO2	25		18-33 mmol/L
	Crea	icteric		0.6-1.2 mg/dL
	GGT			5-65 U/L
	Glu	295	H	73-118 mg/dL
	K	3.8		3.3-4.7 mmol/L
	Mg			1.6-2.3 mg/dL
	Phosphorus	3.8		2.2-4.4 mg/dL
	Tot. Protein			6.4-8.1 g/dL
	Na	149	#	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

Rapid Tests

Strep A	Negative
Drug Screen (urine)	Negative
Chlamydia	Negative
Flu A&B	Negative
Stool WBC	Negative
C. difficile (stool)	Negative
Ova & Parasite (Stool)	No Ova & Parasite
OccBld	Negative
Wet Mount	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)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

000218

ACLU-RDI 5532 p.218

10-L-0126 ACLU CID ROI 11841

0100-06-CID789-78473

SSN or ISN: (b)(6)

LAST, FIRST, MI:

Physician: (b)(6) Ward: ICU

Drawn by: (b)(6) (circle) Bed: 3

Stat or Routine (circle)

TF 21 ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

Specimen Date and time: 1800 26 Jun

Reported to:

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 26 Jun 06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR	Negative
HCG (or urine)	Negative

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		14-97 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
	CO2		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

Rapid Tests

Strep A	Negative
Drug Screen (urine)	Negative
Chlamydia	Negative
Flu A&B	Negative
Stool WBC	Negative
C. difficile (stool)	Negative
O&P (stool)	Negative
Occult	Negative
Wet Mount	Negative

Hematology / Purple Top

CBCN (no diff) CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	10.6	4.8-10.8 x10(3)/uL
	RBC	3.99 L	4.2-6.1 x10(6)/uL
	Hgb	11.7 L	12.0-18.0 g/dL
	Hct	35.2 L	M: 42.0-52.0%
			F: 37-47%
	MCV	90.1	80.0-99.0 fl
	MCH	30.0	27.0-31.0 pg
	MCHC	33.4	33.0-37.0 g/dL
	Plt	158	130-400 x10(3)/uL
	LY%	11.0	20.0-44.0%
	LY#	1.2	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 (Sickle) / Purple Top

Hemoglobin S	Negative

Rapid Tests (Green Top)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

0002-19

ACLU-RDI 5532 p.219
10-L-0126 ACLU CID ROI 11842

Task Force 21 Med
Abu Ghraib, Iraq

0100-06-CID789-78473

Bed #3

Microbiology Laboratory Report

Accession #	(b)
Collection Date	6/24/2006
Patient Name	unknown
SSN or ID	(b)(6
Sample Type	Urine
Sample Site	Suprapubic
Patient Location	ICU
Provider	(b)(6)
Result Type	FINAL
☐ Gram's Stain	
☒ Culture	No growth after 24 hours
Qty isolate #1	
Isolate #1	
Qty isolate #2	
Isolate #2	
Qty isolate #3	
Isolate #3	
Comments	
Report Date	6/26/2006
Tech	(b)(6)
Reviewed By	(b)(6)

(b)(6)

	Isolate 1	Isolate 2	Isolate 3
Amikacin			
Amox/K Clav			
Amp/Sulbactam			
Ampicillin			
Azithromycin			
Aztreonam			
Cefazolin			
Cefepime			
Cefotaxime			
Cefotetan			
Cefoxitin			
Ceftazidime			
Ceftriaxone			
Cefuroxime			
Cephalothin			
Chloramphenicol			
Ciprofloxacin			
Clindamycin			
Erythromycin			
Gatifloxacin			
Gentamicin			
Imipenem			
Levofloxacin			
Linezolid			
Meropenem			
Moxifloxacin			
Nitrofurantoin			
Norfloxacin			
Ofloxacin			
Oxacillin			
Penicillin			
Pip/Tazo			
Piperacillin			
Rifampin			
Synercid			
Tetracycline			
Ticar/K Clav			
Tobramycin			
Trimeth/Sulfa			
Vancomycin			

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Task Force 21 Med
Abu Ghraib, Iraq

#3
0400-06-CID789-78473

Microbiology Laboratory Report

Accession #	(b)(
Collection Date	6/25/2006
Patient Name	
SSN or ID	(b)(
Sample Type	Wound, Incistion Site
Sample Site	
Patient Location	ICU
Provider	(b)(6)
Result Type	Preliminary 2
[X] Gram's Stain	No organisms seen; rare WBC's/low power field
[ ] Acid-fast Stain	
[ ] KOH Prep	
[X] Culture	(b)(6)
[ ] Acinetobacter Screen	
[ ] MRSA Screen	
Qty isolate #1	Moderate
Isolate #1	Staphylococcus sp., ID and sensitivities to follow
Qty isolate #2	Moderate
Isolate #2	Gram-negative rod, ID and sensitivities to follow
Qty isolate #3	
Isolate #3	
Comments	
Report Date	6/26/2006
Tech	(b)(6)
Reviewed By	(b)(6)

Isolate 1	Isolate 2	Isolate 3
Amikacin	Amikacin	Amikacin
Amox/K Clav	Amox/K Clav	Amox/K Clav
Amp/Sulbactam	Amp/Sulbactam	Amp/Sulbactam
Ampicillin	Ampicillin	Ampicillin
Azithromycin	Azithromycin	Azithromycin
Aztreonam	Aztreonam	Aztreonam
Cefazolin	Cefazolin	Cefazolin
Cefepime	Cefepime	Cefepime
Cefotaxime	Cefotaxime	Cefotaxime
Cefotetan	Cefotetan	Cefotetan
Cefoxitin	Cefoxitin	Cefoxitin
Ceftazidime	Ceftazidime	Ceftazidime
Ceftriaxone	Ceftriaxone	Ceftriaxone
Cefuroxime	Cefuroxime	Cefuroxime
Cephalothin	Cephalothin	Cephalothin
Chloramphenicol	Chloramphenicol	Chloramphenicol
Ciprofloxacin	Ciprofloxacin	Ciprofloxacin
Clindamycin	Clindamycin	Clindamycin
Erythromycin	Erythromycin	Erythromycin
Gatifloxacin	Gatifloxacin	Gatifloxacin
Gentamicin	Gentamicin	Gentamicin
Imipenem	Imipenem	Imipenem
Levofloxacin	Levofloxacin	Levofloxacin
Linezolid	Linezolid	Linezolid
Meropenem	Meropenem	Meropenem
Moxifloxacin	Moxifloxacin	Moxifloxacin
Nitrofurantoin	Nitrofurantoin	Nitrofurantoin
Norfloxacin	Norfloxacin	Norfloxacin
Ofloxacin	Ofloxacin	Ofloxacin
Oxacillin	Oxacillin	Oxacillin
Penicillin	Penicillin	Penicillin
Pip/Tazo	Pip/Tazo	Pip/Tazo
Piperacillin	Piperacillin	Piperacillin
Rifampin	Rifampin	Rifampin
Synercid	Synercid	Synercid
Tetracycline	Tetracycline	Tetracycline
Ticar/K Clav	Ticar/K Clav	Ticar/K Clav
Tobramycin	Tobramycin	Tobramycin
Trimeth/Sulfa	Trimeth/Sulfa	Trimeth/Sulfa
Vancomycin	Vancomycin	Vancomycin

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Task Force 21 Med
Abu Ghraib, Iraq

0100-06-CID789-78473

Bed #3

Microbiology Laboratory Report

Accession #	(b)(6)
Collection Date	6/25/2006
Patient Name	
SSN or ID	(b)(6)
Sample Type	Wound, Surface
Sample Site	R Leg
Patient Location	OR
Provider	(b)(6)
Result Type	Preliminary 2
[X] Gram's Stain	Moderate Gram-positive cocci; rare Gram-negative coccobacilli; Many WBC's/LPF
[ ] Acid-fast Stain	
[ ] KOH Prep	(b)(6)
[X] Culture	
[ ] Acinetobacter Screen	
[ ] MRSA Screen	
Qty isolate #1	Moderate
Isolate #1	Gram-positive cocci; ID and sensitivities to follow
Qty isolate #2	Moderate
Isolate #2	Gram-positive cocci; ID and sensitivities to follow
Qty isolate #3	Moderate
Isolate #3	Gram-negative rods; ID and sensitivities to follow
Comments	
Report Date	6/26/2006
Tech	(b)(6)
Reviewed By	(b)(6)

Isolate 1	Isolate 2	Isolate 3
Amikacin	Amikacin	Amikacin
Amox/K Clav	Amox/K Clav	Amox/K Clav
Amp/Sulbactam	Amp/Sulbactam	Amp/Sulbactam
Ampicillin	Ampicillin	Ampicillin
Azithromycin	Azithromycin	Azithromycin
Aztreonam	Aztreonam	Aztreonam
Cefazolin	Cefazolin	Cefazolin
Cefepime	Cefepime	Cefepime
Cefotaxime	Cefotaxime	Cefotaxime
Cefotetan	Cefotetan	Cefotetan
Cefoxitin	Cefoxitin	Cefoxitin
Ceftazidime	Ceftazidime	Ceftazidime
Ceftriaxone	Ceftriaxone	Ceftriaxone
Cefuroxime	Cefuroxime	Cefuroxime
Cephalothin	Cephalothin	Cephalothin
Chloramphenicol	Chloramphenicol	Chloramphenicol
Ciprofloxacin	Ciprofloxacin	Ciprofloxacin
Clindamycin	Clindamycin	Clindamycin
Erythromycin	Erythromycin	Erythromycin
Gatifloxacin	Gatifloxacin	Gatifloxacin
Gentamicin	Gentamicin	Gentamicin
Imipenem	Imipenem	Imipenem
Levofloxacin	Levofloxacin	Levofloxacin
Linezolid	Linezolid	Linezolid
Meropenem	Meropenem	Meropenem
Moxifloxacin	Moxifloxacin	Moxifloxacin
Nitrofurantoin	Nitrofurantoin	Nitrofurantoin
Norfloxacin	Norfloxacin	Norfloxacin
Ofloxacin	Ofloxacin	Ofloxacin
Oxacillin	Oxacillin	Oxacillin
Penicillin	Penicillin	Penicillin
Pip/Tazo	Pip/Tazo	Pip/Tazo
Piperacillin	Piperacillin	Piperacillin
Rifampin	Rifampin	Rifampin
Synercid	Synercid	Synercid
Tetracycline	Tetracycline	Tetracycline
Ticar/K Clav	Ticar/K Clav	Ticar/K Clav
Tobramycin	Tobramycin	Tobramycin
Trimeth/Sulfa	Trimeth/Sulfa	Trimeth/Sulfa
Vancomycin	Vancomycin	Vancomycin

#1 – Looks strep-like, may be enterococcus
#2 – Looks staph-like

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician Drawn by: (b)(6) Ward: Icu Bed: 3 (b)(6) (circle) Stat or Routine (circle)

Specimen Date and time: 26 Jun 06

TF 21 ABU GHRAIB LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

Reported to (b)(6)

Criticals? (Yes) No (Circle one)

Reported by: (b)(6)

Date / Time: 2006/06/26/2023

Chemistry (i-STAT) / Green Top / Syringe

(Bld Gas) Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
X	pH	7.447	7.35-7.45
X	PCO2	36.5	35-45 mmHg
X	PO2	68L	80-105 mmHg
X	TCO2	26	23-27 mmol/L
X	HCO3	25.2	22-26 mmol/L
X	sO2	94L	95-98%
X	BEecf	1	(-2) - (+3)
X	iCa	0.97L	1.12-1.32 mmol/L
X	Na	152 H	136-146 mmol/L
X	K	3.0L	3.5-4.9 mmol/L
X	Hct	33L	38.0-51.0%
X	Hgb	11.2L	12.0-18.0 g/dL

Serology / Purple Top

RPR	Negative
HCG (or urine)	Negative

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		14-97 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
	CO2		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

Rapid Tests

Strep A	Negative
Drug Screen (urine)	Negative
Chlamydia	Negative
Flu A&B	Negative
Stool WBC	Negative
C. difficile (stool)	Negative
O&P (stool)	No Parasite
Occult	Negative
Wet Mount	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 (Blue)/ Purple Top

Hemoglobin S	Negative

Rapid Tests (Green Top)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

000223

ACLU-RDI 5532 p.223

10-L-0126 ACLU CID ROI 11846

0100-06-CID789-78473

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

(b)(6) (circle)

Stat or Routine (circle)

TF 21 ABU GHRAIB
LAB RESULTS FORM
(Subject to Privacy Act of 1974)

Specimen Date and time: 26 JUN 06

Reported to (b)(6)

Criticals? (Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 26 JUN 06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR	Negative
HCG (or urine)	Negative

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:	

Pre-Ict read new Sample

Other lab request:

ACLU-RDI 5532p.224

Chemistry (Piccolo)/Green or red/tiger top

Comp Pan | BMP | Hepatic Pan | Lipid Pan | Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.0	3.3-5.5 g/dL
	ALP	269	M: 53-128 U/L F: 42-141 U/L
	ALT	55	10-47 U/L
	AMY		14-97 U/L
	AST	82	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	~~Dbil~~ (Bc)	14.8	0-0.3 mg/dL
	Tbil	14.8	0.2-1.6 mg/dL
	BUN	28	7-22 mg/dL
	Ca	8.1	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	112	98-108 mmol/L
	CO2	26	18-33 mmol/L
	Crea	DCT	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	292	73-118 mg/dL
	K	3.5	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	2.9	2.2-4.4 mg/dL
	Tot. Protein	5.1	6.4-8.1 g/dL
	Na	144	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

Rapid Tests

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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

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)

EXHIBIT 2

000224

ACLU-RDI 5532p.224

10-L-0126 ACLU CID ROI 11847

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

(b)(6) (circle)

Stat or Routine (circle)

ATORY RESULTS FORM

(Subject to Privacy Act of 1974)

00-06-CID789-78473

Specimen Date and time: 26 June 06

Reported to: (b)(6)

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 20060627/1022

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
X	pH	7.459 H	7.35-7.45
X	PCO2	35.8	35-45 mmHg
X	PO2	83	80-105 mmHg
X	TCO2	26	23-27 mmol/L
X	HCO3	25.4	22-26 mmol/L
X	sO2	97	95-98%
X	BEecf	2	(-2) - (+3)
X	iCa	0.76 L	1.12-1.32 mmol/L
X	Na	15 H	138-146 mmol/L
X	K	2.9 L	3.5-4.9 mmol/L
X	Hct	30 L	38.0-51.0%
X	Hgb	10.2 L	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

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

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

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	EXHIBIT	Negative 2
H.pylori IgG		Negative

revised 19 May 06 JT

reviewed by:

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

(b)(6) (circle) Stat or Routine (circle)

ATORY RESULTS FORM

00-06-CID 789-78473

(Subject to Privacy Act of 1974)

Specimen Date and time: 27 Jun 06

Reported to: (b)(6)

Criticals? (Yes) No (Circle one)

Reported by: (b)(6)

Date / Time: 2006 0627/0323

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
X	pH	7.497 H	7.35-7.45
X	PCO2	35.2	35-45 mmHg
X	PO2	74 L	80-105 mmHg
X	TCO2	28 H	23-27 mmol/L
X	HCO3	27.2 H	22-26 mmol/L
X	sO2	96	95-98%
X	BEecf	4 H	(-2) - (+3)
X	iCa	1.04 L	1.12-1.32 mmol/L
X	Na	155 H	138-146 mmol/L
X	K	3.3 L	3.5-4.9 mmol/L
X	Hct	29 L	38.0-51.0%
X	Hgb	9.9 L	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

GEN CHEM 13 cannot run Chem 13. Critical ALB Sample ICT need new sample

revised 19 May 06 JT

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan BMP Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT	REF. RANGE
C	ALB	1.2 L	3.3-5.5 g/dL
	ALP		M: 53-128 U/L F: 42-141 U/L
	ALT		10-47 U/L
	AMY		14-97 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	26 H	7-22 mg/dL
	Ca	8.6	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	113 H	98-108 mmol/L
	CO2	27	18-33 mmol/L
*	Crea	ICT	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	231 H	73-118 mg/dL
	K	3.6	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	2.7	2.2-4.4 mg/dL
	Tot. Protein		6.4-8.1 g/dL
	Na	145	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

Rapid Tests

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

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

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

EXHIBIT 2

reviewed by:

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

(b)(6) (circle)

Stat or Routine (circle)

ATORY RESULTS FORM

(Subject to Privacy Act 5 U.S.C. 552a)

Specimen Date and time: 27 June 08

Reported to (b)(6)

Criticals? Yes / No (Circle one)

Reported by (b)(6)

Date / Time: 27 JUNE 08 0521

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
X	pH	7.48 H	7.35-7.45
X	PCO2	34.6 L	35-45 mmHg
X	PO2	76 L	80-105 mmHg
X	TCO2	27	23-27 mmol/L
X	HCO3	26.2 H	22-26 mmol/L
X	sO2	96	95-98%
X	BEecf	3	(-2) - (+3)
X	iCa	0.94 L	1.12-1.32 mmol/L
X	Na	154 H	138-146 mmol/L
X	K	3.4 L	3.5-4.9 mmol/L
X	Hct	40	38.0-51.0%
X	Hgb	13.6	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

GEN CHEM 13 Need new sample for Crea/TCT Alb cmt reported to ICU

Chemistry (Piccolo)/Green or red/tiger top

Comp Pan (BMP) Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.3	3.3-5.5 g/dL
	ALP		M: 53-128 U/L F: 42-141 U/L
	ALT		10-47 U/L
	AMY		14-97 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	27	7-22 mg/dL
	Ca	8.6	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	118	98-108 mmol/L
	CO2	26	18-33 mmol/L
	Crea	ICT	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	212	73-118 mg/dL
	K	4.0	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	3.0	2.2-4.4 mg/dL
	Tot. Protein		6.4-8.1 g/dL
	Na	144	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

Rapid Tests

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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

Hematology / Purple Top

CBCN (no diff) CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	11.1	4.8-10.8 x10(3)/uL
	RBC	3.78	4.2-6.1 x10(6)/uL
	Hgb	11.4	12.0-18.0 g/dL
	Hct	35.0	M: 42.0-52.0%
			F: 37-47%
	MCV	92.6	80.0-99.0 fl
	MCH	30.2	27.0-31.0 pg
	MCHC	32.6	33.0-37.0 g/dL
	Plt	156	130-400 x10(3)/uL
	LY%	15.5	20.0-44.0%
	LY#	1.7	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 Panel / Purple Top

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	EXHIBIT	Negative
H.pylori IgG	1	Negative

reviewed by:

revised 19 May 08 JT

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: OR (b)(6) (circle)
Drawn by: Bed: Stat or Routine (circle)

TF 344 MED, ABU
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974) 0108-06-CID780-38473

Specimen Date and time: ED sound 1450

Signs and Symptoms: repeated 2 critical values:

(b)(6) Date and Time: 27Jan06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes | Glu | Crea

X	TEST	RESULT	REF. RANGE
X	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
X	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:

Chemistry (Piccolo)/Green or red/liger top

Comp Pan | 6M? | Hepatic Pan | Lipid Pan | Renal Pan

X	TEST	RESULT		REF. RANGE
X	ALB	1.4	L	3.3-5.5 g/dL
	ALP	241	H	M: 53-128 U/L F: 42-141 U/L
	ALT	82	H	10-47 U/L
	AMY			14-110 U/L
	AST	211	H	16-55 U/L
	Indirect Bil (Bu)			0-1.1 mg/dL
	Total Bil	10.2	H	0-0.3 mg/dL
		13.6	H	0.2-1.6 mg/dL
	BUN	28	H	7-22 mg/dL
	Ca	7.6	L	8.0-10.3 mg/dL
	Chol			100-200 mg/dL
				M: 39-380 U/L F: 30-190 U/L
	Cl	116	H	98-108 mmol/L
	CO2	23		18-33 mmol/L
	Creat	Icteric sample		0.6-1.2 mg/dL
	GGT			5-65 U/L
	Glu	144	H	73-118 mg/dL
	K	3.6		3.3-4.7 mmol/L
				1.6-2.3 mg/dL
	Phosphorus			2.2-4.4 mg/dL
	Total Protein	3.1	L	6.4-8.1 g/dL
	Na	149	H	128-145 mmol/L
	Non-HDL Chol			40-75 mg/dL
	Total Chol			50-129 mg/dL
	Triglycerides			60-149 mg/dL
	HDL			<30 mg/dL
	Chol/HDL Ratio			≤ 5

Special Tests (CSF or Red Top)

GLUCOSE	Negative
PROTEIN (or urine)	Negative

Rapid Tests

Strep A	Negative
Urine Screen (urine)	Negative
Chlamydia	Negative
H. pylori A&B	Negative
Occult blood (stool)	Negative
O&P (stool)	No Ova / Parasite
	Negative
	Negative
	Negative

Hematology / Purple Top

CBCN (no diff) | CBC | Malaria | H/H

X	TEST	RESULT	REF. RANGE
X	WBC	9.4	4.8-10.8 x10(3)/uL
	RBC	3.82 L	4.2-6.1 x10(6)/uL
	Hgb	11.5 L	12.0-18.0 g/dL
	Hct	34.9 L	M: 42.0-52.0%
			F: 37-47%
	MCV	91.5	80.0-99.0 fl
	MCH	30.0	27.0-31.0 pg
	MCHC	32.8	33.0-37.0 g/dL
	Plt	126	130-400 x10(3)/uL
	LY%	16.4	20.0-44.0%
	LY#	1.5	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

Congulation (Blue Top - Sodium Citrate)

X			
X	PT	26.3H	7.0-14.0 sec
X	APTT	2.0	21.0-50.0 sec
X	INR	2.0	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

Homoglobin S (sickle)/ Purple Top

Hemoglobin S	Negative

Rapid Tests (Green Top)

Mono		Negative
H.pylori IgG		Negative

EXHIBIT 2

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

revised 21Aug05 mj

reviewed by: WDC28

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: FCU

Drawn by: Bed: 3 (b)(6) (circle)

(Stat or Routine (circle)

TF 21 ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

Specimen Date and time: 27JUN06 1630

Reported to: (b)(6)

Criticals? (Yes) No (Circle one)

Reported by: (b)(6)

Date / Time: 27JUN06 1636

Chemistry (i-STAT) / Green Top / Syringe

(Bld Gas) Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.406	7.35-7.45
	PCO2	39.2	35-45 mmHg
	PO2	101	80-105 mmHg
	TCO2	26	23-27 mmol/L
	HCO3	24.6	22-26 mmol/L
	sO2	98	95-98%
	BEecf	0	(-2) - (+3)
*	iCa	0.76L	1.12-1.32 mmol/L
	Na	157H	138-146 mmol/L
	K	2.9L	3.5-4.9 mmol/L
	Hct	28L	38.0-51.0%
	Hgb	9.5L	12.0-18.0 g/dL

Rapid Tests (i-STAT / Green Top)

RPR		Negative
HCG (or urine)		Negative

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:

Critical Values: Call @ 24

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		14-97 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
	CO2		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

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		Negative
Occ Bld (Guaiac test)		Negative
Wet Mount		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)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE
EXHIBIT

ACLU-RDI 5532 p.229
10-L-0126 ACLU CID ROI 11852

(b)(6)

0100-06-CID789-78473

Reported to:

Physician: (b)(6) Ward: ICU Bed: 3 (b)(6) (circle) Stat or Routine (circle) Date and time: 27 Jun 1733

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 27Jun06 @1753

Drawn by:

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

TEST	RESULT	REF. RANGE
pH		7.35-7.45
PCO2		35-45 mmHg
PO2		80-105 mmHg
TCO2		23-27 mmol/L
HCO3		22-26 mmol/L
sO2		95-98%
BEecf		(-2) - (+3)
iCa		1.12-1.32 mmol/L
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Hct		38.0-51.0%
Hgb		12.0-18.0 g/dL

Rapid Tests (SST or Red Top)

RPR	Negative
HCG (or urine)	Negative

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		14-97 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
	CO2		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

Rapid Tests

Strep A	Negative
Drug Screen (urine)	Negative
Chlamydia	Negative
Flu A&B	Negative
Stool WBC	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	9.9	4.8-10.8 x10(3)/uL
	RBC	3.71 L	4.2-6.1 x10(6)/uL
	Hgb	11.0 L	12.0-18.0 g/dL
	Hct	33.9 L	M: 42.0-52.0%
			F: 37-47%
	MCV	91.5	80.0-99.0 fl
	MCH	29.6	27.0-31.0 pg
	MCHC	32.4	33.0-37.0 g/dL
	Plt	139	130-400 x10(3)/uL
	LY%	16.8	20.0-44.0%
	LY#	1.7	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	6.5 L	7.0-14.0 sec
APTT	TNP	21.0-50.0 sec
INR	<0.8 L	0.5-1.5/therap 2-3
D Dimer	Negative	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

EXHIBIT 7

reviewed by:

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

Revised 18 May 06 JT

N or ISN:

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

ysician (b)(6) Ward: ICU (b)(6)
awn by: Bed: 3 Stat or Routine (circle)

LAB RESULTS FORM

...e Privacy Act of 1974)

Specimen Date and time: 27MAY 2202

Reported to: (b)(6) 78473

Criticals? Yes No (Circle one)

Reported by: (b)(6)

Date / Time: 27MAY10 2212

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

TEST	RESULT	REF. RANGE
pH	7.465	7.35-7.45
PCO2	38.8	35-45 mmHg
PO2	160	80-105 mmHg
TCO2	29	23-27 mmol/L
HCO3	27.9	22-26 mmol/L
sO2	100	95-98%
BEecf	4	(-2) - (+3)
iCa	0.90	1.12-1.32 mmol/L
Na	158	138-146 mmol/L
K	3.0	3.5-4.9 mmol/L
Hct	46	38.0-51.0%
Hgb	15.6	12.0-18.0 g/dL

RPR	Negative
HCG (or urine)	Negative

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		14-97 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
	CO2		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

Rapid Tests

Strep A	Negative
Drug Screen (urine)	Negative
Chlamydia	Negative
Flu A&B	Negative
Stool WBC	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

EXHIBIT 2

Revised 19 May 06 JT

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

reviewed by:

N or ISN: (b)(6)

ST, FIRST, MI.

LABORATORY RESULTS FORM

(Privacy Act of 1974)

Physician: (b)(6) Ward: ICU (b)(6) (circle)

Drawn by: Bed: 3 Stat or Routine (circle)

Specimen Date and time: 27JUN06 2345

Reported to: (b)(6) 78473

Criticals? (Yes) No (Circle one)

Reported by: (b)(6)

Date / Time: 20060627 / 2340

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

TEST	RESULT	REF. RANGE
pH	7.458H	7.35-7.45
PCO2	37.3	35-45 mmHg
PO2	103	80-105 mmHg
TCO2	28	23-27 mmol/L
HCO3	26.4H	22-26 mmol/L
sO2	98	95-98%
BEecf	3	(-2) - (+3)
iCa	8.99L	1.12-1.32 mmol/L
Na	189H	138-146 mmol/L
K	2.9L	3.5-4.9 mmol/L
Hct	35L	38.0-51.0%
Hgb	11.9	12.0-18.0 g/dL

RPR	Negative
HCG (or urine)	Negative

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		14-97 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
	CO2		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

Rapid Tests

	Strep A	Negative
	Drug Screen (urine)	Negative
	Chlamydia	Negative
	Flu A&B	Negative
	Stool WBC	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

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

X	PT	14.8	7.0-14.0 sec
X	APTT	>100	21.0-50.0 sec
X	INR	1.5	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 19 May 06 JT

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

reviewed by:

EXHIBIT 2

LABORATORY RESULTS FORM

(S… Privacy Act of 1974)

(b)(6)

…T, FIRST, MI

Specimen Date and time: 6/28/06 05

Reported to: (b)(6) 78473

Criticals? Yes / No (Circle one)

Reported b (b)(6)

Date / Time: 28 Jun 06 0525

…sician (b)(6) Ward: Tent 3

…wn by Bed:

(b)(6) (circle) Stat or Routine (circle)

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

TEST	RESULT	REF. RANGE
pH	7.465	7.35-7.45
PCO2	40.2	35-45 mmHg
PO2	96	80-105 mmHg
TCO2	30	23-27 mmol/L
HCO3	28.9	22-26 mmol/L
sO2	98	95-98%
BEecf	5	(-2) - (+3)
iCa	TNP	1.12-1.32 mmol/L
Na	147	138-146 mmol/L
K	2.6	3.5-4.9 mmol/L
Hct	31	38.0-51.0%
Hgb	10.5	12.0-18.0 g/dL

RPR	Negative
HCG (or urine)	Negative

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:

Need new sample for iCA
Cont TP Ict, need new sample
Alb, Cl, Tbil, NA crit reported to ICU 0525

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan / BMP / Hepatic Pan / Lipid Pan / Renal Pan

X	TEST	RESULT	REF. RANGE
*	ALB	1.5	3.3-5.5 g/dL
	ALP	209	M: 53-128 U/L F: 42-141 U/L
	ALT	78	10-47 U/L
	AMY		14-97 U/L
	AST	118	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)	13.6	0-0.3 mg/dL
*	Tbil	16.7	0.2-1.6 mg/dL
	BUN	29	7-22 mg/dL
	Ca	11.1	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
*	Cl	117	98-108 mmol/L
	CO2	25	18-33 mmol/L
	Crea	1.01	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	164	73-118 mg/dL
	K	3.4	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	5.3	2.2-4.4 mg/dL
	~~Tot. Protein~~	7.1	6.4-8.1 g/dL
*	Na	164	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

Rapid Tests

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

Hematology / Purple Top

CBC No diff / CBC / Malaria w/ diff

X	TEST	RESULT	REF. RANGE
	WBC	10.0	4.8-10.8 x10(3)/uL
	RBC	3.39	4.2-6.1 x10(6)/uL
	Hgb	10.3	12.0-18.0 g/dL
	Hct	30.3	M: 42.0-52.0%
			F: 37-47%
	MCV	89.5	80.0-99.0 fl
	MCH	30.4	27.0-31.0 pg
	MCHC	33.9	33.0-37.0 g/dL
	Plt	138	130-400 x10(3)/uL
	LY%	11.5	20.0-44.0%
	LY#	1.1	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	19.3	7.0-14.0 sec
APTT		21.0-50.0 sec
INR	1.4	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

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

Revised 19 May 06 JT

reviewed by:

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU (circle)

Drawn by: (b)(6) Bed: 3 Stat or Routine (circle)

TF 21 ABU GHRAIB LABORATORY RESULTS FORM

(Subject to the Privacy Act of 1974)

Specimen Date and time: 28JUN06 0820

Reported to:

Criticals? Yes / No (Circle one)

Reported by (b)(6)

Date / Time: 28JUN06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.466	7.35-7.45
	PCO2	36.2	35-45 mmHg
	PO2	93	80-105 mmHg
	TCO2	27	23-27 mmol/L
	HCO3	26.1	22-26 mmol/L
	sO2	98%	95-98%
	BEecf	2	(-2) - (+3)
	iCa	1.07	1.12-1.32 mmol/L
	Na	156	138-146 mmol/L
	K	2.5	3.5-4.9 mmol/L
	Hct	30%	38.0-51.0%
	Hgb	10.2	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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 CV	1.4	L	3.3-5.5 g/dL
	ALP	213	H	M: 53-128 U/L F: 42-141 U/L
	ALT	56	H	10-47 U/L
	AMY	88		14-97 U/L
	AST	95	H	16-55 U/L
	Indirect bil (Bu)			0-1.1 mg/dL
	Dbil (Bc)			0-0.3 mg/dL
	Tbil CV	14.3	H	0.2-1.6 mg/dL
	BUN	28	H	7-22 mg/dL
	Ca	9.9		8.0-10.3 mg/dL
	Chol			100-200 mg/dL
	CK			M: 39-380 U/L F: 30-190 U/L
	Cl CV	118	H	98-108 mmol/L
	CO2	23		18-33 mmol/L
	Crea	Icteric		0.6-1.2 mg/dL
	GGT	112	H	5-65 U/L
	Glu	162	H	73-118 mg/dL
	K	3.3		3.3-4.7 mmol/L
	Mg			1.6-2.3 mg/dL
	Phosphorus	4.5	H	2.2-4.4 mg/dL
	Tot. Protein	3.5		6.4-8.1 g/dL
	Na	TNP		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

Sample was hemolyzed+icteric

Rapid Tests (Urine Pool or Nasal Swab)

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

Hematology / Purple Top

CBC/N (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

EXHIBIT 7

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

reviewed by:

Revised 15 May 06 JT

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: (b)(6) Bed: 3

(circle) Stat or Routine (circle)

LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

Specimen Date and time: 28 JUN 06 1115

Reported to: (b)(6)

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 28 JUN 06 / 1135

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.48	7.35-7.45
	PCO2	36.0	35-45 mmHg
	PO2	126	80-105 mmHg
	TCO2	28	23-27 mmol/L
	HCO3	27.2	22-26 mmol/L
	sO2	99	95-98%
	BEecf	+4	(-2) - (+3)
	iCa	1.01	1.12-1.32 mmol/L
	Na	162	138-146 mmol/L
*	K	2.4 CV	3.5-4.9 mmol/L
	Hct	26 L	38.0-51.0%
	Hgb	8.8 L	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

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

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

EXHIBIT J

revised 19 May 06 JT

reviewed by:

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU (b)(6) (circle)

Drawn by: Bed: 3 Stat or Routine (circle)

F 21 ABU GHRAIB
LABORATORY RESULTS FORM
(Submit to Medical Records)

Specimen Date and time: 28JUN06 1235

Reported to: (b)(6)

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 28-06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.464	7.35-7.45
	PCO2	37.0	35-45 mmHg
	PO2	96	80-105 mmHg
	TCO2	28	23-27 mmol/L
	HCO3	26.6	22-26 mmol/L
	sO2	98%	95-98%
	BEecf	3	(-2) - (+3)
	iCa	0.91	1.12-1.32 mmol/L
	Na H	162	138-146 mmol/L
	K L	2.3	3.5-4.9 mmol/L
	Hct L	23%	38.0-51.0%
	Hgb L	7.8	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

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 Profile / Light Blue Top

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

EXHIBIT 2

reviewed by:

000236

revised 19 May 06 JT

ACLU-RDI 5532 p.236

10-L-0126 ACLU CID ROI 11859

SSN or ISN: (b)(6)

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

Physician: (b)(6) Ward: 10

Drawn by: Bed: 3

(b)(6) (circle) Stat or Routine (circle)

ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Change)

Specimen Date and time: 1450 28 JUN 06

Reported to: (b)(6)

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 28 JUN 06 / 1505

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.44	7.35-7.45
	PCO2	37.7	35-45 mmHg
	PO2	74 L	80-105 mmHg
	TCO2	27	23-27 mmol/L
	HCO3	26.0	22-26 mmol/L
	sO2	95	95-98%
	BEecf	+2	(-2) - (+3)
	iCa	0.96 L	1.12-1.32 mmol/L
	Na	162 H	138-146 mmol/L
CV	K	2.6 L	3.5-4.9 mmol/L
	Hct	30	38.0-51.0%
	Hgb	10.2	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

C.V. K

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		14-97 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
	CO2		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

Rapid Tests

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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

Hematology Purple Top

CBC | CBC w diff | ICBC | 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

EXHIBIT 2

revised 19 May 06 JT

reviewed by:

SSN or ISN: (b)(6)

LAST, FIRST, MI.

P' ician: (b)(6) Ward: 170 (b)(6) (circle)

n by: Bed: 3 Stat or Routine (circle)

TF-21 ABU GHRAIB AE[illegible]ORY RESULTS FORM

(Subject to Privacy Act of 1974)

(10) 06 CID 789-78473

Specimen Date and time: 28 June

Reported to:

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 28 June 06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

Cortisol ??

Creatine sent CAN'T GO TO CAMP BUCCA FOR CORTISOL TESTING

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan BMP Hepatic Pan Lipid Pro Renal Pan

X	TEST	RESULT		REF. RANGE
	ALB	1.5	L	3.3-5.5 g/dL
	ALP			M: 53-128 U/L F: 42-141 U/L
	ALT			10-47 U/L
	AMY			14-97 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	29	H	7-22 mg/dL
	Ca	8.7		8.0-10.3 mg/dL
	Chol			100-200 mg/dL
	CK			M: 39-380 U/L F: 30-190 U/L
	Cl	118	H	98-108 mmol/L
	CO2	24		18-33 mmol/L
	Crea	Icteric		0.6-1.2 mg/dL
	GGT			5-65 U/L
	Glu	107		73-118 mg/dL
	K	3.4		3.3-4.7 mmol/L
	Mg			1.6-2.3 mg/dL
	Phosphorus	3.1		2.2-4.4 mg/dL
	Tot. Protein			6.4-8.1 g/dL
	Na	152	H	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

Rapid Tests

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

GOING TO

SPECIMEN FORM

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

Hematology / Purple Top

CBC/N (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

EXHIBIT

revised 19 May 06 JT

to Camp Bucca for testing

reviewed by:

SSN or ISN:

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

Physician: (b)(6)

Ward: ICU

Bed: 3

(b)(6) (circle)

Stat or Routine (circle)

bld gas, f, o2 psap ID

21 ABU GHRAIB

LABORATORY RESULTS FORM

(Sub-01 (0) Priv (b)(6) CID 398-7814)

Specimen Date and time: 28JUN06 1950

Reported to: (b)(6)

Criticals? (Yes) No (Circle one)

Reported by: (b)(6)

Date / Time: 28June06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.501	7.35-7.45
	PCO2	34.9	35-45 mmHg
	PO2	125 H	80-105 mmHg
	TCO2	28	23-27 mmol/L
	HCO3	27.3	22-26 mmol/L
	sO2	99%	95-98%
	BEecf	4	(-2) - (+3)
X	iCa	0.90	1.12-1.32 mmol/L
	Na	162	138-146 mmol/L
	K (L)	2.7	3.5-4.9 mmol/L
	Hct	34%	38.0-51.0%
	Hgb	11.6	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

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

EXHIBIT 2

revised 19 May 06 JT

reviewed by:

LABORATORY RESULTS FORM

Privacy Act of 1974)

SSN or ISN: (b)(6) -78473

LAST, FIRST, MI.

Specimen Date and time:

Reported to: (b)(6)

Criticals?

Reported by: (b)(6)

Date / Time:

Physician: (b)(6) Ward: 10M

Drawn by: Bed: 3

(b)(6) (circle) Stat or Routine (circle)

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.475	7.35-7.45
	PCO2	34.6	35-45 mmHg
	PO2	89	80-105 mmHg
	TCO2	27	23-27 mmol/L
	HCO3	25.5	22-26 mmol/L
	sO2	98	95-98%
	BEecf	2	(-2) - (+3)
	iCa	0.97	1.12-1.32 mmol/L
	Na	169	138-146 mmol/L
	K	2.5	3.5-4.9 mmol/L
	Hct	29	38.0-51.0%
	Hgb	9.9	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

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

Coag (Lavender Top) / Blue (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

EXHIBIT 9

reviewed by:

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

revised 19 May 06 JT

TF 21 ABU GHRAIB

LAB RESULTS FORM

(Subject to Privacy Act of 1974)

SSN or ISN: [redacted] 473

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

Physician: (b)(6) Ward: ICU

Drawn by: (b)(6) (circle) Bed: 3 Stat or Routine (circle)

Specimen Date and time: 28 Jun 06 @ 2306

Reported to: (b)(6)

Criticals? (Yes) No (Circle one)

Reported by: (b)(6)

Date / Time: 2006 06 28 / 1150

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

*Sample ICT need new sample

Chemistry (Piccolo)/Green or red/tiger top

Comp Pan | BMP | Hepatic Pan | Lipid Pan | Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.4 L	3.3-5.5 g/dL
	ALP	38 L	M: 53-128 U/L F: 42-141 U/L
	ALT	62 H	10-47 U/L
	AMY		14-97 U/L
	AST	106 H	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)	13.4 H	0-0.3 mg/dL
	Tbil	16.4 H	0.2-1.6 mg/dL
	BUN	30 H	7-22 mg/dL
	Ca	8.6	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	125 H	98-108 mmol/L
	CO2	26	18-33 mmol/L
	Crea	ICT	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	42 L	73-118 mg/dL
	K	3.3 L	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	3.2 H	2.2-4.4 mg/dL
	Tot. Protein	ICT	6.4-8.1 g/dL
	Na	170 H	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

Rapid Tests

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

Hematology / Purple Top

CBC/N (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

EXHIBIT 2

reviewed by:

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

revised 19 May 06 JT

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Ward: ICU

Bed: 3

(b)(6) (circle) Stat or Routine (circle)

TF 21 ABU GHRAIB

LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

Specimen Date and time: 4/29/04 0500

Reported to: (b)(6)

Criticals? (Yes / No) (Circle one)

Reported by: (b)(6)

Date / Time: 4/30/04 0058

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.458 H	7.35-7.45
	PCO2	35.8	35-45 mmHg
	PO2	102	80-105 mmHg
	TCO2	26	23-27 mmol/L
	HCO3	25.3	22-26 mmol/L
	sO2	98	95-98%
	BEecf	1	(-2) - (+3)
X	iCa	0.91 L	1.12-1.32 mmol/L
X	Na	160 *	138-146 mmol/L
X	K	2.5 L	3.5-4.9 mmol/L
	Hct	32 L	38.0-51.0%
	Hgb	10.9 L	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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

Cl+Mg+ALB critical reported to ICU Dr. ICU need FBS Urgent new sample

Sample hemolyzed

revised 19 May 06 JT

Chemistry (Piccolo) / Green or red tiger top

Comp Pan / BMP / Hepatic Pan / Lipid Pan / Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.5	3.3-5.5 g/dL
	ALP	199	M: 53-128 U/L F: 42-141 U/L
	ALT	72	10-47 U/L
	AMY		14-97 U/L
	AST	118	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)	1.36	0.0-0.3 mg/dL
	Tbil	1.72	0.2-1.6 mg/dL
	BUN	30	7-22 mg/dL
	Ca	8.4	8.0-10.3 mg/dL
	Chol	80	100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	122	98-108 mmol/L
	CO2	22	18-33 mmol/L
	Crea	1.01	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	81	73-118 mg/dL
	K	2.7	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
X	Phosphorus	4.5	2.2-4.4 mg/dL
	Tot. Protein	5.0	6.4-8.1 g/dL
	Na	163	128-145 mmol/L
X	HDL Chol	15	40-75 mg/dL
X	LDL Chol	TNP	50-129 mg/dL
X	Triglycerides	251	60-149 mg/dL
X	VLDL	50	<30 mg/dL
	Chol/HDL Ratio		≤ 5

Rapid Tests

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

Hematology / Purple Top

CBC / Malaria / H/H

X	TEST	RESULT	REF. RANGE
	WBC	10.1	4.8-10.8 x10(3)/uL
	RBC	3.38 L	4.2-6.1 x10(6)/uL
	Hgb	10.1 L	12.0-18.0 g/dL
	Hct	29.9 L	M: 42.0-52.0% F: 37-47%
	MCV	88.5	80.0-99.0 fl
	MCH	29.9	27.0-31.0 pg
	MCHC	33.8	33.0-37.0 g/dL
	Plt	207	130-400 x10(3)/uL
	LY%	10.8	20.0-44.0%
	LY#	1.1	0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	73	Mono(4-10%)	08
Bands(1-10%)	10	Eos(0-4%)	01
Lymph(20-44%)	10	Baso(0-2%)	00
Atyp Ly	0	Immature cells	3

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

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

reviewed by:

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT I

TF 21 ABU GHRAIB
LABORATORY RESULTS FORM

(Privacy Act of 1974)

SSN or ISN: (b)(6)

LAST, FIRST, MI.

P[illegible]ian: (b)(6) Ward: 100

D[illegible] by: (b)(6) Bed: 3

(circle) Stat or Routine (circle)

Specimen Date and time: 29Jun 0750

Reported to: (b)(6)

Criticals? Yes No (Circle one)

Reported by (b)(6)

Date / Time 29June06

Chemistry (i-STAT)? Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

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

Hematology Purple Top

CBC (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 (Citrate)

PT	16.6	7.0-14.0 sec
APTT	PNP	21.0-50.0 sec
INR	1.7	0.5-1.5/therap 2-3
D Dimer	Negative	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

EXHIBIT 2

reviewed by:

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

revised 19 May 06 JT

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: 1W Bed: 3

Drawn by: (b)(6) (circle) Stat or Routine (circle)

TF 21 ABU GHRAIB
LABORATORY RESULTS FORM
0100-06-CID789-78473
(Subject to Privacy Act of 1974)

Specimen Date and time: 24Jun06 1103

Reported to:

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 24Jun06 1103

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

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

Hematology / Purple Top

CBGN (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	19 ADP	7.0-14.0 sec
APTT		21.0-50.0 sec
INR	1-2	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
HIV		Negative
H.pylori IgG		Negative

EXHIBIT 7

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

revised 19 May 06 JT

reviewed by:

SSN or ISN: (b)(6)

LAST, FIRST, MI

Physician: (b)(6)

Ward: ICU

Bed: 3

(b)(6)

(circle) Stat or Routine (circle)

TF 21 ABU GHRAIB
ABORATORY RESULTS FORM
(Sub[illegible]) (Privacy Act of 1974)

Specimen Date and time: 28 JUNE 1139

Reported to:

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 29 JUNE 1139

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.487	7.35-7.45
	PCO2	34.9	35-45 mmHg
	PO2	99	80-105 mmHg
	TCO2	27	23-27 mmol/L
	HCO3	26.4	22-26 mmol/L
	sO2	98%	95-98%
	BEecf	3	(-2) - (+3)
	iCa	0.88	1.12-1.32 mmol/L
	Na	162	138-146 mmol/L
	K	3.0	3.5-4.9 mmol/L
	Hct	24%	38.0-51.0%
	Hgb	8.2	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		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
HIV		Negative
H.pylori IgG		Negative

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 7

Technician: [illegible]

reviewed by: [illegible]

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

(b)(6) (circle) Stat or Routine (circle): 20JUN03

TF 21 ABU GHRAIB
AB[redacted]ORY RESULTS FORM
(Subject to Privacy Act of 1974)

Specimen Date and time: 1955 20JUN03

Reported to:

Criticals? Yes / No (Circle one)

Reported by:

Date / Time: 29June06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.429	7.35-7.45
	PCO2	43.0	35-45 mmHg
	PO2	215 H	80-105 mmHg
	TCO2	30	23-27 mmol/L
	HCO3	28.5	22-26 mmol/L
	sO2	100%	95-98%
	BEecf	4	(-2) - (+3)
	iCa	0.86	1.12-1.32 mmol/L
	Na	160	138-146 mmol/L
	K	3.0	3.5-4.9 mmol/L
	Hct	24?	38.0-51.0%
	Hgb	8.2	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		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
HIV		Negative
H.pylori IgG		Negative

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Revised 19 May 03 JT

reviewed by

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: (b)(6) Bed: 3 (circle) Stat or Routine (circle)

TF 21 ABU GHRAIB

LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974) 0310-06-CID780-78473

Specimen Date and time: 24 JUN 1550

Reported to:

Criticals? Yes (No) (Circle one)

Reported by: (b)(6)

Date / Time: 29 JUN06/1610

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.44	7.35-7.45
	PCO2	38.9	35-45 mmHg
	PO2	146	80-105 mmHg
	TCO2	28	23-27 mmol/L
	HCO3	26.8	22-26 mmol/L
	sO2	99	95-98%
	BEecf	+3	(-2) - (+3)
	iCa	0.80	1.12-1.32 mmol/L
	Na	159	138-146 mmol/L
	K	2.7	3.5-4.9 mmol/L
	Hct	27	38.0-51.0%
	Hgb	9.2	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		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
HIV		Negative
H.pylori IgG		Negative

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

KQH

EXHIBIT 2

revised 19 May 06 JT

reviewed by:

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU #3

Drawn by: (b)(6) (circle) Stat or Routine (circle)

TF 21 ABU GHRAIB BIOLOGY RESULTS FORM

(Subject to Review) CID 07978473

Specimen Date and time: 29 Jun 06 1624

Reported to:

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 29 June 06 1637

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		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 HH

X	TEST	RESULT	REF. RANGE
	WBC	9.4	4.8-10.8 x10(3)/uL
	RBC	3.16 L	4.2-6.1 x10(6)/uL
	Hgb	9.4 L	12.0-18.0 g/dL
	Hct	28.5 L	M: 42.0-52.0%
			F: 37-47%
	MCV	90.1	80.0-99.0 fl
	MCH	29.7	27.0-31.0 pg
	MCHC	33.0	33.0-37.0 g/dL
	Plt	206	130-400 x10(3)/uL
	LY%	10.0 L	20.0-44.0%
	LY#	0.9	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)

X	PT	16.7	7.0-14.0 sec
	APTT		21.0-50.0 sec
X	INR	1.7	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
HIV		Negative
H.pylori IgG		Negative

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

revised 19 Mar 06 JT

reviewed by:

LOCATION: ITDU GTMO/JIC

TF21MED LAB

Ship Out Lab Request Form for 10th CSH

0100-06-CID789-78473

Pat. Name	(b)(6)			Date/Time Collected:	28 JUN06 / 1400
SSN/ISN:	(b)(6)			Collected By (Initials):	
Doctor:	(b)(6)	Ward:	ICU	Date/Time Shipped:	

CHEM Green/ Marble/ Yellow			Normal	☐ HEME Purple	Diff (on back)	Normal
Lytes	Na		135-145 mmol/L	WBC		4.5 - 10.5 $*10^3$/uL
	K		3.5-4.3 mmol/L	RBC		4.00 - 6.00 $*10^6$/uL
	Cl		98-107 mmol/L	Hemoglobin		11.0 - 18.0 g/dL
	CO_2		22-30 mmol/L	Hematocrit		35 - 60%
	GLU		65-105 mg/dL F 75-110 mg/dL M	MCV		80 - 99 fL
				MCH		27.0 - 31.0 pg
	BUN		7.0-17 mg/dL F 9-20 mg/dL M	MCHC		35.0 - 37.0 g/dL
				Platelets		150 - 450 $*10^3$/uL
C7	CREA	1.0	0.7-1.2 mg/dL F 0.8-1.6 mg/dL M	Lymph%		20.5 - 51.1%
				Lymph#		1.2 - 3.4 $*10^3$/uL
BMP/ C8	Ca		8.4-10.2 mg/dL	☐ ESR - Purple		0-20 mm/hour
C9	PHOS		2.5-4.5 mg/dL	☐ COAG - Blue		
C10	Mg		1.6-2.3 mg/dL	PT		9-12 sec
	ALB		3.5-5.0 g/dL	INR		0.8 unit
	TBIL		0.2-1.3 mg/dL	PTT		25-38.0 sec
	AST		15.0-46.0 U/L	D-Dimer		<250 ng/ml/neg
	ALT		11.0-66.0 U/L	☐ URINE (Confirmation and micro on reverse)		
CMP/C20	ALKP		38-126 U/L	Color		Straw to Amber
	TP		6.3-8.2 g/dL	Clarity		CLEAR
Hep/LFT	Bu		0.0-1.1 mg/dL	Specific Gravity		1.002-1.030
	Bc		0.0-0.3 mg/dL	pH		5.0-8.0
	GGT		12-58 U/L	Glucose		Negative
	AMY		30-110 U/L	Bilirubin		Negative
	LIP		23-300 U/L	Blood		Negative
	☐	LIPID Green/ Marble/ Yellow		Urobilinigin		0.2-1.0 EU/DL
	CHOL		120-200 mg/dL	Leukocyte Esterase		Negative
	HDL		30-85 mg/dL F 30-70 mg/dL M	Ketones		Negative
				Protein		Negative
	TRIG		<150 mg/dL	Nitrate		Negative
	LDL(Calc)		<160 mg/dL	SSA		Negative
	☐	CARDIAC		Ictotest		Negative
	LDH Green		313-618 U/L	Clinitest		Negative
	CK Green		80-135 U/L F 55-170 U/L M	Acetest		Negative
				HCG Qual		Negative
Qual - Gm	CKMB		<5.0 ng/mL neg	☐ Urine Drug Screen		
Quant - Purple	TRPN		<0.6 ng/mL neg	PCP		Negative
	MYOGB		<110 ng/mL neg	Benzodiazapine		Negative
☐ OTHER CHEM				Cocaine		Negative
AMON-Green on ice			9-33 µmol/L	Amphetamine		Negative
IRON-Green/Marble			37-170 µg/dL F 49-181 µg/dL M	THC		Negative
				Opiates		Negative
ACET-Red			10-30 µg/mL Ther ≥150 µg/mL Tox	Barbituates		Negative
				TCA		Negative
SAL- Red			<20 mg/dL Ther ≥30 mg/dL Tox	☐ HEP PANEL Tiger Top/Red Top		
				Hep A Ab, IgM		Negative
ALCOHOL-Grey			<10 mg/dL Neg 50-100 mg/dL Tox >400 mg/dL Fatal	Hep B Core Ab, IgM		Negative
				Hep B Surface Ag		Negative
				Hep C Ab		Negative
☐ SPECIAL CHEM				☐ Blood Gas - Syringe		
TSH-Marble			0.35-5.00 µIU/mL	pH		7.35 - 7.45
Sickle Cell-Purple			Negative	PCO2		35-45 mm Hg
G6PD-Purple			Normal	PO2		80-105 mm Hg
PSA, Total - Red			<4.00 ng/mL	HCO3		22-26 mmol/L
TRPN Quant - Purple			<0.6 ng/mL	BEecf		-2 to 3 mmol/L
☐ OTHER SEROLOGIES - Red/Tiger				sO2		95-98 %
RPR			Non Reactive	Points of Contact:		
MONOSPOT			Negative			
HIV			Negative	(b)(6)		

ON VITROS

~~FOR OFFICIAL USE~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

F 21 ABU GHRAIB
AB[redacted]TORY RESULTS FORM
Subject 00-P6-CID789-78473 Page 1 of 1874

SSN or ISN (b)(6)

LAST, FIRST, MI.

Physician (b)(6) Ward: 10 (b)(6)

Drawn by Bed: 3 Stat or Routine (circle)

Specimen Date and time: 29 Jun 08

Reported to:

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 29 Jun 08 1708

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.374	7.35-7.45
	PCO2	45.9	35-45 mmHg
	PO2	142	80-105 mmHg
	TCO2	28	23-27 mmol/L
	HCO3	26.8	22-26 mmol/L
	sO2	99%	95-98%
	BEecf	2	(-2) - (+3)
	iCa	0.87	1.12-1.32 mmol/L
	Na	162	138-146 mmol/L
	K	2.0	3.5-4.9 mmol/L
	Hct	25%	38.0-51.0%
	Hgb	8.5	12.0-18.0 g/dL
	RPR		Negative
	HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

	Strep A		Negative
	Drug Screen (urine)		Negative
	Chlamydia		Negative
	Flu A&B		Negative
	Stool WBC		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
	HIV		Negative
	H.pylori IgG		Negative

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT

Revised 19 May 06

reviewed by:

SSN or ID N: (b)(6)

LAST, FIRST, MI.

Physician (b)(6) Ward: ICU

Drawn by Bed: 3

(b)(6) (circle)

Stat or Routine (circle)

TF 21 ABU GHRAIB

LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

10-06 CID789-78472

Specimen Date and time: 1800 29 Nov 06

Reported to: (b)(6)

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 29 Nov 06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.378	7.35-7.45
	PCO2	45.8	35-45 mmHg
	PO2	139	80-105 mmHg
	TCO2	28	23-27 mmol/L
	HCO3	27.0	22-26 mmol/L
	sO2	99%	95-98%
	BEecf	2	(-2) - (+3)
	iCa	0.81	1.12-1.32 mmol/L
	Na	158	138-146 mmol/L
	K	2.9	3.5-4.9 mmol/L
	Hct	23%	38.0-51.0%
	Hgb	7.8	12.0-18.0 g/dL

	RPR		Negative
	HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

	Strep A		Negative
	Drug Screen (urine)		Negative
	Chlamydia		Negative
	Flu A&B		Negative
	Stool WBC		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
	HIV		Negative
	H.pylori IgG		Negative

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

EXHIBIT

revised 19 May 06 JT

reviewed by:

Stat or Routine (circle) | 24 Jan 06 | 1800

Reported by: (b)(6)

Date / Time: 24 Jan 06

Chemistry (STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.398	7.35-7.45
	PCO2	45.8	35-45 mmHg
	PO2	139	80-105 mmHg
	TCO2	28	23-27 mmol/L
	HCO3	27.0	22-26 mmol/L
	sO2	99%	95-98%
	BEecf	2	(-2) - (+3)
	iCa	0.81	1.12-1.32 mmol/L
	Na	158	138-146 mmol/L
	K	2.9	3.5-4.9 mmol/L
	Hct	23%	38.0-51.0%
	Hgb	7.0	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		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
HIV		Negative
H.pylori IgG		Negative

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT

ACLU-RDI 5532 p.252
revised 19 May 06 JT

reviewed by: 000252 2

10-L-0126 ACLU CID ROI 11875

TF ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

0100-06-CID78978473

SSN or ISN:

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

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

(b)(6) (circle) Stat or Routine (circle)

Specimen Date and time: 30JUN06 0030

Reported to: (b)(6)

Criticals? Yes/No (Circle one)

Reported by: (b)(6)

Date / Time: 20060630/0447

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ Lytes

X	TEST	RESULT	REF. RANGE
	pH	7.394	7.35-7.45
	PCO2	40.4	35-45 mmHg
	PO2	78 H	80-105 mmHg
	TCO2	26	23-27 mmol/L
	HCO3	25.0	22-26 mmol/L
	sO2	100 H	95-98%
	BEecf	0	(-2) - (+3)
	iCa	0.86 L	1.12-1.32 mmol/L
	Na	156 H	138-146 mmol/L
	K	3.2 L	3.5-4.9 mmol/L
	Hct	26 L	38.0-51.0%
	Hgb	8.8 L	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

*Need new sample of ICT

Chemistry (Piccolo) / Green or red/tiger top

Comp Panel BMP Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP	535 H	M: 53-128 U/L F: 42-141 U/L
	ALT	81 H	10-47 U/L
	AMY		14-97 U/L
	AST	98 H	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)		0-0.3 mg/dL
	Tbil	1.0	0.2-1.6 mg/dL
	BUN	45	7-22 mg/dL
	Ca	7.9 L	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	117 H	98-108 mmol/L
	CO2	19	18-33 mmol/L
X	Crea	ICT	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	357 H	73-118 mmol/L
	K	3.0	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	152 H	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

Rapid Tests

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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

Hematology / Purple Top

CBCN (no diff) CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	10.1	4.8-10.8 x10(3)/uL
	RBC	2.84 L	4.2-6.1 x10(6)/uL
	Hgb	8.3 L	12.0-18.0 g/dL
	Hct	25.7 L	M: 42.0-52.0%
		29.3 L	F: 37-47%
	MCV	90.5	80.0-99.0 fl
	MCH	30.1	27.0-31.0 pg
	MCHC	33.2	33.0-37.0 g/dL
	Plt	280	130-400 x10(3)/uL
	LY%	19.2	20.0-44.0%
	LY#	1.0	0.7-4.3 x10(3)/uL

Differential

Segs(50-70%) 73	Mono(4-10%) 8
Bands(1-10%) 9	Eos(0-4%) 0
Lymph(20-44%) 10	Baso(0-2%) 0
Atyp Ly Neg	Immature cells Neg

RBC Abn Morph: Hypochromic

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
HIV	EXHIBIT	Negative
H.pylori IgG		Negative

Revised 5 May 2005

reviewed by: 2

000253

SN or ISN: (b)(6)

,AST, FIRST, MI.

Physician: (b)(6) Ward:
Drawn by: Bed:

Gender M or F (circle)
Stat or Routine (circle)

Specimen Date and time: 30 JUNE 06 0600

Privacy Act of 1974) (b)(6)
Reported to: (b)(6)
Criticals? Yes (No) (Circle one)
Reported by: (b)(6)
Date / Time: 30 JUN 06 0600

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/Lytes

X	TEST	RESULT	REF. RANGE
	pH	7.434	7.35-7.45
	PCO2	37.0	35-45 mmHg
	PO2	124	80-105 mmHg
	TCO2	26	23-27 mmol/L
	HCO3	24.8	22-26 mmol/L
	sO2	99	95-98%
	BEecf	1	(-2) - (+3)
	iCa	0.86	1.12-1.32 mmol/L
	Na	153	138-146 mmol/L
	K	3.2	3.5-4.9 mmol/L
	Hct	24	38.0-51.0%
	Hgb	8.2	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

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

Hematology / Purple Top

CBC N (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
HIV		Negative
H.pylori IgG		Negative

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

reviewed by:

revised 19 May 06 JT

Physician: (b)(6)
Drawn by:

Ward:
Bed:

Gender M or F (circle)
Stat or Routine (circle)

30 JUNE 06
0600

0100-0[redacted]

Reported by: (b)(6)
Date / Time: 30 JUN 06 0600

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.434	7.35-7.45
	PCO2	37.0	35-45 mmHg
	PO2	124	80-105 mmHg
	TCO2	26	23-27 mmol/L
	HCO3	24.8	22-26 mmol/L
	sO2	99	95-98%
	BEecf	1	(-2) - (+3)
	iCa	0.86	1.12-1.32 mmol/L
	Na	155	138-146 mmol/L
	K	3.2	3.5-4.9 mmol/L
	Hct	24	38.0-51.0%
	Hgb	8.2	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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 / Hepat o 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		14-97 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
	CO2		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

Rapid Tests

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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

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
HIV		Negative
H.pylori IgG		Negative

EXHIBIT

revised 19 May 06 JT

reviewed by: 2

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: W4 3

Drawn by: Bed: (b)(6) (circle) Stat or Routine (circle)

IF 21 ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974) 10-06-CID781-9473

Specimen Date and time: 30 Jun 1000

Reported to:

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 30 June 06 @ 10

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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	1.8	L	3.3-5.5 g/dL
	ALP	767	H	M: 53-128 U/L F: 42-141 U/L
	ALT	93	H	10-47 U/L
	AMY			14-97 U/L
	AST	100	H	16-55 U/L
	Indirect bil (Bu)			0-1.1 mg/dL
	Dbil (Bc)			0-0.3 mg/dL
	Tbil	17 CV	H	0.2-1.6 mg/dL
	BUN	52	CV! H	7-22 mg/dL
	Ca	7.4		8.0-10.3 mg/dL
	Chol			100-200 mg/dL
	CK			M: 39-380 U/L F: 30-190 U/L
	Cl	118 CV	H	98-108 mmol/L
	CO2	22		18-33 mmol/L
	Crea	Icteric		0.6-1.2 mg/dL
	GGT			5-65 U/L
	Glu #	411 CV!	H	73-118 mg/dL
	K	3.1	L	3.3-4.7 mmol/L
	Mg			1.6-2.3 mg/dL
	Phosphorus			2.2-4.4 mg/dL
	Tot. Protein	icteric		6.4-8.1 g/dL
	Na	155	H	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

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		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	8.1	4.8-10.8 x10(3)/uL
	RBC	2.58	L 4.2-6.1 x10(6)/uL
	Hgb	7.8	L 12.0-18.0 g/dL
	Hct	23.1	L M: 42.0-52.0%
			F: 37-47%
	MCV	89.3	80.0-99.0 fl
	MCH	30.1	27.0-31.0 pg
	MCHC	33.7	33.0-37.0 g/dL
	Plt	198	130-400 x10(3)/uL
	LY%	9.7	20.0-44.0%
	LY#	0.8	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	11.1	7.0-14.0 sec
APTT	TNP	21.0-50.0 sec
INR	1.1	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
HIV		Negative
H.pylori IgG		Negative

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

revised 19 May 06 JT

reviewed by:

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU (b)(6) (circle)
Drawn by: Bed: 3 (Stat) or Routine (circle)

Date and time: 30 Jun 06 1750

0100-06-CID78478

Criticals: Yes, No, Circle One

Reported by (b)(6)

Date / Time: 30 June 06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas | Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.397	7.35-7.45
	PCO2	40.0	35-45 mmHg
	PO2	187 H	80-105 mmHg (185)
	TCO2	26	23-27 mmol/L
	HCO3	24.6	22-26 mmol/L
	sO2	100%	95-98%
	BEecf	0	(-2) - (+3)
	iCa	0.78 L	1.12-1.32 mmol/L
	Na	153	138-146 mmol/L
	K	2.9 L	3.5-4.9 mmol/L
	Hct	24%	38.0-51.0%
	Hgb	8.2	12.0-18.0 g/dL

	RPR		Negative
	HCG (or urine)		Negative

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		14-97 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
	CO2		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

Rapid Tests

	Strep A		Negative
	Drug Screen (urine)		Negative
	Chlamydia		Negative
	Flu A&B		Negative
	Stool WBC		Negative
	C. difficile (stool)		Negative
	O&P (stool)		No Ova / Parasite
	OccBld		Negative
	Wet Mount		Negative
	[illegible]		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
	HIV		Negative
	H.pylori IgG		Negative

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

Revised 19 May 06 JT

reviewed by:

21 ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU
awn by: Bed: 3

(b)(6) (circle)
Stat or Routine (circle)

Specimen Date and time: 30 Jun 1600

Reported to:
Criticals? Yes / No (Circle one)
Reported by:
Date / Time:

Chemistry (i-STAT) / Green Top / Syringe — Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.368	7.35-7.45
	PCO2	41.9	35-45 mmHg
	PO2	186H	80-105 mmHg
	TCO2	25	23-27 mmol/L
	HCO3	24.1	22-26 mmol/L
	sO2	100 H	95-98%
	BEecf	-1	(-2) - (+3)
	iCa	0.78L	1.12-1.32 mmol/L
	Na	152 H	138-146 mmol/L
	K	3.7	3.5-4.9 mmol/L
	Hct	26L	38.0-51.0%
	Hgb	8.8L	12.0-18.0 g/dL

	RPR		Negative
	HCG (or urine)		Negative

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:

*Critical values: Tbil (18.2) BUN (53), Cl (120)

Chemistry (Piccolo)/Green or red/tiger top — Comp Pan, BMP, Hepatic Pan, Lipid Pan, Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.6L	3.3-5.5 g/dL
	ALP	986H	M: 53-128 U/L F: 42-141 U/L
	ALT	109 H	10-47 U/L
	AMY		14-97 U/L
	AST	119 H	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)		0-0.3 mg/dL
*	Tbil	18.2 H	0.2-1.6 mg/dL
*	BUN	53 H	7-22 mg/dL
	Ca	7.8L	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
*	Cl	120 H	98-108 mmol/L
	CO2	24	18-33 mmol/L
	Crea	ICT3t	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	376H	73-118 mg/dL
	K	4.3	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus		2.2-4.4 mg/dL
	Tot. Protein	ICT3t	6.4-8.1 g/dL
	Na	145	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

Rapid Tests

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

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Hematology / Purple Top — CBCN (no diff) / CBC / Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC	9.6	4.8-10.8 x10(3)/uL
	RBC	3.38	4.2-6.1 x10(6)/uL
	Hgb	10.1	12.0-18.0 g/dL
	Hct	30.6	M: 42.0-52.0%
			F: 37-47%
	MCV	90.8	80.0-99.0 fl
	MCH	29.9	27.0-31.0 pg
	MCHC	32.9	33.0-37.0 g/dL
	Plt	182	130-400 x10(3)/uL
	LY%	8.2	20.0-44.0%
	LY#	0.8	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) / Light Orange

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
HIV		Negative
H.pylori IgG		Negative

EXHIBIT 2

0100-06-CID789-78473

NSN 7540-01-165-7294 519-302

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
PCXR		(b)(6)		ICU	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)				DATE REQUESTED 30JUN06

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

Line check, routine, r/o infiltrates

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
30JUN06		

RADIOLOGIC REPORT

0510

Continued improvement
c̄ mild ASD @ Base
~~B~~ small @ effusion likely
stable lines

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility)	LOCATION OF MEDICAL RECORDS
	LOCATION OF RADIOLOGIC FACILITY

(b)(6)

(b)(6)

~~FOR OFFICIAL USE ONLY~~ ~~RADIOLOGIC CONSULTATION REQUEST/REPORT~~
~~ENFORCEMENT SENSITIVE~~
1 - Medical Record

EXHIBIT 2

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRMR
(41 CFR) 201-45.505

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

(b)(6) (circle) Stat or Routine (circle)

Specimen Date and time: 1830 6/8

Reported to:

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 30 Jun 06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas ~~Bld Gas w/ lytes~~

X	TEST	RESULT	REF. RANGE
	pH	7.368	7.35-7.45
	PCO2	41.0	35-45 mmHg
	PO2	108 H	80-105 mmHg
	TCO2	25	23-27 mmol/L
	HCO3	23.5	22-26 mmol/L
	sO2	98%	95-98%
	BEecf	-2	(-2) - (+3)
	iCa	0.83 L	1.12-1.32 mmol/L
	Na	152 H	138-146 mmol/L
	K	3.3 L	3.5-4.9 mmol/L
	Hct	28%	38.0-51.0%
	Hgb	9.5	12.0-18.0 g/dL

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan / BMP / Hepatic Pan / Lipid Pan / Renal Pan

X	TEST	RESULT		REF. RANGE
	ALB	1.6	(L) (H)	3.3-5.5 g/dL
	ALP	1003		M: 53-128 U/L F: 42-141 U/L
	ALT	103	H	10-47 U/L
	AMY			14-97 U/L
	AST	121	H	16-55 U/L
	Indirect bil (Bu)			0-1.1 mg/dL
	Dbil (Bc)			0-0.3 mg/dL
	Tbil cv	18.4	H	0.2-1.6 mg/dL
	BUN	52	H	7-22 mg/dL
	Ca	7.6	L	8.0-10.3 mg/dL
	Chol			100-200 mg/dL
	CK			M: 39-380 U/L, F: 30-190 U/L
	Cl cv	119		98-108 mmol/L
	CO2	21		18-33 mmol/L
	Crea	icteric		0.6-1.2 mg/dL
	~~GGT~~			5-65 U/L
	Glu cv	405	H	73-118 mg/dL
	K	3.4		3.3-4.7 mmol/L
	Mg			1.6-2.3 mg/dL
	Phosphorus			2.2-4.4 mg/dL
	Tot. Protein	icteric		6.4-8.1 g/dL
	Na	149	H	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

Hematology / Purple Top

CBCN (no diff) CBC Manual 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
HIV		Negative
H.pylori IgG		Negative

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
~~FOR OFFICIAL USE ONLY~~		
~~LAW ENFORCEMENT SENSITIVE~~ KOH		Negative

Serology

RPR		Negative
HCG (or urine)		Negative

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:

Critical values
Cl; Glu; +Tbil

EXHIBIT 2

10-L-0126 ACLU CID ROI 11884

LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

SSN or ISN: (b)(6)

LAST, FIRST, MI: EXHIBIT

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

(b)(6) (circle) Stat or Routine (circle)

Specimen Date and time: 30 JUN 06 2215

Reported to: (b)(6)

Criticals? (Yes) No (Circle one)

Reported by: (b)(6)

Date / Time: 20060630/2311

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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

* Need new sample. ICT
Panic Critical ALB, Tbil

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan / BMP / Hepatic Pan / Lipid Pan / Renal Pan

X	TEST	RESULT	REF. RANGE
C	ALB	1.3 L	3.3-5.5 g/dL
	ALP	1102 H	M: 53-128 U/L F: 42-141 U/L
	ALT	121 H	10-47 U/L
	AMY		14-97 U/L
	AST	131 H	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)	14.7 H	0-0.3 mg/dL
C	Tbil	18.6 H	0.2-1.6 mg/dL
	BUN	48 H	7-22 mg/dL
	Ca	7.9 L	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	114 H	98-108 mmol/L
	CO2	22	18-33 mmol/L
	Crea	ICT	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	356 H	73-118 mg/dL
	K	3.2 L	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus		2.2-4.4 mg/dL
*	Tot. Protein	ICT	6.4-8.1 g/dL
	Na	150 H	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

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		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
HIV		Negative
H.pylori IgG		Negative

0100-06-CID789-78475

Revised 05 May 06

reviewed by:

100-0[illegible]-18473

by (b)(6) Bed: 3 Stat or Routine (circle) STAT Date / Time: 2006/06/01 1244

istry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

TEST	RESULT	REF. RANGE
		7.35-7.45
CO2		35-45 mmHg
O2		80-105 mmHg
CO2		23-27 mmol/L
CO3		22-26 mmol/L
O2		95-98%
Eecf		(-2) - (+3)
Ca		1.12-1.32 mmol/L
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Hct		38.0-51.0%
Hgb		12.0-18.0 g/dL

RPR	Negative
HCG (or urine)	Negative

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:

*Need new sample. ICT

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan: BMP Hepatic Pan: Lipid Pan: Renal Pan:

X	TEST	RESULT	REF. RANGE
C	ALB	1.4L	3.3-5.5 g/dL
	ALP	124H	M: 53-128 U/L F: 42-141 U/L
	ALT	116H	10-47 U/L
	AMY		14-97 U/L
	AST	122H	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)	14.7 H	0-0.3 mg/dL
C	Tbil	18.6 H	0.2-1.6 mg/dL
	BUN	44H	7-22 mg/dL
	Ca	7.6L	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
C	Cl	115H	98-108 mmol/L
	CO2	22	18-33 mmol/L
*	Crea	ICT	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	367H	73-118 mg/dL
	K	3.5	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	4.0	2.2-4.4 mg/dL
	Tot. Protein	ICT	6.4-8.1 g/dL
	Na	185H	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

Rapid Tests

Strep A	Negative
Drug Screen (urine)	Negative
Chlamydia	Negative
Flu A&B	Negative
Stool WBC	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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2
reviewed by:

Revised 19 May 06 JT

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: (b)(6) (circle) Stat or Routine (circle) Bed: 3

LABORATORY RESULTS FORM Subject to Privacy Act of 1974

Reported to: (b)(6)

Specimen Date and time: 0530 14 JUN 06

Criticals? (Yes) No (Circle one)

Reported by: (b)(6)

Date / Time: 21 JUN 06 0625

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.378	7.35-7.45
	PCO2	40.4	35-45 mmHg
	PO2	87	80-105 mmHg
	TCO2	25	23-27 mmol/L
	HCO3	23.8	22-26 mmol/L
	sO2	96	95-98%
	BEecf	-1	(-2) - (+3)
	iCa	0,85	1.12-1.32 mmol/L
	Na	151	138-146 mmol/L
	K	2,6	3.5-4.9 mmol/L
	Hct	28	38.0-51.0%
	Hgb	9,5	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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

Alb + IBIL Critical reported to ICU
GGTP-ICU Need new sample

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan / BMP / Hepatic Pan / Lipid Pan / Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.2	3.3-5.5 g/dL
	ALP	124	M: 53-128 U/L F: 42-141 U/L
	ALT	121	10-47 U/L
	AMY		14-97 U/L
	AST	132	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)	14.7	0-0.3 mg/dL
	Tbil	18.7	0.2-1.6 mg/dL
	BUN	46	7-22 mg/dL
	Ca	7.4	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	114	98-108 mmol/L
	CO2	23	18-33 mmol/L
	Crea	1.01	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	372	73-118 mg/dL
	K	3.5	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	3.0	2.2-4.4 mg/dL
	Tot. Protein	7.1	6.4-8.1 g/dL
	Na	154	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

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
FOR OFFICIAL USE ONLY		Negative

LAW ENFORCEMENT SENSITIVE

Hematology / Purple Top

CBC/No diff / CBC / Malaria / H/H

X	TEST	RESULT	REF. RANGE
	WBC	8,5	4.8-10.8 x10(3)/uL
	RBC	3,28	4.2-6.1 x10(6)/uL
	Hgb	10,0	12.0-18.0 g/dL
	Hct	29,3	M: 42.0-52.0%
			F: 37-47%
	MCV	90,1	80.0-99.0 fl
	MCH	30,6	27.0-31.0 pg
	MCHC	34,0	33.0-37.0 g/dL
	Plt	185	130-400 x10(3)/uL
	LY%	8,6	20.0-44.0%
	LY#	0.7	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
HIV		Negative
H.pylori IgG		Negative

EXHIBIT 2

revised 19 May 06 JT

reviewed by:

SSN or ISN: (b)(6)

LAST, FIRST, MI. ?

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

(b)(6) (circle) Stat or Routine (circle)

BO TORY RESULTS FORM

ubj o Privacy Act of 1974)

Specimen Date and time: 12/06 1000

Reported to: 100-06-CID789-78473

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 12July06

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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	1.4		3.3-5.5 g/dL
	ALP			M: 53-128 U/L F: 42-141 U/L
	ALT			10-47 U/L
	AMY			14-97 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	43		7-22 mg/dL
	Ca	8.0		8.0-10.3 mg/dL
	Chol			100-200 mg/dL
	CK			M: 39-380 U/L F: 30-190 U/L
	Cl	117	H	98-108 mmol/L
	CO2	icteric		18-33 mmol/L
	Crea	icteric		0.6-1.2 mg/dL
	GGT			5-65 U/L
	Glu	135	H	73-118 mg/dL
	K	icteric		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	158	H	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

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		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 Serum 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
HIV		Negative
H.pylori IgG		Negative

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

revised 19 May 06 JT

reviewed by:

ABU GHRAIB
RY RESULTS FORM
(Subject to Privacy Act of 1974) 10-06-CID789078473

SSN or FSN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

(b)(6) (circle) Stat or Routine (circle)

Specimen Date and time: 01 Jul 06 1500

Reported to: (b)(6)

Criticals? (Yes) / No (Circle one)

Reported by: (b)(6)

Date / Time: 01 JUL 0600

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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 (Pt/Gold/Green or red/tiger top)

Comp Pan / BMP / Renal Pan / Liv Panel / Renal Pan

X	TEST	RESULT	REF. RANGE
*	ALB	1.3 L	3.3-5.5 g/dL
	ALP	1620 H	M: 53-128 U/L F: 42-141 U/L
	ALT	ICT 3+	10-47 U/L
	AMY		14-97 U/L
	AST	ICT 3+	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)	>15.0 H	0-0.3 mg/dL
*	Tbil	21.5 H	0.2-1.6 mg/dL
	BUN	40 H	7-22 mg/dL
	Ca	7.3 L	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	114 H	98-108 mmol/L
	CO2	ICT 3+	18-33 mmol/L
	Crea	ICT 3+	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	98	73-118 mg/dL
	K	ICT 3+	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	3.2	2.2-4.4 mg/dL
	Tot. Protein	ICT 3+	6.4-8.1 g/dL
	Na	153 H	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

Rapid Tests

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

Hematology (Purple Top)

(BCN, no diff, CBC, Malaria, H&H)

X	TEST	RESULT	REF. RANGE
	WBC	12.3 H	4.8-10.8 x10(3)/uL
	RBC	3.84 L	4.2-6.1 x10(6)/uL
	Hgb	11.7 L	12.0-18.0 g/dL
	Hct	34.3 L	M: 42.0-52.0% F: 37-47%
	MCV	89.5	80.0-99.0 fl
	MCH	30.4	27.0-31.0 pg
	MCHC	34.0	33.0-37.0 g/dL
	Plt	243	130-400 x10(3)/uL
	LY%	6.9 L	20.0-44.0%
	LY#	0.8	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

REC 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 Studies (Blue Top)

PT	12.0	7.0-14.0 sec
APTT	1.2	21.0-50.0 sec
INR	1.2	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

EXHIBIT 2

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

reviewed by:

000265

10-L-0126 ACLU CID ROI 11888

(b)(6)

SN or ISN:

AST, FIRST, MI.

Physician: (b)(6) Ward: ICU (b)(6) (circle)

Drawn by: Bed: 3 Stat or Routine (circle)

ABU GHRAIB
RY RESULTS FORM

(Subject to Privacy Act) 20060CID78978173

Specimen Date and time: 01JUL06 1835

Reported to:

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time 1JUL2006 1905

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

critical values: Cl 116

Chemistry (Plasma) / Green or red/tiger top

Comp Pan / AMP / Heptin 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		14-97 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	38 H	7-22 mg/dL
	Ca	6.8 L	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
*	Cl	116 H	98-108 mmol/L
	CO2	21	18-33 mmol/L
	Crea	ICT 3	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	81	73-118 mg/dL
	K	2.9	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	145	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

Rapid Tests

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

Hematology / Purple Top

CBC / 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

Coag Panel / Light 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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

reviewed by:

Revised 09 May 06 JT

ABU GHRAIB
RY RESULTS FORM
(Subject to Privacy Act of 1974)

SN or ISN: (b)(6)

AST, FIRST, MI.

Physician: (b)(6) Ward: ICU (b)(6) (circle)
Drawn by: Bed: 3 Stat or Routine (circle)

Specimen Date and time: Reported to: (b)(6)
Criticals? (Yes / No - Circle one)
Reported by (b)(6)
Date / Time: 01 Jul 04 2010

Chemistry (i-STAT) / Green Top / Syringe
Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.474	7.35-7.45
	PCO2	29.3	35-45 mmHg
	PO2	60	80-105 mmHg
	TCO2	27	23-27 mmol/L
	HCO3	21.5	22-26 mmol/L
	sO2	97	95-98%
	BEecf	-2	(-2) - (+3)
	iCa	0.69	1.12-1.32 mmol/L
	Na	150	138-146 mmol/L
	K	2.0	3.5-4.9 mmol/L
	Hct	25	38.0-51.0%
	Hgb	8.5	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:
Alb enzyme / TPDC
Tol enzyme

Chemistry (Pistachio/Green or red tiger top)
Comp Bac AMP Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.0	3.3-5.5 g/dL
	ALP	349	M: 53-128 U/L F 42-141 U/L
	ALT	196	10-47 U/L
	AMY		14-97 U/L
	AST	265	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)	14.7	0-0.3 mg/dL
	Tbil	15.7	0.2-1.6 mg/dL
	BUN	3	7-22 mg/dL
	Ca	6.8	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F 30-190 U/L
	Cl	113	98-108 mmol/L
	CO2	23	18-33 mmol/L
	Crea	1.0	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	174	73-118 mg/dL
	K	2.4	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	1.5	2.2-4.4 mg/dL
	Tot. Protein	4.9	6.4-8.1 g/dL
	Na	144	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

Rapid Tests

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

Hematology Purple Top
CBC w/ Platelets CBC Malaria CBC

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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

reviewed by:

Revised 19 May 08 JT

TF 21 ABU GHRAIB
LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

(b)(6) (circle) Stat or Routine (circle)

Specimen Date and time: 2 JUL 07 0500

Reported to: (b)(6)

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 0800 02JUL07

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.468H	7.35-7.45
	PCO2	30.9L	35-45 mmHg
	PO2	85	80-105 mmHg
	TCO2	23	23-27 mmol/L
	HCO3	22.4	22-26 mmol/L
	sO2	97	95-98%
	BEecf	-1	(-2) - (+3)
	iCa	0.79L	1.12-1.32 mmol/L
	Na	150 H	138-146 mmol/L
	K	2.4 L	3.5-4.9 mmol/L
	Hct	32 L	38.0-51.0%
	Hgb	10.9 L	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

Sample ICT need new sample for results
AlbTBil, K all crit reported to ICU

Chemistry (Piccolo)/Green or red/tiger top

Comp Pan / BMP / Hepatic Pan / Lipid Pan / Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.0 L	3.3-5.5 g/dL
	ALP	113	M: 53-128 U/L F: 42-141 U/L
	ALT	TCT	10-47 U/L
	AMY	38	14-97 U/L
	AST	TCT	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)		0-0.3 mg/dL
	Tbil	17.6	0.2-1.6 mg/dL
	BUN	34	7-22 mg/dL
	Ca	7.5	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	111	98-108 mmol/L
	CO2	22	18-33 mmol/L
	Crea	TCT	0.6-1.2 mg/dL
	GGT	914	5-65 U/L
	Glu	141	73-118 mg/dL
	K	2.8	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	2.7	2.2-4.4 mg/dL
	Tot. Protein		6.4-8.1 g/dL
	Na	152	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

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		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	14.1H	4.8-10.8 x10(3)/uL
	RBC	2.88L	4.2-6.1 x10(6)/uL
	Hgb	8.8L	12.0-18.0 g/dL
	Hct	26.1L	M: 42.0-52.0%
			F: 37-47%
	MCV	90.4	80.0-99.0 fl
	MCH	30.5	27.0-31.0 pg
	MCHC	33.8	33.0-37.0 g/dL
	Plt	183	130-400 x10(3)/uL
	LY%	6.0	20.0-44.0%
	LY#	0.8	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
HIV		Negative
H.pylori IgG		Negative

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

revised 19 May 06 JT

reviewed by:

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: Bed: 3

(b)(6) (circle)

Stat or Routine (circle)

LABORATORY RESULTS FORM

(Subject to Change)

Specimen Date and time: 1130 2 July

Reported to (b)(6)

Criticals? Yes/No (Circle one)

Reported by (b)(6)

Date / Time: 2 JUL 06 / 1200

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

SAMPLE Icteric + Hemolyzed

Need new sample to rerun

revised 19 May 06 JT

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			14-97 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	32	H	7-22 mg/dL
	Ca	7.3	L	8.0-10.3 mg/dL
	Chol			100-200 mg/dL
	CK			M: 39-380 U/L F: 30-190 U/L
	Cl	111	H	98-108 mmol/L
	CO2	Icteric		18-33 mmol/L
	Crea	Icteric		0.6-1.2 mg/dL
	GGT			5-65 U/L
	Glu	145	H	73-118 mg/dL
	K	Icteric		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	144		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

Rapid Tests

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

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

Hematology / Purple Top

CBC/N (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	12.1	7.0-14.0 sec
APTT		21.0-50.0 sec
INR	1.2	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

EXHIBIT 2

reviewed by

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician (b)(6) Ward: ICU

Drawn by Bed: 3

(b)(6) (circle) Stat or Routine (circle)

TF 21 ABU GHRAIB LABORATORY RESULTS FORM

(Subject to Forkably Act of 1974)

100-06-CID780-78473

Specimen Date and time: 1800 2 JUL 06

Reported to: (b)(6)

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time 2 JUL 06 / 1845

Chemistry (I-STAT) / Green Top / Syringe

Bld Gas Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-105 mmHg
	TCO2		23-27 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-98%
	BEecf		(-2) - (+3)
	iCa		1.12-1.32 mmol/L
	Na		138-146 mmol/L
	K		3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

SAMPLE HEMOLYZED + ICTERIC

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		14-97 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	33 H	7-22 mg/dL
	Ca	7.1 L	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	115 H	98-108 mmol/L
	TCO2	ICTERIC	18-33 mmol/L
	Crea	ICTERIC	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	146 H	73-118 mg/dL
	K	ICTERIC	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	144	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

Rapid Tests

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

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

Hematology / Purple Top

CBCN (no diff) CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
PV	WBC	20.7 H	4.8-10.8 x10(3)/uL
	RBC	3.61 L	4.2-6.1 x10(6)/uL
	Hgb	11.0 L	12.0-18.0 g/dL
	Hct	32.8 L	M: 42.0-52.0%
			F: 37-47%
	MCV	90.7	80.0-99.0 fl
	MCH	30.6	27.0-31.0 pg
	MCHC	33.7	33.0-37.0 g/dL
	Plt	178	130-400 x10(3)/uL
	LY%	4.0 L	20.0-44.0%
	LY#	0.8	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 Panel / 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

EXHIBIT 2

revised 19 May 06 JT

reviewed by:

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician Drawn by: (b)(6) Ward: ICU Bed: 3 (b)(6) (circle) Stat or Routine (circle)

TF 21 ABU GHRAIB

LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

Specimen Date and time: 02 JUL 06

Reported to: (b)(6)

Criticals? (Yes) / No (Circle one)

Reported by: (b)(6)

Date / Time: 2006 0702/2156

Chemistry (i-STAT) / Green Top / Syringe

(Bld Gas) Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
X	pH	7.575	7.35-7.45
X	PCO2	26.3	35-45 mmHg
X	PO2	56	80-105 mmHg
X	TCO2	25	23-27 mmol/L
X	HCO3	24.3	22-26 mmol/L
X	sO2	93	95-98%
X	BEecf	2	(-2) - (+3)
X	iCa	0.48	1.12-1.32 mmol/L
X	Na	141	138-146 mmol/L
X	K	2.8	3.5-4.9 mmol/L
X	Hct	41	38.0-51.0%
X	Hgb	13.9	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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

*Need new sample. ICT
Report to LPT Park

Chemistry (Piccolo) / Green or red/tiger top

(Comp Pan) BMP Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT	REF. RANGE
C	ALB	1.2 L	3.3-5.5 g/dL
	ALP	998 H	M: 53-128 U/L F: 42-141 U/L
*	ALT	ICT	10-47 U/L
	AMY	94	14-97 U/L
*	AST	ICT	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)		0-0.3 mg/dL
C	Tbil	21.5	0.2-1.6 mg/dL
	BUN	32 H	7-22 mg/dL
	Ca	7.3 L	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	110 H	98-108 mmol/L
*	CO2	ICT	18-33 mmol/L
*	Crea	ICT	0.6-1.2 mg/dL
	GGT	776	5-65 U/L
	Glu	116	73-118 mg/dL
*	K	ICT	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	3.2	2.2-4.4 mg/dL
*	Tot. Protein	ICT	6.4-8.1 g/dL
	Na	143	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

Rapid Tests

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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

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

EXHIBIT 2

revised 19 May 06 JT

reviewed by:

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: ICU

Drawn by: (b)(6) Bed: 3 (circle) Stat or Routine (circle)

TF 21 ABU GHRAIB
AE[illegible]ATORY RESULTS FORM
(Subject to Privacy Act of 1974)

Specimen Date and time: 05 July 06

Reported to: (b)(6)

Criticals? (Yes) No (Circle one)

Reported by: (b)(6)

Date / Time: 20060702

Chemistry (i-STAT) / Green Top / Syringe

(Bld Gas) Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
X	pH	7.430	7.35-7.45
X	PCO2	33.6 L	35-45 mmHg
X	PO2	101	80-105 mmHg
X	TCO2	23	23-27 mmol/L
X	HCO3	22.3	22-26 mmol/L
X	sO2	98	95-98%
X	BEecf	-2	(-2) - (+3)
X	iCa	0.85 L	1.12-1.32 mmol/L
X	Na	147	138-146 mmol/L
X	K	2.2 L	3.5-4.9 mmol/L
X	Hct	31 L	38.0-51.0%
X	Hgb	10.5 L	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

*Need new sample. ICT

Chemistry (Piccolo) / Green or red/tiger top

(Comp Pan) BMP Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT	REF. RANGE
C	ALB	3.5 3.2 L	3.3-5.5 g/dL
	ALP	974 #	M: 53-128 U/L F: 42-141 U/L
*	ALT	ICT	10-47 U/L
	AMY	83	14-97 U/L
	AST	ICT	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)		0-0.3 mg/dL
C	Tbil	22 H	0.2-1.6 mg/dL
	BUN	34 33 H	7-22 mg/dL
	Ca	9.1 8.0	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	101 109 H	98-108 mmol/L
*	CO2	24 ICT	18-33 mmol/L
*	Crea	1.4 ICT	0.6-1.2 mg/dL
	GGT	755 H	5-65 U/L
	Glu	96 146 H	73-118 mg/dL
*	K	4.2 ICT	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	3.4 3.3	2.2-4.4 mg/dL
*	Tot. Protein	ICT	6.4-8.1 g/dL
	Na	144 139	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

Rapid Tests

Strep A	Negative
Drug Screen (urine)	Negative
Chlamydia	Negative
Flu A&B	Negative
Stool WBC	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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

reviewed by:

revised 19 May 06 JT

TF 21 ABU GHRAIB

SSN or ISN: (b)(6)

LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

LAST, FIRST, MI.

Specimen Date and time: 03 JuLY 06

Reported to: (b)(6)

Criticals? Yes / No (Circle one)

Reported by: (b)(6)

Date / Time: 03 JuLY 06 0950

Physician: (b)(6) Ward: ICU

Drawn by: (b)(6) Bed: 3

(circle) Stat or Routine (circle)

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
X	pH	7.427	7.35-7.45
X	PCO2	34.7	35-45 mmHg
X	PO2	117	80-105 mmHg
X	TCO2	24	23-27 mmol/L
X	HCO3	22.9	22-26 mmol/L
X	sO2	99	95-98%
X	BEecf	-1	(-2) - (+3)
X	iCa	0.86	1.12-1.32 mmol/L
X	Na	146	138-146 mmol/L
X	K	2.3	3.5-4.9 mmol/L
X	Hct	27	38.0-51.0%
X	Hgb	9.3	12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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:

Critical K reported to ICU
Critical Alb TBil & Reported to ICU sample ICT, need new sample

Chemistry (Piccolo) / Green or red/tiger top

Comp Pan GMP Hepatic Pan Lipid Pan Renal Pan

X	TEST	RESULT	REF. RANGE
	ALB	1.2	3.3-5.5 g/dL
	ALP	95	M: 53-128 U/L F: 42-141 U/L
	ALT	ICT	10-47 U/L
	AMY	82	14-97 U/L
	AST	ICT	16-55 U/L
	Indirect bil (Bu)		0-1.1 mg/dL
	Dbil (Bc)		0-0.3 mg/dL
	Tbil	22.7	0.2-1.6 mg/dL
	BUN	32	7-22 mg/dL
	Ca	7.7	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L F: 30-190 U/L
	Cl	109	98-108 mmol/L
	CO2	ICT	18-33 mmol/L
	Crea	ICT	0.6-1.2 mg/dL
	GGT	737	5-65 U/L
	Glu	140	73-118 mg/dL
	K	ICT	3.3-4.7 mmol/L
	Mg		1.6-2.3 mg/dL
	Phosphorus	3.5	2.2-4.4 mg/dL
	Tot. Protein	ICT	6.4-8.1 g/dL
	Na	147	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

Rapid Tests

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

Hematology / Purple Top

CBC/NO diff / CBC / Malaria / H/Hct

X	TEST	RESULT	REF. RANGE
	WBC	18.8	4.8-10.8 x10(3)/uL
	RBC	3.62	4.2-6.1 x10(6)/uL
	Hgb	11.1	12.0-18.0 g/dL
	Hct	32.8	M: 42.0-52.0%
			F: 37-47%
	MCV	90.6	80.0-99.0 fl
	MCH	30.8	27.0-31.0 pg
	MCHC	33.9	33.0-37.0 g/dL
	Plt	185	130-400 x10(3)/uL
	LY%	9.6	20.0-44.0%
	LY#	0.9	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

X			
X	PT	10.2	7.0-14.0 sec
	APTT		21.0-50.0 sec
X	INR	1.0	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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

revised 19 May 06 JT

reviewed by:

TF 21 ABU GHRAIB
LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

SSN or ISN: (b)(6)

LAST, FIRST, MI.:

Physician: (b)(6) Ward: 14I

Drawn by: Bed: 3

(b)(6) (circle) Stat or Routine (circle)

Specimen Date and time: 1140 3 July 06

Reported to: (b)(6)

Criticals? (Yes) No (Circle one)

Reported by: (b)(6)

Date / Time: 3 JUL 06 / 1157

Chemistry (i-STAT) / Green Top / Syringe

Bld Gas / Bld Gas w/ lytes

X	TEST	RESULT	REF. RANGE
	pH	7.42	7.35-7.45
	PCO2	38.8	35-45 mmHg
	PO2	105	80-105 mmHg
	TCO2	26	23-27 mmol/L
	HCO3	25.3	22-26 mmol/L
	sO2	105 H	95-98%
	BEecf	+1	(-2) - (+3)
	iCa	0.78 L	1.12-1.32 mmol/L
	Na	143	138-146 mmol/L
CVK	K	2.5 L	3.5-4.9 mmol/L
	Hct		38.0-51.0%
	Hgb		12.0-18.0 g/dL

RPR		Negative
HCG (or urine)		Negative

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 Lip'd 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		14-97 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
	CO2		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

Rapid Tests

Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
Stool WBC		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
HIV		Negative
H.pylori IgG		Negative

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

reviewed by:

revised 19 May 06 JT

TASK FORCE 21 LABORATORY CAPABILITY/ RESULT FORM

GENERAL LABORATORY FORM

(Subject to Privacy Act of 1974)

0165-06-CID74

LAST, FIRST, MI.	(b)(6)	Date of Birth:	Reported to: (b)(6)
SSN or ISN: (b)(6)			LAB USE ONLY
Physician: (b)(6)	Ward: ICU	STAT	Specimen Collection Date & Time:	Criticals: Yes or (No) (Circle)
Drawn by: (b)(6)	Bed: 3	Routine	(b)(6)	Initials: (b)(6) D&T: 3JUL06/1718

Chemistry (i-STAT): Syringe / Green Top			Chemistry (Piccolo Analyzer): Green Top			Hematology (Coulter): Purple Top		
Bld Gas w/ Lytes			Chem13 Metlyte8 BMP Liver			CBC Manual Differential		
TEST	RESULT	REF. RANGE	CMP Renal Lipid Hepatic			TEST	RESULT	REF. RANGE
pH		7.35-7.45	TEST	RESULT	REF. RANGE	WBC		4.8-10.8 x10(3)/uL
PCO2		35-45 mmHg				RBC		4.2-6.1 x10(6)/uL
PO2		80-100 mmHg	ALB		3.3-5.5 g/dL	Hgb		12.0-18.0 g/dL
TCO2		18-33 mmol/L	ALP		26-184 U/L	Hct		M:42-52% F: 37-47%
HCO3		22-26 mmol/L	ALT		10-47 U/L	MCV		80.0-99.0 fl
sO2		95-99%	AMY		14-110 U/L	MCH		27.0-31.0 pg
BEecf		(-2) - (+3)	AST		11-38 U/L	MCHC		33.0-37.0 g/dL
iCa		1.12-1.32 mmol/L	Tbil		0.2-1.6 mg/dL	Plt		130-400 x10(3)/uL
Na		138-146 mmol/L	BUN		7-22 mg/dL	LY%		20.0-44.0%
K		3.5-4.9 mmol/L	Ca		8.0-10.3 mg/dL	LY#		0.7-4.3 x10(3)/uL
Urinalysis			Phos		2.2-4.5 mg/dL	Manual Differential		
Color		Straw/Yellow	CK		M:39-380U/L F:30-190U/L			
Clarity		Clear	Uric Acid		M:3.6-8.0 F: 2.2-6.6mg/dL	Segs(50-70%):		Mono(4-10%)
Glucose		Negative	CL		98-109 mmol/L	Bands(1-10%):		Eos(0-4%)
Bilirubin		Negative	TCO2		18-33 mmol/L	Lymph(20-44%):		Baso(0-2%)
Ketone		Negative	Creat		0.6-1.3 mg/dL	Atyp Lymphs:		Immature cells:
SG		1.010-1.025	GGT		5-65 U/L	RBC Abn Morph:		
Blood		Negative	Glu		73-118 mg/dL	Plt Abn Morph or Plt Est:		
pH		5.0-8.0	K		3.3-4.9 mmol/L	WBC Abn Morph:		
Protein		Negative-Trace	TProtein		6.4-8.1 g/dL	HgB A1C / Purple Top		
Urobili		0.1-1.0 Ehrlich U/dL	Na		138-145 mmol/L	HgBA1C		3.5-6.0%
Nitrite		Negative	Chol		100-200 mg/dL	Malaria Smear / Purple Top		
Leuko		Negative	HDL Chol		30-75 mg/dL	Thin		No Plasmodium Seen
Urine Microscopic			LDL Chol		50-130 mg/dL	Thick		No Plasmodium Seen
WBC:	EPI:		TG		60-160 mg/dL	Rapid Kit		Negative
RBC:	Mucus:		VLDL		≤30 mg/dL	ESR / Purple Top		
Bacteria:	Yeast:		C/HDL RAT		≤4.5	Sed Rate		0-20 mm at 1 hour
Casts:	Crystals:		Miscellaneous / Rapid Tests			Hemoglobin S / Purple Top		
Other:			D-Dimer		(Blue Top) Negative	Hb S		Negative
Acetest: Ictotest: Clinitest: SSA:			Strep A		(Swab) Negative	Coagulation / Blue Top (3.2%)		
Urine or Serum HcG / Red Top Serum			Chlamydia		(Swab) Negative	PT		7.0-14.0 sec
U / S		Negative	Influenza A/B		Naso Swab/Aspirate Neg	APTT		21.0-50.0 sec
Urine Drug Screen			RSV		Naso Swab/Aspirate Neg	INR		0.5-1.5/therap 2-3
UDS	Positive	Negative	Wet Mount		Negative			
Positive for:			KOH		Negative	Cardiac Panel / Purple Top		
Urine or Saliva Alcohol Test			H. Pylori		(Green Top) Negative	Myoglobin		NEG / 0-107 ng/mL
U / S		Negative	I. Mono		(Green Top) Negative	CK-MB		NEG / 0-4.3 ng/mL
Body Fluid / Sterile Container			RPR		(Red Top) Negative	Troponin		NEG / 0.0-0.4 ng/mL
Fluid Panel Includes: Gram stain,			CPR		(Red Top) < 12 mg/L	BNP / Purple Top		
WBC & RBC count, WBC differential,			Parasite Panel		(Stool) Negative	BNP		≤100 pg/mL
and Meningitis Panel (CSF only)			Occult Bld		(Stool) Negative	Rapid HIV 1/2 / Purple Top		
Urine Microalbumin/Creatinine Assay			C. difficile	NEGATIVE	(Stool) Negative	HIV 1/2		Negative
Can't run urines w/ protein values ≥ 30mg/dL			Fecal Leuko		(Stool) Negative	G-6-PDH / Purple Top		
or visibly bloody specimens			O&P		(Stool) No Ova / Parasite	G6PDH		Normal
Albumin		≤ 10 mg/L	Comments:					
Creatinine		10-300 mg/dL						
Alb/Creat Ratio:		< 30 mg/g						

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

SSN or ISN: (b)(6)

LAST, FIRST, MI.

Physician: (b)(6) Ward: OR (b)(6) (circle)

Drawn by: Bed: Stat or Routine (circle)

44 MED, ABU

ABC LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974) 100-06-CID289-78473

Specimen Date and time: 03JUL06

Signs and Symptoms: Bleeding

Reported by: (b)(6)

Date and Time: 3JUL06/1750

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		19-33 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		0.8-1.3 mg/dL
	Hct		37.0-52.0 %
	Hgb		12.0-18.0 g/dL
	Lactate		0.99-1.70 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:

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		10-55 U/L
	Bilirubin (Bu)		0-1.1 mg/dL
	[illegible]		0-0.3 mg/dL
	Ca		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	[illegible]		8.0-10.3 mg/dL
	Chol		100-199 mg/dL
	CK		M: 39-380 U/L F: 39-160 U/L
	Cl		98-109 mmol/L
	CO2		18-33 mmol/L
	[illegible]		0.3-0.8 mg/dL
	GGT		5-85 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	[illegible]		1.8-2.3 mg/dL
	Phosphorus		2.2-4.1 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

Rapid Tests (GC or Trep)

HCPR	Negative
HCG (or urine)	Negative

Rapid Tests

Strep A	Negative
Drug Screen (urine)	Negative
Chlamydia	Negative
H pylori ASB	Negative
Occ bld (stool)	Negative
O&P (stool)	No Ova / Parasite
[illegible]	Negative
[illegible]	Negative

Hematology / Purple Top

CBCN (no diff) | CBC | Malaria | H/H

X	TEST	RESULT	REF. RANGE
X	WBC	20.4 H	4.8-10.8 x10(3)/uL
X	RBC	3.29 L	4.2-6.1 x10(6)/uL
X	Hgb	10.0 L	12.0-18.0 g/dL
X	Hct	29.9 L	M: 42.0-52.0%
			F: 37-47%
X	MCV	90.9	80.0-99.0 fl
X	MCH	30.3	27.0-31.0 pg
X	MCHC	33.3	33.0-37.0 g/dL
X	Plt	207	130-400 x10(3)/uL
X	LY%	3.8	20.0-44.0%
X	LY#	0.8	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: WBC Diff confirmed on 30JUN06

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	10.4	7.0-14.0 sec
APTT	TNP	21.0-50.0 sec
INR	1.0	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

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

Revised 31Aug05 ME

review on: 0002

TASK FORCE 21 LABORAT[illegible]Y CA[illegible]TY/ RESULT FORM | GE[illegible] (S[illegible]) | LABORATORY FORM

To Privacy Act of 1974)

0100-06-CID789-78473

LAST, FIRST, MI.	(b)(6)	Date of Birth:	Reported to:
SSN or ISN: (b)(6)			LAB USE ONLY
Physician: (b)(6)	Ward: ICU	STAT / Routine	Specimen Collection Date & Time: 03Jul06 @2010
Drawn by:	Bed: 3		Criticals: Yes or No (Circle)
			Initials: (b)(6) D&T:

Chemistry (i-STAT): Syringe / Green Top

Bld Gas w/ Lytes

TEST	RESULT	REF. RANGE
pH	7377	7.35-7.45
PCO2	38.8	35-45 mmHg
PO2	113	80-100 mmHg
TCO2	24	18-33 mmol/L
HCO3	23.8	22-26 mmol/L
sO2	98	95-99%
BEecf	-2	(-2) - (+3)
iCa	0.72	1.12-1.32 mmol/L
Na	145	138-146 mmol/L
K	2.2	3.5-4.9 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:		Crystals:	
Other:			
Acetest:	Ictotest:	Clinitest:	SSA:

Urine or Serum HcG / Red Top Serum

U / S		Negative

Urine Drug Screen

UDS	Positive	Negative
Positive for:		

Urine or Saliva Alcohol Test

U / S		Negative

Body Fluid / Sterile Container

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

Urine Microalbumin/Creatinine Assay

Can't run urines w/ protein values ≥ 30mg/dL or visibly bloody specimens

Albumin		≤ 10 mg/L
Creatinine		10-300 mg/dL
Alb/Creat Ratio:		< 30 mg/g

Chemistry (Piccolo Analyzer): Green Top

Chem13 Metlyte8 BMP Liver CMP Renal Lipid Hepatic

TEST	RESULT	REF. RANGE
ALB	1.0	3.3-5.5 g/dL
ALP	827	26-184 U/L
ALT	ICT	10-47 U/L
AMY	6	14-110 U/L
AST	TCT	11-38 U/L
Tbil	22.3	0.2-1.6 mg/dL
BUN	37	7-22 mg/dL
Ca	8.1	8.0-10.3 mg/dL
Phos	5.9	2.2-4.5 mg/dL
CK		M:39-380U/L F:30-190U/L
Uric Acid		M:3.6-8.0 F: 2.2-6.6mg/dL
CL	110	98-109 mmol/L
TCO2	19	18-33 mmol/L
Creat	ICT	0.6-1.3 mg/dL
GGT	578	5-65 U/L
Glu	51	73-118 mg/dL
K	TCT	3.3-4.9 mmol/L
TProtein	TCT	6.4-8.1 g/dL
Na	TCT	138-145 mmol/L
Chol		100-200 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

D-Dimer		(Blue Top) Negative
Strep A		(Swab) Negative
Chlamydia		(Swab) Negative
Influenza A/B		Naso Swab/Aspirate Neg
RSV		Naso Swab/Aspirate Neg
Wet Mount		Negative
KOH		Negative
H. Pylori		(Green Top) Negative
I. Mono		(Green Top) Negative
RPR		(Red Top) Negative
CPR		(Red Top) < 12 mg/L
Parasite Panel		(Stool) Negative
Occult Bld		(Stool) Negative
C. difficile		(Stool) Negative
Fecal Leuko		(Stool) Negative
O&P		(Stool) No Ova / Parasite

Comments: K-Critical level reported to ICU (b)(6)

[illegible] K, TBil & ALB repeated

Hematology (Coulter): Purple Top

CBC Manual Differential

TEST	RESULT	REF. RANGE
WBC	16.9	4.8-10.8 x10(3)/uL
RBC	3.20	4.2-6.1 x10(6)/uL
Hgb	9.8	12.0-18.0 g/dL
Hct	28.9	M:42-52% F: 37-47%
MCV	90.2	80.0-99.0 fl
MCH	30.7	27.0-31.0 pg
MCHC	34.0	33.0-37.0 g/dL
Plt	198	130-400 x10(3)/uL
LY%	4.3	20.0-44.0%
LY#	0.7	0.7-4.3 x10(3)/uL

Manual Differential

Segs(50-70%):	75	Mono(4-10%)	10
Bands(1-10%):	0	Eos(0-4%)	2
Lymph(20-44%):	13	Baso(0-2%)	0
Atyp Lymphs:		Immature cells:	
RBC Abn Morph:			
Plt Abn Morph or Plt Est:			
WBC Abn Morph:			

HgB A1C / Purple Top

HgBA1C		3.5-6.0%

Malaria Smear / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen
Rapid Kit		Negative

ESR / Purple Top

Sed Rate		0-20 mm at 1 hour

Hemoglobin S / Purple Top

Hb S		Negative

Coagulation / Blue Top (3.2%)

PT	15.4	7.0-14.0 sec
APTT		21.0-50.0 sec
INR	1.2	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

BNP / Purple Top

BNP		≤100 pg/mL

Rapid HIV 1/2 / Purple Top

HIV 1/2		Negative

G-6-PDH / Purple Top

G6PDH		Normal

(b)(6)

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

2

000277

TASK FORCE 21 LABORATORY CAPABILITY/ RESULT FORM

GENERAL LABORATORY FORM (Subject to Privacy Act of 1974)

LAST, FIRST, MI: (b)(6) | Date of Birth: | Reported to: (b)(6)

SSN or ISN: (b)(6)

Physician: (b)(6) | Ward: ICU

Drawn by | Bed: 3

X STAT / Routine | Specimen Collection Date & Time: 04 JULY 06

LAB USE ONLY

Criticals Yes or No (Circle)

Initials: (b)(6) | D&T 04 JUL 06 0535

Chemistry (i-STAT): Syringe / Green Top

Bld Gas w/ Lytes

TEST	RESULT	REF. RANGE
pH	7.430	7.35-7.45
PCO2	27.7	35-45 mmHg
PO2	108	80-100 mmHg
TCO2	19	18-33 mmol/L
HCO3	18.4	22-26 mmol/L
sO2	98	95-99%
BEecf	-5	(-2) - (+3)
iCa	0.82	1.12-1.32 mmol/L
Na	140	138-146 mmol/L
K	2.8	3.5-4.9 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:	Crystals:
Other:	

Acetest: Ictotest: Clinitest: SSA:

Urine or Serum HcG / Red Top Serum

U / S		Negative

Urine Drug Screen

UDS	Positive	Negative

Positive for:

Urine or Saliva Alcohol Test

U / S		Negative

Body Fluid / Sterile Container

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

Urine Microalbumin/Creatinine Assay

Can't run urines w/ protein values ≥ 30mg/dL or visibly bloody specimens

Albumin		≤ 10 mg/L

Chemistry (Piccolo Analyzer): Green Top

Chem13 Metlyte8 BMP Liver

CMP Renal Lipid Hepatic

TEST	RESULT	REF. RANGE
ALB	1.5	3.3-5.5 g/dL
ALP	835	26-184 U/L
ALT	DCT	10-47 U/L
AMY	47	14-110 U/L
AST	DCT	11-38 U/L
Tbil	23.1	0.2-1.6 mg/dL
BUN	34	7-22 mg/dL
Ca	8.1	8.0-10.3 mg/dL
Phos	3.3	2.2-4.5 mg/dL
CK		M:39-380U/L F:30-190U/L
Uric Acid		M:3.6-8.0 F: 2.2-6.6mg/dL
CL	114	98-109 mmol/L
TCO2	DCT	18-33 mmol/L
Creat	DCT	0.6-1.3 mg/dL
GGT	825	5-65 U/L
Glu	148	73-118 mg/dL
K	DCT	3.3-4.9 mmol/L
TProtein	DCT	6.4-8.1 g/dL
Na	155	138-145 mmol/L
Chol		100-200 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

D-Dimer		(Blue Top) Negative
Strep A		(Swab) Negative
Chlamydia		(Swab) Negative
Influenza A/B		Naso Swab/Aspirate Neg
RSV		Naso Swab/Aspirate Neg
Wet Mount		Negative
KOH		Negative
H. Pylori		(Green Top) Negative
I. Mono		(Green Top) Negative
RPR		(Red Top) Negative
CPR		(Red Top) < 12 mg/L
Parasite Panel		(Stool) Negative
Occult Bld		(Stool) Negative
C. difficile		(Stool) Negative
Fecal leuko		(Stool) Negative
[illegible]		[illegible]

Hematology (Coulter): Purple Top

CBC Manual Differential

TEST	RESULT	REF. RANGE
WBC	15.6	4.8-10.8 x10(3)/uL
RBC	3.17	4.2-6.1 x10(6)/uL
Hgb	9.7	12.0-18.0 g/dL
Hct	28.2	M:42-52% F: 37-47%
MCV	90.5	80.0-99.0 fl
MCH	31.2	27.0-31.0 pg
MCHC	34.5	33.0-37.0 g/dL
Plt	179	130-400 x10(3)/uL
LY%	4.6	20.0-44.0%
LY#	0.7	0.7-4.3 x10(3)/uL

Manual Differential

Segs(50-70%):	79	Mono(4-10%)	05
Bands(1-10%):	11	Eos(0-4%)	0
Lymph(20-44%):	05	Baso(0-2%)	0
Atyp Lymphs:	0	Immature cells:	0

RBC Abn Morph:

Plt Abn Morph or Plt Est:

WBC Abn Morph:

HgB A1C / Purple Top

HgBA1C		3.5-6.0%

Malaria Smear / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen
Rapid Kit		Negative

ESR / Purple Top

Sed Rate		0-20 mm at 1 hour

Hemoglobin S / Purple Top

Hb S		Negative

Coagulation / Blue Top (3.2%)

PT	11.3	7.0-14.0 sec
APTT		21.0-50.0 sec
INR	1.1	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

BNP / Purple Top

BNP		≤100 pg/mL

Rapid HIV 1/2 / Purple Top

HIV 1/2		
G-		
G6PDH		

(b)(6)

MEDICAL USE ONLY

LAW ENFORCEMENT SENSITIVE

Sample DCT need new sample

000278

0100-06-CID789-78473

TASK FORCE 21 LABORATORY CAPABILITY/ RESULT FORM

GE[illegible]AL LABORATORY FOR
(Subject to Privacy Act of 197[illegible]

LAST, FIRST, MI. (b)(6)		(b)(6)	Date of Birth: CPAP 50%	Reported: (b)(6)	
SSN or ISN:				LAB USE ONL	
Physician: (b)(6)	Ward: ICU	STAT	Specimen Collection Date & Time:	Criticals: Yes or No (C	
Drawn by:	Bed: 3	Routine	(b)(6)	Initials: (b)(6)	D&T:

Chemistry (I-STAT): Syringe / Green Top

Bld Gas w/ Lytes

TEST	RESULT	REF. RANGE
pH	7.17 CVL	7.35-7.45
PCO2	50.7 H	35-45 mmHg
PO2	77 L	80-100 mmHg
TCO2	20	18-33 mmol/L
HCO3	18.7 L	22-26 mmol/L
sO2	91 L	95-99%
BEecf	-10 L	(-2) - (+3)
iCa	0.89 L	1.12-1.32 mmol/L
Na	147 H	138-146 mmol/L
K	3.9	3.5-4.9 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:	Crystals:
Other:	

Acetest: Ictotest: Clinitest: SSA:

Urine or Serum HcG / Red Top Serum

U / S		Negative

Urine Drug Screen

UDS	Positive	Negative

Positive for:

Urine or Saliva Alcohol Test

U / S		Negative

Body Fluid / Sterile Container

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

Urine Microalbumin/Creatinine Assay

Can't run urines w/ protein values ≥ 30mg/dL or visibly bloody specimens

Albumin		≤ 10 mg/L
Creatinine		10-300 mg/dL

Chemistry (Piccolo Analyzer): Green Top

Chem13 Metlyte8 BMP Liver
CMP Renal Lipid Hepatic

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
Phos		2.2-4.5 mg/dL
CK		M:39-380U/L F:30-190U/L
Uric Acid		M:3.6-8.0 F: 2.2-6.6mg/dL
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
Chol		100-200 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

D-Dimer		(Blue Top) Negative
Strep A		(Swab) Negative
Chlamydia		(Swab) Negative
Influenza A/B		Naso Swab/Aspirate Neg
RSV		Naso Swab/Aspirate Neg
Wet Mount		Negative
KOH		Negative
H. Pylori		(Green Top) Negative
I. Mono		(Green Top) Negative
RPR		(Red Top) Negative
CPR		(Red Top) < 12 mg/L
Parasite Panel		(Stool) Negative
Occult Bld		(Stool) Negative
C. difficile		(Stool) Negative
Fecal Leuko		(Stool) Negative
O&P		Ova / Parasite

Comments:

(b)(6)

Hematology (Coulter):

CBC Manual Diff

TEST	RESULT	RE
WBC		4.8-10.
RBC		4.2-6.
Hgb		12.0-
Hct		M:42-52%
MCV		80.0-
MCH		27.0-3
MCHC		33.0-37.
Plt		130-400 x1
LY%		20.0-44.
LY#		0.7-4.3 x10

Manual Differential

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

HgB A1C / Purple Top

HgBA1C		3.5-6.0%

Malaria Smear / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen
Rapid Kit		Negative

ESR / 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/m
CK-MB		NEG / 0-4.3 ng/m
Troponin		NEG / 0.0-0.4 ng

BNP / Purple Top

BNP		≤100 pg/m

Rapid HIV 1/2 / Purple Top

HIV 1/2		Negative

G-6-PDH / Purple Top

G6PDH		Norma

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

000279

ACLU-RDI 5532 p.279
10-L-0126 ACLU CID ROI 11902

TASK FORCE 21 LABORATORY ACCOUNTABILITY/ RESULT FORM

GENERAL LABORATORY FORM

LAST, FIRST, MI. (b)(6)	(b)(6)	Date of Birth:	Reported to: (b)(6)		
SSN or ISN:			LAB USE ONLY		
Physician: (b)(6)	Ward: TU	STAT	Specimen Collection Date & Time:	Criticals (b)(6)	No (Circ
Drawn by:	Bed: 3	Routine	(b)(6)	Initials:	D&T: 4

Chemistry (i-STAT): Syringe / Green Top — Bld Gas w/ Lytes

TEST	RESULT	REF. RANGE
pH	7.45	7.35-7.45
PCO2	31.0 L	35-45 mmHg
PO2	75 L	80-100 mmHg
TCO2	23	18-33 mmol/L
HCO3	21.9 L	22-26 mmol/L
sO2	96	95-99%
BEecf	-2	(-2) - (+3)
iCa	0.74 L CV	1.12-1.32 mmol/L
Na	146	138-146 mmol/L
K	2.9 L CV	3.5-4.9 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:	Crystals:
Other:	

Acetest: Ictotest: Clinitest: SSA:

Urine or Serum HcG / Red Top Serum

U / S		Negative

Urine Drug Screen

UDS	Positive	Negative

Positive for:

Urine or Saliva Alcohol Test

U / S		Negative

Body Fluid / Sterile Container

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

Urine Microalbumin/Creatinine Assay

Can't run urines w/ protein values ≥ 30mg/dL or visibly bloody specimens

Albumin		≤ 10 mg/L
Creatinine		10-300 mg/dL
Alb/Creat Ratio:		< 30 mg/g

Chemistry (Piccolo Analyzer): Green Top

Chem13 Metlyte8 BMP Liver — CMP Renal Lipid Hepatic

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
Phos		2.2-4.5 mg/dL
CK		M:39-380U/L F:30-190U/L
Uric Acid		M:3.6-8.0 F: 2.2-6.6mg/dL
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
Chol		100-200 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

D-Dimer		(Blue Top) Negative
Strep A		(Swab) Negative
Chlamydia		(Swab) Negative
Influenza A/B		Naso Swab/Aspirate Neg
RSV		Naso Swab/Aspirate Neg
Wet Mount		Negative
KOH		Negative
H. Pylori		(Green Top) Negative
I. Mono		(Green Top) Negative
RPR		(Red Top) Negative
CPR		(Red Top) < 12 mg/L
Parasite Panel		(Stool) Negative
Occult Bld		(Stool) Negative
C. difficile		(Stool) Negative
Fecal Leuko		(Stool) Negative
O&P		(Stool) No Ova / Parasite

Hematology (Coulter): P

CBC Manual Diffe

TEST	RESULT	REF
WBC		4.8-10.
RBC		4.2-6.
Hgb		12.0-
Hct		M:42-52
MCV		80
MCH		27.
MCHC		33.0
Plt		130-4
LY%		20
LY#		0.7-4

Manual Different

Segs(50-70%):		Mono(4
Bands(1-10%):		Eos(0-
Lymph(20-44%):		Baso(0
Atyp Lymphs:		Immat
RBC Abn Morph:		
Plt Abn Morph or Plt Est:		
WBC Abn Morph:		

HgB A1C / Purple

HgBA1C		

Malaria Smear / Pu

Thin		No Pl
Thick		No Pl
Rapid Kit		

ESR / Purple T

Sed Rate		0-2

Hemoglobin S / Pu

Hb S		

Coagulation / Blue T

PT		
APTT		2
INR		0.5

Cardiac Panel / Pu

Myoglobin		NE
CK-MB		NE
Troponin		NE

BNP / Purple

BNP		

Rapid HIV 1/2 / Pu

HIV 1/2		

G-6-PDH / Purp

G6PDH		

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

TASK FORCE 21 LABORA[illegible]BILITY/ RESULT FORM — [illegible]RAL LABORATORY FORM (Subject to Privacy Act of 1974)

LAST, FIRST, MI. (b)(6)	(b)(6) Date of Birth:	Reported to (b)(6)	
SSN or ISN: (b)(6)		LAB USE ONLY	
Physician:	Ward: ICU	STAT	Criticals: Yes or No (Circle)
Drawn by:	Bed: 3	Routine S[illegible] (b)(6)	Initials: (b)(6) D&T: 4JUL06/1455

Chemistry (i-STAT): Syringe / Green Top

Bld Gas w/ Lytes		
TEST	RESULT	REF. RANGE
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)
iCa		1.12-1.32 mmol/L
Na		138-146 mmol/L
K		3.5-4.9 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:		Crystals:	
Other:			
Acetest:	Ictotest:	Clinitest:	SSA:

Urine or Serum HcG / Red Top Serum		
U / S		Negative

Urine Drug Screen		
UDS	Positive	Negative
Positive for:		

Urine or Saliva Alcohol Test		
U / S		Negative

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

Urine Microalbumin/Creatinine Assay		
Can't run urines w/ protein values ≥ 30mg/dL or visibly bloody specimens		
Albumin		≤ 10 mg/L
Creatinine		10-300 mg/dL
Alb/Creat Ratio:		< 30 mg/g

Chemistry (Piccolo Analyzer): Green Top

Chem13 Metlyte8 BMP Liver
CMP Renal Lipid Hepatic

TEST	RESULT	REF. RANGE
ALB	~~1.3~~ 4	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	31H	7-22 mg/dL
Ca	8.4	8.0-10.3 mg/dL
Phos	2.7	2.2-4.5 mg/dL
CK		M:39-380U/L F:30-190U/L
Uric Acid		M:3.6-8.0 F: 2.2-6.6mg/dL
CL		98-109 mmol/L
TCO2	ICT 34	18-33 mmol/L
Creat	3.1	0.6-1.3 mg/dL
GGT		5-65 U/L
Glu	143H	73-118 mg/dL
K	ICT 3+	3.3-4.9 mmol/L
TProtein		6.4-8.1 g/dL
Na	146H	138-145 mmol/L
Chol		100-200 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		
D-Dimer		(Blue Top) Negative
Strep A		(Swab) Negative
Chlamydia		(Swab) Negative
Influenza A/B		Naso Swab/Aspirate Neg
RSV		Naso Swab/Aspirate Neg
Wet Mount		Negative
KOH		Negative
H. Pylori		(Green Top) Negative
I. Mono		(Green Top) Negative
RPR		(Red Top) Negative
CPR		(Red Top) < 12 mg/L
Parasite Panel		(Stool) Negative
Occult Bld		(Stool) Negative
C. difficile		(Stool) Negative
Fecal Leuko		(Stool) Negative
O&P		(Stool) No Ova / Parasite

Hematology (Coulter): Purple Top

CBC Manual Differential

TEST	RESULT	REF. RANGE
WBC X	20.9H	4.8-10.8 x10(3)/uL
RBC	3.17L	4.2-6.1 x10(6)/uL
Hgb	9.9L	12.0-18.0 g/dL
Hct	29.1L	M:42-52% F: 37-47%
MCV	91.9	80.0-99.0 fl
MCH	31.2H	27.0-31.0 pg
MCHC	34.0	33.0-37.0 g/dL
Plt	196	130-400 x10(3)/uL
LY%	3.8	20.0-44.0%
LY#	0.8	0.7-4.3 x10(3)/uL

Manual Differential

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

HgB A1C / Purple Top		
HgBA1C		3.5-6.0%

Malaria Smear / Purple Top		
Thin		No Plasmodium Seen
Thick		No Plasmodium Seen
Rapid Kit		Negative

ESR / 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

BNP / Purple Top		
BNP		≤100 pg/mL

Rapid HIV 1/2 / Purple Top		
HIV 1/2		Negative

G-6-PDH / Purple Top		
G6PDH		Normal

FOR COMMANDER'S CRITICAL INFORMATION [illegible] critical value 20.9 WBC count
LAW ENFORCEMENT SENSITIVE
EMST Previously Confirmed by Diff, ALB 1.3 2

TASK FORCE 21 LABORAT[illegible] / CA[illegible]BL[illegible] / RESULT FORM

G[illegible]R/ ABORATORY FORM

(Subject Activity A[illegible]

LAST, FIRST, MI. (b)(6)		Male	Date of Birth:	Reported to: (b)(6)	
SSN or ISN: (b)(6)		Female		LAB USE ONLY	
Physician: (b)(6)	Ward: FC4	X STAT	Specimen Collection Date & Time:	Criticals: Yes or (No) (Circle)	
Drawn by	Bed: 3	Routine	04 Jun 06	Initials: (b) (6)	D&T: 4JUN06 1659

Chemistry (i-STAT): Syringe / Green Top			Chemistry (Piccolo Analyzer): Green Top			Hematology (Coulter): Purple Top		
Bld Gas w/ Lytes			Chem13 Metlyte8 BMP Liver			CBC Manual Differential		
TEST	RESULT	REF. RANGE	CMP Renal Lipid Hepatic			TEST	RESULT	REF. RANGE
			TEST	RESULT	REF. RANGE			
pH	7.392	7.35-7.45				WBC		4.8-10.8 x10(3)/uL
PCO2	29.3L	35-45 mmHg				RBC		4.2-6.1 x10(6)/uL
PO2	74 L	80-100 mmHg	ALB		3.3-5.5 g/dL	Hgb		12.0-18.0 g/dL
TCO2	19	18-33 mmol/L	ALP		26-184 U/L	Hct		M:42-52% F: 37-47%
HCO3	17.8L	22-26 mmol/L	ALT		10-47 U/L	MCV		80.0-99.0 fl
sO2	95	95-99%	AMY		14-110 U/L	MCH		27.0-31.0 pg
BEecf	-7L	(-2) - (+3)	AST		11-38 U/L	MCHC		33.0-37.0 g/dL
iCa	0.99L	1.12-1.32 mmol/L	Tbil		0.2-1.6 mg/dL	Plt		130-400 x10(3)/uL
Na	148 H	138-146 mmol/L	BUN		7-22 mg/dL	LY%		20.0-44.0%
K	2.9L	3.5-4.9 mmol/L	Ca		8.0-10.3 mg/dL	LY#		0.7-4.3 x10(3)/uL
Urinalysis			Phos		2.2-4.5 mg/dL	Manual Differential		
Color		Straw/Yellow	CK		M:39-380U/L F:30-190U/L			
Clarity		Clear	Uric Acid		M:3.6-8.0 F: 2.2-6.6mg/dL	Segs(50-70%):		Mono(4-10%)
Glucose		Negative	CL		98-109 mmol/L	Bands(1-10%):		Eos(0-4%)
Bilirubin		Negative	TCO2		18-33 mmol/L	Lymph(20-44%):		Baso(0-2%)
Ketone		Negative	Creat		0.6-1.3 mg/dL	Atyp Lymphs:		Immature cells:
SG		1.010-1.025	GGT		5-65 U/L	RBC Abn Morph:		
Blood		Negative	Glu		73-118 mg/dL	Plt Abn Morph or Plt Est:		
pH		5.0-8.0	K		3.3-4.9 mmol/L	WBC Abn Morph:		
Protein		Negative-Trace	TProtein		6.4-8.1 g/dL	HgB A1C / Purple Top		
Urobili		0.1-1.0 Ehrlich U/dL	Na		138-145 mmol/L	HgBA1C		3.5-6.0%
Nitrite		Negative	Chol		100-200 mg/dL	Malaria Smear / Purple Top		
Leuko		Negative	HDL Chol		30-75 mg/dL	Thin		No Plasmodium Seen
Urine Microscopic			LDL Chol		50-130 mg/dL	Thick		No Plasmodium Seen
WBC:	EPI:		TG		60-160 mg/dL	Rapid Kit		Negative
RBC:	Mucus:		VLDL		≤30 mg/dL	ESR / Purple Top		
Bacteria:	Yeast:		C/HDL RAT		≤4.5	Sed Rate		0-20 mm at 1 hour
Casts:	Crystals:		Miscellaneous / Rapid Tests			Hemoglobin S / Purple Top		
Other:			D-Dimer		(Blue Top) Negative	Hb S		Negative
Acetest: Ictotest: Clinitest: SSA:			Strep A		(Swab) Negative	Coagulation / Blue Top (3.2%)		
Urine or Serum HcG / Red Top Serum			Chlamydia		(Swab) Negative	PT		7.0-14.0 sec
U / S		Negative	Influenza A/B		Naso Swab/Aspirate Neg	APTT		21.0-50.0 sec
Urine Drug Screen			RSV		Naso Swab/Aspirate Neg	INR		0.5-1.5/therap 2-3
UDS	Positive	Negative	Wet Mount		Negative			
Positive for:			KOH		Negative	Cardiac Panel / Purple Top		
Urine or Saliva Alcohol Test			H. Pylori /		(Green Top) Negative	Myoglobin		NEG / 0-107 ng/mL
U / S		Negative	I. Mono		(Green Top) Negative	CK-MB		NEG / 0-4.3 ng/mL
Body Fluid / Sterile Container			RPR		(Red Top) Negative	Troponin		NEG / 0.0-0.4 ng/mL
Fluid Panel Includes: Gram stain,			CPR		(Red Top) < 12 mg/L	BNP / Purple Top		
WBC & RBC count, WBC differential,			Parasite Panel		(Stool) Negative	BNP		≤100 pg/mL
and Meningitis Panel (CSF only)			Occult Bld		(Stool) Negative	Rapid HIV 1/2 / Purple Top		
Urine Microalbumin/Creatinine Assay			C. difficile		(Stool) Negative	HIV 1/2		Negative
Can't run urines w/ protein values ≥ 30mg/dL or visibly bloody specimens			Fecal Leuko		(Stool) Negative	G-6-PDH / Purple Top		
			O&P		(Stool) No Ova / Parasite	G6PDH		Normal
Albumin		≤ 10 mg/L	Comments:					
Creatinine		10-300 mg/dL						
Alb/Creat Ratio:		< 30 mg/g						

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

TASK FORCE 21 LABORA[illegible]Y C[illegible]BILITY/ RESULT FORM

GE[illegible]L LABORATORY FORM
(S[illegible]ct to Privacy Act of 1974)

LAST, FIRST, MI. (b)(6)		Date of Birth:	Reported to (b)(6)
SSN or ISN: (b)(6)			LAB USE ONLY
Physician:	Ward: ICU	STAT	Specimen Collection Date & Time: 04JUL06@1840
Drawn by:	Bed: 3	Routine	Criticals: Yes or No (Circle) Initials: 1928 D&T: 4JUL06/1930

Chemistry (I-STAT): Syringe / Green Top

Bld Gas w/ Lytes

TEST	RESULT	REF. RANGE
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)
iCa		1.12-1.32 mmol/L
Na		138-146 mmol/L
K		3.5-4.9 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:	Crystals:
Other:	

Acetest: Ictotest: Clinitest: SSA:

Urine or Serum HcG / Red Top Serum

U / S		Negative

Urine Drug Screen

UDS	Positive	Negative

Positive for:

Urine or Saliva Alcohol Test

U / S		Negative

Body Fluid / Sterile Container

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

Urine Microalbumin/Creatinine Assay

Can't run urines w/ protein values ≥ 30mg/dL or visibly bloody specimens

Albumin		≤ 10 mg/L
Creatinine		10-300 mg/dL
Alb/Creat Ratio:		< 30 mg/g

Chemistry (Piccolo Analyzer): Green Top

Chem13 Metlyte8 BMP Liver
CMP Renal Lipid Hepatic

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
Phos		2.2-4.5 mg/dL
CK		M:39-380U/L F:30-190U/L
Uric Acid		M:3.6-8.0 F: 2.2-6.6mg/dL
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
Chol		100-200 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

D-Dimer		(Blue Top) Negative
Strep A		(Swab) Negative
Chlamydia		(Swab) Negative
Influenza A/B		Naso Swab/Aspirate Neg
RSV		Naso Swab/Aspirate Neg
Wet Mount		Negative
KOH		Negative
H. Pylori		(Green Top) Negative
I. Mono		(Green Top) Negative
RPR		(Red Top) Negative
CPR		(Red Top) < 12 mg/L
Parasite Panel		(Stool) Negative
Occult Bld		(Stool) Negative
C. difficile		(Stool) Negative
Fecal Leuko		(Stool) Negative
O&P		(Stool) No Ova / Parasite

Hematology (Coulter): Purple Top

CBC Manual Differential

TEST	RESULT	REF. RANGE
WBC	22.9 H	4.8-10.8 x10(3)/uL
RBC	2.44 L	4.2-6.1 x10(6)/uL
Hgb	7.6 L	12.0-18.0 g/dL
Hct	22.9 L	M:42-52% F: 37-47%
MCV	93.6	80.0-99.0 fl
MCH	31.1 H	27.0-31.0 pg
MCHC	33.2	33.0-37.0 g/dL
Plt	216	130-400 x10(3)/uL
LY%	6.2 L	20.0-44.0%
LY#	1.4	0.7-4.3 x10(3)/uL

Manual Differential

Segs(50-70%):	73	Mono(4-10%)	3
Bands(1-10%):	10	Eos(0-4%)	Ø
Lymph(20-44%):	14	Baso(0-2%)	Ø
Atyp Lymphs:		Immature cells:	
RBC Abn Morph:	Microcytic		
Plt Abn Morph or Plt Est:			
WBC Abn Morph:			

HgB A1C / Purple Top

HgBA1C		3.5-6.0%

Malaria Smear / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen
Rapid Kit		Negative

ESR / Purple Top

Sed Rate		0-20 mm at 1 hour

Hemoglobin S / Purple Top

Hb S		Negative

Coagulation / Blue Top (3.2%)

PT		11.4-14.0 sec
APTT		31.8-50.0 sec
INR		0.8-1.5/therap 2-3

TNP INSTRUMENT PROBLEM 4/7

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

BNP / Purple Top

BNP		≤100 pg/mL

Rapid HIV 1/2 / Purple Top

HIV 1/2		Negative

G-6-PDH / Purple Top

G6PDH		Normal

Comments: (b)(6)

EXHIBIT 2

LAW ENFORCEMENT SENSITIVE

TASK FORCE 21 LABORAT[redacted] / CA[redacted]BILITY/ RESULT FORM

GE[redacted]AL LABORATORY FORM

(Su[redacted]to Privacy Act of 1974)

LAST, FIRST, MI. (b)(6)		Date of Birth:		Reported to: (b)(6)	
SSN or ISN: (b)(6)				LAB USE ONLY	
Physician: (b)(6)	Ward: ICU	X STAT	Specimen Collection Date & Time: 04 JUL 06 2000	Criticals: Yes or No (Circle)	
Drawn by:	Bed: 3	Routine		Initials: (b)(6)	D&T: 20060704/2030

Chemistry (i-STAT): Syringe / Green Top			Chemistry (Piccolo Analyzer): Green Top			Hematology (Coulter): Purple Top		
Bld Gas w/ Lytes			Chem13 Metlyte8 BMP Liver			CBC Manual Differential		
TEST	RESULT	REF. RANGE	CMP Renal Lipid Hepatic			TEST	RESULT	REF. RANGE
pH	7.272 L	7.35-7.45	TEST	RESULT	REF. RANGE	WBC		4.8-10.8 x10(3)/uL
PCO2	43.1	35-45 mmHg				RBC		4.2-6.1 x10(6)/uL
PO2	75 L	80-100 mmHg	ALB		3.3-5.5 g/dL	Hgb		12.0-18.0 g/dL
TCO2	21	18-33 mmol/L	ALP		26-184 U/L	Hct		M:42-52% F: 37-47%
HCO3	19.9 L	22-26 mmol/L	ALT		10-47 U/L	MCV		80.0-99.0 fl
sO2	93 L	95-99%	AMY		14-110 U/L	MCH		27.0-31.0 pg
BEecf	-7 L	(-2) - (+3)	AST		11-38 U/L	MCHC		33.0-37.0 g/dL
iCa	0.94 L	1.12-1.32 mmol/L	Tbil		0.2-1.6 mg/dL	Plt		130-400 x10(3)/uL
Na	150 H	138-146 mmol/L	BUN		7-22 mg/dL	LY%		20.0-44.0%
K	3.1 L	3.5-4.9 mmol/L	Ca		8.0-10.3 mg/dL	LY#		0.7-4.3 x10(3)/uL
Urinalysis			Phos		2.2-4.5 mg/dL	**Manual Differential**		
Color		Straw/Yellow	CK		M:39-380U/L F:30-190U/L			
Clarity		Clear	Uric Acid		M:3.6-8.0 F: 2.2-6.6mg/dL	Segs(50-70%):		Mono(4-10%)
Glucose		Negative	CL		98-109 mmol/L	Bands(1-10%):		Eos(0-4%)
Bilirubin		Negative	TCO2		18-33 mmol/L	Lymph(20-44%):		Baso(0-2%)
Ketone		Negative	Creat		0.6-1.3 mg/dL	Atyp Lymphs:		Immature cells:
SG		1.010-1.025	GGT		5-65 U/L	RBC Abn Morph:		
Blood		Negative	Glu [redacted]		73-118 mg/dL	Plt Abn Morph or Plt Est:		
pH		5.0-8.0	K		3.3-4.9 mmol/L	WBC Abn Morph:		
Protein		Negative-Trace	TProtein		6.4-8.1 g/dL	**HgB A1C / Purple Top**		
Urobili		0.1-1.0 Ehrlich U/dL	Na		138-145 mmol/L	HgBA1C		3.5-6.0%
Nitrite		Negative	Chol		100-200 mg/dL	**Malaria Smear / Purple Top**		
Leuko		Negative	HDL Chol		30-75 mg/dL	Thin		No Plasmodium Seen
Urine Microscopic			LDL Chol		50-130 mg/dL	Thick		No Plasmodium Seen
WBC:	EPI:		TG		60-160 mg/dL	Rapid Kit		Negative
RBC:	Mucus:		VLDL		≤30 mg/dL	**ESR / Purple Top**		
Bacteria:	Yeast:		C/HDL RAT		≤4.5	Sed Rate		0-20 mm at 1 hour
Casts:	Crystals:		**Miscellaneous / Rapid Tests**			**Hemoglobin S / Purple Top**		
Other:			D-Dimer		(Blue Top) Negative	Hb S		Negative
Acetest: Ictotest: Clinitest: SSA:			Strep A		(Swab) Negative	**Coagulation / Blue Top (3.2%)**		
Urine or Serum HcG / Red Top Serum			Chlamydia		(Swab) Negative	PT		7.0-14.0 sec
U / S		Negative	Influenza A/B		Naso Swab/Aspirate Neg	APTT		21.0-50.0 sec
Urine Drug Screen			RSV		Naso Swab/Aspirate Neg	INR		0.5-1.5/therap 2-3
UDS Positive		Negative	Wet Mount		Negative			
Positive for:			KOH		Negative	**Cardiac Panel / Purple Top**		
Urine or Saliva Alcohol Test			H. Pylori		(Green Top) Negative	Myoglobin		NEG / 0-107 ng/mL
U / S		Negative	I. Mono		(Green Top) Negative	CK-MB		NEG / 0-4.3 ng/mL
Body Fluid / Sterile Container			RPR		(Red Top) Negative	Troponin		NEG / 0.0-0.4 ng/mL
Fluid Panel Includes: Gram stain,			CPR		(Red Top) < 12 mg/L	**BNP / Purple Top**		
WBC & RBC count, WBC differential,			Parasite Panel		(Stool) Negative	BNP		≤100 pg/mL
and Meningitis Panel (CSF only)			Occult Bld		(Stool) Negative	**Rapid HIV 1/2 / Purple Top**		
Urine Microalbumin/Creatinine Assay			C. difficile		(Stool) Negative	HIV 1/2		Negative
Can't run urines w/ protein value ≥ 30mg/dL or visibly bloody specimens			Fecal Leuko		(Stool) Negative	**G-6-PDH / Purple Top**		
			O&P		(Stool) No Ova / Parasite	G6PDH		Normal
Albumin		≤ 10 mg/L	Comments:					
Creatinine		10-300 mg/dL						
Alb/Creat Ratio:		< 30 mg/g						

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

TASK FORCE 21 LABORAT[redacted]Y/ RESULT FORM | GE[redacted] LABORATORY FORM (Privacy Act of 1974)

LAST, FIRST, MI. (b)(6) | Date of Birth: | Reported to: (b)(6)

SSN or ISN: (b)(6) | LAB USE ONLY

Physician: (b)(6) | Ward: ICU | X STAT | Specimen Collection Date & Time: 05 Jul 06 0400 | Criticals: Yes or No (Circle)

Drawn by | Bed: 3 | Routine | Initials: (b)(6) | D&T: 05 Jul 06

Chemistry (i-STAT): Syringe / Green Top — Bld Gas w/ Lytes

TEST	RESULT	REF. RANGE
pH	7.412	7.35-7.45
PCO2	28.4	35-45 mmHg
PO2	104	80-100 mmHg
TCO2	19	18-33 mmol/L
HCO3	18.1	22-26 mmol/L
sO2	98	95-99%
BEecf	-6	(-2) - (+3)
iCa	1.07	1.12-1.32 mmol/L
Na	147	138-146 mmol/L
K	2.5	3.5-4.9 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:		Crystals:	
Other:			
Acetest:	Ictotest:	Clinitest:	SSA:

Urine or Serum HcG / Red Top Serum

U / S		Negative

Urine Drug Screen

UDS	Positive	Negative
Positive for:		

Urine or Saliva Alcohol Test

U / S		Negative

Body Fluid / Sterile Container

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

Urine Microalbumin/Creatinine Assay

Can't run urines w/ protein values ≥ 30mg/dL or visibly bloody specimens

Albumin		≤ 10 mg/L
Creatinine		10-300 mg/dL
Alb/Creat Ratio:		< 30 mg/g

Chemistry (Piccolo Analyzer): Green Top — Chem13 Metlyte8 BMP Liver (CMP) Renal Lipid Hepatic

TEST	RESULT	REF. RANGE
ALB	2.1 L	3.3-5.5 g/dL
ALP	630	26-184 U/L
ALT	ICT	10-47 U/L
AMY		14-110 U/L
AST	ICT	11-38 U/L
Tbil C	24.9 H	0.2-1.6 mg/dL
BUN	47 H	7-22 mg/dL
Ca	8.7	8.0-10.3 mg/dL
Phos		2.2-4.5 mg/dL
CK		M:39-380U/L F:30-190U/L
Uric Acid		M:3.6-8.0 F: 2.2-6.6mg/dL
CL C	116 H	98-109 mmol/L
TCO2	ICT	18-33 mmol/L
Creat	ICT	0.6-1.3 mg/dL
GGT		5-65 U/L
Glu	138 H	73-118 mg/dL
K	ICT	3.3-4.9 mmol/L
TProtein	ICT	6.4-8.1 g/dL
Na	140	138-145 mmol/L
Chol		100-200 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

D-Dimer		(Blue Top) Negative
Strep A		(Swab) Negative
Chlamydia		(Swab) Negative
Influenza A/B		Naso Swab/Aspirate Neg
RSV		Naso Swab/Aspirate Neg
Wet Mount		Negative
KOH		Negative
H. Pylori		(Green Top) Negative
I. Mono		(Green Top) Negative
RPR		(Red Top) Negative
CPR		(Red Top) < 12 mg/L
Parasite Panel		(Stool) Negative
Occult Bld		(Stool) Negative
C. difficile		(Stool) Negative
Fecal Leuko		(Stool) Negative
O&P		(Stool) No Ova / Parasite
Comments:		

Hematology (Coulter): Purple Top — CBC Manual Differential

TEST	RESULT	REF. RANGE
WBC	6.1	4.8-10.8 x10(3)/uL
RBC	3.10	4.2-6.1 x10(6)/uL
Hgb	9.4	12.0-18.0 g/dL
Hct	28.1	M:42-52% F: 37-47%
MCV	90.6	80.0-99.0 fl
MCH	30.4	27.0-31.0 pg
MCHC	33.6	33.0-37.0 g/dL
Plt	115	130-400 x10(3)/uL
LY%	11.7	20.0-44.0%
LY#	0.7	0.7-4.3 x10(3)/uL

Manual Differential

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

HgB A1C / Purple Top

HgBA1C		3.5-6.0%

Malaria Smear / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen
Rapid Kit		Negative

ESR / Purple Top

Sed Rate		0-20 mm at 1 hour

Hemoglobin S / Purple Top

Hb S		Negative

Coagulation / Blue Top (3.2%)

PT	TNP	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

BNP / Purple Top

BNP		≤100 pg/mL

Rapid HIV 1/2 / Purple Top

HIV 1/2		Negative

G-6-PDH / Purple Top

G6PDH		Normal

[redacted] EXHIBIT 2

TASK FORCE 21 LABORAT[redacted]CA[redacted]ILITY/ RESULT FORM

[redacted]AL LABORATORY FORM

[redacted]to Privacy Act of 1974)

0100-06-CID/AB-R473

LAST, FIRST, MI: (b)(6)	(b)(6)	Date of Birth:		Reported to: (b)(6)	
SSN or ISN:				LAB USE ONLY	
Physician: (b)(6)	Ward: 3	X STAT	Specimen Collection Date & Time: 5Jul06 0915	Criticals: Yes / or (No) (Circle)	
Drawn by:	Bed: 10	Routine		Initials: (b)(6)	D&T: 5Jul06/0947

Chemistry (I-STAT): Syringe / Green Top			Chemistry (Piccolo Analyzer): Green Top			Hematology (Coulter): Purple Top		
Bld Gas w/ Lytes			Chem13 (CMP) / Metlyte8 Renal / BMP / Liver Lipid / Hepatic			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:42-52% F: 37-47%
HCO3		22-26 mmol/L	AST		11-38 U/L	MCV		80.0-99.0 fl
sO2		95-99%	Dbil		0-0.3 mg/dL	MCH		27.0-31.0 pg
BEecf		(-2) - (+3)	Tbil		0.2-1.6 mg/dL	MCHC		33.0-37.0 g/dL
iCa		1.12-1.32 mmol/L	BUN	43H	7-22 mg/dL	Plt		130-400 x10(3)/uL
Na		138-146 mmol/L	Ca	7.7L	8.0-10.3 mg/dL	LY%		20.0-44.0%
K		3.5-4.9 mmol/L	Phos		2.2-4.5 mg/dL	LY#		0.7-4.3 x10(3)/uL
Urinalysis			CK		M:39-380U/L F:30-190U/L	Manual Differential		
Color		Straw/Yellow	Uric Acid		M:3.6-8.0 F: 2.2-6.6mg/dL	Segs(50-70%):		Mono(4-10%)
Clarity		Clear	CL X	117H	98-109 mmol/L	Bands(1-10%):		Eos(0-4%)
Glucose		Negative	TCO2	ICT3t	18-33 mmol/L	Lymph(20-44%):		Baso(0-2%)
Bilirubin		Negative	Creat	ICT3t	0.6-1.3 mg/dL	Atyp Lymphs:		Immature cells:
Ketone		Negative	GGT		5-65 U/L	RBC Abn Morph:		
SG		1.010-1.025	Glu	127H	73-118 mg/dL	Plt Abn Morph or Plt Est:		
Blood		Negative	K	ICT3t	3.3-4.9 mmol/L	WBC Abn Morph:		
pH		5.0-8.0	TProtein		6.4-8.1 g/dL	HgB A1C / Purple Top		
Protein		Negative-Trace	Na	146H	138-145 mmol/L	HgBA1C		3.5-6.0%
Urobili		0.1-1.0 Ehrlich U/dL	Chol		100-200 mg/dL	Malaria Smear / Purple Top		
Nitrite		Negative	HDL Chol		30-75 mg/dL	Thin		No Plasmodium Seen
Leuko		Negative	LDL Chol		50-130 mg/dL	Thick		No Plasmodium Seen
Urine Microscopic			TG		60-160 mg/dL	Rapid Kit		Negative
WBC:	EPI:		VLDL		≤30 mg/dL	ESR / Purple Top		
RBC:	Mucus:		C/HDL RAT		≤4.5	Sed Rate		0-20 mm at 1 hour
Bacteria:	Yeast:					Hemoglobin S / Purple Top		
Casts:	Crystals:		Miscellaneous / Rapid Tests			Hb S		Negative
Other:			D-Dimer		(Blue Top) Negative	Coagulation / Blue Top (3.2%)		
Acetest: Ictotest: Clinitest: SSA:			Strep A		(Swab) Negative	PT		7.0-14.0 sec
Urine or Serum HcG / Red Top Serum			Chlamydia		(Swab) Negative	APTT		21.0-50.0 sec
U / S		Negative	Influenza A/B		Naso Swab/Aspirate Neg	INR		0.5-1.5/therap 2-3
Urine Drug Screen			RSV		Naso Swab/Aspirate Neg			
UDS	Positive	Negative	Wet Mount		Negative	Cardiac Panel / Purple Top		
Positive for:			KOH		Negative	Myoglobin		NEG / 0-107 ng/mL
Urine or Saliva Alcohol Test			H. Pylori		(Green Top) Negative	CK-MB		NEG / 0-4.3 ng/mL
U / S		Negative	I. Mono		(Green Top) Negative	Troponin		NEG / 0.0-0.4 ng/mL
Body Fluid / Sterile Container			RPR		(Red Top) Negative	BNP / Purple Top		
Fluid Panel Includes: Gram stain,			~~CRP~~ CRP		(Red Top) < 12 mg/L	BNP		≤100 pg/mL
WBC & RBC count, WBC differential,			Parasite Panel		(Stool) Negative	Rapid HIV 1/2 / Purple Top		
and Meningitis Panel (CSF only)			Occult Bld		(Stool) Negative	HIV 1/2		Negative
Urine Microalbumin/Creatinine Assay			C. difficile		(Stool) Negative	G-6-PDH / Purple Top		
Can't run urines w/ protein values ≥ 30mg/dL or visibly bloody specimens			Fecal Leuko		(Stool) Negative	G6PDH		Normal
Albumin		≤ 10 mg/L	O&P		(Stool) No Ova / Parasite			
Creatinine		10-300 mg/dL	Comments:					

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

EXHIBIT. 2

TASK FORCE 21 LABORATO[redacted]ITY/ RESULT FORM

[redacted] LABORATORY FORM
(Subject to Privacy Act of 1974)
00-06-CID789-7873

LAST, FIRST, MI. (b)(6)		(b)(6)	Date of Birth: 5/1	Reported to (b)(6)	
SSN or ISN:				LAB USE ONLY	
Physician: (b)(6)	Ward: 10	X STAT	Specimen Collection Date & Time: 5 JUL 1120	Criticals: Yes or No (Circle)	
Drawn by:	Bed: 3	Routine		Initials: (b)(6)	D&T: 5 JUL 1140

Chemistry (i-STAT): Syringe / Green Top
Bld Gas w/ Lytes

TEST	RESULT	REF. RANGE
pH	7.208L	7.35-7.45
PCO2	35.8	35-45 mmHg
PO2	93	80-100 mmHg
TCO2	15 L	18-33 mmol/L
HCO3	14.3 L	22-26 mmol/L
sO2	95	95-99%
BEecf	-14	(-2) - (+3)
iCa	CV 0.74 L	1.12-1.32 mmol/L
Na	148 H	138-146 mmol/L
K	2.9 L	3.5-4.9 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:	Crystals:
Other:	

Ictotest: Clinitest: SSA:

Urine or Serum HcG / Red Top Serum

U / S		Negative

Urine Drug Screen

DS	Positive	Negative
Positive for:		

Urine or Saliva Alcohol Test

U / S		Negative

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

Urine Microalbumin/Creatinine Assay
Don't run urines w/ protein values ≥ 30mg/dL
Visibly bloody specimens

Albumin		≤ 10 mg/L
Creatinine		10-300 mg/dL
Alb/Creat Ratio:		< 30 mg/g

Chemistry (Piccolo Analyzer): Green Top
Chem13 Metlyte8 BMP Liver
CMP Renal Lipid Hepatic

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
Phos		2.2-4.5 mg/dL
CK		M:39-380U/L F:30-190U/L
Uric Acid		M:3.6-8.0 F: 2.2-6.6mg/dL
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
Chol		100-200 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

D-Dimer		(Blue Top) Negative
Strep A		(Swab) Negative
Chlamydia		(Swab) Negative
Influenza A/B		Naso Swab/Aspirate Neg
RSV		Naso Swab/Aspirate Neg
Wet Mount		Negative
KOH		Negative
H. Pylori		(Green Top) Negative
I. Mono		(Green Top) Negative
RPR		(Red Top) Negative
CPR		(Red Top) < 12 mg/L
Parasite Panel		(Stool) Negative
Occult Bld		(Stool) Negative
C. difficile		(Stool) Negative
Fecal Leuko		(Stool) Negative
O&P		(Stool) No Ova / Parasite

Hematology (Coulter): Purple Top
CBC Manual Differential

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:42-52% 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

Manual Differential

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

HgB A1C / Purple Top

HgBA1C		3.5-6.0%

Malaria Smear / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen
Rapid Kit		Negative

ESR / 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

BNP / Purple Top

BNP		≤100 pg/mL

Rapid HIV 1/2 / Purple Top

HIV 1/2		Negative

G-6-PDH / Purple Top

G6PDH		Normal

Comments: Critical Value: iCa (0.74)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

TASK FORCE 21 LABORA[redacted]Y C[redacted]BILITY RESULT FORM | G[redacted] (S[redacted]) | LABORATORY FORM (o Privacy Act of 1974)

0100-06-CID7[redacted]

LAST, FIRST, MI: (b)(6) | (b)(6) | Date of Birth: | Reported to: (b)(6)

SSN or ISN: | Physician: (b)(6) | Ward: LW 3 | Bed: | Drawn by: | STAT | Routine | Specimen Collection Date & Time: 5 JUL 1229 | LAB USE ONLY | Criticals: Yes or No (Circle) | Initials: (b)(6) | D&T: 5 JUL 06 1123

Chemistry (i-STAT): Syringe / Green Top — Bld Gas w/ Lytes			Chemistry (Piccolo Analyzer): Green Top — Chem13 Metlyte8 BMP Liver CMP Renal Lipid Hepatic			Hematology (Coulter): Purple Top — CBC Manual Differential		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
pH	7.24 L	7.35-7.45	ALB		3.3-5.5 g/dL	WBC		4.8-10.8 x10(3)/uL
PCO2	38.9	35-45 mmHg	ALP		26-184 U/L	RBC		4.2-6.1 x10(6)/uL
PO2	63 L	80-100 mmHg	ALT		10-47 U/L	Hgb		12.0-18.0 g/dL
TCO2	18	18-33 mmol/L	AMY		14-110 U/L	Hct		M:42-52% F: 37-47%
HCO3	16.8 L	22-26 mmol/L	AST		11-38 U/L	MCV		80.0-99.0 fl
sO2	88 L	95-99%	Dbil		0-0.3 mg/dL	MCH		27.0-31.0 pg
BEecf	-11 L	(-2) - (+3)	Tbil		0.2-1.6 mg/dL	MCHC		33.0-37.0 g/dL
iCa cV	0.69 L	1.12-1.32 mmol/L	BUN		7-22 mg/dL	Plt		130-400 x10(3)/uL
Na	151 H	138-146 mmol/L	Ca		8.0-10.3 mg/dL	LY%		20.0-44.0%
K	2.6 L	3.5-4.9 mmol/L	Phos		2.2-4.5 mg/dL	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

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

Acetest: Ictotest: Clinitest: SSA:

Urine or Serum HcG / Red Top Serum		
U / S		Negative

Urine Drug Screen		
UDS	Positive	Negative
Positive for:		

Urine or Saliva Alcohol Test		
U / S		Negative

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

Urine Microalbumin/Creatinine Assay		
Can't run urines w/ protein values ≥ 30mg/dL or visibly bloody specimens		
Albumin		≤ 10 mg/L
Creatinine		10-300 mg/dL

Miscellaneous / Rapid Tests		
D-Dimer		(Blue Top) Negative
Strep A		(Swab) Negative
Chlamydia		(Swab) Negative
Influenza A/B		Naso Swab/Aspirate Neg
RSV		Naso Swab/Aspirate Neg
Wet Mount		Negative
KOH		Negative
H. Pylori		(Green Top) Negative
I. Mono		(Green Top) Negative
RPR		(Red Top) Negative
~~CPR~~ CRP		(Red Top) < 12 mg/L
Parasite Panel		(Stool) Negative
Occult Bld		(Stool) Negative
C. difficile		(Stool) Negative
Fecal Leuko		(Stool) Negative
O&P		(Stool) No Ova / Parasite
Comments:		

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

HgB A1C / Purple Top		
HgBA1C		3.5-6.0%

Malaria Smear / Purple Top		
Thin		No Plasmodium Seen
Thick		No Plasmodium Seen
Rapid Kit		Negative

ESR / 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

BNP / Purple Top		
BNP		≤100 pg/mL

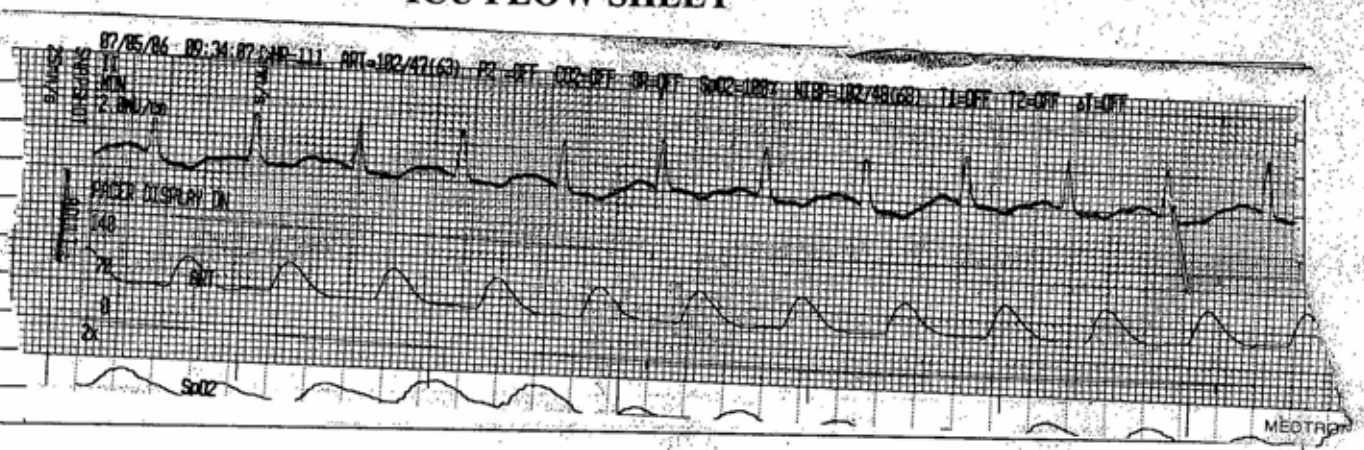
Rapid HIV 1/2 / Purple Top		
HIV 1/2		Negative

G-6-PDH / Purple Top		
G6PDH		Normal

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ICU FLOW SHEET



RESTRAINTS: Ø

DAYS					NIGHTS			
0700 site	pulse	cap. ref.	edema	1900	Site	pulse	cap. ref.	edema
0 site	pulse	cap. ref.	edema	2100	Site	pulse	cap. ref.	edema
1100 site	pulse	cap. ref.	edema	2300	Site	pulse	cap. ref.	edema
1300 site	pulse	cap. ref.	edema	0100	Site	pulse	cap. ref.	edema
1500 site	pulse	cap. ref.	edema	0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema	0500	Site	pulse	cap.ref	edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
(R) SCTL	1 July 06	3 July 06	Flushes/draws		
(L) Rad A-line	3 July 06	3 July 06	Zeroed + Flushed		

PREPARED BY (b)(6)

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 05 July 06

PATIENT'S INDENTIFICATION: (b)(6)

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT
- ☐ FLOWCHART
- ☐ OTHER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE:	DIAGNOSIS:																	HOSPITAL DAY:
Time	07	08	09	10	11	12	13	14		15		17	18	19	20	21	22	
NIBP/ ABP (MAP)	111/48	109/44 (67)	103/47 (63)	102/47 (63)	113/57 (75)	99/47 (61)	107/52 (69)	102/54 (72)										
Pulse	120	115	111	111	115	97	119	114										
Respirations	12	35	36	36	36	35	30	32										
Temperature	99.1	100	99.8	99.7		99.1												
SaO2	100	100	100	100	100	95	100	96										
%O2	60	60	60	60	80	80	80	80										
O_2 Delivery	VENT	V					V											
Mode	SIMV	SIMV					SIMV											
Rate	12	12					12											
Tidal Vol.	650	650					650											
Peep	5	5					5											
PS	5	5					5											
Pain Scale		UTD					UTD											
Pain Med	FENT	Fent					Fent											
Pt Position		Sup					Sup											
~~CVP MAP~~	~~68~~ 96	111	116	134	159	150												

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV D5W	60	60	~~60~~ 120	~~10~~ 120	200	200	200	200										
IVPB	100	500	268	1000	1000	290	100											
FENT	5	10	113	113	138	138	138	138										
VERSED	5	10	10	10	12	12	12	12										
INSULIN	Ø	Ø	Ø	Ø	1	Ø	Ø	Ø										
LEVO	19.7	28.1	319	375	469	563	563	563										
PO/TF	35	35	35	35	35	35	35	35										
~~Other~~ DOPA	35.1	31.9	319	319	15.9	23.9	31.9	319										
TOTAL																		

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	20	6	13	10	6	8	5	3										
NG output																		
~~Emesis~~ ~~FS~~																		
~~Stool~~ OSTOMY																		
Chest tube #1/ #2																		
Jackson Pratt #1/ #2																		
JP #3																		
WOUND VAC				500														
TOTAL																		

FS 96

ASPECT	TIME/INITIALS	
Bath/Skin Care		
Oral Care	0800	(b)(6)
Foley Care	0900	
Trach Care	1000	
Range of Motion	1400	

SAFETY	D	E	N
Cardiac Monitor	Y N	Y N	Y N
Bed position/Locked NA	Y N	Y N	Y N
Call bell in reach NA	Y N	Y N	Y N
~~Rotate Device~~	Y N	Y N	Y N
~~Right Side Device~~	Y N	Y N	Y N

~~FOR OFFICIAL USE ONLY~~ EXHIBIT
~~/ ENFORCEMENT SENSITIVE~~

PATIENT: [redacted] DATE [redacted]

0100-06-CID789-78473

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)								
Pulse								
Respirations								
Temperature								
SaO2								
%O2								
O_2 Delivery								
Mode								
Rate								
Tidal Vol.								
Peep								
PS								
Pain Scale								
Pt Position								
CVP								

24 Hour Totals	Yesterday	Today
INPUT	7585	
OUTPUT	3199	
DIFFERENCE	4386	

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
IV										
IVBP										
NPO/ TF										
Dinner										
TOTAL										

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

Legend	
Init=initials	P=Prone
JVD=Jugular Venous Distention	R= Right
eft	SaO2=Saturation of Arterial Oxygen
P=Noninvasive Blood Pressure	S= Supine
N=No	ABP= Arterial Blood Pressure
Y= Yes	PS=Pharmacologically Sedated
+2= strong +1=weak	

Name	Signature	Init.
	EXHIBIT	

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0800 Jaundice	TIME:
Level of consciousness	GCS=6 (B) pupils 3mm + PERRLA	
Extremities: Movement	Ø	
Strength	Ø	
PAIN ASSESSMENT	UTD sedated	
CARDIOVASCULAR		
Rhythm/Lead	II / NSR	
Heart Sounds	S1S2	
Skin	warm / jaundice	
Edema	3+ pitting	
JVD/ Capillary refill	Ø / <3 sec	
Pulses: Radial	1+	
Posterior Tibial	1+	
Dorsalis Pedis	1+	
RESPIRATORY		
Breath Sounds	Clear TA	
Oxygen Delivery	vent	
Suctioning/Sputum	8.0 cuffed nonfenestrated	
ETT/Trach tube	yellow c̄ bl. tinged	
Size: Placement:		
Cough:	(P) c̄ suctioning	
Treatments:	QID by RT albuterol	
GASTROINTESTINAL	WV = serosanguinous	
Bowel Sounds	hypoactive	
Abdomen Radial	soft + distended WV to 150 mmHg	
Date of last BM		
NG tube: Placement:	PHI (L) mare osmolite	
Suction	TF	
Drainage	Ø	
GENITOURINARY		
Urine: Color	dark amber c̄ sediment	
Void/Foley	<20ml per 1hr	
INTEGUMENTARY		
Integrity	(R) LE c̄ WV to medial + lateral	
Dressings	150mmHg suture to	
	lateral + SP X1 to thigh	
Dressing Condition	c̄ serous drainage	
Drains/Tubes	Stage II to coccyx c̄ duodenum	
Drainage	(b)(6)	
Signature		

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

2

0100-06-CID789-78473

ICU FLOW SHEET

EKG STRIPS

Ø paper

RESTRAINTS: Ø

DAYS					NIGHTS				
0700 site	pulse	cap. ref.	edema		1900	Site	pulse	cap. ref.	edema
0900 site	pulse	cap. ref.	edema		2100	Site	pulse	cap. ref.	edema
1100 site	pulse	cap. ref.	edema		2300	Site	pulse	cap. ref.	edema
1300 site	pulse	cap. ref.	edema		0100	Site	pulse	cap. ref.	edema
1500 site	pulse	cap. ref.	edema		0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema		0500	Site	pulse	cap.ref	edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
(R) subclavian cl	1 July 06	3 July 06	patent/flush		
(L) radial art line	3 July 06	3 July 06	patat/flush		

PREPARED BY: (signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
(b)(6)	ICU	04 July 06

PATIENT'S INDENTIFICATION

(b)(6)

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT
- ☐ FLOWCHART
- ☐ OTHER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE:		DIAC								HOSPITAL DAY:								
Time	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
NIBP/ ABP (MAP)	114/55	125/61	128/61	123/56	106/48	104/47	152/81	108/60		111/63	114/57	114/50	124/65	111/51	109/50	97/49	114/55	
Pulse	97	64	89	93	97	89	108	110		111	51	87	120	108	115	118	110	
Respirations	22	20	20	26	27	26	43	36		36	18	12	18	20	17	12	12	
Temperature			99.2	99.3	98.4	98.9					101.8		98.6		99.5	99.2	99.6	
SaO2	100%	100	100	100	99	99	96	99		100	100	98	99	99	100	100	100	
%O2	.50	40				50				50	50		50	.80	50	60	60	
O_2 Delivery	Vent	V				V				V	V		V		Vent	VENT	VENT	
Mode	SIMV	SIMV				SIMV				SIMV	SIMV				SIMV	SIMV	SIMV	
Rate	12	12				12				12	12				12	12	12	
Tidal Vol.	680	650				650				650	650				650	650	650	
Peep	5	5				5				5	5				5	5	5	
PS	5	5				5				5	5				5	5	5	
Pain Scale	Sed																	
Pain Med	Fent	Fent				Ativ				Fent					Fent			
Pt Position	Supine	Left																
~~CVP~~ MAP			82	74	67	66	106			80				74	~~85~~	66	74	

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV D5W	60	60	60	60	60	60	60	60	480	60	60	60	60	60	30	30	30	870
IVPB					150	250	150	100	650		1500		250				50	2450
Insulin	4	4	4	4	4	0	0	4	24	4	2	2	2	Off	2	0	0	36
vasopressin	12.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	275	37.5	37.5	37.5		Off	D/C			387.5
Fent.						2	2	4	8	4	2	5	5	5	5	5	5	44
Ativan							2.5	5	7.5	med	D/C'd							75
PO (TF) Supplement	30	30	30	30	70	70	70	70	400	70	70	60	off	off	70	35	35	680
~~Other~~ Versed										4	4	0	0	6	6	5	5	42
TOTAL									1844.5							335		
																3.8	3.8	7.6

OUTPUT LEVO

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	125	140	140	130	90	195	145	220	1185	50	50	95	60	170	230	80	100	2079
NG output																		
Emesis																		
Stool																		
Chest tube #1/ #2																		
Jackson Pratt #1/ #2														50				50
Insulin FS	(do not add)				81		191	156		120		129		72	115	149	199	
TOTAL									1185									

ASPECT	TIME/INITIALS	
Bath/Skin Care		
Oral Care		
Foley Care		
Trach Care		
Range of Motion		

SAFETY	D	E	N
Cardiac Monitor	(Y) N	Y N	(N)
Bed position/Locked	(Y) N	Y N	(N)
Call bell in reach	n/a	Y N	Y (N)
Protective Device	(Y) N	Y N	(N)
High risk for falls	(Y) N	Y N	(N)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE
EXHIBIT

PATIENT: [redacted] DATE: [redacted]

0100-06-CID789-78473

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)	110/54	106/52	116/56	113/57	111/57	107/52	103/56	119/50
Pulse	112	112	112	103	101	115	117	118
Respirations	12	12	12	12	12	12	12	12
Temperature	99.8	99.4	99.2	99.0	99.3		99.0	99.4
SaO2	100	100	100	100	100	100	100	100
%O2	60	60	60	60	60	60	60	60
O_2 Delivery	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
Rate	12	12	12	12	12	12	12	12
Tidal Vol.	650	650	650	650	650	650	650	650
Peep	5	5	5	5	5	5	5	5
PS	5	5	5	5	5	5	5	5
Pain Scale								
Pt Position								
~~CVP~~ MAP	73	70	75	75	71	69	64	70

24 Hour Totals	Yesterday	Today
INPUT	6397.7	7585
OUTPUT	6800	3199
DIFFERENCE	-402.3	⊕4386

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
IV 870	30	30	30	60	60	60	60	60	1260	
IVBP 2450							500	500	3450	
INSULIN 36	4	4	4	Ø	Ø	4	Ø	Ø	52	
FENT 44	5	5	5	5	5	5	5	5	84	
VERSED 42	5	5	5	5	5	5	5	5	82	
LEVO 7.6	3.8	3.8	3.8	3.8	3.8	3.8	7.5	14.1	52	
PO/(TF) 680	35	35	35	35	35	35	35	35	960	
335 ~~Other~~ Blood	375	255	285				~~500~~	~~500~~	1645	
395 TOTAL										

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total 2079	125	65	70	45	60	40	40	25	2549
NG output									
Emesis									
Stool									
Chest tube #1/ #2									
Jackson Pratt #1/ #2 50	45					40		15	150
WOUND VAC						500			500
FS	196	157	119	105		159	102	96	
TOTAL									

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
+2= strong +1=weak	

Name	Signature	Init
(b)(6)		
	EXHIBIT	2

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0800	TIME:
Level of consciousness	pt agitated responds to	
Extremities: Movement	painful stimuli. no	
Strength	spontaneous movement Perrla	
PAIN ASSESSMENT	fentanyl gtt	
CARDIOVASCULAR	5 lead ECG	
Rhythm/Lead	S1/S2 present c̄ no extra	
Heart Sounds	sounds NSR	
Skin	warm dry to touch	
Edema	+1 to ext x4	
JVD/ Capillary refill	Ø <3sec	
Pulses: Radial	+1 +1	
Posterior Tibial		
Dorsalis Pedis	+1 +1	
RESPIRATORY	trach 8.0 c̄ collar	
Breath Sounds	and inner cannula blood	
Oxygen Delivery	tinged Brown sputum	
Suctioning/Sputum	upon suctioning sutures in	
ETT/Trach tube	place	
Size: Placement:		
Cough:		
Treatments:	hobs 960 by RT	
GASTROINTESTINAL		
Bowel Sounds	active x4 c̄ colostomy	
Abdomen	LUQ Brown liquid	
Date of last BM	stools. Dobhoff (L)	
NG tube: Placement:	nare c̄ osmolite @ 70cc/hr	
Suction		
Drainage		
GENITOURINARY		
Urine: Color	16 F amber urine	
Void/Foley		
INTEGUMENTARY		
Integrity	Abd Dsg wound vac	
Dressings	c̄ blood drainage	
	(R) leg wound vac	
Dressing Condition	cDI (R) subcTC	
	cDI	
Drains/Tubes		
Drainage	(b)(6)	
Signature		

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

0100-06-CID789-78473

ICU FLOW SHEET

EKG STRIPS

RESTRAINTS:	DAYS				NIGHTS			
0700 site	pulse	cap. ref.	edema	1900	Site	pulse	cap. ref.	edema
0 site	pulse	cap. ref.	edema	2100	Site	pulse	cap. ref.	edema
1100 site	pulse	cap. ref.	edema	2300	Site	pulse	cap. ref.	edema
1300 site	pulse	cap. ref.	edema	0100	Site	pulse	cap. ref.	edema
1500 site	pulse	cap. ref.	edema	0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema	0500	Site	pulse	cap.ref	edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
ⓡ subcl TL	1 JUL 06	03JUL06	Patent		patent
ⓡ A-line			patent		Pl/d
L A line	03JUL				patent good wave form

(b)(6)

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 03 JULY 06

PATIENT'S INDENTIFICATION

(b)(6)

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT
- ☐ FLOWCHART
- ☐ OTHER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE:	DIAGNOSIS:											HOSPITAL DAY:						
Time	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
NIBP/ ABP (MAP)	133/65	144/66	144/69	135/65	135/71	145/88	133/76	149/62		128/67	121/61					106/48	108/48	
Pulse	81	75	74	74	75	72	77	94		81	89					86	84	
Respirations	12	12	12	12	12	12	12	12		12	12					12	12	
Temperature	98.9			98.9			98.6			98.8						97.6		
SaO2	99	100	100	99	99	100	99	99		96	95					100	100	
%O2	50	50	50	40	40	40	40	40		40	40					100	80	
O_2 Delivery	VENT	V	V	V	V	V	V	V		V	V					VENT	VENT	
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV	SIMV					SIMV	SIMV	
Rate	12	12	12	12	12	12	12	12		12	12					12	12	
Tidal Vol.	650	650	650	650	650	650	650	650		650	650					650	650	
Peep	5	5	5	5	5	5	5	5		5	5					5	5	
PS	5	5	5	5	5	5	5	5		5	5					5	5	
Pain Scale	Fent	Fent	Fent	Fent	Fent	Fent	Fent	Fent		Fent	Fent					Fent	Fent	
Pain Med																		
Pt Position	Sup	Sup	Sup	Sup	Sup	Sup	Sup	Sup		Sup	Sup					Sup	Sup	
~~CVP~~ MAP	89	94	95	91	97	106	111	84		62	75					68	68	

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV D5W	125	125	125	125	125	125	125	125		125	125					125	125	2500
IVPB				250	50	100				100	40					100	100	800
FENTANYL	10	10	10	10	10	10	10	~~10~~ 13	18.4	~~10~~ 9	~~10~~ 6					8.8	8.8	106.5
ATIVAN	10	10	10	Ø	Ø	Ø	Ø	Ø		Ø	Ø							30
INSULIN	4	4	4	Ø	Ø	4	4	4		4	4					0	0	32
VASOPRESSIN	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5		37.5	37.5							375
PO/ TF																		
~~Other~~ FS	175		122	94		199		178		170						74	123	
TOTAL																		

IN OR

IN OR

LR = 1000

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	215	300	150	200	160	210	200	320		140 / 1915	150	650 IN OR / 265 PACU				185	200	3365
NG output																		
Emesis																		
~~Stool~~ OSTOMY	150							400										
Chest tube #1/ #2																		
Jackson Pratt #1/ #2											5 / 10					0 / 0		
JP #3											20					35		
EBL ~~300~~																		300 IN OR
TOTAL																		

ASPECT	TIME/INITIALS
Bath/Skin Care	1100 (b)(6)
Oral Care	1400
Foley Care	1400
Trach Care	1400
Range of Motion	

SAFETY	D	E	N
Cardiac Monitor	Y N	Y N	Y N
Bed position/Locked	Y N	Y N	Y N
Call bell in reach	Y N	Y N	Y N
Protective Device	Y N	Y N	Y N
Mental Status	Y N	Y N	Y N

(b)(6)

~~OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 1

PATIENT: [redacted] DATE: [redacted]

0100-06-CID789-78473

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)	116/51	102/44	103/57	109/50	120/64	100/46	119/55	111/50
Pulse	86	89	97	87	83	97	96	96
Respirations	12	12	12	12	12	12	12	12
Temperature	98.1	98.3	98.2	98.9	99.3	99.5	98.9	98.7
SaO2	100	100	100	100	100	100	100	100
%O2	80	60	60	60	80	50	50	50
O_2 Delivery	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
Rate	12	12	12	12	12	12	12	12
Tidal Vol.	650	650	650	650	650	650	650	650
Peep	5	5	5	5	5	5	5	5
PS	5	5	5	5	5	5	5	5
Pain Scale	FENT							
Pt Position								
~~CVP~~ MAP	72	61	64	71	88	66	77	69

24 Hour Totals	Yesterday	Today
INPUT	7689	6397.7
OUTPUT	7960	6800
DIFFERENCE	-271	-402.3

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
IV D5W	125	60	30	30	30	30	30	60	2895	
IVBP 800		100	90	90	90	90	90	100	1450	
FENTANYL	8.8								115.3	
ATIVAN									30	
INSULIN 32	6	6	4	0	0	6	8	4	66	
VASOPRESSIN					6.3	6.3	2.4	9.4	406.4	188
PO/(TF)		30	30	30	30	30	30	30	210	
~~Accu~~ FS	205	170	111	144	142	253	265	199		
TOTAL										
FFP				300				212	512	
BLOOD					345		368		713	

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total 3365	515	185	115	135	225	405	200	250	5190
NG output									
Emesis									
~~Stool~~ OSTOMY					75				625
Chest tube #1/ #2									
Jackson Pratt #1/ #2 5/10									5 / 10
JP #3		15		25				30	70
EBL 300									
TOTAL									
WOUND VAC	400				500				900

Legend	
Init=initials	P=Prone
JVD=Jugular Venous Distention	R= Right
eft	SaO2=Saturation of Arterial Oxygen
NIBP=Noninvasive Blood Pressure	S= Supine
N=No	ABP= Arterial Blood Pressure
Y= Yes	PS=Pharmacologically Sedated
+2= strong +1=weak	

Name	Signature	Init.
(b)(6)		
	EXHIBIT 12	

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

SYSTEM	DAYS	NIGHTS
NEURO	TIME:	TIME: 2130
Level of consciousness	0830 pt in bed on vent c̄	SEE PROGRESS NOTE
Extremities: Movement	sedation Perrla 2mm sluggish	
Strength	no spontaneous movement pt	
PAIN ASSESSMENT	responds to painful stimuli	
	(+) gag reflex upon suction	
CARDIOVASCULAR		
Rhythm/Lead	5 lead EKG NSR S1/S2	
Heart Sounds	sounds present c̄ no extra	
Skin	sounds / warm dry to touch	
Edema	+1 edema to ext x4	
JVD/ Capillary refill	Ø cap refill c3 sec	
Pulses: Radial	+2 +2	
Posterior Tibial		
Dorsalis Pedis	+2 +2	
RESPIRATORY	FiO2 50% TV650 P5 PSV5 R12 SIMV	
Breath Sounds	lungs clear to auscultation	
Oxygen Delivery	c̄ diminished bases	
Suctioning/Sputum	brown blood tinged sputum	
ETT/Trach tube	upon suctioning 8.0 trach c̄	
Size: Placement:	collar and inner cannula in place	
Cough:		
Treatments:	nebs Q6° by RT	
GASTROINTESTINAL		
Bowel Sounds	Bowel sounds active x	
Abdomen	4 quads colostomy LUQ c̄	
Date of last BM	liquid tan stools. Beefy red	
NG tube: Placement:	stoma CDI Dobhoff (T)	
Suction	nare c̄ osmolite @ 70cc/hr	
Drainage	held today for surgery	
GENITOURINARY	16 f foley cath c̄ clear	
Urine: Color	amber QS urine	
Void/Foley		
INTEGUMENTARY		
Integrity	large wound vac dsg to	
Dressings	mid abd cond (R) LE CDI	
	c̄ sero sanguine drainage	
Dressing Condition	stage II decub c̄ duodenum	
	to sacrum (R) - A-line	
Drains/Tubes	patent to flush and return	
Drainage	(R) Tube [illegible] patent dsg CDI	
Signature	(b)(6)	

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ICU FLOW SHEET

EKG STRIPS

RESTRAINTS:	DAYS				NIGHTS			
0700 site	pulse	cap. ref.	edema	1900	Site	pulse	cap. ref.	edema
0 site	pulse	cap. ref.	edema	2100	Site	pulse	cap. ref.	edema
1100 site	pulse	cap. ref.	edema	2300	Site	pulse	cap. ref.	edema
1300 site	pulse	cap. ref.	edema	0100	Site	pulse	cap. ref.	edema
1500 site	pulse	cap. ref.	edema	0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema	0500	Site	pulse	cap.ref	edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
®subcl JL	1 JUL 06		patent		
(B) A-line			patent		
®SC A-LINE	01 JULY 06	02 JULY 06			PATENT

PREI (b)(6)

DEPARTMENT/SERVICE/CLINIC ICU #3

DATE 2 JUL 06

PATIENT'S INDENTIFICATION

(b)(6)

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT
- ☐ FLOWCHART
- ☐ OTHER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE: 2/11 DIAGNOSIS: [redacted] SW TO ABD SP W[redacted] HOSPITAL DAY:

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
NIBP/ ABP (MAP)	136/66	134/64	148/72	153/74	159/70	148/69	136/66	137/66	144/73	146/71	139/67	125/62	127/63	126/63	131/63	129/67
Pulse	63	65	87	69	66	92	92	91	86	80	90	87	86	85	80	69
Respirations	20	20	30	20	18	16	16	17	17	12	12	12	12	12	12	12
Temperature			99.8		99.9			101.8	100.5	101.0	101.2			100.4	100.0	
SaO2	100	100	100	100	100	100	100	100	99	100	100	100	100	100	100	100
%O2	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50
O_2 Delivery	Vent	Vent	Vent	Vent	V	V	V	V	V	V	V	V	V	VENT	VENT	VENT
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
Rate	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Tidal Vol.	650	650	650	650	650	650	650	650	650	650	650	650	650	650	650	650
Peep	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
PS	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Pain Scale																
Pain Med	Fent	Fent	Fent	Fent	Fent	Fent	Fent	Fent	Fent	Fent	Fent	Fent	Fent	FENT	FENT	FENT
Pt Position	Sup	Sup	Sup	Sup	Sup	Sup	Sup	Sup	R/L	Sup	Sup	Sup	Sup	SUP	SUP	SUP
~~CVP~~ map	66	63	94	99	92	92	85	85	94	94	87	80	83	84	84	87

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV D5W	125	125	125	125	125	125	125	125		125	125	125	125	25	125	125	125	2000
IVPB			50	50	100			375				350	150	50			165	1297
Fent	10	10	10	10	10	100	10	10		10	10	10	10	10	10	10	10	160
Ativan	25	25	25	25	25	25	20	10		10	10	10	10	10	10	10	10	250
Vasopressin	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5		37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	600
INSULIN GTT	4	4	Ø	6	6	4	4	4		Ø	4	4	4	4	4	4	4	60
PO/TF	50	50	50	50	50	50	50	70		70	70	70	70	70	70	70	70	980
Other FS		120		212		178		107		216		186		153	164	138	130	
TOTAL																		

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	20/20	40/60	220/280	420/	400/	200/	270/	270/		20/260	360/620	100/720	150/870	100/970	275/	150/	200/	3975
NG output																		
Emesis																		
~~Stool~~ colostomy				300				200			400				150		300	
Chest tube #1/ #2																		
Jackson Pratt #1/ #2														50/10				345
JP D3														10				
TOTAL																		

ASPECT	TIME/INITIALS
Bath/Skin Care	1000
Oral Care	1000
Foley Care	1000
Trach Care	1100
Range of Motion	

(b)(6)

SAFETY	D	E	N
Cardiac Monitor	(Y) N	Y N	(Y) N
Bed position/Locked	(Y) N	Y N	(Y) N
Call bell in reach	Y (N)	Y N	Y (N)
Protective Device	(Y) N	Y N	(Y) N
High Risk for Fall	Y (N)	Y N	(Y) N

2

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE
EXHIBIT

PATIENT: [redacted] 9527 DATE: [redacted]

0100-06-CID789-78473

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)	130/66	143/72	145/72	141/71	126/61	146/66	148/66	145/66
Pulse	69	82	84	85	85	84	84	83
Respirations	12	12	12	12	12	12	12	12
Temperature	99.6		100.6			100.0		99.7
SaO2	100	100	100	100	100	100	100	100
%O2	50	50	50	50	50	50	50	50
O_2 Delivery	VENT	VENT	VENT	VENT	VENT	VENT	VENT	VENT
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
Rate	12	12	12	12	12	12	12	12
Tidal Vol.	650	650	650	650	650	650	650	650
Peep	5	5	5	5	5	5	5	5
PS	5	5	5	5	5	5	5	5
Pain Scale	FENT	FENT	FENT	FENT	FENT	FENT	FENT	FENT
Pt Position	SUP	SUP	SUP	SUP	L	L	L	SUP
~~CVP~~ MAP	87	95	95	94	84	92	92	92

24 Hour Totals	Yesterday	Today
INPUT	~~6209~~ 4497.5	7689
OUTPUT	5155	7960
DIFFERENCE	-657.5	-271

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
IV 2000	125	125	125	125	125	125	125	125	3000	
IVBP 1297	115	215	115	115	50			100	~~2697~~ 2007	
EtA 160	10	10	10	10	10	10	10	10	240	
Ativan 250	10	10	10	10	10	10	10	10	330	
Vasopressin	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	900	
Insulin gtts	4	4	4	4	4	4	4	4	92	
TF	70	70							1120	
~~accu~~ FS	116	166	168	137	165	169	166	132		
TOTAL									7689	

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total 3975	155	200	300	225	250	265	235	350	5955
NG output									
Emesis									
~~Stool~~ ostomy	200			100			150		1800
Chest tube #1/ #2									
Jackson Pratt #1/ #2	5/5			5/5			5/5		~~205~~
JP #3	10			10			40		
TOTAL									

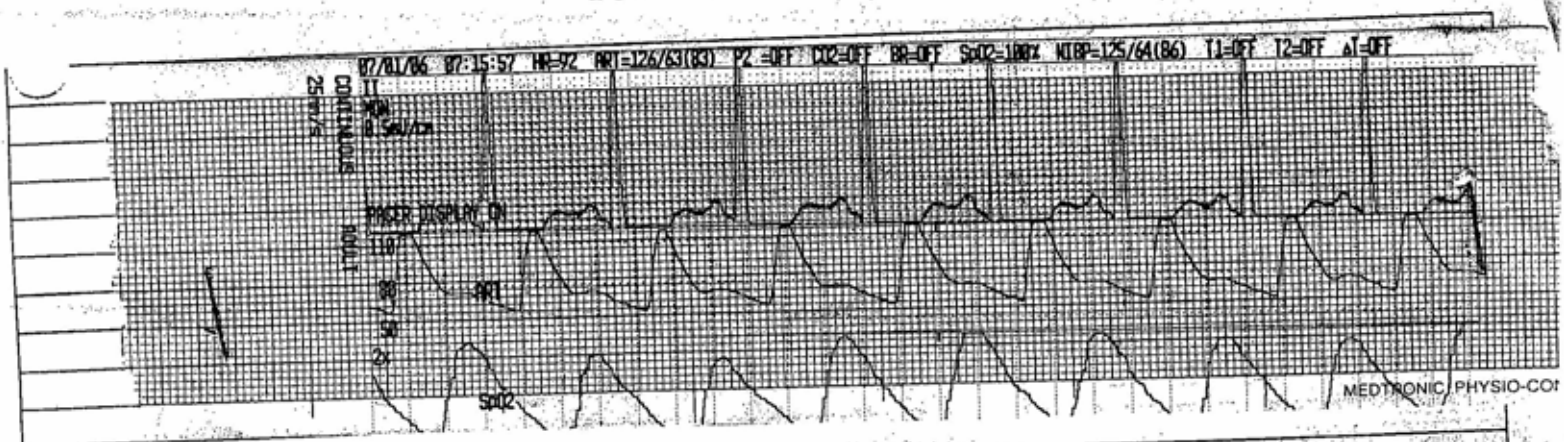
Legend	
Init=initials	P=Prone
JVD=Jugular Venous Distention	R= Right
Left	SaO2=Saturation of Arterial Oxygen
NIBP=Noninvasive Blood Pressure	S= Supine
N=No	ABP= Arterial Blood Pressure
Y= Yes	PS=Pharmacologically Sedated
+2= strong +1=weak	

Name	Signature	Init
(b)(6)		
	EXHIBIT	2

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

ICU FLOW SHEET

0100-06-CID789-78473



RESTRAINTS: ∅

DAYS					NIGHTS				
0700 site	pulse	cap. ref.	edema	1900	Site RLE	pulse +1	cap. ref. <3	edema +2
0 site	pulse	cap. ref.	edema	2100	Site RLE	pulse +1	cap. ref. <3	edema +2
1100 site	pulse	cap. ref.	edema	2300	Site RLE	pulse +1	cap. ref. <3	edema +2
1300 site	pulse	cap. ref.	edema	0100	Site RLE	pulse +1	cap. ref. <3	edema +2
1500 site	pulse	cap. ref.	edema	0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema	0500	Site	pulse	cap.ref	edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
(2) IJ			PatWA		
(2) A-LINE			patWA		
NGT SOHCF					

PREP (b)(6) Title) | DEPARTMENT/SERVICE/CLINIC ICU #3 | DATE 1 JUL 06

PATIENT'S INDENTIFICATION

(b)(6)

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT
- ☐ FLOWCHART
- ☐ OTHER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE:		DIAGNOSIS: CSW TO ABD								HOSPITAL DAY:								
Time	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
NIBP/ ABP (MAP)	124/63	127/62	124/61	124/62			149/m	124/4		124/62	117/57	104/47	107/46	149/68	116/65	127/69	122/69	
Pulse	91	91	89	91			82	89		88	88	81	82	85	89	91	93	
Respirations	12	12	12	12			12	12		10	12	12	12	12	12	12	12	
Temperature			99.7													101.2	102.1	
SaO2	100	100	100	100			100	100		100	100	100	98	98	99	100	100	
%O2	40%	40%	40%	40	O	O	40	100		100	70	50	50	50				
O_2 Delivery	Vent	Vent	Vent	Vent	R	R	vent	Vent		Vent	Vent	Vent	Vent	Vent				
Mode	SIMV	SIMV	SIMV	SIMV			SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	SIMV				
Rate	12	12	12	12			12	12		12	12	12	12	12				
Tidal Vol.	650	650	650	650			650	650		650	650	650	650	650				
Peep	5	5	5	5			5	5		5	5	6	5	5				
PS	5	5	5	5			5	5		5	5	5	5	5				
Pain Scale																		
Pain Med	Fent	Fent	Fent	Fent			Fent	Fent		Fent	Fent	Fent	Fent	Fent				
Pt Position	Sup	Sup	Sup	Sup			Sup	Sup		Sup	Sup	Sup	Sup	Sup				
~~CVP~~ MAP	84	83	81	80			104	83		82	74	101	100	89	84	91	89	

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV	125	125	125	125			125	125	780	125	125	125	125	125	125	125	125	1750
IVPB				50					50								50	100
Fent	10	10	10	10			10	10	60	10	10	5	5	5	5	10	10	120
Insulin ##	14	14	14	4			0	0		0	0	0	0	0	0	0	6u	52
Atrium	15	15	15	15			15	15		15	15	15	15	15	15	25	25	230
FS		351		135			78			118	201		116	121	144	149	201	
PO/TF	50	50	50	50					200					50	50	50	50	200
Other Lasorom														75	75	75	75	300
TOTAL																		

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	200/200	200/400	120/520	240/760			200	200	1160	250	170	80	230	200/2090	325	320/520	200	2885
NG output																		
Emesis																		
Stool																		
Chest tube #1/ ~~#2~~														200				
Jackson Pratt ~~#1~~/ #2														10/20				
SP#3														60				
TOTAL																		

ASPECT	TIME/INITIALS
Bath/Skin Care	1600 (b)(6)
Oral Care	1600
Foley Care	
Trach Care	
Range of Motion	

SAFETY	D	E	N
Cardiac Monitor	(Y) N	Y N	Y N
Bed position/Locked	(Y) N	Y N	Y N
Call bell in reach	Y (N)	Y N	Y N
Protective Device	(Y) N	Y N	Y N
High risk for falls	Y (N)	Y N	Y N

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~
EXHIBIT

PATIENT: 9527 DATE: JUL 06

0100-06-CID789-78473

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)	107/57	98/45	119/64	117/70	129/67	126/65		
Pulse	86	88	83	79	74	87		
Respirations	48	40	12	28	26	26		
Temperature			99.4					
SaO2	100	100	100	97	99	99		
%O2								
O_2 Delivery								
Mode								
Rate								
Tidal Vol.								
Peep								
PS								
Pain Scale								
Pt Position								
CVP	79	61	84	86	91			

24 Hour Totals	Yesterday	Today
INPUT	6209	4497.5
OUTPUT	5865	5155
DIFFERENCE	344	-657.5

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
IV	125	125	125	125	125	125	125	125	2750	
IVBP		100		50/18	63	63	63	63	502	
Fent	10	10	10	10	10	10	10	10	200	
Cilvan	25	25	25	25	35	25	25	25	440	
Insulin				4u	4u	0u	4u	4u	68	
FS	178	107	124	169	170	148	161	169		
PO/ TF									300	
Other Vasopressor	37.5	23.4	25	25	37.5	37.5	37.5	37.5	237.5	
TOTAL									4497.5	

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total	200	290	170	200/200	200	200	200	180	4465
NG output									
Emesis									
Stool	200					50		50	500
~~Chest tube~~ JP #1/ ~~#2~~	30			10				10	60
Jackson Pratt #1/ #2								5	15/25
JP 3				25				30	105
TOTAL									5155

Legend

Init=initials
IVD=Jugular Venous Distention
Left
NIBP=Noninvasive Blood Pressure
N=No
Y= Yes
+2= strong +1=weak
P=Prone
R= Right
SaO2=Saturation of Arterial Oxygen
S= Supine
ABP= Arterial Blood Pressure
PS=Pharmacologically Sedated

Name	Signature	Init
(b)(6)		
	EXHIBIT	2

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0715	TIME:
Level of consciousness	Sedated on vent 40% FiO_2	
Extremities: Movement	R-12 - TV 650 PEEP 5 B-5	
Strength	Perrla unresponsive to stimuli	
PAIN ASSESSMENT	fentanyl gtt for pain	
CARDIOVASCULAR	5 lead EKG	
Rhythm/Lead	NSR 80's. S1/S2 present	
Heart Sounds	c̄ no extra sounds.	
Skin	warm dry to touch.	
Edema	+2 edema to ext x4.	
JVD/ Capillary refill	Ø 63sec	
Pulses: Radial	+2 +2	
Posterior Tibial		
Dorsalis Pedis	+2 +2	
RESPIRATORY		
Breath Sounds	clear to auscultation to	
Oxygen Delivery	all lobes.	
Suctioning/Sputum	green blood tinged sputum	
ETT/Trach tube	upon suction. ~~7.5 ETT~~	
Size: Placement:	6 trach cDI trach collar	
Cough:	in place.	
Treatments:	Q6° by RT	
GASTROINTESTINAL		
Bowel Sounds	hypo active x4 quads	
Abdomen	Abd distended c̄ large	
Date of last BM	wound vac dsg in place	
NG tube: Placement:	dobhoff (L) nare tube feeds	
Suction	@ 50cc/hr	
Drainage		
GENITOURINARY		
Urine: Color	16 ✱ foley c̄ QS amber	
Void/Foley	urine	
INTEGUMENTARY		
Integrity	wound vac dsg to (R)	
Dressings	lower ext. mid Abd c̄	
	serosanguineous drainage.	
Dressing Condition	JP x 3 to (R) leg	
[illegible]	(R) IJ TLC intact dsg	
Drains/Tubes	patent to flush	
Drainage	(R) A-[illegible] patent [illegible]	
Signature	(b)(6)	

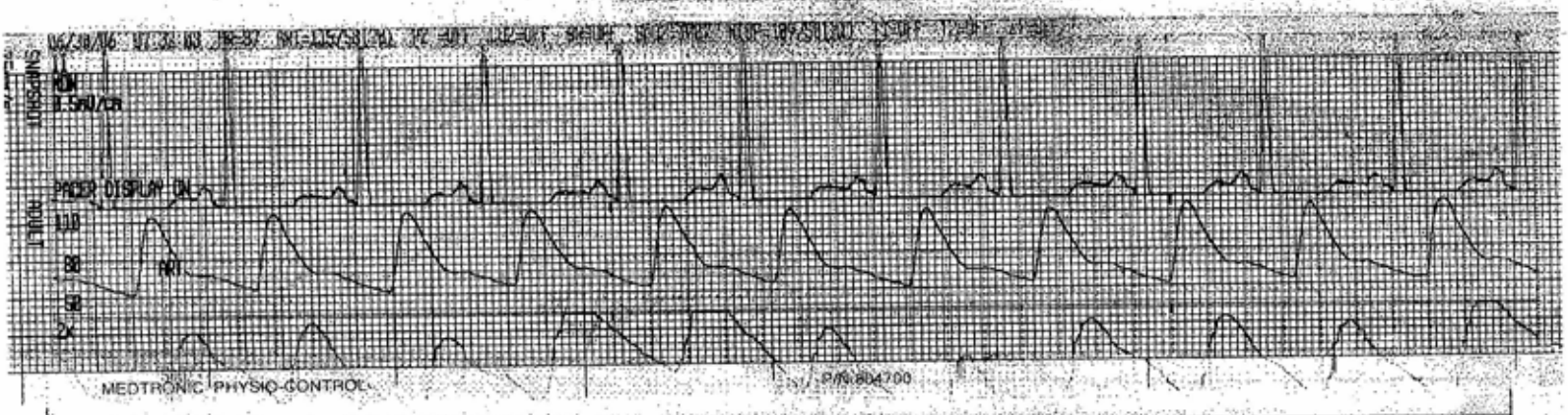
(b)(6)

See Note 1900

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ICU FLOW SHEET



RESTRAINTS:	DAYS				NIGHTS			
0700 site	pulse	cap. ref.	edema	1900	Site	pulse	cap. ref.	edema
0900 site	pulse	cap. ref.	edema	2100	Site	pulse	cap. ref.	edema
1100 site	pulse	cap. ref.	edema	2300	Site	pulse	cap. ref.	edema
1300 site	pulse	cap. ref.	edema	0100	Site	pulse	cap. ref.	edema
1500 site	pulse	cap. ref.	edema	0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema	0500	Site	pulse	cap.ref	edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
(R) IJ	25 Jun	28 Jun	flushes/drawns ø distal		
(R) A-LINE	25 Jun	29 Jun	patent		
NGT					

(b)(6)

DEPARTMENT/SERVICE/CLINIC	DATE
ICU #3	30 JUN 06

PATIENT'S INDENTIFICATION

(b)(6)

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

- ☐ FLOWCHART
- ☐ OTHER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE:		DIAG[redacted]SIS								HOSPITAL DAY:								
Time	07	08	09	10	11	12	13	14		15	16	[redacted]	18	19	20	21	22	
NIBP/ ABP (MAP)	114/54	112/56	134/69	129/60	123/61	115/60	116/58	137/80		134/67	119/62	128/66	129/66	134/71	141/76	136/68	143/74	
Pulse	90	87	81	80	83	89	93	76		77	81	79	90	87	83	80	77	
Respirations	20	26	27	28	26	20	26	29		30	28	20	20	20	12	12	12	
Temperature	98.8			98		98.4	98.8				99							
SaO2	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100	100	100	100	100	
%O2	60%	60%	60%	50%	60%	60%	50%	50%		40%	40	40%	40	40	40	40	40	
O_2 Delivery	SIMV			V			V	V		V	V	V	V	V	V	V	V	
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV		SIMV		SIMV	SIMV	SIMV		SIMV	SIMV	SIMV	SIMV	
Rate	12	12	12	12	12	12		12		12	12	12		12	12	12	12	
Tidal Vol.	650	650	650	650	650	650		650		650	650	650		650	650	650	650	
Peep	10	10	10	10	10	10		10		10	10	10	5	5	5	5	5	
PS	5	5	5	5	5	5		5		5	5	5	5	5	5	5	5	
Pain Scale																		
Pain Med	Fent	Fent	Fent	Fent	Fent	Fent	Fent	Fent		Fent		Fent			Fent	Fent	Fent	
Pt Position	B	B	B	B	B	B		B		B	R	B						
~~CVP~~ FS													480	496	477	429	462	

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV	150	150	150	150	150	150	150	150	1200	150	150	150	150	~~125~~	~~125~~	~~120~~	~~110~~	~~110~~ 230
IVPB			500	200	100	400			750							50		800
Fentanyl	10	10	10	10	10	10	10	10	80	10	10	10	10	10	10	10	10	160
Ativan	15	15	15	15	15	15	15	15	120	15	15	15	15	15	15	15	30	255
TF	30	30	30	30	30	30	50	50	280	50	50	50	50	50	50	50	50	600
Ins 9HT												10	10	10	10	14	14	72
PO/ TF														30				
Other					Blood	250	300		550			100	20	63	63	63	63	1102
TOTAL																		

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	160	100	100	80	80	70	100	60	750	150	190	180	200	200	250	125	200	2155
NG output																		
Emesis																		
Stool																		
~~Chest tube~~ IVAC #1/ #2													400 300				90	390
Jackson Pratt #1/ #2				30			10 20		10 50				90 20				~~90~~ 10	90 120
JP 3							20		20				30				20	90
W/VAC 2																500		500
TOTAL																		

ASPECT	TIME/INITIALS	
Bath/Skin Care	1100	(b)(6)
Oral Care	11	
Foley Care	1100	
Trach Care	0500	
Range of Motion	1900	

SAFETY	D	E	N
Cardiac Monitor	Y N	Y N	Y N
Bed position/Locked	Y N	Y N	Y N
Call bell in reach	Y N	Y N	Y N
Protective Device	Y N	Y N	Y N
High risk for falls	Y N	Y N	Y N

MA

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

PATIE[redacted] DATE[redacted] 0100-06-CID789-78473

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)	142/76	134/72	126/68	123/60	131/68	130/67		133/66
Pulse	78	76	82	80	79	81		88
Respirations	12	12	12	12	12	12		12
Temperature			97.4					
SaO2	100	100	100	100	100			100
%O2	40		40		40		90	90
O_2 Delivery	V		V		V		V	V
Mode	SIMV		SI		SIMV		SIM	SIM
Rate	12		12		12		12	12
Tidal Vol.	650		650		650		650	650
Peep	5		5		5		5	5
PS	5		5		5		5	5
Pain Scale	Fent	Fent	Fent	Fent	Fent	Fent	Fent	Fent
Pt Position	S	S	S	L	L	S	S	S
~~CVP~~ FS	452	438	424	458	Held	442	476	374

24 Hour Totals	Yesterday	Today
INPUT	6921	6209
OUTPUT	4943	5865
DIFFERENCE	1978	344

TIME	23	24	01	02	03 DEW	04	05	06	TOTAL 24 HRS	
IV ~~D5 1/2 NS~~	125	125	125	125	125	125	125	125	1000	3300
IVBP		100					100		200	1000
Fent	10	10	10	10	10	10	10	10	80	240
Ativan	30	30	15	15	15	15	15	15	150	405
Ins gtts	14u	14u	14u	14u	14u	14u	14u	14u	112	184
PO/(TF)	30	30	30	30	30	30	30	30	240	1080
Other										
TOTAL										6209

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total	325	250	300	245	140	250	190	200	3950
NG output									
~~Emesis~~ V				60				40	490
Stool									
~~Chest tube~~ JP #1/ #2	150			30				20	290
Jackson Pratt #~~1~~/ #2	20			20				10	170
#3				20				10	120
W/V Leg				200				100	800
TOTAL									5865

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=Pharmacy Solved
+2= strong +1=weak	

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

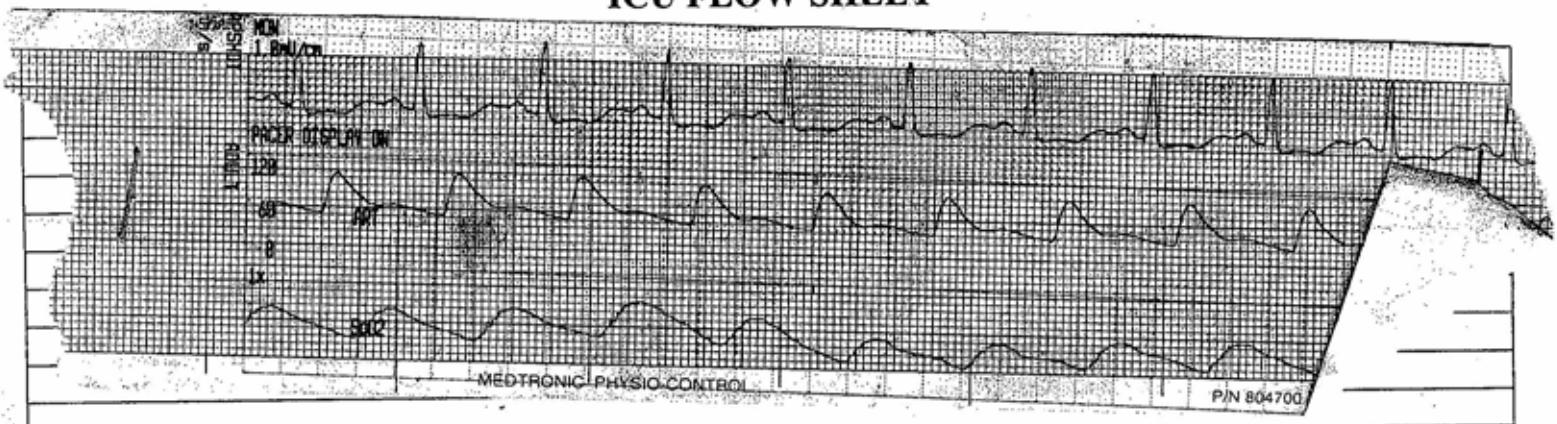
Name	Signature	Init.
(b)(6)		
	EXHIBIT 2	

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0800 1200 1600	TIME: 1900
Level of consciousness	GCS 7 sluggish 2	GCS PERRLA SLUGGISH 2mm
Extremities: Movement	Sedated / UTD	Sedated / UTD
Strength	Sedated / UTD	Sedated
PAIN ASSESSMENT	grimaces noxious stimuli	Facial grimacing
CARDIOVASCULAR		
Rhythm/Lead	NSR	SR c̄ depressed T waves
Heart Sounds	S1 S2	S1 S2
Skin	Warm Dry	Warm Dry
Edema	+2 gen edema	+2 generalized edema
JVD/ Capillary refill	<3 sec	∅ JVD / <3 seconds
Pulses: Radial	+2 +2	+2 +2
Posterior Tibial	+1 +1	
Dorsalis Pedis		+1 +1
RESPIRATORY		
Breath Sounds	Coarse	Coarse throughout
Oxygen Delivery	vent	Vent SIMV
Suctioning/Sputum	PRN	PRN
ETT/Trach tube	Trach	8.0 Trach
Size: Placement:	8 NF	8.0 Non fenstrated
Cough:		
Treatments:	Alb JN	Neb per RT
GASTROINTESTINAL		
Bowel Sounds	∅ BS	Faint BS
Abdomen	Soft	Soft / distended
Date of last BM	(L) colostomy	30 July 06 / (L) LQ Colostomy
NG tube: Placement:	Dobhoff (L) nare	Dobhoff (L) Nare
Suction		TF @ 50 ml / hr
Drainage		
GENITOURINARY		
Urine: Color	Amber	Amber, c̄ sediment
Void/Foley	Foley	Foley
INTEGUMENTARY		
Integrity	Stage 2 coccyx	Stage II to coccyx / GSW entrance
Dressings	ABD W/VAC, RLE W/VAC	ABD - w/v @ 150 mmHg
		(R) THIGH - KERLIX c̄ ABD pads
Dressing Condition	CDI	RLE - Fasciotomy to w/v @ 150 mmHg
		w/v x2 intact
Drains/Tubes	JP x3	Serous drainage to (R) Thigh
Drainage	Serousanguineous	JP x 3 Bloody → Serous
Signature	(b)(6)	(b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ICU FLOW SHEET



RESTRAINTS: Ø **DAYS** Ø **NIGHTS**

0700 site	pulse	cap. ref.	edema	1900	Site	pulse	cap. ref.	edema
0900 site	pulse	cap. ref.	edema	2100	Site	pulse	cap. ref.	edema
1100 site	pulse	cap. ref.	edema	2300	Site	pulse	cap. ref.	edema
1300 site	pulse	cap. ref.	edema	0100	Site	pulse	cap. ref.	edema
1500 site	pulse	cap. ref.	edema	0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema	0500	Site	pulse	cap.ref	edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
(R) IJ TL 2 Ocm hub					
~~25 Jun 06~~	25 Jun 06	28 Jun	flushes + draws bl	PATENT →	
(R) Aline radial	25 Jun	29 Jun	zeroed + flush	FLUSHES →	
				DRAWS BLOOD BACK	

(b)(6)	DEPARTMENT/SERVICE/CLINIC	DATE
	Icu	6/29/06

PATIENT'S INDENTIFICATION

(b)(6)

#3

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

- ☐ FLOWCHART
- ☐ OTHER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE: 29 JUN | DIAG: GSW to ARM | HOSPITAL DAY: 5

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
NIBP/ ABP (MAP)	123/61 (81)	124/60	139/72 (94)	139/70 (93)	143/74	OR	OR	123/66 (85)	119/62 (81)	132/68 (90)	105/54	103/54	94/50	110/54	107/55	107/59
Pulse	98	92	99	93	95			95	100	92	103	107	104	99	97	97
Respirations	27	20	28	27	32				20	12	12	12	12	12	12	17
Temperature		100.5	99	99.4	98.7			98.3	98.8	99.3			99.9	100.3	100.3	100.3
SaO2	100	100	100	100	100			100	100	100	100	100	99	99	99	99
%O2	50	50						100	90		70	70	60	60		60
O_2 Delivery	V	V							V		V	V	V	V		V
Mode	SIMV	SIMV							SIMV		SIMV	SIMV	SIMV	SIMV		SIMV
Rate	12	12						12	12		12	12	12	12		12
Tidal Vol.	700	700							650		650	650	650	650		650
Peep	10	10							10		10	10	10	10		10
PS	5	5							5		5	5	5	5		5
Pain Scale	UTD	UTD							UTD							
Pain Med	fent	fent						fent	fent		fent	fent	fent	fent	fent	fent
Pt Position	Sup	Sup						Sup	Sup		Sup	Sup	(4)	(5)	(5)	(5)
~~CVP MAP~~																

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV	150	150	25	25	25	700 OR		150	595	150	150	150	150	150	150	150	150	1795
IVPB			100	50	250			100	500					100		125	175	900
fent	5	5	5	5	5			5	30	5	5	5	5	5	5	5	5	70
ativan	25	25	25	25	25			25	100	25	25	25	25	25	20	20	20	160
FFP														~~100~~	100	~~150~~		250
Kcl			179		187				366									366
PO/ TF														30	30	30	30	120
Other																		
TOTAL																		

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	145	HS	100	145	160	20 OR	OR	90	1125	120	150	50	50	75	280	110	130	960
NG output																		
~~Emesis~~ NV								220	800								3	223
Stool							300		300	60								360
~~Chest tube~~ JP #1/ #2													30			25		55
Jackson Pratt #1/ #2			225					5/10	30				5			10		40
#3								30	30				~~40~~			20		70
WV leg								200	200								60	260
TOTAL																		

ASPECT	TIME/INITIALS	
Bath/Skin Care		
Oral Care		
Foley Care		
Trach Care		
Range of Motion		

SAFETY	D	E	N
Cardiac Monitor	Y N	Y N	Y N
Bed position/Locked NA	Y N	Y N	Y N
Call bell in reach NA	Y N	Y N	Y N
~~Protective Device~~	Y N	Y N	Y N
~~High risk for falls~~	Y N	Y N	Y N

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

PATIENT: [redacted] DATE 29 [illegible] 06

0100-06-CID789-78473

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)	112/57	111/57	110/55	112/56	122/61	121/63	129/67	117/61
Pulse	95	91	93	91	92	87	96	92
Respirations	12	12	12	12	12	12+	12+	12
Temperature	99°					99.3		
SaO2	99	100	100	100	100	100		100
%O2	60		60			60		60
O_2 Delivery	V		V			V		V
Mode	SIMV		SIMV			SIM		SIMV
Rate	12		12			12		12
Tidal Vol.	650		650			650		650
Peep	10		10			10		10
PS	5		5			5		5
Pain Scale	fen		fent			fent	fent	fent
Pt Position	S	R	R	R	R	S	S	S
~~CVP~~ MAP	74	75	77	75	76	83	90	80

24 Hour Totals	Yesterday	Today
INPUT	9330.7	6921
OUTPUT	9103	4943
DIFFERENCE	+227.7	1978

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
IV DSW	150	150	150	150	150	150	150	150	2995	
IVBP	100	200	100	100				100	1500	
fent	5	5	5	5	5	5	75	10	1175	
Ativan	20	10	10	10	10	10	20	25	275	
RP									250	
KCL									366	
PO/ TF	30	30	30	30	30	30	30	30	360	
Other										
TOTAL									6921	

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total 2060	90	110	130	200	180	140	80	130	3140
NG output									
~~Emesis~~ w/u	5					150		200	578
Stool									
~~Chest tube~~ JP #1/ ~~#2~~	75				160 100	90			480
Jackson Pratt ~~#1~~/ #2	25				10				75
~~#~~3	10				30				110
w/u - Leg	100					200			560
TOTAL									4943

Legend

Init=initials
JVD=Jugular Venous Distention
L=Left
NIBP=Noninvasive Blood Pressure
N=No
Y= Yes
+2= strong +1=weak
P=Prone
R= Right
SaO2=Saturation of Arterial Oxygen
S= Supine
ABP= Arterial Blood Pressure
PS=Pharm[illegible]

Name	Signature	Init.
(b)(6)		
	EXHIBIT 2	

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0840	TIME:
Level of consciousness	GCS=10 PERLA 3mm (B) pupils sluggish	
Extremities: Movement	Ø	
Strength	UTD sedated	
PAIN ASSESSMENT	UTD	
CARDIOVASCULAR		
Rhythm/Lead	II / NSR depressed Twave	
Heart Sounds	S1/S2	
Skin	warm - jaundice generalized	
Edema	3+ pitting	
JVD/ Capillary refill	Ø / <3 sec	
Pulses: Radial	1+	
Posterior Tibial	1+	
Dorsalis Pedis	1+	
RESPIRATORY		
Breath Sounds	Rhonchi TA	
Oxygen Delivery	vent	
Suctioning/Sputum	yellow	
ETT/Trach tube		
Size: Placement:	8.0 cuffed nonfenest.	
Cough:	Ø cough	
Treatments:	QID albuterol	
GASTROINTESTINAL		
Bowel Sounds	Ø BS	
Abdomen	distended / soft	
Date of last BM	(L) LQ colostomy - fatty clear	
NG tube: Placement:	dobhoff (L) mare	
Suction	NPO since MN	
Drainage	stoma - bufy red	
GENITOURINARY		
Urine: Color	dark amber c̄ clots	
Void/Foley	+ sediment	
INTEGUMENTARY	WV to abdomen 150mmHg	
Integrity	(R) LE 125mmHg intact	
Dressings	bloody drainage	
Dressing Condition	stage II to buttocks x2	
	c̄ duoderm	
Drains/Tubes	JP x2 to (R) LQ + (L) LQ	
Drainage	abdomen c̄ serous drainage	
Signature	(b)(6)	

29 June 06 2000

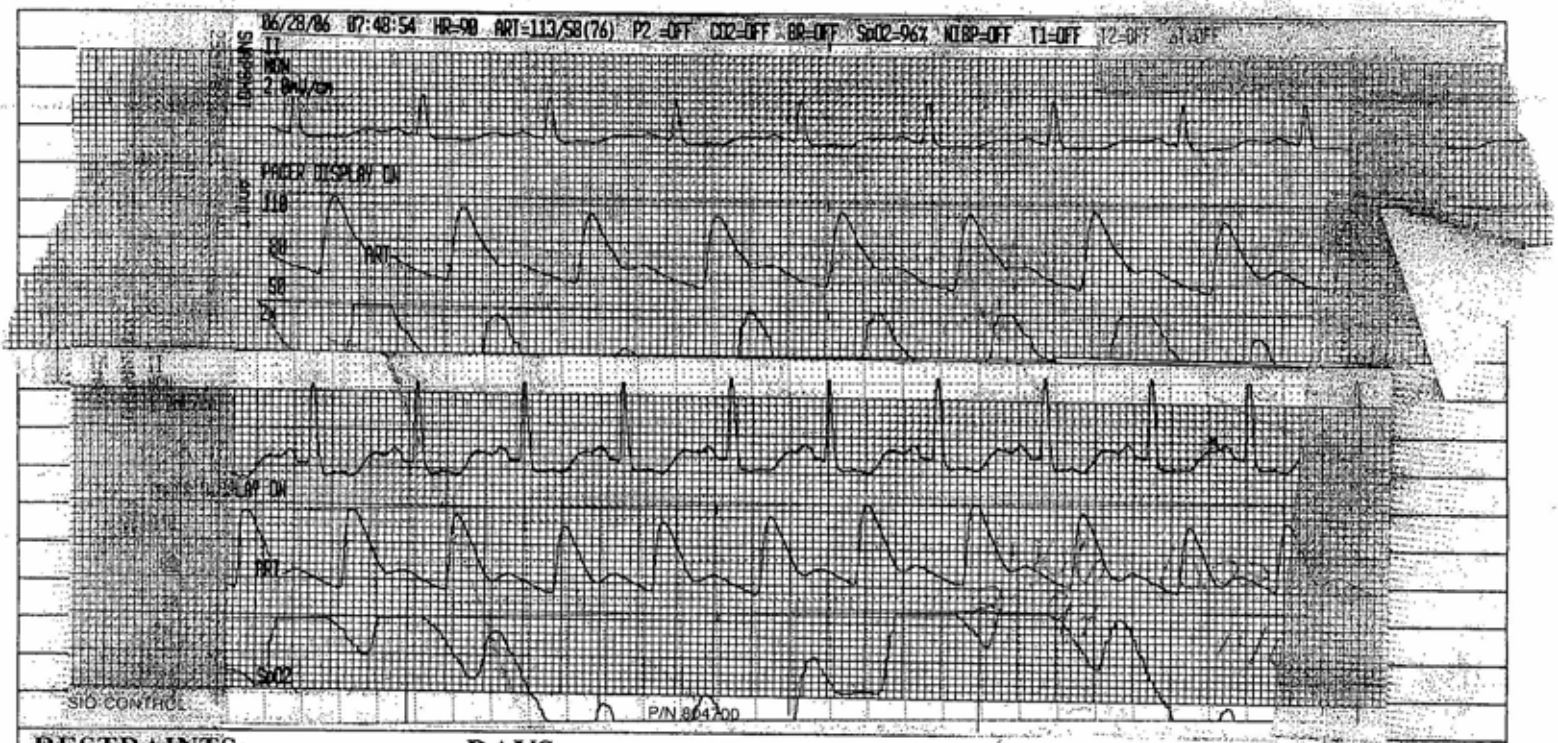
(b)(6)

See Note

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ICU FLOW SHEET



RESTRAINTS:	DAYS				NIGHTS			
0700 site ~~Ø~~	pulse	cap. ref.	edema	1900	Site	pulse	cap. ref.	edema
0900 site	pulse	cap. ref.	edema	2100	Site	pulse	cap. ref.	edema
1100 site	pulse	cap. ref.	edema	2300	Site	pulse	cap. ref.	edema
1300 site	pulse	cap. ref.	edema	0100	Site	pulse	cap. ref.	edema
1500 site	pulse	cap. ref.	edema	0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema	0500	Site	pulse	cap.ref	edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
(R) IJ hub 20cm	25 Jun	28 Jun 06	Flushes + draws BL		patent, all lines flus
(R) RADIAL ART	25 Jun		zeroed + flushed		patent, zeroed + flushe

(b)(6)

DEPARTMENT/SERVICE/CLINIC: Ile

DATE: 6/28/06

PATIENT'S IDENTIFICATION

(b)(6)

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT
- ☐ FLOWCHART
- ☐ OTHER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE: 28 Jun | DIAGNOSIS: GSW to ABD | HOSPITAL DAY: 5

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
NIBP/ ABP (MAP)	114/57	103/53 (100)	111/58 (130)	111/48 (118)	119/50 (71)	120/50 (75)	129/60 (85)	108/53 (170)	119/53 (73)	129/50 (76)	131/50 (74)	125/54 (74)	112/58 (96)	124/57 118/60	130/68 120/62	116/58 114/60
Pulse	91	90	84	92	91	92	93	94	97	103	100	103	105	101	110	110
Respirations	36	40	30	40	35	45	30	26	31	38	27	25	29	26	28	26
Temperature		98.6				98.6				99.4		101.2				
SaO2	97	96	99	98	100	100	99	99	99	98	99	98	100	100%	98%	98%
%O2														.60	.60	.50
O_2 Delivery	√	√			√	√	√		√	√				vent	vent	vent
Mode		SIMV			SIMV	SIMV	SIMV		SIMV	SIMV				SIMV	SIMV	SIMV
Rate		16			16	16	16		16	16				16	16	16
Tidal Vol.		700			700	700	700		700	700				500	700	700
Peep		5			5	5	5		5	5				10	10	10
PS					5	5	5		5	5				5	5	5
Pain Scale	UTD	UTD	UTD	UTD	UTD	UTD	UTD	UTD	UTD	UTD	UTD	UTD	UTD	sed	sed	sed
Pain Med	fent	fent	fent	fent	fent	fent	fent	fent	fent	fent	fen	fent	fent	fent	fent	fent
Pt Position	sup	sup	sup	sup	sup	L	L	L	sup	sup	sup	sup	R	R	R	R
CVP																

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV	120	120	120	150	150	100	200	200	1160	200	200	200	200	200	200	200	200	2,760
IVPB		1000	250	150	150	500	125	100	2875			100	500	250	50	50	50	3,875
ativan	20	20	20	20	20	20	20	20	1160	30	30	25	25	25	25	25	25	370
fent	7	7	7	7	7	5	10	5	55	5	5	5	5	5	5	5	5	95.
TF/evo								94	94	94	3.8	38	38	38	3.8	3.0	3.0	43.8
I-																		
PO/ TF				20	20	20	off	20	160	31	31	30	30	30	NPO	30	30	402
Other							80								30cc Flush			
TOTAL									4419.4									7,545.8

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	200	180	320	400	260	410	210	335	2385	395	325	200	260	170	335	490	290	4,850
NG output																		
Emesis																		
Stool																		
Chest tube #1/ #2																		
Jackson Pratt #1/ #2										240		500	1530				15/70	
WV abd																		
WV leg																		
TOTAL																		

ASPECT	TIME/INITIALS
Bath/Skin Care	1200 (b)(6)
Oral Care	1000
Foley Care	1200
Trach Care	1700
Range of Motion	1200

SAFETY	D	E	N
Cardiac Monitor	(Y) N	Y N	(Y) N
Bed position/Locked	NA Y N	Y N	Y N
Call bell in reach	MA Y N	Y N	Y N
Protective Device	(Y) N	Y N	(Y) N
High risk for falls	(Y) N	Y N	(Y) N

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT

PATIENT: DATE:

0100-06-CID789-78473

TIME	23	24	[illegible]	02	03	04	05	06
NIBP/ ABP (MAP)	106/54 108/55	108/53 103/48	119/60 129/58	113/54 117/53	118/59 123/54	124/64 122/54	124/64 139/69	115/64 126/62
Pulse	109	109	115	110	98	100	103	103
Respirations	28	29	30	29	30	31	28	30
Temperature	101.9							
SaO2	99%	100%	100%	99%	99%	100%	100%	100%
%O2	.50	.50	.50	.50	.50	.50	.50	.50
O_2 Delivery	vent	vent	vent	vent	vent	vent	vent	vent
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
Rate	16	16	12	12	12	12	12	12
Tidal Vol.	700	700	700	700	700	700	700	700
Peep	10	10	10	10	10	10	10	10
PS	5	5	5	5	5	5	5	5
Pain Scale	sed	sed	sed	sed	sed	sed	sed	sed
Pt Position	R	R	L	L	L	L	sup	sup
CVP								

24 Hour Totals	Yesterday	Today
INPUT	8141.2	9330.7
OUTPUT	7309	9103
DIFFERENCE	832.2	+227.7

TIME	23 NS 200	24 DSW	01	02	03	04	05	06	TOTAL 24 HRS	
IV	200	150	150	150	150	150	150	150	4,010	
IVBP		100						100	4,075	
Ativan	25	25	25	25	25	25	25	25	570	
Fent	5	5	5	5	5	5	5	5	135	
levophed	3	1.9	80	80	80	80	80	80	48.7	
PO/ TF	30	Stop	held	held	held	held	held	held	492	
Other						60 flush				
TOTAL									9330.7	

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total	355 / 5205	185 / 5390	300 / 5690	434 / 6124	290 / 6414	234 / 6648	300 / 6948	200	7148
NG output									
Emesis									
Stool									
Chest tube #1/ #2	~~25~~ 25								
Jackson Pratt #1/ #2	25 / 25					10 / 10			50 / 105
WVabd						450			950
VVV leg						850			850
TOTAL									9103

Legend

Init=initials
JVD=Jugular Venous Distention
L=Left
NIBP=Noninvasive Blood Pressure
N=No
Y= Yes
+2= strong +1=weak
P=Prone
R= Right
SaO2=Saturation of Arterial Oxygen
S= Supine
ABP= Arterial Blood Pressure
PS=Pharmacologically Sedated

Name	Signature	Init.
(b)(6)		
	EXHIBIT 2	

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0800	TIME: 2000
Level of consciousness	GCS=10 (B) pupils 3mm sluggish	GCS 9T 3mm sluggish
Extremities: Movement	Ø sedation ↓ mumbles	no spont movement
Strength	UTD	UTD pt only opens eyes spontaneously
PAIN ASSESSMENT	fentanyl gtt	fentanyl gtt
CARDIOVASCULAR		
Rhythm/Lead	II / NSR ↑ depressed Twaves	ST rate 111, ↑ Twave depression
Heart Sounds	S/S2	S S2
Skin	warm	warm, yellow (jaundiced)
Edema	2+ pitting to (B) upper + lower	2+ pitting generalized
JVD/ Capillary refill	Ø / <3 sec	↑JVD/R3 sec cap refill
Pulses: Radial	2+	L + R +
Posterior Tibial	1+	L ↓ R +
Dorsalis Pedis	1+	L ↓+ R ++
RESPIRATORY		
Breath Sounds	Rhonchi (B) UL, ↓ (L) LL	clear ↑ some rhonchi + decrease bases
Oxygen Delivery	vent	vent SIMV PC, Rate 16, TV 700, PEEP 10, PS 5, 50%, ↑ O2
Suctioning/Sputum		copious amts thick
ETT/Trach tube	Cuffed nonfenestrated	Trach nonfenestrated cuffed
Size: Placement:	8.0	8.0
Cough:	Ø cough / gag reflex	Ø cough or gag reflex on suction
Treatments:		
GASTROINTESTINAL		
Bowel Sounds	Ø BS	Ø BS noted
Abdomen	soft, distended	soft, distended, LUQ tenderness (colostomy)
Date of last BM	(L) LQ colostomy stoma pink	LUQ colostomy stoma red, Ø output
NG tube: Placement:	Dobhoff (L) nare - d/c'd	dobhoff (R) nare ↑ 30mL/hr
Suction	Ø	tubfeeds + meds
Drainage		
GENITOURINARY		
Urine: Color	dark amber	dark amber, ↑ some sediment, quantities
Void/Foley		> 200mL/hr
INTEGUMENTARY	WV to abd to suction 125mm	
Integrity	WV to (B) LE to 150mm Hg ↑ to 140mm Hg	wound vac to abd to (R) leg
Dressings	JP x 7 to (B) LQ, (L) LQ	bilaterally. JP x 2 LLQ, ULQ
Dressing Condition	intact	all dressings intact
Drains/Tubes	JP SEARED, (R) LE SEARED	Severe JP drainage +
Drainage	Bld - bloody	
Signature	(b)(6)	

EKG done day shift

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

ICU FLOW SHEET

EKG STRIPS

no paper

RESTRAINTS: ~~Y~~ / N

DAYS					NIGHTS				
0700 site	pulse	cap. ref.	edema		1900	Site	pulse	cap. ref.	edema
0900 site	pulse	cap. ref.	edema		2100	Site	pulse	cap. ref.	edema
1100 site	pulse	cap. ref.	edema		2300	Site	pulse	cap. ref.	edema
1300 site	pulse	cap. ref.	edema		0100	Site	pulse	cap. ref.	edema
1500 site	pulse	cap. ref.	edema		0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema		0500	Site	pulse	cap.ref	edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
(R) IJ TL	25 Jun		flush		
(R) radial art line	25 Jun		flush		
(L) nare DHT	26 Jun		patent		

PREPARED BY: (signature & Title)
(b)(6)

DEPARTMENT/SERVICE/CLINIC
ICU

DATE
27 June 06

PATIENT'S INDENTIFICATION
(b)(6)

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT
- ☐ FLOWCHART
- ☐ OTHER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE:	DIAGNOSIS										OSPITAL DAY:							
Time	07	08	09	10	11	12	13	14		15	16	0100-08-CID 17	18	19	20	21	22	
NIBP/ ABP (MAP)	115/59	114/52	116/55	126/66							113/59	79/43 (55)	134/72	120/64	102/60	107/62	115/61	
Pulse	100	97	95	81							98	100	87	97	94	100	97	
Respirations	30	27	27	35							[redacted]	24	16	16	16	16	16	
Temperature			98.1								99.1	~~98~~	99.5	98.8	99.2		98.6	
SaO2	97	97	98	98							99	100	100	100	100	100	100	
%O2	.70	.70	.70	.70							.100	100	.100	.100	100%	100%	100%	
O_2 Delivery	Vent	Vent	V	V							Vent	V	V	V	V		V	
Mode	SIMV										SIMV	SIMV			SIMV		SIMV	
Rate	16										16	16			16		16	
Tidal Vol.	700										700	700			700		700	
Peep	5										5	5			5		5	
PS	5										5				0		0	
Pain Scale																		
Pain Med	fent	gtt →									fent	fent →						
Pt Position	Sup	Sup	Sup	Sup							Sup	Sup			Sup	Sup	Sup	
~~CVP~~ MAP	78	72	76	91							78	(55)	94	82	77	82	80	

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV D5 1/2 NS 20KCL	120	120	120	120					480	500		120	120	120	120	120	120	2100
IVPB	[redacted]											200	500	250	200	200	100	1450
Ativan	10	10	10	10					40			10	10	10	10	10	10	100
Blood/Bolus	[redacted]	500		500					1000			500		250	250			2000
Fentanyl	8.8	8.8	8.8	8.8					35.2			8.8	8.8	8.8	7.8	7.8	7.8	85
~~PO~~/(TF) osmolite	off	off	off	off					off			off	→					
Other																		
TOTAL									1555.2									

in OR

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	240/240	240/480	260/740	500	/	/	/	/	1240	1150	725	285	340	~~600~~	300	200	200	4035
NG output																		
Emesis																		
Stool colostomy																		
Chest tube #1/ #2	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Jackson Pratt #1/ #2	/	/	/	/	/	/	/	/	/	/	/	/	40=1 50=2	/	/	/	10/25	50/5
Woundvac																		
EBL										400								
TOTAL									1240									

in OR

ASPECT	TIME/INITIALS	
Bath/Skin Care		
Oral Care		
Foley Care		
Trach Care		
Range of Motion		

SAFETY	D	E	N
Cardiac Monitor	(Y) N	Y N	Y N
Bed position/Locked	(Y) N	Y N	Y N
Call bell in reach	Y N	Y N	Y N
Protective Device	Y N	Y N	Y N
High risk for falls	Y N	Y N	Y N

n/a

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 8

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0800	TIME:
Level of consciousness	GCS 7 – pharm sedated	GCS Medically sedated
Extremities: Movement	PERLA 3mm brisk	PERRLA sluggish
Strength	withdraws to deep	withdrawals to pain
PAIN ASSESSMENT	stimuli	
CARDIOVASCULAR		
Rhythm/Lead	NSR, Lead II	NSR
Heart Sounds	S1, S2	S1 S2
Skin	Warm	Warm
Edema	pitting ← 1+ feet	Pitting + 2 to all extremite
JVD/ Capillary refill	2+ hands	
Pulses: Radial	(L) 2+ (R) 1+	(L) +2 (R) +1
Posterior Tibial	(L) 1+ (R) 2+	
Dorsalis Pedis	(L) 1+ (R) 1+	(L) +1 R +1
RESPIRATORY		
Breath Sounds	Coarse, ↓d base	Coarse throughout
Oxygen Delivery	Vent – SIMV	Vent SIMV
Suctioning/Sputum	700, 16, 5/5, 70%	700 16 100% 0/5
ETT/Trach tube	PR 16	
Size: Placement:	8.0 trach	8.0
Cough:	midline, non	
Treatments:	fenestrated	Nebs per RT
GASTROINTESTINAL		
Bowel Sounds	ØBS	ØBS
Abdomen	Colostomy LLQ	Distended,
Date of last BM	yellowish thin stool	
NG tube: Placement:		(L) Nare Dobhoff
Suction	(L) nare DHT	
Drainage	clamped	clamped
GENITOURINARY		
Urine: Color	clear amber urine	clear yellow
Void/Foley	quant suff.	sufficent
INTEGUMENTARY		
Integrity	open abd c̄ midline	Midline cold to w/v @ 125
Dressings	incision c̄ woundvac	(R) leg to w/v @ 175
	intact	GSW entrance to back
Dressing Condition	– (R) leg woundvac on	
	outer / inner calf	
Drains/Tubes		JPx2 to Bloody drainage
Drainage		
Signature	(b)(6)	(b)(6)

– puncture back ~~GSW~~
entrance ~~wound~~

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ICU FLOW SHEET

EKG STRIPS

RESTRAINTS: Ø

DAYS					NIGHTS				
0700 site	pulse	cap. ref.	edema		1900	Site	pulse	cap. ref.	edema
0900 site	pulse	cap. ref.	edema		2100	Site	pulse	cap. ref.	edema
1100 site	pulse	cap. ref.	edema		2300	Site	pulse	cap. ref.	edema
1300 site	pulse	cap. ref.	edema		0100	Site	pulse	cap. ref.	edema
1500 site	pulse	cap. ref.	edema		0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema		0500	Site	pulse	cap.ref	edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
(R) IJ TLC	25JUN06	25 Jun			
(R) Radial A-line	25JUN06	25 Jun			
DHT (L) nare					

(b)(6)

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 26JUN06

PATIENT'S IDENTIFICATION

(b)(6)

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT
- ☐ FLOWCHART
- ☐ OTHER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE:	DIAGNOSIS												HOSPITAL DAY:					
Time	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
NIBP/ ABP (MAP)	106/52	110/56	106/52	105/51	102/51	99/49	107/58	110/55		103/51	102/51	105/52	114/56	113/55	102/52	93/46	109/50	
Pulse	91	91	91	94	94	92	100	105		101	105	104	111	116	121	106	112	
Respirations	26	21	35	36	32	30	36	36		32	36	38	36	35	35	36	35	
Temperature			98.9			98.8	98.5	99.5		99.5	99.5			101	101.7	101.1	100.7	
SaO2	97	96	97	96	97	96	96	98		98	96	96	96	95	96	96	98	
%O2	.60	.70	.70	.70	.70	.70	.70	.70		.70	.70	.70	.70	.70	.70	.70	.70	
O_2 Delivery	Vent	vent	V	V			Vent											
Mode	SIMV																	
Rate	16																	
Tidal Vol.	700																	
Peep	5																	
PS	5																	
Pain Scale																		
Pain Med	fent	fent	fent	fent	→		→			→			→	→				
Pt Position	R	R	L	R	Sup	sup	sup	sup		L	L	L	L	L	L	S	R	
~~BP~~ MAP	71	77	71	69	69	67	72	74		78	67	70	76	74	68	61	65	

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV D5 ½NS 20 KPhos	120	120	120	120	120	120	120	120	960	120	120	120	120	120	120	120	120	1920
IVPB	50	50		150			50		300	100					50	100		550
Fentanyl	10	10	10	10	10	10	10	10	80	6.3	6.3	6.3	6.3	6.3	8.8	8.8	8.8	137.9
Ativan	5	5	5	5	5	5	5	5	40	5	5	5	5	5	10	10	10	95
Blood/Bolus				500				340	840		330							
Mg				125	125				250									
~~PO/TF~~ KCL				125	125				250									
~~Other~~ TF							30	30		30	30	30	30	30	30	30	30	300
TOTAL																		

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	90/90	~~800~~	210/500	280/780	140/920	140/1060	460/1520	220/1740	1740	150/1890	140	200	250	215	280	245	250	3420
NG output																		
Emesis																		
~~Stool~~ colostomy										150							200	
Chest tube #1/ #2																		
Jackson Pratt #1/ #2																		
Woundvac														1000				
TOTAL																		

ASPECT	TIME/INITIALS	
Bath/Skin Care		
Oral Care	1330	(b)(6)
Foley Care		
Trach Care	1500	
Range of Motion		

SAFETY	D	E	N
Cardiac Monitor	Y N	Y N	Y N
Bed position/Locked	Y N	Y N	Y N
Call bell in reach	n/a	Y N	Y N
Protective Device	Y N	Y N	Y N
High risk for falls	Y N	Y N	Y N

OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE
EXHIBIT

PATIENT: [redacted] DATE [redacted]

0100-06-CID789-78473

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)	105/52	107/52	104/56	111/52	106/51	112/60	111/59	111/56
Pulse	110	110	105	109	107	109	104	103
Respirations	38	35	36	34	36	34	36	34
Temperature	99.4	100.6	100.9	101.3	100.5	99.8	99.1	99.4
SaO2	98	97	98	99	97	95	97	98
%O2	.70	.70	.70	.70	.70	.70	.70	.70
O_2 Delivery	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
Mode								
Rate	16	16	16	16	16	16	16	16
Tidal Vol.	700	700	700	700	700	700	700	700
Peep	5	5	5	5	5	5	5	5
PS	0	0	0	0	0	0	0	0
Pain Scale								
Pt Position	(R)	(R)	(R)	(R)	(S)	(L)	(L)	(S)
~~CVP~~ MAP	72	70	66	71	70	78	77	77

24 Hour Totals	Yesterday	Today
INPUT	6,764.5	6173.3
OUTPUT	5,535	7890
DIFFERENCE	+1229.5	-1716.7

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
920 IV D5½NSS 20KCl	120	120	120	120	120	120	120	120	2880	
50 IVBP				100	50	100		100	900	
27.9 FENT	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	208.3	
15 ATIVAN	10	10	10	10	10	10	10	10	175	
170									1170	
50									250	
~~PO~~/ TF 300	30	30	30	Hold					390	
~~Other~~ KCL				100		100			200	
TOTAL										

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total 3470	225	270	250	300	375	425	400	375	6040
NG output									
Emesis									
350 ~~Stool~~ OSTOMY							350		700
Chest tube #1/ #2									
Jackson Pratt #1/ #2									
200 WOUND VAC				150					1150
TOTAL									

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=Pharmacologic Paralysis
+2= strong +1=weak	

Name	Signature	Init.
(b)(6)		

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0900	TIME: 1915
Level of consciousness	GCS 7, pharm sedated c̄	PT SEDATED. OPENS EYES DOESN'T
Extremities: Movement	ativan PERLA 2mm sluggish	FOLLOW COMMANDS
Strength	-pt withdraws to pain	PT WITHDRAW TO DEEP PAINFUL STIM.
PAIN ASSESSMENT	stimuli	
	fent gtt for pain	
CARDIOVASCULAR		
Rhythm/Lead	Lead II, NSR	NSR LEAD II
Heart Sounds	S1, S2	S1 S2
Skin	Warm	WARM DRY
Edema	2+ pitting hands	⊕2 PITTING X 4 EXT
JVD/ Capillary refill	1+ pitting feet	⊖JVD
Pulses: Radial	1+	
Posterior Tibial	1+ Cap < 3secs	
Dorsalis Pedis	1+ Ø JVD	
RESPIRATORY		
Breath Sounds	Coarse lungs, CTA	COARSE THROUGHOUT
Oxygen Delivery	Vent, SIMV	VENT SIMV
Suctioning/Sputum	700, 16, 70%, 5/5	700, 16, 70%, 5/5
ETT/Trach tube	8.0, non fenestrated	8.0 NON FEN. TRACH.
Size: Placement:	midline trach	
Cough:	none	
Treatments:		
GASTROINTESTINAL		
Bowel Sounds	Ø BS	BS ABSENT, BUT COLOSTOMY HAS
Abdomen	Soft, slightly distended	OUTPUT.
Date of last BM	LUQ Colostomy: red	ABD SOFT, MILD DIST.
NG tube: Placement:	stoma unL	LUQ COLOSTOMY
Suction		
Drainage	DHT (L) nare	DHT (L) NARE
GENITOURINARY		
Urine: Color	clear amber urine	SUPRAPUBIC FOLEY TO GRAVITY
Void/Foley	quant. suff.	CLEAR AMBER
INTEGUMENTARY		
Integrity	-open midline belly c̄ wound	MIDLINE ABD WOUND VAC
Dressings	vac dog intact	RLE MEDIAL + LAT WOUND VAC
	-RLE wound vac to inner/	ENTRANCE WOUND TO LOW. BACK.
Dressing Condition	outer calf	
	-puncture entrance wound	
Drains/Tubes	in lower back	
Drainage	-skin break ↓ to (R) buttox	
Signature	(b)(6)	(b)(6)

et to upper/bottom tips
- skin break ↓ to colostomy site
+ staples (R) thigh

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

(b)(6)

0100-06-CID789-78473

ICU FLOW SHEET

EKG STRIPS

RESTRAINTS:

DAYS					NIGHTS				
0700 site RLE, ULE	pulse 2+	cap. ref <3	edema HPIT		1900	Site	pulse	cap. ref.	edema
0900 site	pulse	cap. ref.	edema		2100	Site	pulse	cap. ref.	edema
1100 site	pulse	cap. ref.	edema		2300	Site	pulse	cap. ref.	edema
1300 site	pulse	cap. ref.	edema		0100	Site	pulse	cap. ref.	edema
1500 site	pulse	cap. ref.	edema		0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema		0500	Site	pulse	cap.ref	edema

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
(R) subclavian TL	D/C'd - ck sent	(R) IJ TLC start 25JUN06			patent all lines flus
(R) fem. Cordis	D/C'd	(R) Radial A-line start 25JUN06			patent, good wave fo
(L) art line, radial	D/C'd - ck sent				c dicrotic notch
OGT	D/C'd				
(R) nare DHT	D/C'd				

PREI (b)(6) Title) | DEPARTMENT/SERVICE/CLINIC ICU | DATE 25 Jun 06

PATIENT'S INDENTIFICATION

(b)(6)

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT
- ☐ FLOWCHART
- ☐ OTHER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE:	DIAGNOSIS													HOSPITAL DAY:				
Time	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
NIBP/ ABP (MAP)	110/58 (76)	107/59	104/57	99/52	113/61	112/63	121/67	100/57	114/62					94/57	107/52	95/52	110/61	
Pulse	103	104	106	98	101	103	103	99	100					111	123	53	124	
Respirations	16	38	35	36	35	37	39	42	36	1500				16	16	16	16	
Temperature			99.7	100	99.7	99.9	100.4	100.1						101.7			102.9	
SaO2	100	99	98	99	99	98	98	99	98					100%	97%	97%	96%	
%O2	.60	.60	.60	.60	.60	.60	.60	.60	.60					.60	.60			
O_2 Delivery	Vent	Vent												vent				
Mode	SIMV	SIMV												SIMV				
Rate	16	16												16				
Tidal Vol.	700	700												700				
Peep	5	5												5				
PS		5																
Pain Scale	Ø													Sed				
Pain Med	fent	fent	fent	fent	fent	fent	fent	fent	fent					fent				
Pt Position	Sup	sup	sup	sup	sup	sup	sup	sup	sup					sup				
~~CVP~~ MAP		73	74	67	70	80	87	71	80									

INTAKE

DS&NS@20kcal

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV D5C 20meq Kcl	100	100	100	100	100	100	100	100	800	100				100	100	100	120	120
IVPB		100		50				100	250								350	600
[redacted]	[redacted]																	
FENT.	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	28	3.5				3.5	3.5	5.0	10.0	25.5
Ca Gluc			50	50					100									100
Blood/Bolus					345		349		694									694
PO/ TF											OR	OR	2,550					2,550
Other																		
TOTAL									1872									5,189.5

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	200	180	140	140	140	310	180	340	1630	290 1920		OR	500			575	185	3,180
NG output	200								200									200
Emesis																		
Stool colostomy						200			200	[redacted]								200
Chest tube #1/ #2																		
Jackson Pratt #1/ #2																		
TOTAL									1830	[redacted]								3,580

ASPECT	TIME/INITIALS
Bath/Skin Care	1350,02 (b)(6)
Oral Care	1245,0000
Foley Care	0200
Trach Care	0200
Range of Motion	0200

SAFETY	D	E	N
Cardiac Monitor	Y N	Y N	Y N
Bed position/Locked	Y N	Y N	Y N
Call bell in reach b/a	Y N	Y N	Y N
Protective Device	Y N	Y N	Y N
~~High risk for falls~~	Y N	Y N	Y N

~~ICIAL USE ONLY~~ EXHIBIT 2

~~CEMENT SENSITIVE~~

PATIENT: [redacted] DATE: [redacted]

0100-06-CID789-78473

TIME	23	24	0[redacted]	02	[redacted]	04	05	06
NIBP/ ABP (MAP)	99/53	95/52	107/56	114/56	101/52	109/58	110/68	102/53
Pulse	115	109	103	103	96	99	96	92
Respirations	16	16	16	16	16	16	16	16
Temperature								99.1
SaO2	98%	98%	98%	97%	97%	95%	98%	95%
%O2	.60	.60	.60	.60	.60	.60	.60	.60
O_2 Delivery	vent	vent	vent	vent	vent	vent	vent	vent
Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
Rate	16	16	16	16	16	16	16	16
Tidal Vol.	700	700	700	700	700	700	700	700
Peep	5	5	5	5	5	5	5	5
PS								
Pain Scale	sed	sed	sed	sed	sed	sed	sed	sed
Pt Position	(L)	(L)	sup	sup	sup	sup	sup	(R)
CVP								

24 Hour Totals	Yesterday	Today
INPUT		6,764.5
OUTPUT		5,535
DIFFERENCE		+1229.5

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
IV D5 ½ NS 20 KCl	120	120	120	120	120	120	120	120	960/2180	
IVBP					100	100	.	100	300/902	
Fent	10	10	10	10	10	10	10	10	80/105.5	
Caglucionate	50	50							100	
K Phos	50	50							100	
Ativan gtt		5	5	5	5	5	5	5	35	
~~PO/TF~~ Blood									694	
Other UR									2,550	
TOTAL									6,764.5	

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total	130	140	155	175	175	160	180	190	4,435
NG output									200
Emesis									
~~Stool~~ Ostomy								300	500
Chest tube #1/ #2									
Jackson Pratt #1/ #2									
Wound vac								200	200
wound vac								200	200
TOTAL									5,535

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=Pharm
+2= strong +1=weak	

Name	Signature	Init
(b)(6)		
	EXHIBIT	2

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

SYSTEM	DAYS	NIGHTS
NEURO	TIME: 0830	TIME: 2000
Level of consciousness	GCS 7, pt withdraws to	GCS 7T 2mm sluggish PERRL
Extremities: Movement	deep stimuli, grimace	Pt arouses to deep stimuli only.
Strength	PERLA 2mm sluggish	UTA pain, pt opens eyes + grimaces
PAIN ASSESSMENT →	fent gtt	fent gtt
CARDIOVASCULAR		
Rhythm/Lead	Lead II, ST	Lead 2, ST 100's-110's
Heart Sounds	S1, S2	S1 S2
Skin	Warm	Warm
Edema	1+ pitting feet	2+ pitting, generalized
JVD/ Capillary refill	2+ pitting Hands	cap refill < 3 sec
Pulses: Radial	2+ bilat	L++ R++
Posterior Tibial	1+ (R) leg, 2+ (L) leg	L+ R+
Dorsalis Pedis	1+ (R) leg, 2+ (L) leg	L+ R+
RESPIRATORY		
Breath Sounds	CTA, ↓ id bases	coarse throughout
Oxygen Delivery	Vent, SIMV, 60%	vent, SIMV FiO2 60%, TV 700, Rate 16
Suctioning/Sputum	FiO2, 700, 16, 5/5	Thick, crusty dark brown/tan sputum peep 5
ETT/Trach tube	8.0 trach, midline	slight blood tinge. Trach midline
Size: Placement:	non-fenestrated	8.0. shiley non fenestrated
Cough: →	crust @ site	(+) cough c̄ good production when
Treatments:		Trach suction
GASTROINTESTINAL		
Bowel Sounds	ØBS, RUQ colostomy c̄	BS hypoactive RLQ, LUQ colostomy
Abdomen	blackish ring around	stoma intact, red, abd distended
Date of last BM	red stoma site	soft.
NG tube: Placement: →	OGT to LIS	NGT attempted but had nasal trauma trying
Suction →	(R) nare DHT	to insert. MD said ok for now dobhoff
Drainage		tube checked, st, let still in.
GENITOURINARY		
Urine: Color	suprapubic foley -	Suprapubic catheter draining
Void/Foley	clear amber c̄	dark amber c̄ sediment quantity
	sediment/clots	sufficient
INTEGUMENTARY		
Integrity	open belly c̄ wound vac	open abd c̄ new wound vac, open RLQ leg c̄
Dressings	intact, (R) leg incision	wound vac, entrance wound to lower
	on outer calf, et	back,
Dressing Condition	inner leg from thigh	Small decub buttock, small decub on
	to ankle	penis small skin breakdown around
Drains/Tubes ←	entrance wound in back	stoma, dressings intact.
Drainage		
Signature	(b)(6)	(b)(6)

trach placed 23 June

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

ICU FLOW SHEET

EKG STRIPS

RESTRAINTS:	DAYS				NIGHTS			
0700 site	pulse	cap. ref.	edema	1900	Site	pulse	cap. ref.	edema
0900 site	pulse	cap. ref.	edema	2100	Site	pulse	cap. ref.	edema
1100 site	pulse	cap. ref.	edema	2300	Site	pulse	cap. ref.	edema
1300 site	pulse	cap. ref.	edema	0100	Site	pulse	cap. ref.	edema
1500 site	pulse	cap. ref.	edema	0300	Site	pulse	cap. ref.	edema
1700 site	pulse	cap. ref.	edema	0500	Site RUE, LLE	pulse ↔	cap.ref <3sec	edema +2

VASCULAR ACCESS

DEVICE/SITE	START DATE	DSG CHANGE	ASSESSMENT DAYS	ASSESSMENT EVENINGS	ASSESSMENT NIGHTS
L Radial Aline					patent, dampened wa
(R) SCTLC					patent
(R) Fem cordis					patent

(b)(6)

PATIENT'S IDENTIFICATION

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 24JUN06

(b)(6)

- ☐ HISTORY/PHYSICAL
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT
- ☐ FLOWCHART
- ☐ OTHER

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

DATE:	DIAGNOSIS	HOSPITAL DAY:

Time	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
NIBP/ ABP (MAP)																		
Pulse																		
Respirations																		
Temperature																		
SaO2																		
%O2																		
O_2 Delivery																		
Mode																		
Rate																		
Tidal Vol.																		
Peep																		
PS																		
Pain Scale																		
Pain Med																		
Pt Position																		
CVP																		

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
IV																		
IVPB																		
PO/ TF																		
Other																		
TOTAL																		

OUTPUT

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

ASPECT	TIME/INITIALS
Bath/Skin Care	0600 (b)(6)
Oral Care	0600
Foley Care	0600
Trach Care	
Range of Motion	

SAFETY	D	E	N
Cardiac Monitor	Y N	Y N	(Y) N
Bed position/Locked	Y N	Y N	(Y) N
Call bell in reach	Y N	Y N	Y N
Protective Device	Y N	Y N	(Y) N
High risk for falls	Y N	Y N	(Y) N

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

ACLU-RDI 5532 p.332

10-L-0126 ACLU CID ROI 11955

PATIENT: DATE:

0100-06-CID789-78473

TIME	23	24	01	02	03	04	05	06
NIBP/ ABP (MAP)					0 92/48	112/59 103/57	123/63 112/64	112/58 99/59
Pulse					115	111	107	105
Respirations					28			
Temperature					100.7			
SaO2					98%			
%O2								
O_2 Delivery					Amb			
Mode								
Rate								
Tidal Vol.								
Peep								
PS								
Pain Scale								
Pt Position								
CVP								

24 Hour Totals	Yesterday	Today
INPUT		
OUTPUT		
DIFFERENCE		

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
IV D5W ≈20kcl					100	100	100	100		
IVBP							Regular 50	flagged 100		
Fent					5	5	5	3.5		
PO/ TF										
Other										
TOTAL										

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total						600		320 920	920
NG output									
Emesis									
Stool									
Chest tube #1/ #2									
Jackson Pratt #1/ #2									
TOTAL									

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=Pha[illegible]
+2= strong +1=weak	

Name	Signature	Init.
(b)(6)		
	EXHIBIT 2	

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

SYSTEM	DAYS	NIGHTS
NEURO	TIME:	TIME: 0300 propofol on board
Level of consciousness		on vent, sedated, pt grimaces to pain
Extremities: Movement		⊖ movement on own, PROM done
Strength		weak /
PAIN ASSESSMENT		CTA. fentanyl gtt ordered for sedation
CARDIOVASCULAR		
Rhythm/Lead		ST, Lead 2 rate = 110's
Heart Sounds		S, S2
Skin		Jaundiced, yellow
Edema		generalized 2+ pitting, ⊖ scrotal edema
JVD/ Capillary refill		⊖ JVD, cap refill < 3 sec
Pulses: Radial		L ++ R ++
Posterior Tibial		L +faint R + faint
Dorsalis Pedis		L + R +
RESPIRATORY		
Breath Sounds		CTA very dim bases
Oxygen Delivery		Ambu still @ assessment due to RT working to nonbleed vent
Suctioning/Sputum		⊕ thick, tan, sputum
ETT/Trach tube		Trach
Size: Placement:		8.0
Cough:		⊕ cough reflex & productive sputum
Treatments:		none @ present
GASTROINTESTINAL		
Bowel Sounds		hypoactive
Abdomen		soft, distended, wound vac present
Date of last BM		colostomy LUQ
NG tube: Placement:		OGT placement checked via CXR
Suction		green bilious drainage
Drainage		
GENITOURINARY		
Urine: Color		suprapubic catheter draining
Void/Foley		dark sediment urine, ct sent
INTEGUMENTARY		
Integrity		see the progress note
Dressings		
Dressing Condition		
Drains/Tubes		
Drainage		
Signature		(b)(6)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 2

0100-06-E20789-78473

PERSONAL DATA REPORT

GENERAL INFORMATION

PHOTOGRAPH

(b)(3)

Dossier: {18EC6401-7FD6-4E97-A048-C625DA813EEB}
Enroll Date: 6/29/2006 2:58:51 PM
Enrollment Station: IRQ:CENTCOM:MNF-I:TF-134/DRS:ABU/DRS/CLIENT
Person Type: Enemy Prisoner Of War or Enemy Combatant
Title:
Name (F,M,L,T): SALAH SAFOK HAMED ()
Full Name:
WMD Category:
Operational Status:
Occupation:
National ID #: 190554
Gender: MALE
Race: UNKNOWN
Hair Color: BLACK
Eye Color: BROWN
Build: MEDIUM/AVERAGE
Height (in): Min: 69 Max:
Weight (lb): Min: 180 Max:

ON ALERT? NO

BOLO LIST

PERSONAL DATA

Birthdate: 01JAN1969
Death Date:
Religion: UNKNOWN
Primary Nationality: IRAQ
2nd Nationality:
Ethnicity: ARAB
Marital Status: UNKNOWN
Personnel Status: CIVILIAN

ALIASES

PLACE OF BIRTH

Birthplace: , , , IRAQ

ID NUMBERS

ID Number Type	ID Number
ISN Num	(b)(6), (b)(7)(C)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 4

0100-06-C20779-7873

CAP TAG 100-00-9527

CAPTURE INFORMATION

Evacuation Date:
MP Number:
Capture Date: 150000ZJUN2006
Capture Unit:
Place: , , , ,
Documents:
Circumstances: BOLO LIST
Weapons/Equip:

INDIVIDUAL STATUS INFORMATION

JITF-CT Classification | U.S. Relationship Status | DoD Relationship Status

PASSPORT INFORMATION

Type	Number	Issue Date	Expiration Date	Country	Authority

PERSONAL TRAITS

LANGUAGE(S)

Language Name:	Language Proficiency	Is Native Language
ARABIC, MODERN STANDARD		

Comments:

ADDRESSES

EMPLOYMENT HISTORY

MILITARY SERVICE HISTORY

PHONE NUMBERS

Type	Intl	Area Code	Phone #	Ext.

VEHICLE INFORMATION

RELATIVES

Relation	First	Middle	Last	Maiden	Birthdate

0106-06-CID112

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

PAGE 1 OF 1 PAGES

Basis for Investigation: On 11 Jul 06, this office was notified by SA (b)(6), (b)(7)(C) USA Investigative Operations, Operational Investigation, Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), 1413 Research Boulevard (Blvd), Building (Bldg) 102, Rockville, MD 20850, that the remains of Detainee HAMMED, SALAH SAFAK, Internment Serial Number (ISN) (b)(6), (b)(7)(C) Baghdad Central Confinement Facility (BCCF), Abu Ghraib, had arrived at Dover Air Force Base (DAFB), DE 19902, and the autopsy would be conducted on 11 Jul 06.

On 11 Jul 06, the autopsy of Detainee HAMED (ME # 06-588), was conducted by Dr. (CPT) (b)(6), (b)(7)(C) Deputy Medical Examiner, OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The preliminary cause was opined as Complications of gunshot wounds to the abdomen and leg and manner of death was opined as Homicide. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. A copy of the CD containing all images was obtained. Fingerprints were obtained by the FBI. (See CD and fingerprints for details)

About 1100, 31 Jul 06, this office obtained from Mr (b)(6), (b)(7)(C) Investigative Operations, Operational Investigation, Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), 1413 Research Boulevard (Blvd), Building (Bldg) 102, Rockville, MD 20850, the preliminary autopsy report pertaining to Detainee HAMED. (See Preliminary Autopsy Report for details)

Agent's Comment: Documents pertaining to this autopsy were obtained from AFIP personnel on 29 Jul 06. Due to mission and personnel constrains this office was unable to attend the autopsy of Detainee HAMED.

Agent's Comment: The official results of the autopsy will be documented in the Final Autopsy Report, which will be provided upon completion.

/////// LAST ENTRY ////////

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

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

APG Resident Agency (CID)
APG, MD 21005

Date: 31 Jul 06

Exhibit: 6

R OFFICIAL USE ONLY
ENFORCEMENT SENSITIVE

0100-06-CID789-78473

PHOTOGRAPH PACKET

NUMBER	DESCRIPTION OF PHOTOGRAPHS
17	Photograph depicting body bag and number.
18	Photograph depicting body bag.
19	Photograph depicting body in body bag.
20	Photograph depicting overhead view of body.
21	Photograph depicting overhead view of back of body.
22	Photograph depicting overhead view of back of body with wounds exposed.
23	Photograph depicting overhead view of body with wounds exposed.
24	Photograph depicting wound on buttocks area with scale.
25	Photograph depicting wound in leg with scale.
26	Photograph depicting close up of wound in leg with scale.
27	Photograph depicting face with scale.
28	Photograph depicting right side of head with scale.
29	Photograph depicting left side of head with scale.
30	Photograph depicting wound on forehead with scale.
31	Photograph depicting wound on bridge of nose with scale.

EXHIBIT 7

ACLU-RDI 5532 p.338

000365

10-L-0126 ACLU CID ROI 11989

0100-06-CID789-78473

PHOTOGRAPH PACKET

32 Photograph depicting mouth with scale.

33 Photograph depicting brain in skull with scale.

34 Photograph depicting skull in two pieces with scale.

35 Photograph depicting wound in right leg without dressing and with scale.

EXHIBIT 7

0100-06-CID789-78473

ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
301-319-0000

PRELIMINARY AUTOPSY REPORT

Name: BTB Hamed, Salah Safek
CID: (b)(6), (b)(7)(C)
Date of Birth: (b)(6)
Date of Death: (b)(6)
Date/Time of Autopsy: 11 July 2006/1200
Date of Report: 12 July 2006

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

Circumstances of Death: This 37 year old male civilian detainee reportedly succumbed to complications of multiple gunshot wounds.

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

Identification: Presumptive, according to ID band.

CAUSE OF DEATH: Complications of gunshot wounds to the abdomen and leg.

MANNER OF DEATH: Homicide.

PRELIMINARY AUTOPSY DIAGNOSES:

I. Injuries of the head and neck:
   A. Healing abrasions of the right forehead and nasal bridge.

II. Injuries of the torso:
   A. Probable healing gunshot wound, ¼ inch, in the midline of the lower back, situated 28 inches below the top of the head.
      1. Probable bladder laceration (sutures present).

III. Injuries of the extremities:
   A. Probable healing gunshot wound, ¼ inch, on the posterior surface of the lower right thigh, situated 1 inch above the knee.
      1. Comminuted fracture of the right femur.

IV. Evidence of medical therapy:
   A. Feeding tube.
   B. Tracheostomy.
   C. Intravascular catheters in the right subclavian region and the left wrist.
   D. Abdominal surgical defect covered by occlusive dressing with drain.
      1. Status post cholecystectomy (recent).

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

2. Status post colostomy.

E. Multiple stapled surgical incisions of the medial and lateral surfaces of the right thigh.
   1. Status post internal fixation of the right femur.

F. Open surgical incisions (2) of the right lower leg (covered by occlusive dressing).

V. Additional findings:

A. Bilateral pulmonary congestion (right 830 gm, left 830 gm).

B. Jaundice.

VI. Toxicology pending.

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

(b)(6), (b)(7)(C) M.D.
(b)(6)
(b)(6) Medical Examiner

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER
0100-06-CID789-78473

DETAILS

About 1715, 24 Apr 07, this office received the final autopsy and toxicology results from the Armed Forces Institute of Pathology (AFIP), pertaining to Mr. HAMED, which reflected the cause of death was complications of gunshot wounds of the leg and abdomen and the manner of death was homicide. The results of this investigation were consistent with that opinion. (See Final Autopsy Report)///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION	
SA (b)(6),(b)(7)(C),(b)(7)(F)	86th MP DET (CID) (FWD) CAMP CROPPER, BAGHDAD, IRAQ	
SIGNATURE (b)(6), (b)(7)(C)	DATE 24APR07	EXHIBIT 9

ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
301-319-0000

FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Hamed, Salah Safek
CID: (b)(6)
Date of Birth: (b)(6)
Date of Death: (b)(6)
Date/Time of Autopsy: 11 July 2006/1200
Date of Report: 13 April 2007

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

Circumstances of Death: This 37 year old male civilian detainee reportedly succumbed to complications of multiple gunshot wounds.

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

Identification: Presumptive, according to ID band.

CAUSE OF DEATH: Complications of gunshot wounds of the leg and abdomen.

MANNER OF DEATH: Homicide.

FINAL AUTOPSY DIAGNOSES

I. Healing gunshot wound of the abdomen.
   A. Entry: lower back
   B. No evidence of soot or gunpowder stippling is present on the skin around the entrance wound
   C. Path: sacrum, bladder and colon
   D. Direction: back to front
   E. Exit: not identified
   F. Associated injuries:
      1. Perforating injury of the sacrum
      2. Injury to the bladder and colon

II. Healing gunshot wound of the right leg
   A. Entry: posterior surface of the lower right thigh
   B. No evidence of soot or gunpowder stippling is present on the skin around the entrance wound
   C. Path: skin, muscle, right femur
   D. Direction: back to front
   E. Exit: not identified
   F. Associated injuries: comminuted right femoral fracture

EXHIBIT 10

~~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.

ACLU-RDI 5532 p.843
10-L-0126 ACLU CID ROI 12015

III. Additional injuries:
A. Healing abrasions of the right forehead and nasal bridge

IV. Additional findings:
A. Bilateral acute bronchopneumonia
1. Bilateral pleural effusions (approximately 100 ml each)
B. Jaundice

V. Toxicology: Ephedrine, midazolam, 1-hydroxymidazolam, lorazepam, fentanyl and metoclopramide are present in the blood.

EXHIBIT 10

EXTERNAL EXAMINATION

The body is that of a well-developed male weighing 169 pounds and measuring 62 inches in length. The body temperature is cool after refrigeration. The skin is icteric. Rigor is passing. Lividity is fixed and present predominately on the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair is black. The irides are dark. The corneae are cloudy. The jaundiced sclerae are edematous. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. Discontinuous excoriated areas are present in the vermillion border region of the upper and lower lips. The nasal skeleton is palpably intact. The teeth appear natural and in fair condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. No evidence of injury of the ribs or the sternum is evident externally. The abdomen shows evidence of injury to be further described below. The fingernails are intact. The extremities show evidence of injury to be described below. The external genitalia are those of a normal adult male. There is a 5 ¾ x 3 inch area of decubitus erosion present on the superior medial aspects of the buttocks. The anus is unremarkable.

EVIDENCE OF MEDICAL THERAPY

Evidence of medical therapy consists of:

1. Nasogastric tube
2. Tracheostomy
3. Intravascular catheters in the right subclavian region and the left wrist
4. Foley catheter
5. Abdominal surgical defect (12 x 8 inches) covered by occlusive dressing with drain
6. Status post cholecystectomy (recent)
7. Status post colostomy placement
8. Surgical repair of bladder (sutures near dome of bladder)
9. Multiple stapled surgical incisions of the medial and lateral surfaces of the right thigh
10. Status post internal fixation of the right femur with surgical drain
11. Open surgical incisions (2) of the right lower leg (covered by occlusive dressing with drain)
12. Bandage on the left forearm

EVIDENCE OF INJURY

Healing gunshot wound of the lower back:

There is a healing defect consistent with an entrance gunshot wound situated on the mid lower back located in the posterior midline, 28 inches below the top of the head. The wound measures 1/8 inch surrounded by denuded healing skin having a maximum width of ¼ inch. No evidence of soot or gunpowder stippling is present on the skin around the entrance wound. The wound path appears to have passed through the sacrum, bladder and colon. An exit wound is not identified. The trajectory of the gunshot is back to front. No projectile or fragments are recovered from the wound tract. Associated with the gunshot wound are injury of the bladder and colon.

EXHIBIT 10

0100 06 CID789 78473

Healing gunshot wound of the right leg:

There is a healing defect consistent with an entrance gunshot wound situated on the posterior surface of the lower right thigh located 1 inch above the knee. The wound measures 3/16 inch with surrounding denuded healing skin measuring up to 1/8 inch in width. No evidence of soot or gunpowder stippling is present on the skin around the entrance wound. The wound path passes through the skin and muscles of the right thigh and the right femur. An exit wound is not identified. The trajectory of the gunshot wound is back to front. No projectile or fragments are recovered from the wound tract. Associated with the gunshot wound is comminuted fracture of the right femur.

Additional injuries:

There is a healing 1 ½ x ¼ inch abrasion of the right forehead. A 1 ½ x ¼ inch healing abrasion is present on the nasal bridge. Bilateral incisions of the back and lower extremities show intramusclar hemorrhage of the right thigh.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. There is approximately 100 ml of amber fluid present in the pleural cavities, bilaterally. No adhesions are present in any of the body cavities. All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1 inches thick.

HEAD (CENTRAL NERVOUS SYSTEM):
(See above "Evidence of Injury")

The scalp is reflected. The calvarium of the skull is removed. The dura mater and falx are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brainstem and cerebellum are unremarkable. The brain weighs 1370 gm.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels reveal no abnormality. 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 upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable

EXHIBIT 10

bilaterally. The right and left lungs each weigh 830 gm. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is moderately congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 360 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm; the atrial and ventricular septa are intact. The aorta gives rise to three intact and patent arch vessels. The vena cava and its major tributaries return to the heart in the usual distribution. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:
(See above "Evidence of Therapy")

The 2540 gm liver has an intact, smooth capsule. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder is surgically absent. The surgical site is intact and otherwise unremarkable.

SPLEEN:

The 400 gm 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. No mass lesions or other abnormalities are seen.

ADRENALS GLANDS:

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

GENITOURINARY SYSTEM:
(See above "Evidence of Therapy")

The right and left kidneys weigh 180 gm and 200 gm, respectively. 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. Where uninjured tan bladder mucosa overlies an intact bladder wall. The bladder is empty. 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.

EXHIBIT 10

GASTROINTESTINAL TRACT:
(See above "Evidence of Therapy")

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 150 ml of tan liquid material. The gastric wall is intact. The duodenum and loops of small bowel are unremarkable. The portion of descending colon forming the colostomy as well as the distal sutured portion appear viable and without evidence of leakage or infection. The appendix is not identified.

MUSCULOSKELETAL SYSTEM:
(See above "Evidence of Injury")

Muscle development is normal. No evidence of non-traumatic bone or joint abnormalities is noted.

RADIOLOGIC EXAMINATION

Full body radiographs are obtained revealing, in addition to the above, a plate and screw fixation of the right femur, probable surgical defects (2) of the right tibia and a perforating defect of the sacrum. No definitive evidence of retained metallic projectiles or fragments is identified.

MICROSCOPIC EXAMINATION

1. Heart (slide 1): No significant microscopic abnormality.
2. Lungs (slide 2): Bilateral acute bronchopneumonia.
3. Kidneys (slide 3): Focal arteriolosclerosis.
4. Liver (slide 3): Centrilobular necrosis.
5. Spleen (slide 4): No significant microscopic abnormality.
6. Muscle from abdominal surgical site (slide 4): Neutrophilic infiltration of skeletal muscle and adjacent fascia.
7. Omental adipose tissue (slide 5): Prominent neutrophilic infiltration with patchy fat necrosis.
8. Brain (slide 6): No significant microscopic abnormality.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by the OAFME staff photographers.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, gastric contents, vitreous, lung, liver, brain, kidney, spleen, adipose tissue and psoas muscle.
- Selected portions of organs are retained in formalin.
- The dissected organs are forwarded with the body.

OPINION

According to reports, this 37 year old male civilian was admitted to a medical treatment facility for treatment of gunshot wounds. Available medical information stated the decedent developed sepsis, multi-organ system failure and ultimately expired. Autopsy examination revealed healing

EXHIBIT 10

0100 06 CID789 78473

gunshot wounds of the right thigh and lower back. The gunshot wound of the lower back caused injury to the sacrum, bladder and colon. The gunshot wound of the right thigh resulted in fracture of the right femur. Additionally, microscopic examination showed acute pneumonia and evidence of hypoxic liver injury.

Postmortem toxicologic examination showed the presence of the following therapeutic agents: Ephedrine (blood 0.48 mg/L, Midazolam (blood 0.20 mg/L), 1-Hydroxymidazolam (blood 0.20 mg/L), Lorazepam (blood 0.04 mg/L), Fentanyl (blood 0.015 mg/L), Metoclopramide (blood 0.92 mg/L).

In summary, the decedent died of complications arising from gunshot wounds of the abdomen and right leg. The manner of death is homicide.

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

(b)(6) Medical Examiner

EXHIBIT 10

~~FOR OFFICIAL USE ONLY~~

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

0100 06 CID789 78473

REPLY TO
ATTENTION OF

REPORT OF TOXICOLOGICAL EXAMINATION (CONT – HAMED, SALAH SAFAK):

Positive Benzodiazepine: Midazolam was detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 0.20 mg/L of midazolam as quantitated by gas chromatography/mass spectrometry.

Positive Benzodiazepine: 1-Hydroxymidazolam was detected in the blood by gas chromatography/mass spectrometry. The blood contained 0.20 mg/L of 1-hydroxymidazolam as quantitated by gas chromatography/mass spectrometry.

Positive Benzodiazepine: Lorazepam was detected in the blood by gas chromatography/mass spectrometry. The blood contained 0.04 mg/L of lorazepam as quantitated by gas chromatography/mass spectrometry.

Positive Fentanyl: Fentanyl was detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 0.014 mg/L of fentanyl as quantitated by gas chromatography/mass spectrometry.

Positive Metoclopramide: Metoclopramide was detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 0.92 mg/L of metoclopramide as quantitated by gas chromatography/mass spectrometry.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

EXHIBIT 10

FOR OFFICIAL USE ONLY

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

0100 06 CID789 7847

REPLY TO
ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

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

Name HAMED, SALAH SAFAK

SSAN: **Autopsy:** (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: July 31, 2006

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS **REPORT OF TOXICOLOGICAL EXAMINATION**

Condition of Specimens: GOOD
Date of Incident: **Date Received:** 7/20/2006

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 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 **BLOOD** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

Positive Sympathomimetic Amine: Ephedrine was detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 0.48 mg/L of ephedrine as quantitated by gas chromatography/mass spectrometry.

~~FOR OFFICIAL USE ONLY~~

EXHIBIT 10

000397

ACLU-RDI 5532 p.351

10-L-0126 ACLU CID ROI 12023

0100 06 CID789 78473

CERTIFICATE OF DEATH *(OVERSEAS)*

Acte de décès (D'Outre-Mer)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social
BTB Hamed, Salah, Safak		Civilian	(b)(6)

ORGANIZATION Organisation	NATION (e.g. United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
	Iraq	(b)(6)	[X] MALE [ ] FEMALE

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

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le sus
STREET ADDRESS Domicile 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 CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort	Complications of gunshot wound of abdomen and right leg.	
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		
ANTECEDENT CAUSES Symptômes précurseurs de la mort — 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	AUTOPSY PERFORMED Autopsie effectuée [X] YES Oui [ ] NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort susotées par des causes extérieures
[ ] NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
[ ] ACCIDENT Mort accidentelle		
[ ] SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
[X] HOMICIDE Homicide	(b)(6) DATE Date 11 July 2006	AVIATION ACCIDENT Accident à Avion [ ] YES Oui [X] NO Non

DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès
5 July 2006	

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 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 diplômé
(b)(6)	(b)(6)

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
(b)(6)	Dover AFB, Dover DE
DATE Date 04 Oct 06	(b)(6)

1 State disease, injury or complication which caused death.
2 State conditions contributed 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.

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 11

0100 06 CID 789 78473

(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITON OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSTION	DATE OF DISPOSTION		

REGISTRATION OF VITAL STATISTICS			
REGISTRY *(Town and Country)*	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK) *USAPA V1.00*

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 11

0100-06-CID789-78473

PHOTOGRAPH PACKET

NUMBER	DESCRIPTION OF PHOTOGRAPHS
17	Photograph depicting body bag and number.
18	Photograph depicting body bag.
19	Photograph depicting body in body bag.
20	Photograph depicting overhead view of body.
21	Photograph depicting overhead view of back of body.
22	Photograph depicting overhead view of back of body with wounds exposed.
23	Photograph depicting overhead view of body with wounds exposed.
24	Photograph depicting wound on buttocks area with scale.
25	Photograph depicting wound in leg with scale.
26	Photograph depicting close up of wound in leg with scale.
27	Photograph depicting face with scale.
28	Photograph depicting right side of head with scale.
29	Photograph depicting left side of head with scale.
30	Photograph depicting wound on forehead with scale.
31	Photograph depicting wound on bridge of nose with scale.

EXHIBIT_____

0100-06-CID789-78473

PHOTOGRAPH PACKET

32	Photograph depicting mouth with scale.
33	Photograph depicting brain in skull with scale.
34	Photograph depicting skull in two pieces with scale.
35	Photograph depicting wound in right leg without dressing and with scale.

EXHIBIT_____