

Prince Lobel Tye LLP
100 Cambridge Street, Suite 2200
Boston, Massachusetts 02114
617 456 8000 main 617 456 8100 fax
PrinceLobel.com



August 6, 2014

Via Email and Certified Mail Return Receipt Requested
7013 2630 0001 8104 4147

Michael L. Langan, M.D.
41 Kilsyth Road
Brookline, MA 02445

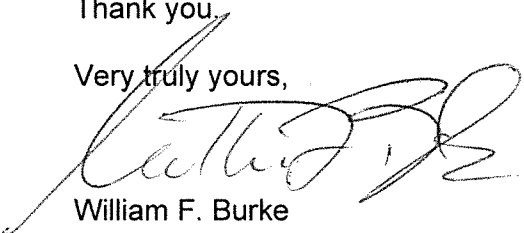
Re: Langan v. United States Drug Laboratories, Inc.
Claim No.: C158521
Our File No.: 105905-000024

Dear Dr. Langan:

Enclosed please find all materials in United States Drug Laboratories, Inc.'s possession responsive to your request.

Thank you.

Very truly yours,


William F. Burke

Enclosure

cc: Karla Allan, via email
Joseph Jones, via email
Robert L. Johnston, via email

Direct Dial: 617-456-8025
Email Address: wburke@PrinceLobel.com

United States Drug Testing Laboratories, Inc.

**Authorization for Use or
Disclosure of Patient's Health Information**

I hereby authorize United States Drug Testing Laboratories, Inc. to use or disclose the below named patient's health information as described below.

Patient Name: Michael L. Langan Address: 41 Kilsyth Road Brookline, MA 02445
Name of Guardian or
Legal Representative: N/A Date of Birth: 05/15/1962

I authorize United States Drug Testing Laboratories, Inc. to use or disclose my health information to the following individual(s) or organization:

Michael L. Langan (self)

The health information to be used or disclosed is as follows [describe dates or service and information to be disclosed]:

1) Any and all documentation pertaining to July 1, 2011 PEthStat collected by Quest Diagnostics and shipped to USDTL on or around July 7th 2011 including any and all written communication with Quest Diagnostics and Physician Health Services, Inc. (PHS) pertaining to the test or my unique identifier from PHS (1310) to the test (including e-mail and fax).

2) Any and all documents pertaining to the July 19th request from PHS to USDTL including 2 missing pages from the "litigation packet (See attached). "Litigation packet" fax from PHS to USDTL dated July 19th, 2011 requesting that my unique identifier #1310 and a "chain of custody" be added to an already positive test for Phosphatidyl-ethanol (PEthStat) documents number of pages faxed from PHS to USDTL as 3 yet only 1 page has been provided. Please provide missing 2 pages as well as any and all written documentation pertaining to this request of July 19th, 2011 (including e-mail and fax).

3) Any and all documents including e-mail and fax between Joseph Jones and PHS surrounding Dr. Jones certification of December 3rd, 2011 that the "specimen identified by the laboratory accession number above has been examined upon receipt, handled, and analyzed in accordance with this laboratory's Standard Operating Procedure" that was used in the "litigation packet" (see attached) including any communication from PHS requesting that a "litigation packet" be provided for a "clinical" test and how a forensic "litigation packet" was generated for a "clinical" test (as the "litigation packet" by definition is only generated for "forensic" (as opposed to "clinical") drug and alcohol testing. Please provide any and all documentation between Dr. Joseph Jones and the following individuals (Dr. Luis Sanchez, M.D., Former Medical Director of PHS; Dr. Wayne Gavryck, M.D. Medical Review Officer (MRO) of PHS; Linda Bresnahan, Director of Operations at PHS; Deborah Grossbaum, attorney for PHS; Mary Howard, support staff at PHS; and any other individuals associated with PHS, Inc.).

4. Any and all e-mails between Michael Langan and Dr. Joseph Jones from December of 2011 until present and any e-mails from Michael Langan to Dr. Joseph Jones specifically requesting that the July 1, 2011 (Phosphatidyl-ethanol) PEthStat be "corrected" that were received by Dr. Jones but to which he did not reply. These e-mails are from the following e-mail addresses, (Langan.MichaelL@MGH.Harvard.Edu and MLLangan1@mac.com) to Dr. Jones at the following e-mail address Joe.Jones@USDTL.com and support the fact that Dr. Jones knew all along that the PEthstat was being used for "forensic" and not "clinical" purposes.

5. Any and all documentation regarding the "amended" phosphatidyl-ethanol (PEthstat) test on or around October 4, 2012 that resulted from CAP investigation (Reference # 4990, CAP # 1147901, AU ID # 1176738) rendering the July 1st, PEthStat invalid including any and all written, faxed, or e-mailed correspondence between Joseph Jones or any other employees of USDTL and PHS, Inc.

6. Any and all of the required authorizations and release of information forms that would be signed by me in order for USDTL to process a "clinical" specimen and signed by me in order to authorize to whom the results of my protected health information (PHI) is to be sent,

7. The required order from a physician or physician's representative acting as a health care provider and requesting a "clinical PEthStat" in the course of medical diagnosis and treatment and the name of the individual and that person's clinical role as a health care provider.

The health information may be disclosed to and/or used for the following purpose [if requested by patient, the purpose may be listed as "at the request of the individual"]:

At the Request of the Individual

Unless otherwise revoked, this authorization will expire on the following date, or event or condition that relates to the use or disclosure August 1, 2015

I understand that this authorization pertains to the release of medical records related to drug and alcohol abuse based on federal statute, 42 U.S.C. §290dd-3, and federal regulations 42 C.F.R. § 2.1 et seq.

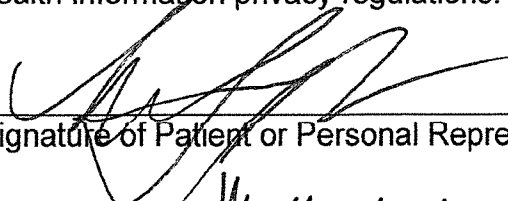
This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment, payment, enrollment, or eligibility for benefits.

I understand that there is the potential for information used or disclosed under this authorization to be redisclosed by the recipient and that the redisclosure may not be protected by the federal health information privacy regulations.

Signature of Patient or Personal Representative

Date


MICHAEL LANGAN

8 / 4 / 2014

Joseph T Jones, MS, NRCC-TC
United States Drug Testing Laboratories
1700 S Mount Prospect Road
Des Plaines, Illinois 60018
(847) 375-0770 x8661

From: Joseph Jones
Sent: Tuesday, September 10, 2013 3:58 PM
To: lbresnahan@mms.org
Subject: Inciting incident9 8 2013_twitter@WarrenMullaney (2).docx

Hi Linda,

This came across our desk today from our Twitter feeds. We do not intend on making any comment or reply but thought that you should be made aware.

Joseph T Jones, MS, NRCC-TC
United States Drug Testing Laboratories
1700 S Mount Prospect Road
Des Plaines, Illinois 60018
(847) 375-0770 x8661

WarrenMullaney

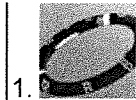
@WarrenMullaney1

Advocate for Evidence Based Medicine and Critical Thinking in Addiction Medicine Treatment.. Need for Reform. Expose the Fraud.

- [13 TWEETS](#)
- [370 FOLLOWING](#)
- [8 FOLLOWERS](#)

Follow

Tweets



1. **Michael Langan** @mlangan15 Sep

[@mlangan1](#) [@radleybalko](#) Docs showing forensic fraud in drug testing labs not isolated to rogue techs. [.reddit.com/tb/1lp9mj](#)

Retweeted by [WarrenMullaney](#)

[View conversation](#)



2. **WarrenMullaney** @WarrenMullaney12h

Cutoff levels exist for a reason. Drug testing requires protocols dictated by science not \$. Egregious ad by USDTL. [pic.twitter.com/wQEd5hKGfB](#)

[View photo](#)



3. **WarrenMullaney** @WarrenMullaney13h

Need to expose coercion, abuse, and fraud. Incompetence and indoctrination. [#ASAM](#) [#FSPHP](#) . [.thefix.com/content/whats-.....jwesleyboyd.com/?p=280](#)

[Expand](#)



4. **WarrenMullaney** @WarrenMullaney119h

See attached documents: Forensic fraud between state contractor and drug testing lab @devalpatrick @bostondailynews pic.twitter.com/Oa0gs8Dr9u

View photo



5. **WarrenMullaney** @WarrenMullaney119h

USDTL's VP of lab operations Joseph Jones documents it as a positive test violating his own protocol, ethics, and law pic.twitter.com/xrSAvvy3w2

View photo



6. **WarrenMullaney** @WarrenMullaney119h

7/28/11 PHS reports falsified lab test from 7/19 to BORM as a + test to request evaluation #labfraud #usdtl @USDTL pic.twitter.com/rev1AIdIEc

View photo



7. **WarrenMullaney** @WarrenMullaney119h

USDTL adds #1310 identifier and backdates CoC to show collection date of 7/1/11 "per clients request" @USDTL pic.twitter.com/8p9HhHNOwE

View photo



8. **WarrenMullaney** @WarrenMullaney119h

7/19/11: Memo PHS, to USDTL requesting "chain of custody" be "updated" and ID changed from 461430 to 1310 @USDTL pic.twitter.com/cRN0k34ztw

View photo



9. **WarrenMullaney** @WarrenMullaney120h

USDTL Doc: + forensic PEth at 365.4 ng/ml. Received 7/8/1 . No collection date, No #1310 ID, No collector, no CoC. pic.twitter.com/C2G6VhapQf

[View photo](#)



10. **WarrenMullaney** @WarrenMullaney 120h

Unique identifier # 1310 for chain of custody # usdtl # forensicfraud # physician health #anniedookhan @anniedookhan pic.twitter.com/1q1oTY1bi5

[View photo](#)



11. **WarrenMullaney** @WarrenMullaney 120h

#usdtl forensic fraud as SOP. USDTL adds coll. date, ID # and chain-of-custody to positive sample 19d after drawn! pic.twitter.com/OZQFIVApjd

[View photo](#)



12. **WarrenMullaney** @WarrenMullaney 18 Sep

Not just rogue techs but VPs of lab operations committing fraud. Fabricating tests appears SOP Where is ethics? orange-papers.org/forum/node/3518

[Expand](#)



13. **WarrenMullaney** @WarrenMullaney 18 Sep

reddit.com/tb/1p9mj Docs showing fraud between MA contractor and major drug testing lab @amandareiman pic.twitter.com/gycxy1qY1f

[View photo](#)

[Back to top ↑](#)

Photos & videos

Ask the President



President Douglas Lewis

Q: What can our organization do if we strongly suspect that an individual was drug-exposed, but the specimen results came back negative?

A: All of USDTL's clients can "dispute" a negative result and request a "re-test" for one or more specific drug classes that are suspected of being present. The re-test is a concept routinely used in workplace urine testing, where a subject disputes a positive result and requests a re-test, which is a re-confirmation of the specimen with a cutoff at 40 percent of the original confirmation cutoff. For non-workplace cases, clinical professionals may believe that drug exposure occurred and dispute the negative result. The re-test is a re-confirmation

of the disputed drug class at 40 percent of the confirmation cutoff. This re-test then becomes the result of record for the case.

To order a re-test, fax or email USDTL Client Services a re-test request on your letterhead and state the test(s) requested, the subject's demographic information, the USDTL lab number and your contact information. You can also call Client Services with the case information. Our representative will provide you with the necessary paperwork for you to sign and return to initiate the re-test process. Once the paperwork is in order, Client Services will return a re-test result to you in one to two working days. If you have any questions after receiving the results, please contact Client Services and they will either assist you or direct you to one of our forensic toxicologists to discuss the case with you.

Got a question for USDTL? Ask President and Scientific Director Douglas Lewis. E-mail heather.stevanski@usdtl.com with your question, and you may be featured in our newsletter!



Laboratory Fraud – DOJ Definition

Title 18 United States Criminal Code

Mail Fraud - 18 USC 1341

Wire Fraud - 18 USC 1343

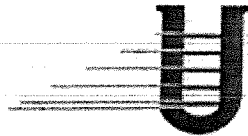
False Statements - 18 USC 1001

Conspiracy - 18 USC 371

Concealment of a felony - 18 USC 4 (misprision)

False Claims - 18 USC 287

Obstruction of Justice - 18 USC 1505



United States Drug Testing Laboratories

1700 S. Mount Prospect Road Des Plaines, Illinois 60018
847.375.0770 Ph 847.375.0775 Fax
800.235.2367 Ph www.usdtl.com

SUMMARY OF RESULTS

ACCOUNT: Physician Health Services
USDTL NUMBER: 877649
SPECIMEN ID: 1310
461430
MATRIX: Blood

TEST REQUESTED: Phosphatidylethanol - Blood

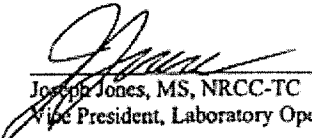
INITIAL TEST

METHOD:	Liquid Chromatography – Tandem Mass Spectrometry		
Drug	Cutoff (ng/mL)	Response of Specimen (ng/mL)	Result
Phosphatidylethanol	20	255.4	POSITIVE

CONFIRMATION TEST

METHOD:	Liquid Chromatography – Tandem Mass Spectrometry		
Drug	Cutoff (ng/mL)	Response of Specimen (ng/mL)	Result
Phosphatidylethanol	20	365.4	POSITIVE

I certify that the specimen identified by the laboratory accession number above has been examined upon receipt, handled, and analyzed in accordance with this laboratory's Standard Operating Procedure.


Joseph Jones, MS, NRCC-TC
Vice President, Laboratory Operations

Dec 03, 2011
Date

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation

www.physicianhealth.org

Luis T. Sanchez, MD
Executive

260 Winter Street
Waltham, MA 02451-4418
(781) 434-7404 • (800) 322-2387
Fax (781) 293-5324

July 28, 2011

Robert Harvey, Esq.
Physician Health & Compliance
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

RE: [REDACTED]

Dear Attorney Harvey:

This letter is to provide you with written documentation of a prior verbal report made on July 19, 2011 that Dr. [REDACTED] had a positive test for phosphatidyl ethanol at a level of 365.4 ng/mL on a random drug test on July 1, 2011.

Physician Health Services has requested that [REDACTED] participate in reevaluation at this time.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Luis T. Sanchez, M.D.

/s/

cc: [REDACTED]
[REDACTED]
[REDACTED]

This information has been disclosed to you in a records requested by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



UNITED STATES DRUG TESTING LABORATORIES
1700 S. MOUNT PROSPECT ROAD
DES PLAINES, ILLINOIS 60018-1804
847-375-0770 fax 847-375-0775

Report Luis Sanchez MD
Physicians Health Services
880 Winter Street
Waltham, MA 02451

Cust ID PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of	1310	Test Reason	Not given
Name	NA	Type	Blood
Lab Sample ID	877649	Collected	7/1/2011 00:00
Donor ID	481430	Received	7/8/2011 10:46
		Reported	7/20/2011 16:17

Tests Requested

Test	Result	Quantitation	Screen Limit	Confirm
PEth-BLD Phosphatidyl Ethanol (Blood)	POSITIVE			
PHOSPHATIDYL ETHANOL	POSITIVE		20 ng/mL	
Phosphatidyl Ethanol (LCMSMS)	POSITIVE	355.4 ng/mL		20.0 ng/mL

Sample Comments

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 48143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011

11

JUL-19-2011 TUE 02:15 PM

FAX NO.

P. 03

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation
www.physicianhealth.org

Luis T. Sanchez, MD
Director

860 Winter Street
Waltham, MA 02453-1414
(781) 434-7404 • (800) 322-2303
Fax (781) 893-5121

Date: July 19, 2011

To: United States Drug Testing Laboratories

Fax: 847-375-0775

Total number of pages: 3

Account Number: PHSWMA for Physician Health Services

attn: *Kendyll*

RE: Specimen Chain of: 461430

Donor ID as listed: 461430

Donor ID: 1310

Collection Date: 7/1/2011

Received Date: 7/8/11

Please update the lab report to reflect the donor ID number as listed on the order:
to 1310

Please update the lab report to reflect that chain of custody was maintained.

Requested by Mary Howard:

M. Howard
(signed)

7/19/11
(date)

If you have any questions, please call Linda Brennan 781-434-7404



"CHAIN OF CUSTODY" DOCUMENTS THE MANAGEMENT AND STORAGE OF A SPECIMEN FROM THE MOMENT IT IS COLLECTED TO THE TIME IT IS ANALYZED. IT DOCUMENTS THE HANDLING, TRANSPORTATION, AND STORAGE OF THE SPECIMEN TO INSURE INTEGRITY"

"Any and all drug testing should incorporate a Chain of Custody form and process. A multipart chain of custody form, special packaging type, seals, recorded dates with times, and signatures are used to complete the Chain of Custody process"

UNIVERSITY OF SOUTH ALABAMA
3072501

STEP 1: GENERAL INFORMATION AND COLLECTION INFORMATION

1. SUBJECT INFORMATION: (Print Name, DOB, SSN, etc.)

2. TESTING INFORMATION: (Type of test, etc.)

3. COLLECTION INFORMATION: (Date, time, location, etc.)

4. SIGNATURES: (Collector, etc.)

5. LABORATORY INFORMATION: (Name, address, etc.)

6. CHAIN OF CUSTODY: (Initials, dates, times, etc.)

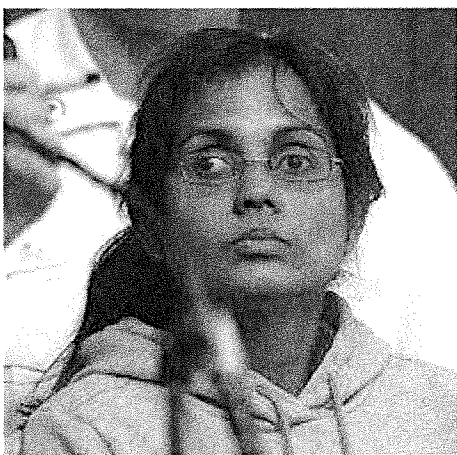
3072501 & U (10 & 11)

3072501 & U SPECIMEN

Forensic Drug Testing Requisition Form Instructions

1. Fill in the information requested on this form.
2. Attach the specimen to the back of this form.
3. Seal the specimen in a tamper-evident container.
4. Sign and date the form.
5. Attach the form to the specimen container.
6. Mail the specimen to the laboratory.

USDTL



Ethical and Managerial Considerations Regarding State Physician Health Programs

J. Wesley Boyd, MD, PhD and John R. Knight, MD

Many physicians are referred to state physician health programs (PHPs) for evaluation, monitoring, and treatment of mental health and substance use disorders. Most PHPs are “diversion” or “safe haven” programs, meaning that physicians who suffer from alcohol or drug problems can have their case diverted to the PHP in lieu of being reported to the state licensing board. If the physician agrees to cooperate with the PHP and adhere to any recommendations it might make, the physician can avoid disciplinary action and remain in practice. These programs are therefore quite powerful and yet, to our knowledge, there has not been any systematic scrutiny of the ethical and management issues that arise in standard PHP practice. Given our 20 years of service as associate directors of one state PHP we analyze and evaluate the standard operating procedure of many PHPs and offer ethical critique as well as suggestions for improvement.

Key Words: physician health, physician health program, impaired physician, medical ethics, conflict of interest

(J Addict Med 2012;00: 1–4)

Approximately 10% to 12% of physicians will develop substance use disorders (Flaherty & Richman, 1993) at one point over the course of their lives. Either voluntarily or otherwise, physicians with substance use disorders often seek the assistance of a physician health program (PHP). A small handful of states do not have PHPs, and physicians in those states presumably find other avenues for assistance. Physician health programs meet with, assess, and monitor physicians who have been referred to them for substance use or other mental and behavioral health problems. When a PHP determines that a physician could benefit from having his treatment and well-being monitored, it offers a monitoring contract that mandates random drug testing and alcoholics anonymous attendance (for those with substance use disorders), regular appointments with medical and psychiatric caregivers, periodic meetings with a PHP associate, and other specific provisions. A detailed

description of standard PHP practices is available elsewhere (DuPont et al., 2009b). Physician health programs then report the results of compliance including drug test results to licensing boards, credentialing agencies, employers, and others who need to know that the physician is sober, compliant with treatment, and capable of practicing medicine safely.

Physician health programs have evolved over the last several decades from often-humble origins in which physicians, some with substance use histories themselves, volunteered their time to reach out to other physicians who were in need. From these roots, PHPs have evolved into incorporated agencies that have formalized agreements with their state licensing boards specifying the exact content of their monitoring agreements and how noncompliance is handled. A handful of PHPs are themselves subsidiaries of state licensing boards, some are run out of state medical societies, whereas the majority are independent entities. They are funded through a variety of means, including grants from state licensing boards, fees charged to participants, contributions from their state medical association, or a “per capita” assessment from malpractice insurers. Staffing at PHPs usually includes a director (who may or may not be a physician) and associate directors or case managers, and a program manager and other administrative support staff. Some PHPs are large enough to have a development officer and/or a staff attorney.

Many PHPs are “diversion” or “safe haven” programs, meaning that physicians who suffer from alcohol or drug problems can have their case diverted to the PHP in lieu of being reported to the state licensing board. Some states such as Massachusetts allow for this kind of “diversion” only when there have been no allegations of patient harm and no laws have been broken. Some states also require physicians to acknowledge that they are in a PHP when they renew their licenses. Nonetheless, when a physician agrees to cooperate with the PHP and adhere to any recommendations it might make, it decreases the probability that the physician will be subject to disciplinary action and increases the likelihood that he will be able to remain in practice.

Although some physicians enter PHPs on their own, many are compelled to do so by their hospitals or medical groups. Still others are referred by the state licensing board and instructed to comply with any PHP recommendations or else face disciplinary action. Thus, for most physicians, participation in a PHP evaluation is coercive, and once a PHP recommends monitoring, physicians have little choice but to cooperate with any and all recommendations if they wish to continue practicing medicine (DuPont et al., 2009a).

From the Department of Psychiatry, Harvard Medical School and Cambridge Health Alliance, and Boston Children’s Hospital (JWB), Cambridge, MA; and Department of Pediatrics, Harvard Medical School, Boston Children’s Hospital (JRK), Boston, MA.

Received for publication July 7, 2011; accepted June 3, 2012.

Send correspondence and reprint requests to J. Wesley Boyd, MD, PhD, 1493 Cambridge Street, Cambridge, MA 02139. E-mail: jwboyd@cha.harvard.edu.

The authors declare no conflict of interest.

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DOI: 10.1097/ADM.0b013e318262ab09

Contracting physicians are not the only ones who might feel coerced to comply with PHP recommendations. The same may very well apply to chief medical officers, department chairs, or any other individual who refers a physician to a PHP. No matter how “soft” the referral might have been from the perspective of the referrer, once the PHP meets with the physician and returns a list of formal recommendations, the referring entity might be on shaky ground legally if it does not mandate full compliance with the PHP recommendations.

Despite their coercive nature, PHPs are among the most effective modalities for treating addictions, a fact that many believe justifies coercion (Nace et al., 2007; Sullivan et al., 2008). Just how successful are they? Abstinence rates among substance abusing physicians who engage with PHPs are in the 75% to 80% range, far higher than almost any other form of substance abuse treatment (McLellan et al., 2008). The effectiveness of PHPs in dealing with mental health disorders is still being established, but early evidence suggests a similar high degree of effectiveness (Knight et al., 2007).

The high success rate of these programs is likely multifactorial. First, the structured nature of the treatment and monitoring programs is, no doubt, partly responsible for their effectiveness. The physician clients of these programs are demographically different from most who enter rehabilitation programs: tending to be better educated, more professionally accomplished, and of a higher socioeconomic status, differences that might also contribute to the high rates of recovery among physicians. Furthermore, for physicians, the rewards of maintaining sobriety and the costs of relapse are often quite high, a fact that likely further contributes to the successful nature of PHP involvement. Although these various factors likely play a role in PHP success rates, at present there is insufficient evidence to speculate about the exact contribution of each.

Physician health programs’ high success rates notwithstanding, impressive results do not obviate the need for scrutiny. Although there have been a number of descriptions of PHP configuration, standard practice, success rates, and variability among different state programs (Brooks et al., 2012; Knight et al., 2002, 2007; McLellan et al., 2008; DuPont et al., 2009a, 2009b) to our knowledge, there has not yet been any systemic analysis of the ethical and management issues that arise in standard PHP practice.

Collectively, the authors of this commentary have more than 20 years of experience as associate directors of a PHP, which included working with many other state programs (to arrange interstate transfers or joint monitoring of clients), and through our teaching, research, and national professional society activities, we have reviewed the extent scientific literature and networked with PHP leaders throughout the United States. We believe that because of the power of PHPs over physicians and the coerced nature of their services, such an examination is both warranted and overdue.

CONFLICT OF INTEREST IN REFERRALS FOR EVALUATION AND TREATMENT

Some PHPs perform their own evaluations of physicians and only refer the most complicated cases out for external

review. Other PHPs refer every physician who enters their program for an initial evaluation. Also, if a physician who is being monitored tests positive for a substance of abuse, is known to have relapsed otherwise, or has a significant recurrence of a psychiatric disorder, the PHP may require an outside “independent” evaluation. Although they perform an important function, these evaluations carry with them ethical dilemmas.

First, evaluations are usually not covered by insurance and they are costly (as high as a \$4500 minimum charge for a 96-hour evaluation) (Boyd, personal communication, 2010). If the evaluators recommend treatment, clients are given the opportunity to go to various centers for treatment, but they often elect to stay at the same site where they obtained their evaluation (with costs as high as \$39,000 for a standard 90-day length of stay [LOS]; some even more costly). This expense can be prohibitive, especially for physicians in training and for those who are not working. For example, an out-of-work physician received a grant from his state medical society’s “benevolent fund” to obtain an evaluation but could not afford to pay for treatment when it was recommended, so instead of staying he simply left the center. If treatment is priced so high that it is out of the reach of potential physician patients, it does not serve the purpose for which it was created and thus represents an administrative and management failure on the part of the PHP.

Furthermore, it is not clear to us why, for many PHP clients, the LOS should be so much longer than the LOS on average for non-PHP patients. Although individuals who remain in treatment do better than those who drop out, we could find no studies supporting a specific LOS for health care professionals. Thus, the only guarantee for requiring physicians to remain in treatment for 90 days compared to the more standard 21- to 28-day LOS is that it will cost more, perhaps prohibitively so for some physicians.

Also, because many centers that specialize in evaluating health care professionals also provide costly treatment, can anyone ensure that financial incentives did not play a role in the recommendation? In our experience, it is far more common for physicians to simply stay at the same facility for treatment rather than packing up and moving elsewhere.

To further complicate matters, many evaluation/treatment centers depend on state PHP referrals for their financial viability. Because of this, if, in its referral of a physician, the PHP highlights a physician as particularly problematic, the evaluation center might—whether consciously or otherwise—tailor its diagnoses and recommendations in a way that will support the PHP’s impression of that physician. Adding to the potential conflict of interest, evaluation and treatment centers often sponsor or exhibit at PHP regional and national meetings, thus supporting PHPs financially. The relationships between PHPs and evaluation/treatment centers are thus replete with potential conflicts of interest.

DRUG AND ALCOHOL TESTING

Laboratory testing for substances has become exceedingly sensitive. Routine urine testing can detect minute levels of morphine and ethyl glucuronide (EtG), a metabolite of

ethanol that provides a 3-day window of detection. For example, we have seen low-level positive EtG results in individuals who have done nothing more than use alcohol hand wash, rinse their mouths with alcohol-based mouthwash, or used asthma inhalers with ethanol propellants. (We have also seen positive morphine tests in individuals who had consumed only poppy seed bagels or crackers.) Because of its extreme sensitivity, the Substance Abuse and Mental Health Services Administration has issued an advisory cautioning that EtG testing be used for clinical purposes only and not used solely as the basis of reports in forensic programs (Center for Substance Abuse Treatment, 2006).

Nonetheless, some state PHPs report any and all positive tests to the licensing board. Each PHP is different in its reporting requirements, depending on the nature of the relationship between the PHP and its respective board. We have seen many physicians reported to the board for positive laboratory results that did not indicate either substance use or relapse. The fact is that merely being reported to one's licensing board can produce inordinate anxiety, shame, and fear for the physician and his family, and it also carries significant economic and professional costs, given that once reported, physicians often need to retain legal counsel and/or are asked not to work while the positive test result is being investigated. We do not believe that an ethically sound argument can be made for reporting positive tests that do not indicate relapse to state medical boards. We, therefore, disagree strongly with the practice of some PHPs of reporting all positive tests to licensing entities and others.

To avoid having physicians test positive at low levels for EtG, some PHPs advise their clients to avoid ethanol-based handwash. Given the availability of isopropyl-alcohol-based handwashes that do not cause a positive EtG result, this statement seems feasible. But the standard handwash in many, if not most, hospitals is ethanol based, and many require alcohol-based handwashing without providing an isopropyl-based alternative, making a PHP recommendation for a physician to avoid alcohol handwash ethically indefensible, given that the careers of physicians being monitored by PHPs are almost always already in jeopardy.

Analogously, we are aware that some PHPs make recommendations to physicians about treatment for their medical conditions, specifically pertaining to acute pain management, asthma treatment, and surgery and postoperative care. When this has occurred, the motivation to do so by the PHP has been to simplify the PHP's ability to interpret test results—namely to avoid medications such as opioids that cause physicians to have positive tests—rather than what might be in the best health interests of the physician. We believe that the physician's health and well-being should be paramount to all other considerations. Physician health programs should not take any steps that could interfere with a contracting physician's right to the best medical care, including, for example, contacting his treating physicians to discuss the difficulties of monitoring while under legitimate, warranted treatment with opioid medication. In the short term, these treatments may be better handled with temporary increases in testing, support group attendance, and more frequent communication with workplace monitors.

RESEARCH BY PHPs

A number of state PHPs collect data about their participants and, either individually or in collaboration with other PHPs, publish data about physician outcomes or other aspects of their work. The first principle of the Nuremberg Code of Medical Ethics states, "The voluntary consent of the human subject is absolutely essential. This means that the person involved should . . . be able to exercise free power of choice, without the intervention of any element of force, . . . duress, over-reaching, or other ulterior form of constraint or coercion" (Nuremberg Code of Medical Ethics, 1947). Physician health program standard practice often flouts this principle because even if PHPs inform their participants about the possibility of having their data tabulated (as some do) and even if the data collection receives approval of an institutional review board, we do not believe that PHP participants could easily decline to be research subjects. Physician health programs could, of course, respond by saying that physicians, as a group, are also naturally curious, and they might, therefore, volunteer for research studies for the common good out of a sense of altruism. Although this may be true, we believe that most PHP participants are just too vulnerable professionally to risk displeasing those who run their PHP by declining to participate as research subjects.

INTERTWINED RELATIONSHIPS WITH STATE LICENSING BOARDS

A majority of PHPs in the United States (30 of the 43 PHPs that reported) receive a substantial portion of their funding from their state licensing board (Federation of Physician Health Programs, 2009). Thus, even if they are not run by their licensing boards, most PHPs are beholden to the licensing board and might act in ways to keep the board satisfied, rather than risk loss of financial support or even closure. After running afoul of its licensing board, for example, the PHP in California was shut down (California Physician Advocacy Group, 2009). Most PHPs thus have a potential conflict of interest anytime they communicate with their licensing boards about any physician. To further complicate matters, the physicians on staff at PHPs are themselves licensed by their state boards and, as such, could be compromised in any dealings with their licensing board. As an example, Massachusetts regulation 243 CMR 1.03 requires any licensed health care professional to report any physician suspected of being impaired (Massachusetts Board of Registration in Medicine, 2010). Therefore, physician members of PHPs could be professionally vulnerable if they do not report such colleagues, even though most PHPs would cease to exist if they fully adhered to this mandate.

CONCLUSIONS

Physician health programs often provide quality, effective addiction and/or mental health-related services aimed at treating physicians' illnesses in an evidence-based and respectful manner (Brooks et al., 2012; DuPont et al., 2009a, 2009b; Knight et al., 2007; McLellan et al., 2008), thereby helping physicians to better position themselves to retain their careers. However, there is substantial variability in individual states'

PHP policies and practice, often raising serious ethical and managerial questions.

Because PHP practices are unknown to most physicians before becoming a client of the PHP, many PHPs operate outside the scrutiny of the medical community at large. Physicians referred to PHPs are often compromised to some degree, have very little power, and are, therefore, not in a position to voice what might be legitimate objections to a PHP's practices. We recommend that the broader medical community begin to reassess PHPs as a whole. Consideration should be given toward the implementation of independent ethical oversight and establish an appeals process for PHP clients who feel they are being treated unfairly, to ensure that PHPs fulfill their mission in an ethical manner. Also, we believe that the relationships of PHPs to evaluation and treatment centers and their respective licensing boards be as transparent as possible and openly communicated to all PHP clients. We call upon national organizations such as the American Society of Addiction Medicine and the American Association of Addiction Psychiatry to review PHP practices and recommend national standards that can be debated by all physicians, not just those who work within PHPs. We recommend a system of national licensing and periodic auditing of PHPs to ensure that they continue to provide a valuable service to the community, while doing so on a more nationally consistent basis (eg, ensuring minimal credentials of those who run PHPs, consistent practices around overseeing clinical care and drug testing, adopting standardized clinical outcomes metrics for quality assurance, etc), while also ensuring that PHP services are financially accessible to all physicians, students, and trainees and ethically sound in their implementation.

Authors' Disclaimer: The opinions expressed herein are solely those of the authors and do not necessarily reflect those of any state PHP, any state medical society, or ASAM. Our aim is to stimulate widespread discussion about standard PHP practices and to effect positive changes in the way that PHPs are currently administered.

REFERENCES

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Massachusetts General Hospital
Department of Pathology
55 Fruit Street, Bigelow 510
Boston, Massachusetts 02114-2696
Phone: 617-726-3635
Fax: 617-726-9206

11/05/2012

Jacob Hafter, Esq,
7201 W. Lake Mead Blvd, Suite 210
Las Vegas, NV 89128

Subject: Blood Collection/Testing Performed on Michael L. Langan, MD on July 1, 2011

Dear Sir:

I write you to provide my professional opinion regarding the quality and validity of testing performed on Michael Langan's (MLL) blood drawn on July 1, 2011 by a Quest Diagnostics specimen collector, at the request of Mary Howard of Physician Health Services, Inc (PHS).

As background, I have directed the MGH Chemistry and Toxicology Laboratories for nearly thirty years, and have both a clinical and academic interest in drug and drug-of-abuse testing. I have implemented many serum, urine, and oral fluid drug-of-abuse testing programs at MGH, including ones that dealt with "chain-of-custody" and Medical Review Officer issues. Much of my clinical work involves drug-of-abuse test interpretation for MGH clinicians.

I reviewed the documents MLL provided me relating to the July 1, 2011 testing. I was astonished at the large number of errors (including so-called "fatal" ones) and out-of-SOP events that occurred during the blood collection, processing, and transportation between 7/1 and when the specimen was finally received (seven!) days later by USDTLabs (where testing was actually done several days later). This is a very unusual delay; how the specimen was stored by the clinical (not forensic/"chain-of-custody") lab at Quest is not documented. This represents a serious, if not fatal flaw in the testing of MLL's blood. As a comparison, recall a recent very public case involving Major League Baseball vs. a league MVP. A positive urine performance-enhancing drug test was invalidated because there was only a 2-3 day explainable delay (because of a weekend transportation issue) in sending a sample to the testing lab. I think the seven day delay here is indefensible and will result in the overturning of any decisions based on MLL's very-flawed 7/1/2011 testing.

The many other errors in sample collection, processing, and transportation to USDTLabs include:

1. PHS directed Quest to use a chain-of-custody form (CCF) twice in PHS's order that initiated the 7/1/11 testing. The Quest specimen collector did not use the required form.
2. The collector then incorrectly used the PHS-to-Quest test order form, instead of a CCF. This resulted in fatal/significant errors noted in 3 below.
3. The documentation received by USDTLabs with the specimen on 7/8/11 did not have a date and time of specimen collection, proper ID of the collector, signature of the sample donor, or a tamper-proof seal affixed to the specimen.
4. On 7/1-7/2 someone (the 7/1 specimen collector?) incorrectly directed the sample to the clinical (not forensic/"chain-of-custody") QUEST lab in Cambridge, despite the clear instructions on the PHS order form. There the specimen sat for several days without documentation of its storage conditions.

By their own policy, upon receipt USDTLabs should have rejected the specimen because of the several fatal flaws involving chain-of-custody. They did not. Additionally, the Medical Review Officers (MROs) at both PHS and USDTL evidently ignored the fatal flaws and allowed the positive Phosphatidylethanolamine (PEth) result to be reported without any comment. As a standard of care, an MRO needs to investigate positive results to try and determine if there is an explanation(s) for them. The PHS MRO had an opportunity to clarify the 7/1/11 results when reviewing them. PEth is detectable for up to four weeks after exposure to ethanol, given its 4 day half-life. A repeat test drawn in the 7/15-7/20/2011 period, if negative for PEth, would have clarified the 7/1/11 result as a false-positive. Evidently the PHS MRO did nothing to clarify the situation, as PHS did not request a blood PEth test again on MLL until August, when it was too late to clarify the 7/1/11 test.

The actions PHS did take in July 2011 included requesting that Dr Langan's ID number be added to the already positive sample (19 days after specimen collection). They also requested that the lab report be updated to reflect that chain of custody was maintained. This second request is highly irregular. "Chain-of-Custody" never existed for MLL's 7/1/11 sample, and updating a report to say it did exist, many days after the fact, is wrong. Why PHS requested that chain of custody be added when there is not one is suspicious.

In conclusion, it appears from these documents that there is a purposeful and intentional act by PHS to show MLL's 7/1/11 test as valid when in reality this test was invalid, and

involved both fatal laboratory errors and lack of adequate MRO review of results. Anything based on MLL's 7/1/11 test as a confirmatory positive should be reversed, rectified, and remediated.

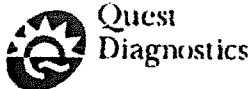
James G. Flood PhD

Dr. James G. Flood, PhD
Director, Chemistry Laboratory
Massachusetts General Hospital

Assistant Professor of Pathology
Harvard Medical School

Quest Diagnostics Incorporated

415 Massachusetts Avenue
Cambridge, MA 02139
617.547.8900 PHONE
www.QuestDiagnostics.com



March 22, 2012

Linda Bresnahan, M.S.
Director of Program Operations
Physician Health Services, Inc.
860 Winter Street
Waltham, MA 02451-1414

Dear Ms. Bresnahan:

On Friday, July 1, 2011, PHS faxed a letter to the Quest Diagnostics Patient Service Center at 1180 Beacon Street in Brookline, Massachusetts requesting a blood collection for PHS Participant #1310 for "Phosphatidyl Ethanol, USDTL Test Code PEthStat." The letter clarified that the test required 5 ml of whole blood to be collected in a purple, gray or green top tube. The letter requested that the test code be written on the chain of custody form and recommended that a copy of the fax be sent along with the chain of custody form to the address listed on the fax. The address on the fax was for United States Drug Testing Laboratory (USDTL). The collector was unfamiliar with collecting blood samples for PHS and did not have a chain of custody form designed for blood tubes. The collector used the faxed letter request, which included the test code and the collection information, as the chain of custody form. The collector did collect the blood in the specified tube. The collector, in the presence of Participant #1310, wrote the donor ID number (1310) on the blood tube. The collector then wrote on the bottom of the faxed letter "Pt. Signature" and indicated with an "X" where Participant #1310 should sign to confirm that the blood she collected was being placed in the specimen bag. The signed form was then placed in the specimen bag along with the labeled blood tube and the bag was sealed in the presence of the donor. The specimen was sent to Quest Diagnostics Clinical Laboratory in Cambridge, Massachusetts.

On Saturday, July 2, 2011, the sample arrived at the Quest Diagnostics Clinical Laboratory in Cambridge, Massachusetts. The bag arrived intact and sealed and was opened to be logged in as a clinical specimen. Upon opening the sample, the faxed letter request form was initialed, and bar codes were placed on both the faxed letter request and the blood tube to track the sample. Since the faxed letter specified a test that the Cambridge laboratory does not conduct (PEthStat) the laboratory placed a "hold" on the sample so that clarification could be obtained as to where the sample should be directed. Mailing instructions were subsequently confirmed, and on July 7, 2011, the labeled sample was sent to USDTL along with the faxed letter request.

Sincerely,

A handwritten signature in black ink, appearing to read "Nina C. Hobin".

Nina C. Hobin
Compliance Officer, New England

Subject: FW: Please provide amended lab report

Regards,

Joseph Jones, MS, NRCC-TC
Vice President Laboratory Operations
United States Drug Testing Laboratories
1700 South Mount Prospect Road
Des Plaines, Illinois 60018
(847) 375-0770 x8861
(847) 375-0775 FAX
www.usdtl.com

-----Original Message-----

From: Langan, Michael L, M.D. [<mailto:Langan.MichaelL@mgh.harvard.edu>]
Sent: Monday, December 10, 2012 12:46 AM
To: Joseph Jones
Subject: Please provide amended lab report

Dear Dr. Jones,

Dear Dr. Jones,

Please see attached. I know you are familiar with the USDTL litigation packet. It is my understanding that an amended report was sent out October 4th to the MA Physicians Health Service (PHS) documenting that there was no external chain of custody. I was informed of this by Amy Daniels of CAP, but PHS continues to maintain that you support the validity of the PEth test done July 1st, 2011. However, I have not seen a copy of this.

I need a copy of the amended report asap that explains that this was an invalid test due to the reasons set forth in Dr. Flood's letter. What Dr. Flood does not mention is that there is evidence from the litigation packet that a red top tube was used and that a red top tube, an alcohol wipe, and 8 days in 90 degree weather is recipe for the production of alcohol. He also does not mention that there are two pages missing from the memo from PHS to USDTL requesting that "chain of custody" be added.

I do not know your reasons for bypassing protocols (including your own), chain of custody, MRO review, and ignoring multiple fatal flaws to provide PHS with a positive (extremely positive I might add) PEth test from July 1st 2011. Nor do I care. My only concern is that it be corrected as soon as possible. For all I know PHS "tricked you" into running it by saying it was academic and was not going to be used in a forensic manner. For all I know you have told them the test was invalid all along. But in actual fact, PHS has used this test to cause, and continue to cause, a significant amount of harm. Since PEth is not a clinical test but a forensic one it would appear to anyone reading the litigation packet that there was collusion between USDTL and PHS to bypass protocol and misrepresent an invalid test--which as you probably know is not only a violation of standard of care, guidelines, explicit protocols, ethics, and your own written guidelines but also a violation of Federal and State Law.

So I am asking you to clarify the truth about this test as explicitly as possible before this goes any further. I am asking you to right a wrong. I am not asking you to admit to any blame but to state the facts of the case (that the test had multiple errors, was a rejected specimen, and is invalid. You can note that, if true, it was the ordering agency that requested my ID number "1310" and "chain of custody" was requested to be added by the request of the ordering agency 19 days after the specimen was drawn. You might also add that the subsequent PEth drawn on me the following month, that was done correctly, was negative.

I am writing you in a good faith effort to resolve this before my attorney becomes involved. I am sure your attorneys would agree that resolving this as soon as possible would be mutually beneficial.

Should you choose to ignore this the inevitable conclusion of all of this will be, understandably, be a very public civil litigation and as Dr Flood correctly observes there is no plausible justification of how this test was processed except the purposeful intention to make an invalid specimen a positive at the request of PHS. I don't need to continue as I am sure you are aware of the implications and what the litigation packet incontrovertibly reveals. As it stands, the only parties involved are PHS, the MA BORM, CAP, and my Attorney Jacob Hafter. I am sure you will agree that being forthright about the test (even almost 1 and 1/2 years after the damage was done) at this point will mitigate future problems. The truth and potential adverse consequences of this making it into the public arena should certainly usurp pleasing a misguided and morally abject client. Please give this some thought and advise as soon as possible.

Sincerely,

Michael Langan, MD

Michael Langan MD
MGH Senior Health
Harvard Medical School
125 Cambridge Street
Boston, MA 02114
617-640-3681

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

Information from ESET NOD32 Antivirus, version of virus signature database 7782
(20121209)

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

Information from ESET NOD32 Antivirus, version of virus signature database 7785
(20121210)

The message was checked by ESET NOD32 Antivirus.

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Information from ESET NOD32 Antivirus, version of virus signature database 7836
(20121226)

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

Information from ESET NOD32 Antivirus, version of virus signature database 7848
(20121231)

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

Information from ESET NOD32 Antivirus, version of virus signature database 7864
(20130105)

The message was checked by ESET NOD32 Antivirus.

<http://www.eset.com>

Quest Diagnostics Incorporated

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247 87 3165



Quest
Diagnostics

March 22, 2012

Linda Bresnahan, M.S.
Director of Program Operations
Physician Health Services, Inc.
860 Winter Street
Waltham, MA 02451-1414

Dear Ms. Bresnahan:

On Friday, July 1, 2011, PHS faxed a letter to the Quest Diagnostics Patient Service Center at 1180 Beacon Street in Brookline, Massachusetts requesting a blood collection for PHS Participant #1310 for "Phosphatidyl Ethanol, USDTL Test Code PEthStat." The letter clarified that the test required 5 ml of whole blood to be collected in a purple, gray or green top tube. The letter requested that the test code be written on the chain of custody form and recommended that a copy of the fax be sent along with the chain of custody form to the address listed on the fax. The address on the fax was for United States Drug Testing Laboratory (USDTL). The collector was unfamiliar with collecting blood samples for PHS and did not have a chain of custody form designed for blood tubes. The collector used the faxed letter request, which included the test code and the collection information, as the chain of custody form. The collector did collect the blood in the specified tube. The collector, in the presence of Participant #1310, wrote the donor ID number (1310) on the blood tube. The collector then wrote on the bottom of the faxed letter "Pt. Signature" and indicated with an "X" where Participant #1310 should sign to confirm that the blood she collected was being placed in the specimen bag. The signed form was then placed in the specimen bag along with the labeled blood tube and the bag was sealed in the presence of the donor. The specimen was sent to Quest Diagnostics Clinical Laboratory in Cambridge, Massachusetts.

On Saturday, July 2, 2011, the sample arrived at the Quest Diagnostics Clinical Laboratory in Cambridge, Massachusetts. The bag arrived intact and sealed and was opened to be logged in as a clinical specimen. Upon opening the sample, the faxed letter request form was initialed, and bar codes were placed on both the faxed letter request and the blood tube to track the sample. Since the faxed letter specified a test that the Cambridge laboratory does not conduct (PEthStat) the laboratory placed a "hold" on the sample so that clarification could be obtained as to where the sample should be directed. Mailing instructions were subsequently confirmed, and on July 7, 2011, the labeled sample was sent to USDTL along with the faxed letter request.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nina C. Hobin'.

Nina C. Hobin
Compliance Officer, New England

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation

www.physicianhealth.org

Luis T. Sanchez, MD
Director

860 Winter Street
Waltham, MA 02451-1414
(781) 434-7404 • (800) 322-2303
Fax (781) 893-5321

Date: July 19, 2011

To: United States Drug Testing Laboratories

Fax: 847-375-0775

Total number of pages: 3

Account Number: PHSWMA for Physician Health Services

attn: *Kendyll*

RE: Specimen Chain of: 461430

Donor ID as listed: 461430

Donor ID: 1310

Collection Date: 7/1/2011

Received Date: 7/8/11

Please update the lab report to reflect the donor ID number as listed on the order:
to **1310**

Please update the lab report to reflect that chain of custody was maintained.

Requested by Mary Howard: *M. Howard* *7/19/11*
(signed) (date)

If you have any questions, please call Linda Bresnahan 781-434-7404



EXHIBIT 6

UNITED STATES DRUG TESTING LABORATORIES
1700 S. MOUNT PROSPECT ROAD
DES PLAINES, ILLINOIS 60018-1804
847-375-0770 fax 847-375-0775

Report Luis Sanchez MD
Physicians Health Services
860 Winter Street
Waltham, MA 02451

Cust ID PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of 461430
Name NA
Lab Sample ID 877649
Donor ID 461430

Test Reason Not given
Type Blood
Collected
Received 7/8/2011 10:46
Reported 7/14/2011 18:39

Tests Requested

Test	Result	Quantitation	Screen Limit	Confirm
PETH-BLD Phosphatidyl Ethanol (Blood)	Sample POSITIVE			
PHOSPHATIDYL ETHANOL	POSITIVE		20 ng/mL	
Phosphatidyl Ethanol (LCMSMS)	POSITIVE	365.4 ng/mL		20.0 ng/mL



EXHIBIT 117

UNITED STATES DRUG TESTING LABORATORIES
1700 S. MOUNT PROSPECT ROAD
DES PLAINES, ILLINOIS 60018-1804
847-375-0770 fax 847-375-0775

Report Luis Sanchez MD
Physicians Health Services
860 Winter Street
Waltham, MA 02451

Cust ID PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of 1310
Name NA
Lab Sample ID 877649
Donor ID 461430

Test Reason Not given
Type Blood
Collected 7/1/2011 00:00
Received 7/8/2011 10:46
Reported 7/20/2011 16:17

Tests Requested

Test	Result	Sample	Quantitation	Screen Limit	Confirm
PEth-BLD Phosphatidyl Ethanol (Blood)		POSITIVE			
PHOSPHATIDYL ETHANOL	POSITIVE			20 ng/mL	
Phosphatidyl Ethanol (LCMSMS)	POSITIVE		365.4 ng/mL		20.0 ng/mL

Sample Comments

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 46143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011

Internal Certification Hardcopy

July 25, 2011 4:17:08 PM

Laboratory Charles A. Plate, PhD
Scientific Director

JUL-01-2011 FRI 12:23 PM

FAX NO.

EXHIBIT 8 P. 01/01

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation
www.physicianhealth.org

Luis E. Sanchez, MD
Director

66004465

860 Winter Street
Waltham, MA 02451-1174
(781) 434-7404 • (800) 323-2303
Fax (781) 893-5321

Date: July 1, 2011

Fax to: **Quest Diagnostics** - 1180 Beacon Street, Brooklyn

Fax #: (617) 739-2941 (phone 617-232-5733)

SAMPLE, Blood
HSN: 877849
Control# 461430
Receive date: 07/08/11 10:46
Profile: PEth-BLD

For collection on **Friday, July 1** for PHS Participant # **1310**.

Please order Test: Phosphatidyl Ethanol, **USDTL Test Code PEthStat** by writing this information on the chain of custody form.

> The test requires 5ml whole blood in purple, gray or green top tube.

Requested by Mary Howard: M. Howard 7/1/11

If you have any questions please call me at: (781) 434-7404

Including a copy of this fax with the chain of custody form may help with the send out by Employer Solutions. Sample to be sent for testing to:

MISCOQA
AMBQCA
D/11

USDTL address:
1700 South Mount Prospect Rd.
Des Plaines, IL 60018
(800) 235-2367

Batch 10816 07/02 A REQ
1L JXRI

WC 461430 R

TIQ 70097

WC 461430 R Req

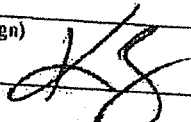
TIQ 70091

WC 461430 R Req

pt. signature

Chain-of-Custody Specimen Receipt

ID 460430

Receiver Certification	Receiver	Date
I certify that the specimen received on this form was sealed in the appropriate container with the seal intact and the identification number and/or name on this form matches that on the specimen and the specimen was transferred to temporary laboratory storage.	(sign) 	7/8/11
	(print) KYLA BOGAN	



1700 S. Mount Prospect Road | Des Plaines, IL 60018 | (800) 235-2367 | www.usdtl.com

UNITED STATES DRUG TESTING LABORATORIES, INC

**CHAIN OF CUSTODY FOR
THE TRANSFER OF BLOOD TO
LONG TERM STORAGE**

MATRIX: Blood

REC'D DATE: July 2011

DATE	RELEASED BY	RECEIVED BY	PURPOSE
8/1/2011	Temp Storage Receiving Area	Janet McCrimmon	Select Specimens For Transfer to Long Term Storage
8/1/2011	Janet McCrimmon	LONG TERM STORAGE	TRANSFER BLOOD TO LONG TERM STORAGE

UNITED STATES DRUG TESTING LABORATORIES, INC

**CHAIN OF CUSTODY FOR
THE TRANSFER OF BLOOD TO
LONG TERM STORAGE**

MATRIX: Blood

REC'D DATE: July 2011

DATE	RELEASED BY	RECEIVED BY	PURPOSE
8/1/2011	Temp Storage Receiving Area	Janet McCrimmon	Select Specimens For Transfer to Long Term Storage
8/1/2011	Janet McCrimmon	LONG TERM STORAGE	TRANSFER BLOOD TO LONG TERM STORAGE



UNITED STATES DRUG TESTING LABORATORIES
1700 S. MOUNT PROSPECT ROAD
DES PLAINES, ILLINOIS 60018-1804
847-375-0770 fax 847-375-0775

Report To Luis Sanchez MD
Physicians Health Services
860 Winter Street
Waltham, MA 02451

Cust ID PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of Custody 1310
Name NA
Lab Sample ID 877649
Donor ID 461430

Test Reason Not given
Type Blood
Collected 7/1/2011 00:00
Received 7/8/2011 10:46
Reported 10/4/2012 12:50

Tests Requested

Test	Result	Quantitation	Screen Limit	Confirm
PEth-BLD Phosphatidyl Ethanol (Blood)	Sample POSITIVE			
PHOSPHATIDYL ETHANOL	POSITIVE		20 ng/mL	
Phosphatidyl Ethanol (LCMSMS)	POSITIVE	365.4 ng/mL		20.0 ng/mL

Sample Comments

REVISED REPORT PER CLIENTS REQUEST

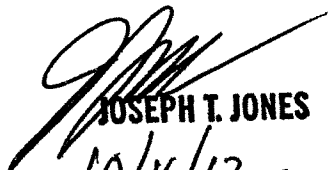
CORRECTED DONOR ID FROM 46143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011

APPENDED REPORT: EXTERNAL CHAIN OF CUSTODY PROTOCOL WAS NOT FOLLOWED PER STANDARD PROTOCOL

Certification

Data approved by Joseph Jones on 10/4/2012


JOSEPH T. JONES
10/4/12



UNITED STATES DRUG TESTING LABORATORIES
 1700 S. MOUNT PROSPECT ROAD
 DES PLAINES, ILLINOIS 60018-1804
 847-375-0770 fax 847-375-0775

Report Luis Sanchez MD
 Physicians Health Services
 860 Winter Street
 Waltham, MA 02451

Cust ID PHSWMA
 Client Physicians Health Services
 Location
 Collector

Sample Information

Chain of 1310
 Name NA
 Lab Sample ID 877649
 Donor ID 461430

Test Reason Not given
 Type Blood
 Collected 7/1/2011 00:00
 Received 7/8/2011 10:46
 Reported 7/20/2011 16:17

Tests Requested

Test	Result	Quantitation	Screen Limit	Confirm
PEth-BLD Phosphatidyl Ethanol (Blood)	POSITIVE			
PHOSPHATIDYL ETHANOL	POSITIVE		20 ng/mL	
Phosphatidyl Ethanol (LCMSMS)	POSITIVE	365.4 ng/mL		20.0 ng/mL

Sample Comments

REVISED REPORT PER CLIENTS REQUEST
 CORRECTED DONOR ID FROM 46143 TO 1310
 CORRECTED COLLECTION DATE TO 07/01/2011

Internal Certification Hardcopy



UNITED STATES DRUG TESTING LABORATORIES
 1700 S. MOUNT PROSPECT ROAD
 DES PLAINES, ILLINOIS 60018-1804
 847-375-0770 fax 847-375-0775

Report Luis Sanchez MD
 Physicians Health Services
 860 Winter Street
 Waltham, MA 02451

Cust ID PHSWMA
 Client Physicians Health Services
 Location
 Collector

Sample Information

Chain of 461430
 Name NA
 Lab Sample ID 877649
 Donor ID 461430

Test Reason Not given
 Type Blood
 Collected
 Received 7/8/2011 10:46
 Reported 7/14/2011 18:39

Tests Requested

Test	Result	Quantitation	Screen Limit	Confirm
PEth-BLD Phosphatidyl Ethanol (Blood)	POSITIVE			
PHOSPHATIDYL ETHANOL	POSITIVE		20 ng/mL	
Phosphatidyl Ethanol (LCMSMS)	POSITIVE	365.4 ng/mL		20.0 ng/mL



United States Drug Testing Laboratories

1700 S. Mount Prospect Road Des Plaines, Illinois 60018

847.375.0770 Ph

847.375.0775 Fax

800.235.2367 Ph

www.usdtl.com

December 03, 2011

Linda Bresnahan, M.S.
Director of Program Operations
Physician Health Services, Inc.
890 Winter Street
Waltham, MA 02451-1414
(781) 434-7342 phone
(781) 893-5321 fax
Lbresnahan@mms.org

Re: Litigation Package 877649

Dear Ms. Bresnahan:

Enclosed is the Litigation Package for specimen 877649 you requested. If you have any questions, you may contact me at (847) 375-0770 x 8861.

Regards,

Joseph Jones
Vice-President Laboratory Operations



United States Drug Testing Laboratories

1700 S. Mount Prospect Road Des Plaines, Illinois 60018

847.375.0770 Ph

847.375.0775 Fax

800.235.2367 Ph

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**LITIGATION PACKAGE
FOR**

ACCOUNT: Physician Health Services

USDTL NUMBER: 877649

SPECIMEN ID: 1310
461430

MATRIX: Blood



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847.375.0775 Fax

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Confirmation Test Documents	27
Licensures and Registrations	42



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847.375.0770 Ph

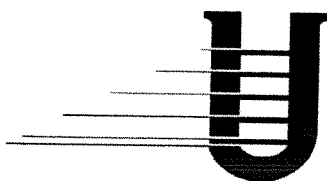
847.375.0775 Fax

800.235.2367 Ph

www.usdtl.com

SUMMARY OF RESULTS

ACCOUNT:	Physician Health Services
USDTL NUMBER:	877649
SPECIMEN ID:	1310 461430
MATRIX:	Blood



United States Drug Testing Laboratories

1700 S. Mount Prospect Road Des Plaines, Illinois 60018

847.375.0770 Ph

847.375.0775 Fax

800.235.2367 Ph

www.usdtl.com

SUMMARY OF RESULTS

ACCOUNT: Physician Health Services
USDTL NUMBER: 877649
SPECIMEN ID: 1310
461430
MATRIX: Blood

TEST REQUESTED: Phosphatidylethanol - Blood

INITIAL TEST

METHOD: Liquid Chromatography – Tandem Mass Spectrometry

Drug	Cutoff (ng/mL)	Response of Specimen (ng/mL)	Result
------	-------------------	---------------------------------	--------

Phosphatidylethanol	20	255.4	POSITIVE
---------------------	----	-------	-----------------

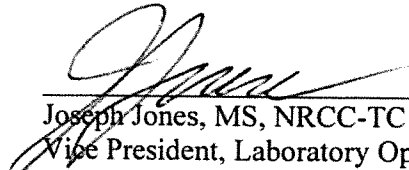
CONFIRMATION TEST

METHOD: Liquid Chromatography – Tandem Mass Spectrometry

Drug	Cutoff (ng/mL)	Response of Specimen (ng/mL)	Result
------	-------------------	---------------------------------	--------

Phosphatidylethanol	20	365.4	POSITIVE
---------------------	----	-------	-----------------

I certify that the specimen identified by the laboratory accession number above has been examined upon receipt, handled, and analyzed in accordance with this laboratory's Standard Operating Procedure.


Joseph Jones, MS, NRCC-TC
Vice President, Laboratory Operations

Dec 03, 2011
Date



UNITED STATES DRUG TESTING LABORATORIES
 1700 S. MOUNT PROSPECT ROAD
 DES PLAINES, ILLINOIS 60018-1804
 847-375-0770 fax 847-375-0775

Report Luis Sanchez MD
 Physicians Health Services
 860 Winter Street
 Waltham, MA 02451

Cust ID PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of 461430
Name NA
Lab Sample ID 877649
Donor ID 461430

Test Reason Not given
Type Blood
Collected
Received 7/8/2011 10:46
Reported 7/14/2011 18:39

Tests Requested

Test	Result	Quantitation	Screen Limit	Confirm
PEth-BLD Phosphatidyl Ethanol (Blood)	POSITIVE			
PHOSPHATIDYL ETHANOL	POSITIVE		20 ng/mL	
Phosphatidyl Ethanol (LCMSMS)	POSITIVE	365.4 ng/mL		20.0 ng/mL

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation

www.physicianhealth.org

Luis T. Sanchez, MD
Director

860 Winter Street
Waltham, MA 02451-1414
(781) 434-7404 • (800) 322-2303
Fax (781) 893-5321

Date: July 19, 2011

To: United States Drug Testing Laboratories

Fax: 847-375-0775

Total number of pages: 3

Account Number: PHSWMA for Physician Health Services

attn: *Kendyll*

RE: Specimen Chain of: **461430**

Donor ID as listed: **461430**

Donor ID: 1310

Collection Date: **7/1/2011**

Received Date: **7/8/11**

Please update the lab report to reflect the donor ID number as listed on the order:
to **1310**

Please update the lab report to reflect that chain of custody was maintained.

Requested by Mary Howard: *M. Howard* *7/19/11*
(signed) (date)

If you have any questions, please call Linda Bresnahan 781-434-7404



UNITED STATES DRUG TESTING LABORATORIES
1700 S. MOUNT PROSPECT ROAD
DES PLAINES, ILLINOIS 60018-1804
847-375-0770 fax 847-375-0775

Report Luis Sanchez MD
Physicians Health Services
860 Winter Street
Waltham, MA 02451

Cust ID PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of 1310	Test Reason Not given
Name NA	Type Blood
Lab Sample ID 877649	Collected 7/1/2011 00:00
Donor ID 461430	Received 7/8/2011 10:46
	Reported 7/20/2011 16:17

Tests Requested

Test	Result	Quantitation	Screen Limit	Confirm
PEth-BLD Phosphatidyl Ethanol (Blood)		Sample POSITIVE		
PHOSPHATIDYL ETHANOL	POSITIVE		20 ng/mL	
Phosphatidyl Ethanol (LCMSMS)	POSITIVE	365.4 ng/mL		20.0 ng/mL

Sample Comments

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 46143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011

Internal Certification Hardcopy

es137, July 20, 2011 4:17:08 PM

Laboratory Charles R. Pate PhD
Scientific Director Douglas Lewis



United States Drug Testing Laboratories

1700 S. Mount Prospect Road Des Plaines, Illinois 60018

847.375.0770 Ph

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800.235.2367 Ph

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CHAIN OF CUSTODY DOCUMENTS

JUL-01-2011 FRI 12:23 PM

FAX NO.

P. 01/01

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation
www.physicianhealth.org

Luis T. Sanchez, MD
Director


66004465

860 Winter Street
Waltham, MA 02451-1114
(781) 434-7404 • (800) 323-2303
Fax (781) 893-5321

Date: July 1, 2011

Fax to: **Quest Diagnostics** – 1180 Beacon Street, Brookline

Fax #: (617) 739-2941 (phone 617-232-5733)

SAMPLE, Blood
HSN: 877649

Control# 461430
Receive date: 07/08/11 10:46
Profile: PEth-BLD

For collection on **Friday, July 1** for PHS Participant # **1310**,

Please order Test: Phosphatidyl Ethanol, **USDTL Test Code PEthStat** by writing this information on the chain of custody form.

> The test requires 5ml whole blood in purple, gray or green top tube.

Requested by Mary Howard: M. Howard 7/1/11

If you have any questions please call me at: (781) 434-7404

Including a copy of this fax with the chain of custody form may help with the send out by Employer Solutions. Sample to be sent for testing to:


MISCOCA
AMBACA
7/1/11

USDTL address:
1700 South Mount Prospect Rd.
Des Plaines, IL 60018
(800) 235-2367

Batch 10816 07/02 A REQ
1L JXRI
WC 461430 R

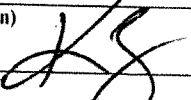
TIQ 70097
WC 461430 R Req

TIQ 70091
WC 461430 R Req


pt. signature 

Chain-of-Custody Specimen Receipt

ID 460430

Receiver Certification	Receiver	Date
I certify that the specimen received on this form was sealed in the appropriate container with the seal intact and the identification number and/or name on this form matches that on the specimen and the specimen was transferred to temporary laboratory storage.	(sign)  (print) KYLA BOGAN	7/8/11



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UNITED STATES DRUG TESTING LABORATORIES, INC

**CHAIN OF CUSTODY FOR
THE TRANSFER OF BLOOD TO
LONG TERM STORAGE**

MATRIX: Blood

REC'D DATE: July 2011

DATE	RELEASED BY	RECEIVED BY	PURPOSE
8/1/2011	Temp Storage Receiving Area	Janet McCrimmon	Select Specimens For Transfer to Long Term Storage
8/1/2011	Janet McCrimmon	LONG TERM STORAGE	TRANSFER BLOOD TO LONG TERM STORAGE



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847.375.0775 Fax

800.235.2367 Ph

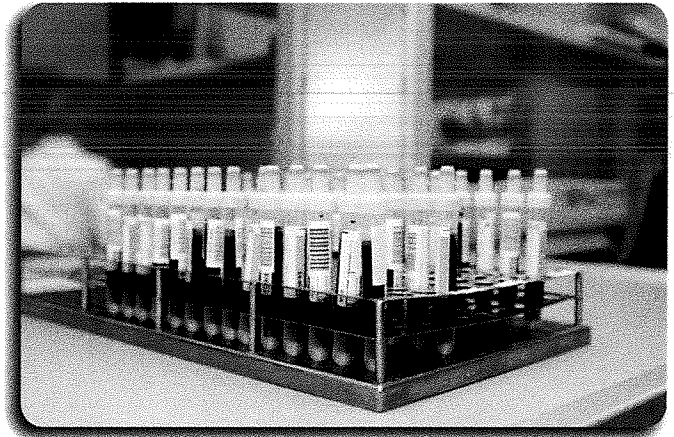
www.usdtl.com

COLLECTION INSTRUCTIONS

Blood collection instructions

Materials needed for collection

- ▶ requisition form
- ▶ forensic blood collection kit
- ▶ courier exempt human specimen overwrap



1. Verify the donor with a government-issued photo ID. (driver's license, state ID, passport)
2. Record the donor information on the requisition form.
3. Using one of the provided gray top Vacutainer tubes, execute blood draw following local Standard Operating Procedure. Discard the second Vacutainer tube if not needed.
4. Peel the long chain-of-custody label from the requisition form and affix over the cap of the transport tube. Have the donor initial and date the seal. **Failure to place label over the cap will result in a "Rejected Specimen"**.
5. Have the donor print, sign and date the donor consent certification on the requisition form.
6. The collector should print, sign and date the collector certification on the requisition form.
7. Place the specimen tube(s) into the plastic tube holder.
8. Remove the adsorbent paper from the specimen bag and drape it over the tube between the two halves of the plastic tube holder.
9. Place the plastic tube holder in the specimen bag and seal the bag.
10. Place the requisition form and specimen bag into the exempt human specimen-labeled transport box and seal the box with the box seal sticker.
11. Place the transport box into the courier's exempt human specimen overwrap shipping bag. Contact your courier for pick-up.





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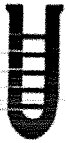
INITIAL TEST DOCUMENTS

#11

petdb5189-11

Batch Worklist

Batch LCMS/ 24692 Created 7/8/2011 10:58 HBN 2713634
 Rule BLD LCSCRN Analyst W. Tunstall Status WP Volume _____



Pos	Lab ID	Specimen ID	Note	Punches/Volume	Type	Analyte	Due Date
	877695				LOW	PEth-BLD	7/11/2011
	877696				HIGH	PEth-BLD	7/11/2011
	877697				CNB	PEth-BLD	7/11/2011
	877698				MID	PEth-BLD	7/11/2011
<u>AL</u>	877434			س	SAMPLE	PET-BLDSPT	7/12/2011
<u>BL</u>	877438			س	SAMPLE	PET-BLDSPT	7/12/2011
<u>C2</u>	877541			س	SAMPLE	PEth-BLD	7/12/2011
<u>D2</u>	877548			س	SAMPLE	PEth-BLD	7/12/2011
<u>E2</u>	877550			س	SAMPLE	PEth-BLD	7/12/2011
<u>F2</u>	877618			س	SAMPLE	PEth-BLD	7/12/2011
<u>A3</u>	877622			س	SAMPLE	PEth-BLD	7/12/2011
<u>B3</u>	877624			س	SAMPLE	PEth-BLD	7/12/2011
<u>C3</u>	877649			س	SAMPLE	PEth-BLD	7/12/2011

29/11

7/10/11

Batch Worklist

Batch LCMS/ 24692 Created 7/8/2011 10:58 HBN 2713634
 Rule BLD LCSCRN Analyst W. Tunstall Status WP Volume _____



AL-UNEM

<u>CONTROL</u>	<u>SPIKE VOL (uL)</u>	
<i>B</i> Calibrator	<i>0309111</i> 50uL	Internal Standard Lot # <i>50¹⁵</i> <i>050211</i>
<i>C</i> Mid	<i>0309110</i> 50uL	Internal Standard Spike Vol (uL) <i>50</i>
<i>D</i> Low	<i>0309113</i> 50uL	Spiking Standard Lot # <i>0309111</i>
<i>E</i> High	<i>0310116</i> 50uL	CNB Lot # <i>1762</i> <i>95041</i>
<i>Bundac</i>	<i>03091130</i> 50uL	Cal <i>0309111</i>
<i>F</i> Negative		

CHAIN OF CUSTODY - SPECIMEN CONTAINERS

Date	Released By	Received By	Purpose/Remarks
<i>7-8-11</i>	TEMP STORAGE REC AREA Print: LEIGH ALTIZER Sign: <i>[Signature]</i>	LEIGH ALTIZER Print: <i>[Signature]</i> Sign: <i>[Signature]</i>	Transfer Aliquots from Specimen Containers
<i>7-8-11</i>	Print: LEIGH ALTIZER Sign: <i>[Signature]</i>	TEMP STORAGE REC AREA	Return Specimens to Temporary Storage

CHAIN OF CUSTODY - SCREENING ALIQUOTS

Date	Released By	Received By	Purpose/Remarks
<i>7-8-11</i>	Print: LEIGH ALTIZER Sign: <i>[Signature]</i>	TEMP STORAGE EXTRACTION AREA	Transfer Aliquots to Extraction Area
<i>7/8/11</i>	TEMP STORAGE EXTRACTION AREA Print: MARLANDIS MIMS Sign: <i>[Signature]</i>	MARLANDIS MIMS Print: <i>[Signature]</i> Sign: <i>[Signature]</i>	SAMPLE PREPARATION
<i>7/8/11</i>	Print: MARLANDIS MIMS Sign: <i>[Signature]</i>	RICHA SHAH Print: <i>[Signature]</i> Sign: <i>[Signature]</i>	<i>Sample Preparation</i>
<i>7/8/11</i>	RICHA SHAH Print: <i>[Signature]</i> Sign: <i>[Signature]</i>	<i>LCMS # 11</i>	<i>LCMS Analysis</i>
7/8/11	LCMS # 11	LC/MS/MS # 1	LC/MS/MS Analysis
<i>7/9/11</i>	LC/MS/MS # <i>1</i>	ROSEMARIE RIOS Print: <i>[Signature]</i> Sign: <i>[Signature]</i>	Transfer Aliquots
<i>7/9/11</i>	ROSEMARIE RIOS Print: <i>[Signature]</i> Sign: <i>[Signature]</i>	Disposal	<i>Disposal</i>

37/9/11

Quant Sample Report (ISTD)

Batch Info

Batch Data Path D:\MassHunter\Data\070811\QuantResults\petdbs189-11.batch.bin

Analysis Time 7/9/2011 4:07 PM
 Report Time 7/9/2011 4:08 PM
 Last Calib Update 7/9/2011 4:07 PM

Analysis Info

Acq Time 7/9/2011 14:48
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 Acq Method File pet DBS.m
 Sample Name cal
 Sample Type Calibration
 Level 1
 Sample Pos P1-B1
 SampleAmount 3

M

Quantitation Results

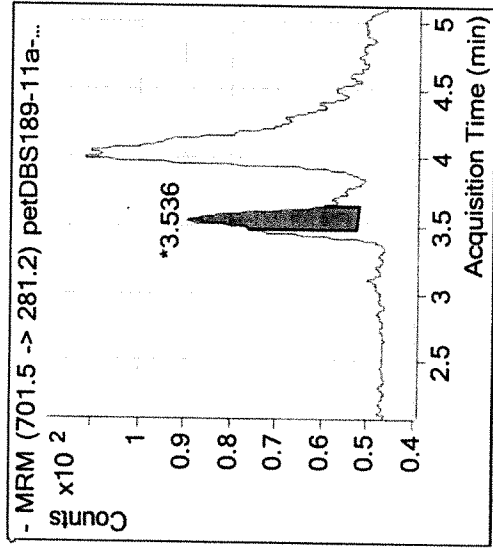
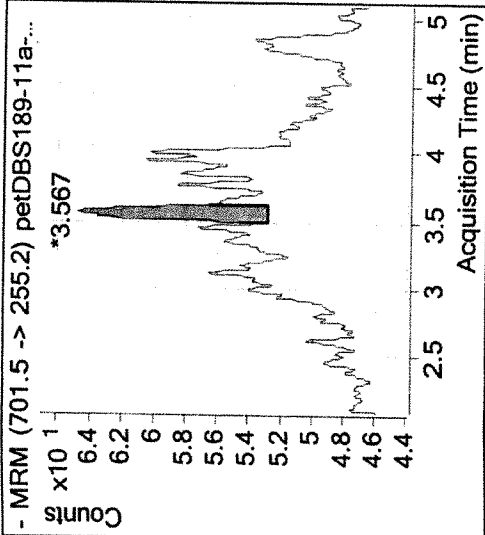
Target Compound	QUANT	QUAL	RT	Quant Area	Qual Area	On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2	701.5 -> 281.2	3.567	68	266	20.00	20.00	392.64	274.40	509.60	30.00
P-Eth	701.5 -> 255.2										

f

Quant Sample Report (ISTD)

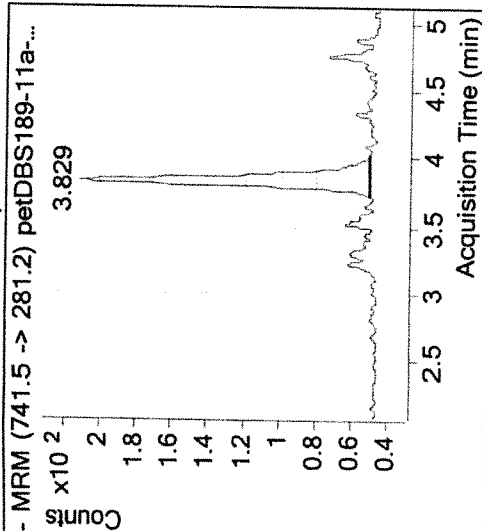
Compound Graphics

Target Compound P-Eth



ISTD Compound

P-Prop



Quant Sample Report (ISTD)

Batch Info

Batch Data Path D:\MassHunter\Data\070811\QuantResults\petdbs189-11.batch.bin

Analysis Time 7/9/2011 4:07 PM
 Report Time 7/9/2011 4:08 PM
 Last Calib Update 7/9/2011 4:07 PM

Analysis Info

Acq Time 7/9/2011 15:05
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 Acq Method File pet DBS.m
 Sample Name low
 Sample Type Sample
 Level
 Sample Pos P1-D1
 SampleAmount 3

M

Quantitation Results

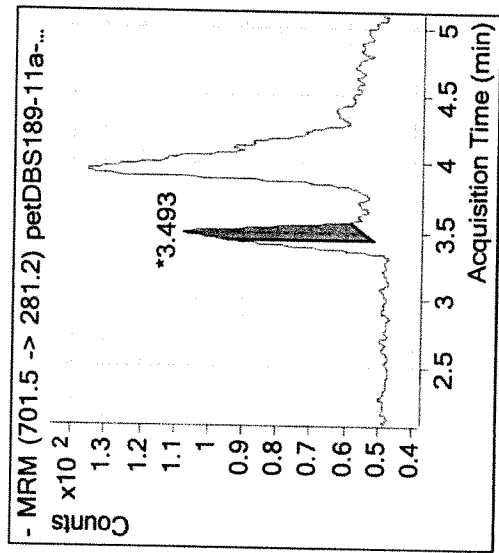
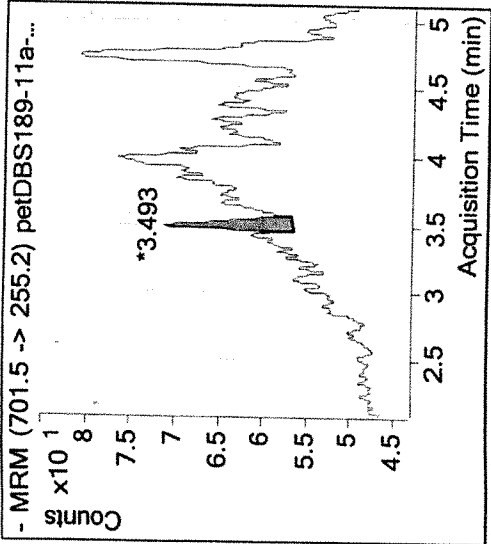
Target Compound	QUANT	QUAL	RT	Quant Area	Qual Area	On Column	Final Conc	Ratio	Min	Max	% Range
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P-Eth	701.5 -> 255.2										

f

Quant Sample Report (ISTD)

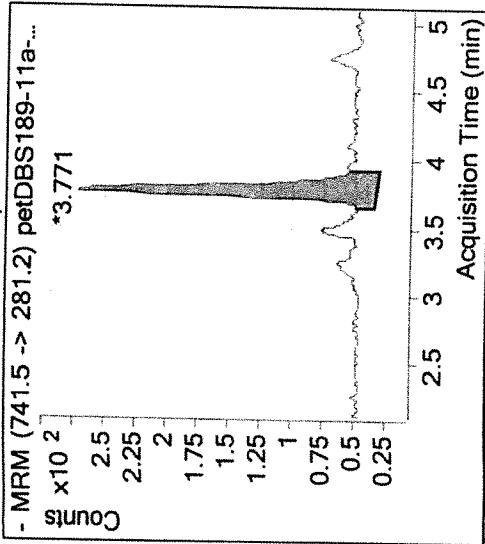
Compound Graphics

Target Compound P-Eth



ISTD Compound

P-Prop



Quant Sample Report (ISTD)

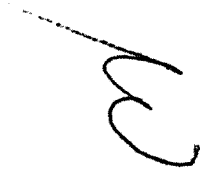
Batch Info

Batch Data Path D:\MassHunter\Data\070811\QuantResults\petdbs189-11.batch.bin

Analysis Time 7/9/2011 4:07 PM
 Report Time 7/9/2011 4:08 PM
 Last Calib Update 7/9/2011 4:07 PM

Analysis Info

Acq Time 7/9/2011 14:57
 Data File petDBS189-11a-11.d
 Acq Method File pet DBS.m
 Sample Name mid
 Sample Type Sample
 Level
 Sample Pos P1-C1
 SampleAmount 3



Quantitation Results

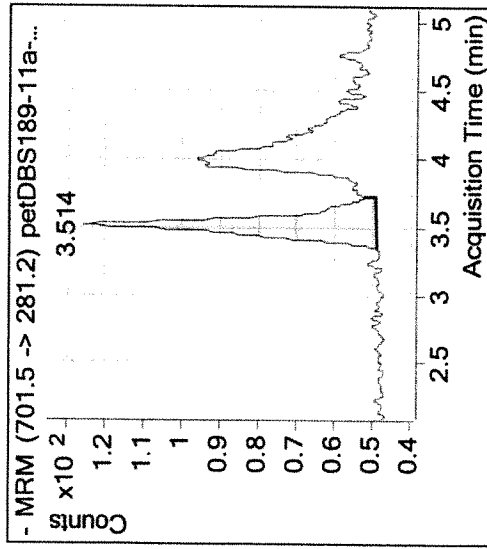
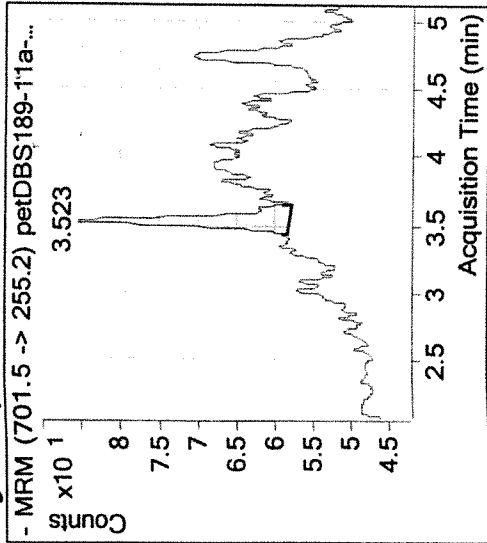
Target Compound	QUANT	QUAL	RT	Quant Area	Qual Area	On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2	701.5 -> 281.2	3.523	139	609	25.93	25.93	437.37	274.40	509.60	30.00
P-Eth	701.5 -> 255.2										



Quant Sample Report (ISTD)

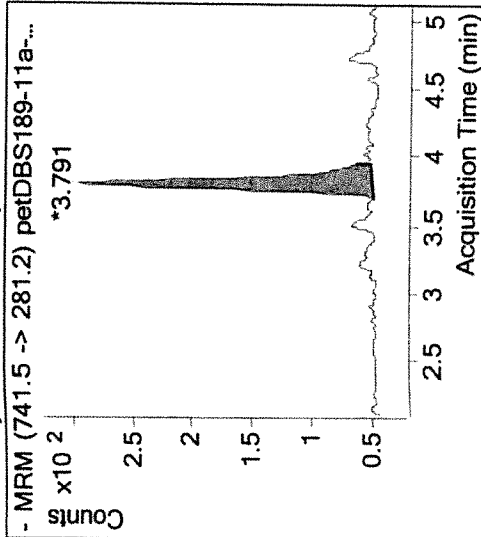
Compound Graphics

Target Compound *P-Eth*



ISTD Compound

P-Prop



Quant Sample Report (ISTD)

Batch Info

Batch Data Path D:\MassHunter\Data\070811\QuantResults\petdbs189-11.batch.bin

Analysis Time 7/9/2011 4:07 PM
 Report Time 7/9/2011 4:08 PM
 Last Calib Update 7/9/2011 4:07 PM

Analysis Info

Acq Time 7/9/2011 0:31
 Data File petDBS189-11-13.d
 Acq Method File pet.DBS.m
 Sample Name high
 Sample Type Sample
 Level
 Sample Pos P1-E1
 SampleAmount 3

M

Quantitation Results

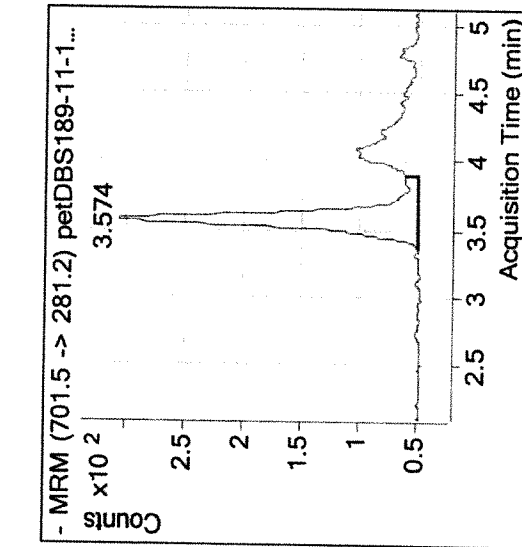
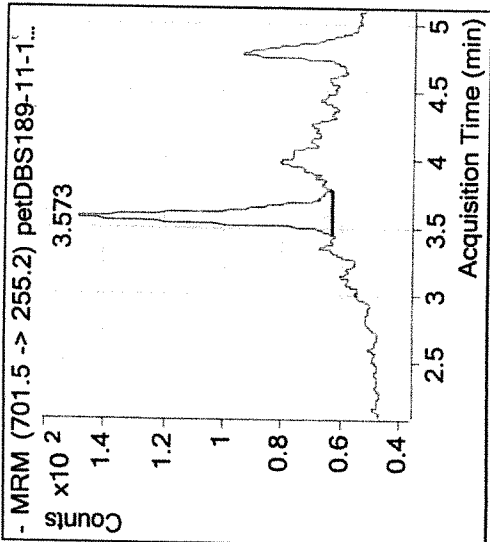
Target Compound	QUANT	QUAL	RT	Quant Area	Qual Area	On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2	701.5 -> 281.2	3.573	574	2017	82.49	82.49	351.59	274.40	509.60	30.00
P-Eth	701.5 -> 255.2										

f

Quant Sample Report (ISTD)

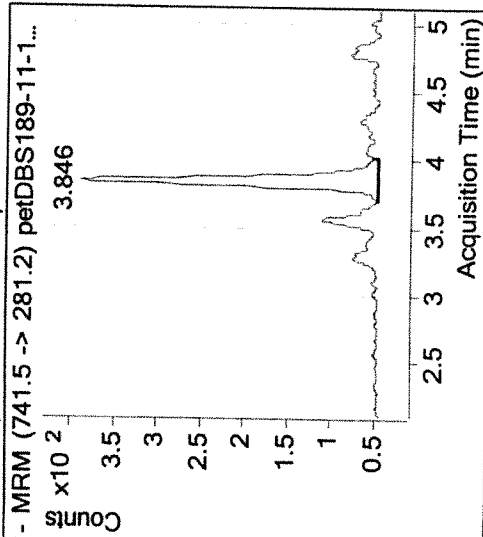
Compound Graphics

Target Compound *P-Eth*



ISTD Compound

P-Prop



Quant Sample Report (ISTD)

Batch Info

Batch Data Path D:\MassHunter\Data\070811\QuantResults\petdbs189-11.batch.bin

Analysis Time 7/9/2011 4:07 PM
 Report Time 7/9/2011 4:08 PM
 Last Calib Update 7/9/2011 4:07 PM

Analysis Info

Acq Time 7/9/2011 0:48
 Data File petDBS189-11-15.d
 Acq Method File pet DBS.m
 Sample Name neg
 Sample Type Sample
 Level
 Sample Pos P1-F1
 SampleAmount 3

M

Quantitation Results

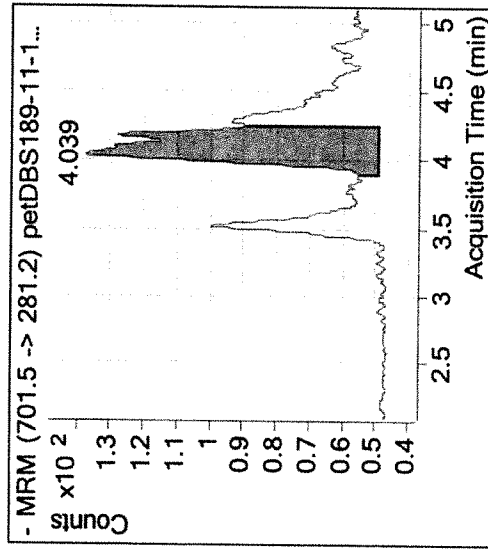
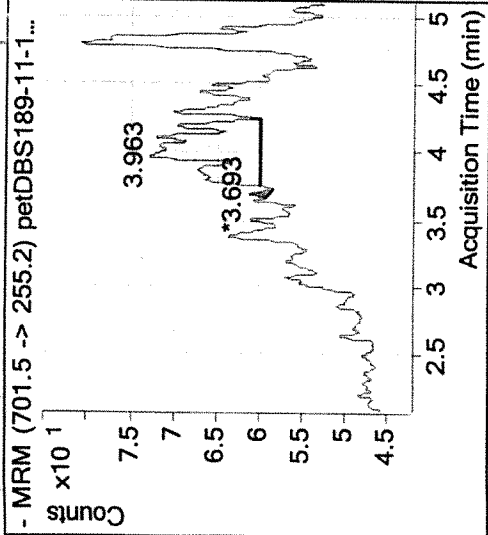
Target Compound	QUANT	QUAL	RT	Quant Area	Qual Area	On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2	701.5 -> 281.2	3.693	5	1221	0.56	0.56		274.40	509.60	30.00
P-Eth	701.5 -> 255.2		3.963								
P-Eth	701.5 -> 255.2										

P

Quant Sample Report (ISTD)

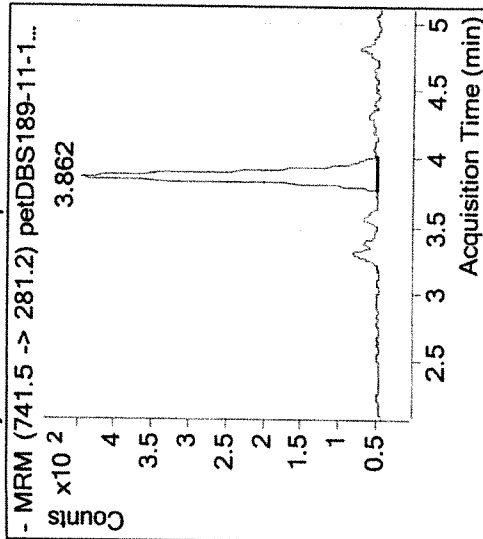
Compound Graphics

P-Eth



ISTD Compound

P-Prop



Quant Sample Report (ISTD)

Batch Info

Batch Data Path D:\MassHunter\Data\070811\QuantResults\petdbs189-11.batch.bin

Analysis Time 7/9/2011 4:07 PM
 Report Time 7/9/2011 4:08 PM
 Last Calib Update 7/9/2011 4:07 PM

Analysis Info

Acq Time 7/9/2011 8:58
 Data File petDBS189-11-24.d
 Acq Method File pet DBS.m
 Sample Name 877649
 Sample Type Sample
 Level
 Sample Pos P1-C3
 SampleAmount 3

A

Quantitation Results

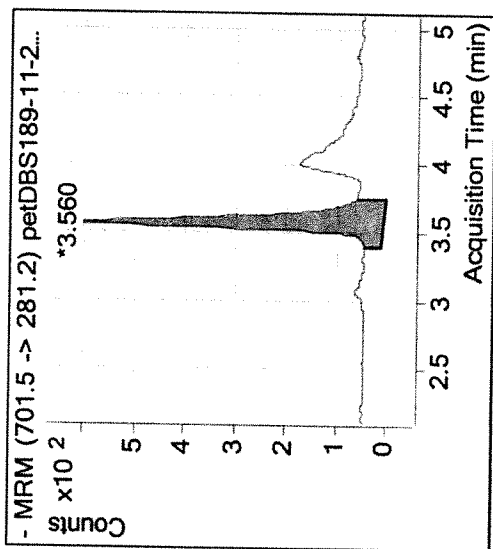
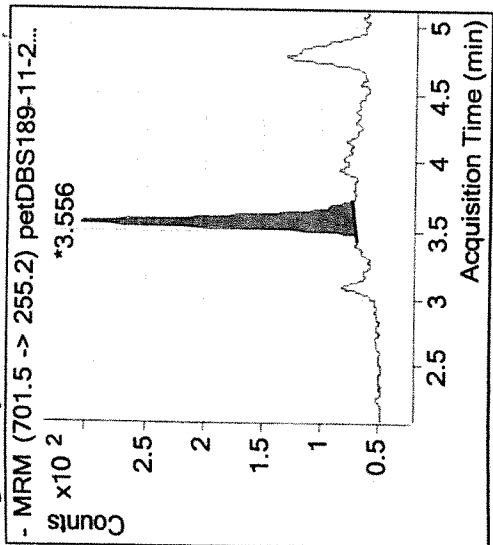
Target Compound	QUANT	QUAL	RT	Quant Area	Qual Area	On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2	701.5 -> 281.2	3.556	1301	4115	255.42	255.42	316.23	274.40	509.60	30.00
P-Eth	701.5 -> 255.2										

f

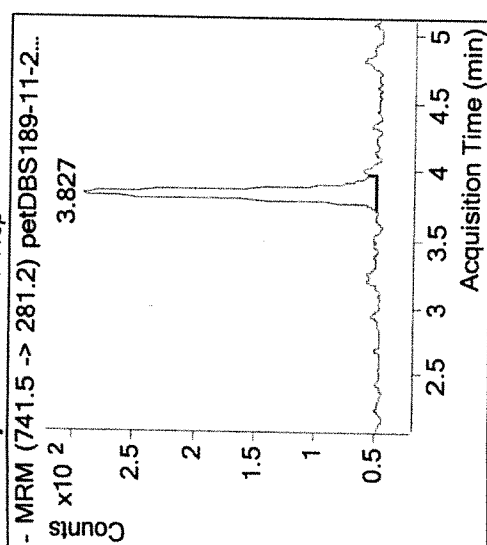
Quant Sample Report (ISTD)

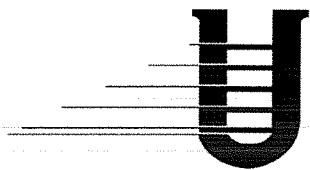
Compound Graphics

Target Compound *P-Eth*



ISTD Compound *P-Prop*





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CONFIRMATION TEST DOCUMENTS

petdb0194-11 (071311bs)

11 P2

Batch Worklist

Batch LCMS/ 24829 Created 7/13/2011 09:41 HBN 2714507
 Rule PEth CNF B Analyst S. Holmes Status WP Volume _____



Pos	Lab ID	Specimen ID	Note	Punches/Volume	Type	Analyte	Due Date
<u>D1</u>	879712	_____		_____	LOW	PEth CONF	7/14/2011
<u>E1</u>	879713	_____		_____	HIGH	PEth CONF	7/14/2011
<u>F1</u>	879714	_____		_____	CNB	PEth CONF	7/14/2011
<u>C1</u>	879715	_____		_____	MID	PEth CONF	7/14/2011
<u>A2</u>	876868	<u>3246642</u>	RERUN[CS,X]	<u>3</u>	SAMPLE	PEth CONF	7/15/2011
<u>B2</u>	877582	<u>600335</u>	RERUN[CS,X]	<u>3</u>	SAMPLE	PET CONF	7/16/2011
<u>C2</u>	877065	<u>187-243-412⁰</u>	RERUN[CS,X]	<u>3</u>	SAMPLE	PEth CONF	7/16/2011
<u>D2</u>	877649	<u>461430</u>	RERUN[CS,X]	<u>3</u>	SAMPLE	PEth CONF	7/16/2011
<u>E2</u>	878408	<u>326.3246649</u>		<u>3</u>	SAMPLE	PEth CONF	7/15/2011

A1 unlv

B1 cal

[Handwritten signature]
2/14/11

[Handwritten signature]
7/14/11

Batch Worklist

Batch LCMS/24829 Created 7/13/2011 09:41 HBN 2714507
 Rule PETH CNF B Analyst S. Holmes Status WP Volume _____



CONTROL SPIKE VOL (uL)
 Calibrator 0309111 50 uL
 Mid 0309110 50 uL
 Low 0309113 50 uL
 High 0310116 50 uL
 Blind QC 03091130 50 uL
 Negative _____

Internal Standard Lot # 050211
 Internal Standard Spike Vol (uL) 50
 Spiking Standard Lot # _____
 CNB Lot # 1762 950 uL
 Cal _____

CHAIN OF CUSTODY - SPECIMEN CONTAINERS

Date	Released By	Received By	Purpose/Remarks
7-13-11	TEMP STORAGE REC AREA	Print: LEIGH ALTIZER Sign: _____	Transfer Aliquots from Specimen Containers
7-13-11	Print: LEIGH ALTIZER Sign: _____	TEMP STORAGE REC AREA	Return Specimens to Temporary Storage

CHAIN OF CUSTODY - SCREENING ALIQUOTS

Date	Released By	Received By	Purpose/Remarks
7-13-11	Print: LEIGH ALTIZER Sign: _____	TEMP STORAGE EXTRACTION AREA	Transfer Aliquots to Extraction Area
7/13/11	TEMP STORAGE EXTRACTION AREA	Print: MARLANDIS MIMS Sign: _____	SAMPLE PREPARATION
7/13/11	Print: MARLANDIS MIMS Sign: _____	ERIC SKELNIK	Extraction
7/13/11	ERIC SKELNIK	LCMSMS 11	LCMSMS Analysis
7/14/11	LCMSMS 11 ROSEMARIE RIOS	ROSEMARIE RIOS	Transfer Aliquots
7/14/11	_____	Disposal	Disposal

Quant Sample Report (ISTD)

Batch Info

Batch Data Path D:\MassHunter\Data\071311\QuantResults\petdbs194-11.batch.bin

Analysis Time 7/14/2011 1:00 PM
 Report Time 7/14/2011 1:01 PM
 Last Calib Update 7/14/2011 1:00 PM

Analysis Info

Acq Time 7/14/2011 3:14
 Data File petDBS194-11-10.d
 Acq Method File pet DBS.m
 Sample Name cal
 Sample Type Calibration
 Level 1
 Sample Pos P2-B1
 SampleAmount

Handwritten signature

Quantitation Results

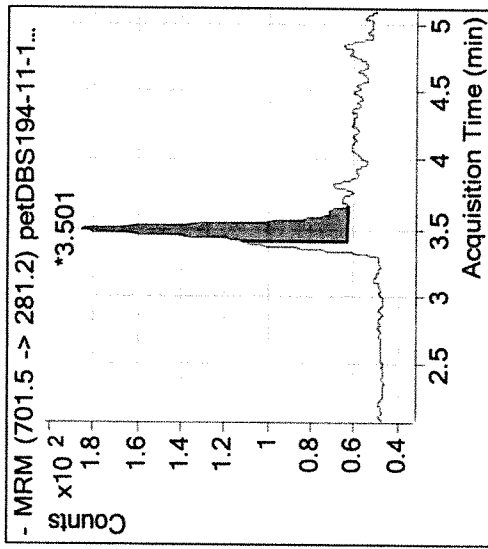
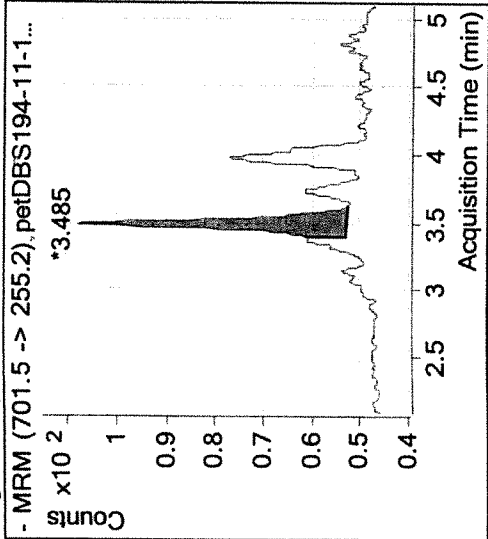
Target Compound	QUANT	QUAL	RT	Quant Area	Qual Area	On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2	701.5 -> 281.2	3.485	300	800	20.00	20.00	266.98	186.90	347.10	30.00
P-Eth	701.5 -> 255.2										

Handwritten mark

Quant Sample Report (ISTD)

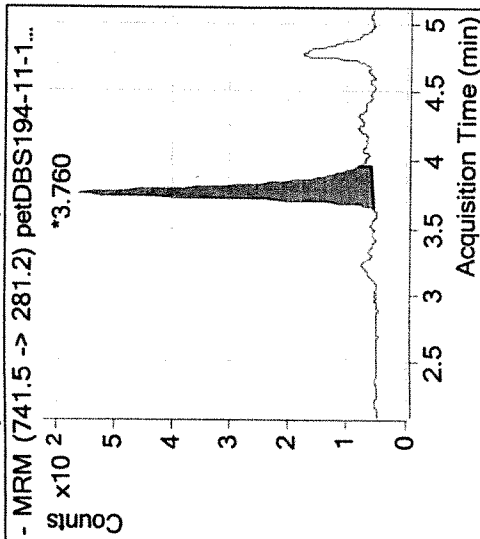
Compound Graphics

Target Compound P-Eth



ISTD Compound

P-Prop



Quant Sample Report (ISTD)

Batch Info

Batch Data Path D:\MassHunter\Data\071311\QuantResults\petdbs194-11.batch.bin

Analysis Time 7/14/2011 1:00 PM

Report Time 7/14/2011 1:01 PM

Last Calib Update 7/14/2011 1:00 PM

Analysis Info

Acq Time 7/14/2011 3:31
Data File petDBS194-11-12.d
Acq Method File pet DBS.m
Sample Name low
Sample Type Sample
Level
Sample Pos P2-D1
Sample Amount

m

Quantitation Results

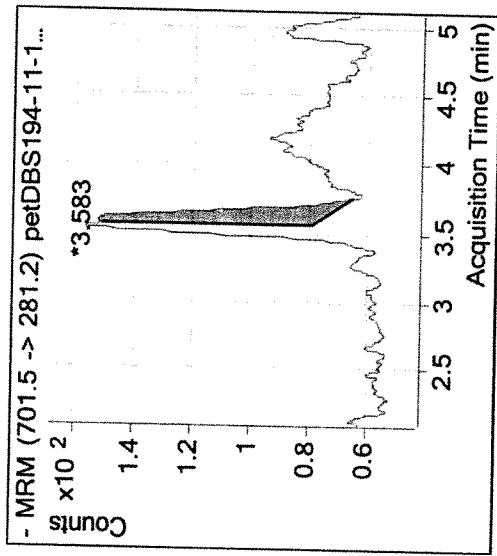
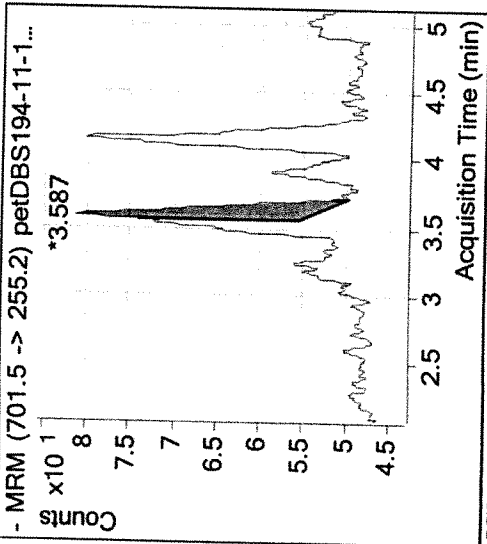
Target Compound	QUANT	QUAL	RT	Quant Area	Qual Area	On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2	701.5 -> 281.2	3.587	140	465	9.38	9.38	332.14	186.90	347.10	30.00
P-Eth	701.5 -> 255.2										

f

Quant Sample Report (ISTD)

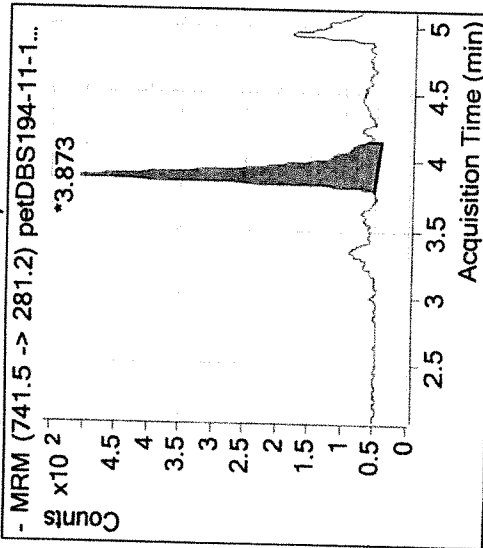
Compound Graphics

Target Compound P-Eth



ISTD Compound

P-Prop



Quant Sample Report (ISTD)

Batch Info

Batch Data Path D:\MassHunter\Data\071311\QuantResults\petdbs194-11.batch.bin

Analysis Time 7/14/2011 1:00 PM
Report Time 7/14/2011 1:01 PM
Last Calib Update 7/14/2011 1:00 PM

Analysis Info

Acq Time 7/14/2011 3:22
Data File petDBS194-11-11.d
Acq Method File pet.DBS.m
Sample Name mid
Sample Type Sample
Level
Sample Pos P2-C1
SampleAmount

M

Quantitation Results

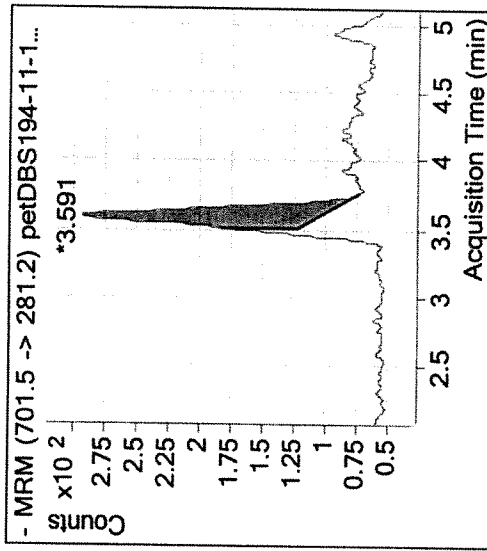
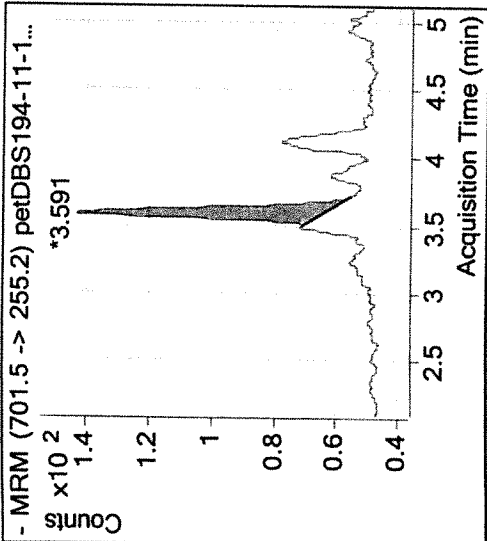
Target Compound	QUANT	QUAL	RT	Quant Area	Qual Area	On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2	701.5 -> 281.2	3.591	417	1352	27.52	27.52	323.97	186.90	347.10	30.00
P-Eth	701.5 -> 255.2										

8

Quant Sample Report (ISTD)

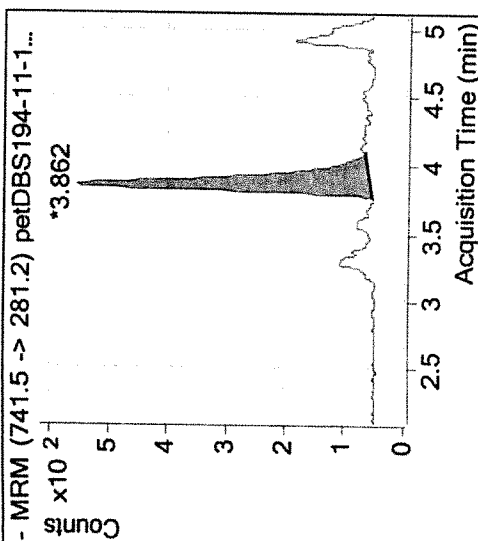
Compound Graphics

Target Compound *P-Eth*



ISTD Compound

P-Prop



Quant Sample Report (ISTD)

Batch Info

Batch Data Path D:\MassHunter\Data\071311\QuantResults\petdbs194-11.batch.bin

Analysis Time 7/14/2011 1:00 PM
 Report Time 7/14/2011 1:01 PM
 Last Calib Update 7/14/2011 1:00 PM

Analysis Info

Acq Time 7/14/2011 3:39
 Data File petDBS194-11-13.d
 Acq Method File pet DBS.m
 Sample Name high
 Sample Type Sample
 Level
 Sample Pos P2-E1
 Sample Amount

M

Quantitation Results

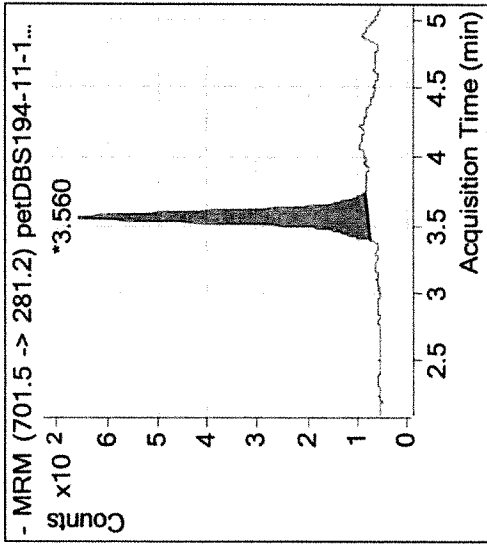
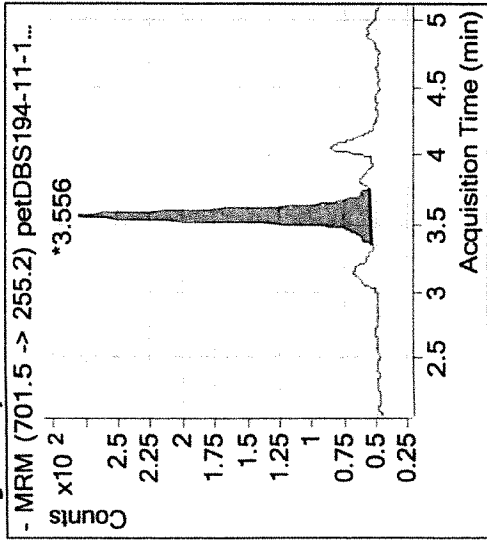
Target Compound	QUANT	QUAL	RT	Quant Area	Qual Area	On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2	701.5 -> 281.2	3.556	1505	3919	80.69	80.69	260.35	186.90	347.10	30.00
P-Eth	701.5 -> 255.2										

8

Quant Sample Report (ISTD)

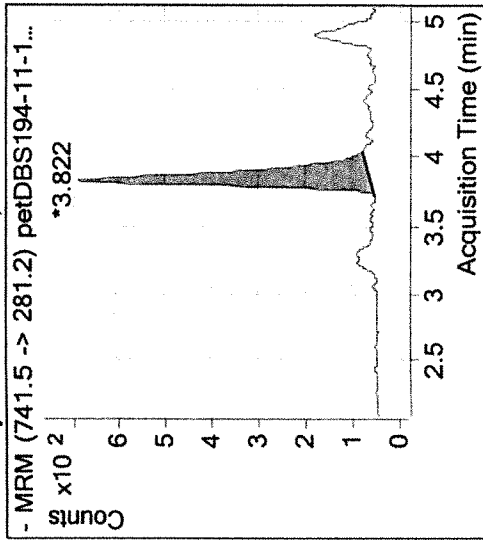
Compound Graphics

Target Compound *P-Eth*



ISTD Compound

P-Prop



Quant Sample Report (ISTD)

Batch Info

Batch Data Path D:\MassHunter\Data\071311\QuantResults\petdbs194-11.batch.bin

Analysis Time 7/14/2011 1:00 PM
 Report Time 7/14/2011 1:01 PM
 Last Calib Update 7/14/2011 1:00 PM

Analysis Info

Acq Time 7/14/2011 3:56
 Data File petDBS194-11-15.d
 Acq Method File pet.DBS.m
 Sample Name neg
 Sample Type Sample
 Level
 Sample Pos P2-F1
 SampleAmount

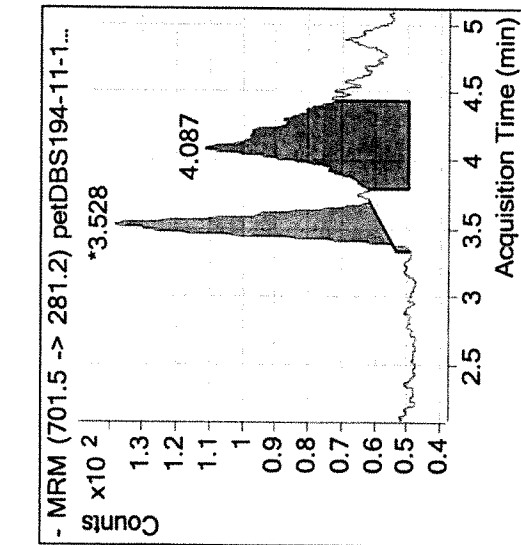
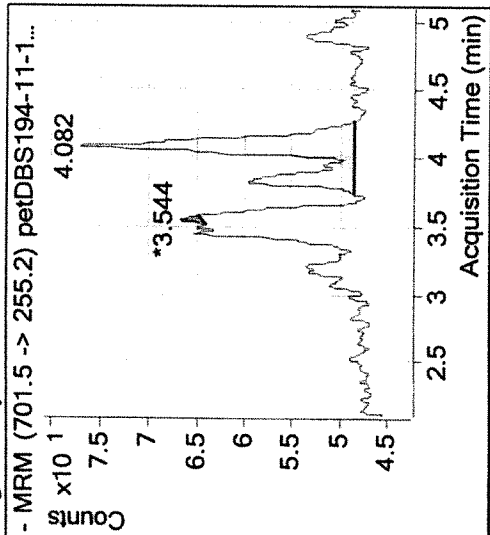
Quantitation Results

Target Compound	QUANT	QUAL	RT	Quant Area	Qual Area	On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2	701.5 -> 281.2			738			15426.95	186.90	347.10	30.00
P-Eth	701.5 -> 255.2	701.5 -> 281.2			1342				186.90	347.10	30.00
P-Eth	701.5 -> 255.2		3.544	5		0.36	0.36				
P-Eth	701.5 -> 255.2		4.082								

Quant Sample Report (ISTD)

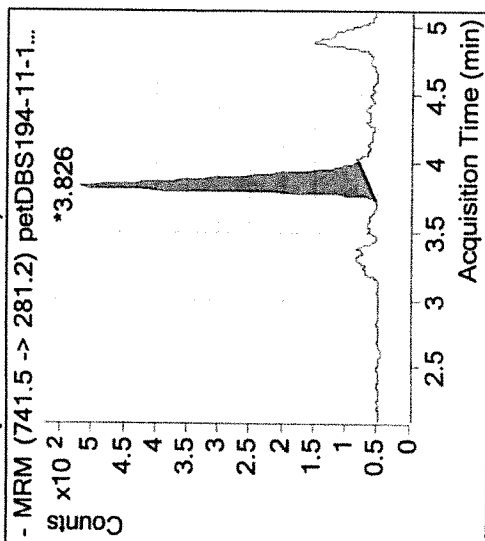
Compound Graphics

Target Compound *P-Eth*



ISTD Compound

P-Prop



Quant Sample Report (ISTD)

Batch Info

Batch Data Path D:\MassHunter\Data\071311\QuantResults\petdbs194-11.batch.bin

Analysis Time 7/14/2011 1:00 PM
 Report Time 7/14/2011 1:01 PM
 Last Calib Update 7/14/2011 1:00 PM

Analysis Info

Acq Time 7/14/2011 4:56
 Data File petDBS194-11-22.d
 Acq Method File pet.DBS.m
 Sample Name 877649
 Sample Type Sample
 Level
 Sample Pos P2-D2
 SampleAmount

Handwritten mark

Quantitation Results

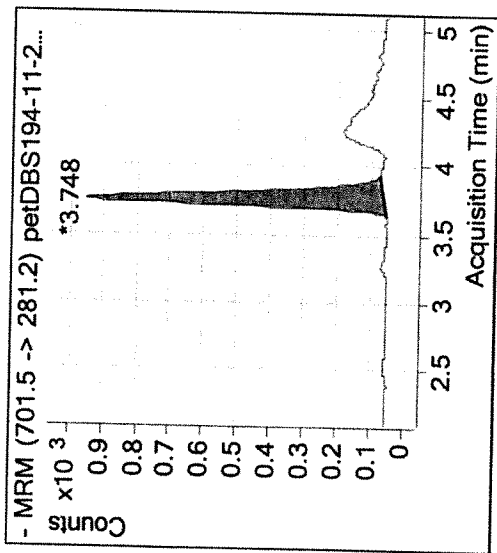
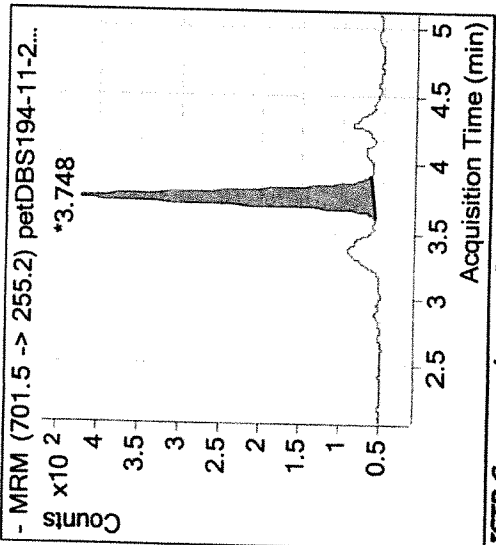
Target Compound	QUANT	QUAL	RT	Quant Area	Qual Area	On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2	701.5 -> 281.2	3.748	2429	5980	365.41	365.41	246.16	186.90	347.10	30.00
P-Eth	701.5 -> 255.2										

Handwritten mark

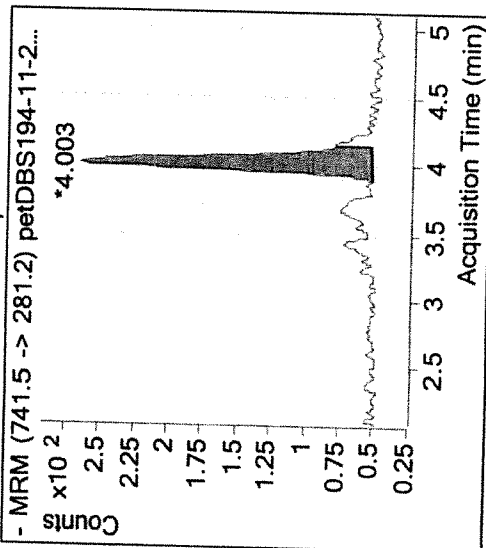
Quant Sample Report (ISTD)

Compound Graphics

Target Compound *P-Eth*



ISTD Compound *P-Prop*





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State of Florida – Clinical Laboratory	#L800009692
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State of Pennsylvania	#027225
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