June 8, 2016

SENT VIA EMAIL: mllangan1@me.com

Michael Langan, M.D.

Re: Records Request

Dear Dr. Langan:

This is in regard to your request of June 8, 2016 for records held by the Board of Registration in Medicine (“Board”). Specifically, you requested the December 3, 2011 USDTL "Litigation packet”, July 19, 2011 fax from PHS to USDTL, July 19, 2011 USDTL lab report, November 5, 2012 Letter from MGH Chief of Toxicology Dr. James Flood and August 6, 2014 Records from USDTL, October 4, 2012 appended July 1, 2011.

We are enclosing 146 pages of documents, which are responsive to your request.

Sincerely,

[Signature]

Katie M. Condon
Paralegal
Division of Law and Policy

Enclosure
December 15, 2011

Debra Stoller, Esq.
Senior Board Counsel
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

Re: In the Matter of Michael Langan, M.D.

Dear Attorney Stoller:

Enclosed please find a copy of the “Litigation Package” related to Dr. Langan’s July 1\textsuperscript{st} blood test, which we received from PHS yesterday. We respectfully request that you include this information with the materials that the Board will review when it considers Dr. Langan’s case.

We apologize for any inconvenience experienced by submitting this material at this time. Please contact this office if you have any questions or concerns regarding this matter.

Sincerely,

[Signature]

Susan M. Berg

Enc.

cc: Tracy Ottina, Esq.
December 12, 2011

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

Dear Dr. Langan:

Per your request, US Drug Testing has supplied the enclosed litigation packet.

Please let us know if you have any questions.

Sincerely,

[Signature]

Luis Sanchez, MD

cc: Scott Liebert, Esq.
LITIGATION PACKAGE
FOR

ACCOUNT: Physician Health Services

USDTL NUMBER: 877649

SPECIMEN ID: 1310
461430

MATRIX: Blood
# TABLE OF CONTENTS

<table>
<thead>
<tr>
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<th>PAGE</th>
</tr>
</thead>
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<td>1</td>
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<td>Collection Instructions</td>
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<td>Initial Test Documents</td>
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<td>Confirmation Test Documents</td>
<td>27</td>
</tr>
<tr>
<td>Licenses and Registrations</td>
<td>42</td>
</tr>
</tbody>
</table>
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.usdl.com

SUMMARY OF RESULTS

ACCOUNT: Physician Health Services

USDL NUMBER: 877649
SPECIMEN ID: 1310
461430

MATRIX: Blood

TEST REQUESTED: Phosphatidylethanol - Blood

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

CONFIRMATION TEST

| Drug            | Liquid Chromatography – Tandem Mass Spectrometry | 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.

Signed: ____________________________
Joseph Jones, MS, NRCC-TC
Vice President, Laboratory Operations

Date: Dec 03, 2011
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 16:39

Tests Requested

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Quantitation</th>
<th>Screen Limit</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEth-BLD Phosphatidyl Ethanol (Blood)</td>
<td>Sample POSITIVE</td>
<td>20 ng/mL</td>
<td>20.0 ng/mL</td>
<td></td>
</tr>
<tr>
<td>PHOSPHATIDYL ETHANOL</td>
<td>POSITIVE</td>
<td>365.4 ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (LCMSMS)</td>
<td>POSITIVE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Physician Health Services, Inc.
A Massachusetts Medical Society corporation
www.physicianhealth.org

Lula T. Sanchez, MD
Director

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

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:

\[\text{\textit{(signed)}} \quad \text{\textit{(date)}}\]

If you have any questions, please call Linda Brumahan 781-434-7404
Sample Information

<table>
<thead>
<tr>
<th>Chain of</th>
<th>1310</th>
<th>Name</th>
<th>NA</th>
<th>Type</th>
<th>Blood</th>
</tr>
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<tbody>
<tr>
<td>Lab Sample ID</td>
<td>877649</td>
<td>Donor ID</td>
<td>451430</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Reason</td>
<td>Not given</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collected</td>
<td>7/1/2011 00:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received</td>
<td>7/8/2011 10:46</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reported</td>
<td>7/20/2011 16:17</td>
<td></td>
<td></td>
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</tbody>
</table>

Tests Requested

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Quantitation</th>
<th>Screen Limit</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEth-BLD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (Blood)</td>
<td>Sample</td>
<td>POSITIVE</td>
<td>20 ng/mL</td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (LCMSMS)</td>
<td>Positive</td>
<td>365.4 ng/mL</td>
<td>20.0 ng/mL</td>
<td></td>
</tr>
</tbody>
</table>

Sample Comments

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 46143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011
CHAIN OF CUSTODY DOCUMENTS
Date: July 1, 2011

Fax to: Quest Diagnostics – 1180 Beacon Street, Brooklin
Fax #: (617) 739-2941 (phone 617-232-5733)

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: [Signature] 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:

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

pt. Signature: [Signature]
# Chain-of-Custody

Specimen Receipt

<table>
<thead>
<tr>
<th>Receiver Certification</th>
<th>Receiver</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>(sign) K.S.</td>
<td>7/8/11</td>
</tr>
<tr>
<td>(print) KYLA BOGAN</td>
<td>(print)</td>
<td></td>
</tr>
</tbody>
</table>

USDTL
advancing the gold standard

1700 S. Mount Prospect Road | Des Plaines, IL 60018 | (800) 250-2557 | www.usdtl.com
CHAIN OF CUSTODY FOR
THE TRANSFER OF BLOOD TO
LONG TERM STORAGE

MATRIX: Blood

REC'D DATE: July 2011

<table>
<thead>
<tr>
<th>DATE</th>
<th>RELEASED BY</th>
<th>RECEIVED BY</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/2011</td>
<td>Temp Storage Receiving Area</td>
<td>Janet McCrimmon</td>
<td>Select Specimens For Transfer to Long Term Storage</td>
</tr>
<tr>
<td>8/1/2011</td>
<td>Janet McCrimmon</td>
<td>LONG TERM STORAGE</td>
<td>TRANSFER BLOOD TO LONG TERM STORAGE</td>
</tr>
</tbody>
</table>
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.
INITIAL TEST DOCUMENTS
<table>
<thead>
<tr>
<th>Pos</th>
<th>Lab ID</th>
<th>Specimen ID</th>
<th>Note</th>
<th>Punches/Volume</th>
<th>Type</th>
<th>Analyst</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>877695</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>877696</td>
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<td>877697</td>
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<td>AL</td>
<td>877434</td>
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<tr>
<td>B1</td>
<td>877438</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td>SAMPLE</td>
<td>7/12/2011</td>
</tr>
<tr>
<td>C1</td>
<td>877541</td>
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<tr>
<td>D1</td>
<td>877548</td>
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<td>7/12/2011</td>
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<td>E1</td>
<td>877550</td>
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<td>877618</td>
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<tr>
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<td></td>
<td></td>
<td></td>
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<td>SAMPLE</td>
<td>7/12/2011</td>
</tr>
</tbody>
</table>
### Batch Worklist

**Batch**
LCMS/24692

**Rule**
BLD LCSCRN

**Created**
7/8/2011 10:56

**Analyzer**
W. Tuner

**Status**
WP

**Volume**

<table>
<thead>
<tr>
<th>Control</th>
<th>SPIKE VOL (UL)</th>
<th>Internal Standard Lot #</th>
<th>Internal Standard Spike Vol (UL)</th>
<th>Spiking Standard Lot #</th>
<th>CNB Lot #</th>
<th>Cal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calibrator</td>
<td>030911</td>
<td>50 µL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid</td>
<td>0309110</td>
<td>50 µL</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Low</td>
<td>0309113</td>
<td>50 µL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>0310116</td>
<td>50 µL</td>
<td></td>
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<td>Positive</td>
<td>0309130</td>
<td>50 µL</td>
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<tr>
<td>Negative</td>
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### CHAIN OF CUSTODY - SPECIMEN CONTAINERS

<table>
<thead>
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<th>Received By</th>
<th>Purpose/Remarks</th>
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<tbody>
<tr>
<td>7-8-11</td>
<td>TEMP STORAGE REC AREA</td>
<td>LEIGH ALTZER</td>
<td>Transfer Aliquots from Specimen Containers</td>
</tr>
<tr>
<td>7-8-11</td>
<td>TEMP STORAGE REC AREA</td>
<td>LEIGH ALTZER</td>
<td>Return Specimens to Temporary Storage</td>
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</table>

### CHAIN OF CUSTODY - SCREENING ALIQUOTS

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<tr>
<td>7/8/11</td>
<td>TEMP STORAGE EXTRACTION AREA</td>
<td>MARLANDIS MIMS</td>
<td>SAMPLE PREPARATION</td>
</tr>
<tr>
<td>7/8/11</td>
<td>MARLANDIS MIMS</td>
<td>RICHA SHAH</td>
<td>SAMPLE PREPARATION</td>
</tr>
<tr>
<td>7/9/11</td>
<td>RICHA SHAH</td>
<td>LCMS # 11</td>
<td>LCMS Analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LCMS/MS # 1</td>
<td>LCMS/MS Analysis</td>
</tr>
<tr>
<td>7/9/11</td>
<td>ROSEMARIE RIOS</td>
<td>LCMS/MS # 1</td>
<td>LCMS/MS Analysis</td>
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<tr>
<td>7/9/11</td>
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<td>Disposal</td>
<td>Transfer Aliquots</td>
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<tr>
<td>7/9/11</td>
<td></td>
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<td>Disposal</td>
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</table>
### Quant-Sample Report (ISTD)

**Batch Info**

Batch Data Path: D:\MassHunter\Data\1070811\QuantResults\bestb189-11.bath.bn

**Analysis Info**

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

- **Acq Time:** 7/9/2011 14:48
- **Data File:** PMDDSI189-11A-10.d
- **Acq Method File:** PM DSD.m
- **Sample Name:** CE
- **Sample Type:** Calibration
- **Level:** 1
- **Sample Pool:** P: B1
- **Sample Amount:** 2

### Quantitation Results

<table>
<thead>
<tr>
<th>Target Compound</th>
<th>QUANT</th>
<th>QUAL</th>
<th>RT</th>
<th>Quat Area</th>
<th>Qual Area</th>
<th>On Column</th>
<th>Final Conc</th>
<th>Ratio</th>
<th>Min</th>
<th>Max</th>
<th>% Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-En</td>
<td>701.5 * 255.2</td>
<td>701.5 * 281.2</td>
<td>3.297</td>
<td>68</td>
<td>200.0</td>
<td>2.00</td>
<td>352.64</td>
<td>274.4</td>
<td>559.6</td>
<td>30.00</td>
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<tr>
<td>P-En</td>
<td>701.5 * 255.2</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Quant Sample Report (ISTD)

**Compound Graphics**

**Target Compound**

- MRM (701.5 → 255.2) pmDBS189-11
  - Counts
  - 3.536
  - Acquisition Time (min)

- MRM (701.5 → 281.2) pmDBS189-11
  - Counts
  - 3.536
  - Acquisition Time (min)

**ISTD Compound**

- MRM (741.5 → 281.2) pmDBS189-11
  - Counts
  - 3.820
  - Acquisition Time (min)
### Quant Sample Report (ISTD)

**Batch Info**
- **Batch Data Path**: D:\MassHunter\Data\2011\QuantResults\petita18911-11-batch.bin

**Analysis Info**
- **Acq Time**: 7/9/2011 15:09
- **Data File**: petD8199-11a-12.d
- **Sample Name**: low
- **Sample Type**: Sample
- **Level**: Sample Ptn
- **Sample Amount**: 3

#### Quantitation Results

<table>
<thead>
<tr>
<th>Target Compound</th>
<th>QUANT</th>
<th>QUAL</th>
<th>RT</th>
<th>Quant Area</th>
<th>Qual Area</th>
<th>Min Conc</th>
<th>Max Conc</th>
<th>% Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-Eih</td>
<td>701.5 → 255.2</td>
<td>701.5 → 281.1</td>
<td>3.493</td>
<td>60</td>
<td>9.91</td>
<td>9.91</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Production.xlsx
### Quant Sample Report (ISTD)

#### Batch Info
- Batch Data Path: D:\MassHunter\Data\100911\QuantResults\yees0518-110911.bach.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
- Data File: D:\MassHunter\Data\100911\QuantResults\yees0518-110911.bach.bin
- Assay Method File: pet DBS.m
- Sample Name: yees0518
- Sample Type: Sample
- Level: P3-C1
- Sample Amount: 3

#### Quantitation Results

<table>
<thead>
<tr>
<th>Target Compound</th>
<th>QUANT</th>
<th>QUAL</th>
<th>RT</th>
<th>Quant Area</th>
<th>Qual Area</th>
<th>On Column</th>
<th>Final Conc</th>
<th>Ratio</th>
<th>Min</th>
<th>Max</th>
<th>% Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-EEh</td>
<td>701.5 -&gt; 255.2</td>
<td>701.5 -&gt; 281.2</td>
<td>3.513</td>
<td>139</td>
<td>25.93</td>
<td>25.93</td>
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<td>274.40</td>
<td>309.60</td>
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</tr>
<tr>
<td>F-EEh</td>
<td>701.5 -&gt; 255.2</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
Quant Sample Report (ISTD)

**Batch Info**
- Batch Data Path: D:\MassHunter\Data\201311\QuantResults\petrol89-11_batch.bin

**Analysis Time**
- Analysis Time: 7/9/2011 4:07 PM
- Report Time: 7/9/2011 4:08 PM
- Last Call Update: 7/9/2011 4:07 PM

**Analysis Info**
- Acq Time: 7/9/2011 0:31
- Data File: pet_d38s.m
- Acq Method File: pet D38s
- Sample Name: high
- Sample Type: Sample
- Level: Sample 1
- Sample Pos: P1-E1
- Sample Amount: 3

**Quantitation Results**

<table>
<thead>
<tr>
<th>Target Compound</th>
<th>QUANT</th>
<th>QUAL</th>
<th>RT</th>
<th>Quant Area</th>
<th>Qual Area</th>
<th>Conc in Column</th>
<th>Final Conc</th>
<th>Ratio</th>
<th>Min</th>
<th>Max</th>
<th>% Range</th>
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<td>281.2</td>
<td>351.5</td>
<td>574</td>
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<td>82.49</td>
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<td>599.40</td>
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Printed at: 4:09 PM on: 7/9/2011
Quant Sample Report (ISTD)

**Batch Info**
- Batch Data Path: D:\MassHunter\Datab\070811\QuantResults\petidos11-11_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: petidos11-11-13.d
- Acq Method File: pet DDB.m
- Sample Name: neg
- Sample Type: Sample
- Level: Sample
- Sample Pos: P1-P1
- SampleCol: 3

**Quantitation Results**

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<th>Min</th>
<th>Max</th>
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<tr>
<td>P-Eth</td>
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<td>701.5 -&gt; 281.2</td>
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Production.xlsx
Page 7 of 34
Printed at: 4:09 PM on: 7/9/2011
### Quant Sample Report (ISTD)

**Batch Info**
- Batch Data Path: C:\MassHunter\Data\070611\QuantResults\batch189-11batch.bin

**Analysis Info**
- Acq Time: 7/9/2011 6:10
- Data File: DSSTD189-11-24.4
- Acq Method File: 2ME-DBS.m
- Sample Name: 877948
- Sample Type: Sample
- Level: 
- Sample Pos: P1-C3
- Sample Amount: 3

### Quantitation Results

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<th>% Range</th>
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<tbody>
<tr>
<td>P-Eth</td>
<td>701.5 -&gt; 255.2</td>
<td>701.5 -&gt; 281.2</td>
<td>3.556</td>
<td>1301</td>
<td>4115</td>
<td>255.47</td>
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<td>36.23</td>
<td>274.60</td>
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Production Index

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Printed at: 4:07 PM on: 7/9/2011
Quant Sample Report (ISTD)

Target Compound: P-DHA
- MRM (701.5 -> 255.2) peak: 189-11-2
  Counts: $3.556 \times 10^3$
  Acq. Time (min): [graphs showing peaks at 2.5, 3, 3.5, 4, 4.5, 5]

ISTD Compound: P-Pipa
- MRM (741.5 -> 281.2) peak: 189-11-2
  Counts: $3.827 \times 10^3$
  Acq. Time (min): [graphs showing peaks at 2.5, 3, 3.5, 4, 4.5, 5]
CONFIRMATION TEST DOCUMENTS
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<th>Pos</th>
<th>Lab ID</th>
<th>Specimen ID</th>
<th>Notes</th>
<th>Punches/Volume</th>
<th>Type</th>
<th>Analyst</th>
<th>Due Date</th>
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<td>D1</td>
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<td>A1</td>
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<tr>
<td>A2</td>
<td>678656</td>
<td>6246642</td>
<td>RERUN[CS,X]</td>
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<td>MID</td>
<td>PEih CONF</td>
<td>7/14/2011</td>
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<tr>
<td>D2</td>
<td>677389</td>
<td>4-7-2443-412</td>
<td>RERUN[CS,X]</td>
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<td>SAMPLE PEh CONF</td>
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<tr>
<td>D2</td>
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<td>SAMPLE PEih CONF</td>
<td>7/15/2011</td>
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</tbody>
</table>

A1 univ
BL cal
**Batch Worklist**

**Batch** LCMS/24629  **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: 03091136 50 ul
  - Negative: 

  **Internal Standard Lot #**: 050211
  **Internal Standard Spike Vol (ul)**: 50
  **Spiking Standard Lot #**: 
  **CNB Lot #:** 1767 050 ul

**CHAIN OF CUSTODY - SPECIMEN CONTAINERS**

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<th>Date</th>
<th>Released By</th>
<th>Received By</th>
<th>Purpose/Remarks</th>
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<tbody>
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<td>7-13-11</td>
<td>TEMP STORAGE REC AREA</td>
<td>Print: LEIGH ALTIZER</td>
<td>Transfer Aliquots from Specimen Containers</td>
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<tr>
<td>7-13-11</td>
<td>TEMP STORAGE REC AREA</td>
<td>SIG:</td>
<td>Return Specimens to Temporary Storage</td>
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**CHAIN OF CUSTODY - SCREENING ALIQUOTS**

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<td>Transfer Aliquots to Extraction Area</td>
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<td>7/13-11</td>
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<td>Eric Skelnik</td>
<td>Sample Preparation</td>
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<td>LCMS MS VI</td>
<td>Extraction</td>
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<td>7/14-11</td>
<td>LCMS MS VI</td>
<td>Rosemarie Rios</td>
<td>LCMS MS Analysis</td>
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<td>7/14-11</td>
<td>Rosemarie Rios</td>
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<td>Transfer Aliquots</td>
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<td>Disposal</td>
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## Quant Sample Report (ISTD)

### Batch Info
- **Batch Data Path:** D:\MassHunter(Data)\071311\QuanResults\pedias194-11.bach.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 2:14
- **Data File:** pedias194.11-18.d
- **Acq Method File:** pedias.m
- **Sample Name:** 01
- **Sample Type:** Calibration
- **Level:** 1
- **Sample Pox:** 97-41
- **Sample Amount:**

### Quantitation Results

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<th>Final Conc</th>
<th>Range</th>
<th>Min</th>
<th>Max</th>
<th>% Range</th>
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</thead>
<tbody>
<tr>
<td>P-Eth</td>
<td>701.5 → 355.2</td>
<td>701.5 → 351.1</td>
<td>3.485</td>
<td>300</td>
<td>900</td>
<td>20.00</td>
<td>20.00</td>
<td>266.90</td>
<td>186.90</td>
<td>347.10</td>
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## Quant Sample Report (ISTD)

### Batch Info
- **Batch Data Path**: D:\\MassHunter\Data\1071311\QuantResults\Batch1M-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**: pmDQC1194-11-12.d
- **Acq Method File**: pos 065.m
- **Sample Name**: low
- **Sample Type**: Sample
- **Level**: Sample Post
- **Sample Amount**: P2-D1

### Quantitation Results

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<tr>
<td>P-En</td>
<td>701.5 → 215.2</td>
<td>791.5 → 281.2</td>
<td>3.587</td>
<td>140</td>
<td>9.38</td>
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Quant Sample Report (ISTD)

Batch Info
- Batch Data Path: D:\MassHunter\Data\071311\QuantsResults\petdib194-13.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 3:12
- Data File: petdib194-13.i
- Acq Method File: petdib194-13.txt
- Sample Name: mid
- Sample Type: Sample
- Level: Sample
- Sample Pos: F2-C1

Quantitation Results

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<th>% Range</th>
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<tr>
<td>P-Eth</td>
<td>701.5 → 255.2</td>
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<td>27.52</td>
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<td>P-Eth</td>
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<td>3.59</td>
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<td>247.10</td>
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Quant Sample Report (ISTD)

Batch Info
Batch Data Path: D:\MassHunter\Data\071311\QuantResults\petrol194-11 batch.bin

Analysis Info
Acq Time 7/14/2011 3:39
Data File sen000194-11-13.d
Acq Method File DET DRS.m
Sample Name High
Sample Type Sample
Level
Sample Pos P2-E1
Sample Amount

Quantitation Results

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<td>P-Eth</td>
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<td>P-Eth</td>
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### Quantitation Results

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<td>701.5 → 255.2</td>
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### Quant Sample Report (ISTD)

**Batch Info**
- Batch Data Path: D:\vassHuntler\Data\071311\QuantRes\b\pet9b154-11.batch.bin

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

**Analysis Info**
- Acq Time: 7/14/2011 4:50
- Data File: pet9b154-11-22-6
- Acq Method File: pet D54.m
- Sample Name: 977646
- Sample Type: Sarco
- Level: P2-02

**Quantitation Results**

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<td>70.5 → 255.3</td>
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Quant Sample Report (ISTD)

**Target Compound**

- MRM (701.5 -> 255.2) patDBS194-11-2
  - Peak 1: 3.748
  - Acquisition Time (min): 4.5

- MRM (701.5 -> 281.2) patDBS194-11-2
  - Peak 1: 3.748
  - Acquisition Time (min): 4.5

**ISTD Compound**

- MRM (741.5 -> 281.2) patDBS194-11-2
  - Peak 1: 4.003
  - Acquisition Time (min): 4.5
LICENSURES AND REGISTRATIONS
United States Drug Testing Laboratories operates under the following licensures and registrations:

State of Illinois
Drug Enforcement Administration
Jll. Dept. of Professional Regulation
College of American Pathologist (FUDT)
H.H.S. – CLIA ’88
H.H.S. – Medicare
State of Florida – Clinical Laboratory
State of Iowa
State of Pennsylvania
State of Maryland
State of Oklahoma
NY State Dept. of Health

#0023341
#RL0155843
#003-097-00731-1
#3754202
#14D0712964
#14-8570
#L800009692
approved laboratory list
#027225
#973
#8182
#814035A0
Physician Health Services, Inc.
A Massachusetts Medical Society corporation
www.physicianshealth.org

Luis T. Sanchez, MD
Director

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

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 7/9/11
(signed)

If you have any questions, please call Linda Brennan 781-434-7404
**SUMMARY OF RESULTS**

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

**TEST REQUESTED:** Phosphatidylethanolamine - Blood  

<table>
<thead>
<tr>
<th>Drug</th>
<th>INITIAL TEST</th>
<th>CONFIRMATION TEST</th>
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<tr>
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<td>METHOD: Liquid Chromatography - Tandem Mass Spectrometry</td>
<td>METHOD: Liquid Chromatography - Tandem Mass Spectrometry</td>
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<tr>
<td></td>
<td>Cutoff: 20 (ng/mL) Response of: 255.4 Specimen (ng/mL)</td>
<td>Cutoff: 20 (ng/mL) Response of: 365.4 Specimen (ng/mL)</td>
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<tr>
<td>Phosphatidylethanolamine</td>
<td><strong>POSITIVE</strong></td>
<td>Phosphatidylethanolamine</td>
</tr>
</tbody>
</table>

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.

[Signature]  
Dec 03, 2011  
Joseph Jones, MS, NRCC-TC  
Vice President, Laboratory Operations
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
Name: NA
Lab Sample ID: 877649
Donor ID: 481430

Test Reason: Not given
Type: Blood
Collected: 7/1/2011 00:00
Received: 7/8/2011 10:48
Reported: 7/20/2011 16:17

Tests Requested

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<tr>
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<td>365.4 ng/mL</td>
<td>20.0 ng/mL</td>
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Sample Comments:

REVISED REPORT PER CLIENTS REQUEST
CORRECTED DONOR ID FROM 481430 TO 1310
CORRECTED COLLECTION DATE TO 07/01/2011

Internal Certification Hardcopy

- July 20 2011 17:08 PM

Laboratory: Charles膺Ed 51614 MD
Scientific Director: Douches Lewis
Sample Information

- Chain of Custody: 461430
- Name: NA
- Lab Sample ID: 677549
- Donor ID: 461430

Test Reason: Not given
- Type: Blood
- Collected: 7/6/2011 10:48
- Reported: 7/14/2011 18:39

Tests Requested

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<th>Result</th>
<th>Quantitation</th>
<th>Screen Limit</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phosphatidyl Ethanol (Blood)</td>
<td>POSITIVE</td>
<td>20 ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (LCMSMS)</td>
<td>POSITIVE</td>
<td>385.4 ng/mL</td>
<td>20.0 ng/mL</td>
<td></td>
</tr>
</tbody>
</table>
11/05/2012

Jacob Hatter, Esq.
7201 W. Lake Mead Blvd., Suite 10
Las Vegas, NV 89128

Subject: Blood Collections: Lewisza M.D. (M.L.) on July 1, 2011

Dear Sir,

I write you to provide my professional opinion regarding the quality and validity of testing performed on Michael Langham (M.L.) 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 had a clinical and academic interest in drug and drug-of-abuse testing. I have implemented many serious, time, and cost saving drug-of-abuse testing programs at MGH, including ones that deal 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 document M.L. provided me regarding the July 1, 2011 testing. I was astonished at the number of errors (including so-called "false" 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 USDT Labs (where testing was actually done several days later). This is a very unusual delay; how the specimen was stored by the clinical (non forensic) "chain-of-custody" lab at Quest is not documented. This represents a serious, if not fatal flaw in the testing of M.L.'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 substantial delay (because of weekend transportation issues) 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 decision based on M.L.'s very flawed 7/1/2011 testing.

The many other errors in specimen collection, processing, and transportation to USDT Labs include:

[Signature]
11/05/2012

Jacob Hafier, 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:

[signature]
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 USDLab 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 USDLab 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 USDLab 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.

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

Assistant Professor of Pathology
Harvard Medical School
August 6, 2014

Via Email and Certified Mail Return Receipt Requested:
7913 2030 0001 6104 4147

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

Re: Langan v. United States Drug Laboratories, Inc.
Claim No.: C185501
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,

[Signature]

William F. Burke

Enclosure

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

Phone: 617-456-8021
Email Address: whiter@princelabel.com

2014025 109/05-54
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 ML.Langan1@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 8/4/2014
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 @milangan1 15 Sep

@milangan1 @radleybailey Docs showing forensic fraud in drug testing labs not isolated to rogue techs. ..reddit.com/tb/1p9mj

Retweeted by WarrenMullaney

View conversation

2. WarrenMullaney @WarrenMullaney1 12h

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 @WarrenMullaney1 13h

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

Expand
See attached documents: Forensic fraud between state contractor and drug testing lab @devalpatrick @bostondailynews pic.twitter.com/Oq9gez8Dr9u

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

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

USDTL adds #1310 identifier and backdates CoC to show collection date of 7/1/11 "per clients request" @USDTL pic.twitter.com/8p9HhHNOwe

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
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/CZG6VhapQf

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/0ZQFIVApjd

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

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

View photo

Photos & videos
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  Response of  Result
(ng/mL)  (ng/mL)
Phosphatidylethanol  20  255.4  POSITIVE

CONFIRMATION TEST
METHOD:  Liquid Chromatography – Tandem Mass Spectrometry
Drug  Cutoff  Response of  Result
(ng/mL)  (ng/mL)
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
Med President, Laboratory Operations

Dec 03, 2011
Robert Harvey, Esq.  
Physician Health & Compliance  
Board of Registration in Medicine  
200 Harvard Mills Square, Suite 370  
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 15, 2011 that Dr. [Redacted] had a positive test for phenol, a metabolite of cocaine,  
at a level of 365 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,  

[Signature]  

[Redacted]  

This information has been disclosed to you pursuant to Federal confidentiality rules.  

19 U.S.C. Section 2224.  

The Federal rules prohibit you from making any further disclosure of this information unless  

authorised to do so in writing by the person to whom it was disclosed.  

The information contained in this letter is not sufficient for this purpose.  

Physician Health Services, Inc.
**Sample Information**

- **Chain of 1310**
- **Name**: NA
- **Lab Sample ID**: 877649
- **Donor ID**: 481430
- **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**

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Quantitation</th>
<th>Screen Limit</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phosphatidyl Ethanol (Blood)</td>
<td>POSITIVE</td>
<td>20 ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (LC-MS/MS)</td>
<td>POSITIVE</td>
<td>365.4 ng/mL</td>
<td></td>
<td>20.0 ng/mL</td>
</tr>
</tbody>
</table>

**Sample Comments**

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 48143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011
Date: July 19, 2011

To: United States Drug Testing Laboratories
Fax: 847-375-0775
Total number of pages: 1

Account Number: PHSWMA for Physician Health Services

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:

If you have any questions, please call Linda Brennaiah 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."
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

A pproximately 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. This, 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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ISSN: 1932-0620/13/00090-0001

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 (McElhan 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; McElhan et al., 2008; DuPont et al., 2009a, 2009b) to our knowledge, there has not yet been any systematic 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 critical 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—taint 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 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 establishing an appeals process for PHP clients who feel they are being treated unfairly, to ensure that PHPs fulfill their mission in an ethical manner. We also 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
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.

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

Assistant Professor of Pathology
Harvard Medical School
March 22, 2012

Linda Bresnahan, M.S.,
Director of Program Operations
Physician Health Services, Inc.
880 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 initiated, 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,

[Signature]
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.

2
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/compliancecline . 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) 

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http://www.eset.com

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The message was checked by ESET NOD32 Antivirus.

http://www.eset.com
March 22, 2012

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

Dear Ms. Bresnahan:

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Sincerely,

Nina C. Hobin
Compliance Officer, New England
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

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: 
(signed) 
7/19/11

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

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Internal Certification Hardcopy

Laboratory: Charles A. Plate, PhD
Scientific Director: James A. Lally
Sample Information

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Test Reason: Not given
Type: Blood
Collected: 7/1/2011 00:00
Received: 7/8/2011 10:48
Reported: 7/20/2011 16:17

Tests Requested

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Sample Comments

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 461430 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011
Date: July 1, 2011

Fax to: Quest Diagnostics – 1180 Beacon Street, Brooklin
Fax #: (617) 739-2941 (phone 617-222-5733)

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: __________ 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:

**USDTL address:**

1700 South Mount Prospect Rd.
Des Plaines, IL 60018

(800) 235-2367

pt. Signature

K:\PHMSQueue\Add-On Testing\PEth testing\PEth_Q-Brookline2.doc
Chain-of-Custody
Specimen Receipt

ID  461430

<table>
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<th>Receiver</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
<td>(sign) K.B.</td>
<td>7/8/11</td>
</tr>
<tr>
<td>(print) KYLA BOGAN</td>
<td></td>
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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

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UNITED STATES DRUG TESTING LABORATORIES, INC

CHAIN OF CUSTODY FOR
THE TRANSFER OF BLOOD TO
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REC'D DATE: July 2011

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<th>PURPOSE</th>
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<tbody>
<tr>
<td>8/1/2011</td>
<td>Temp Storage Receiving Area</td>
<td>Janet McCrimmon</td>
<td>Select Specimens For Transfer to Long Term Storage</td>
</tr>
<tr>
<td>8/1/2011</td>
<td>Janet McCrimmon</td>
<td>LONG TERM STORAGE</td>
<td>TRANSFER BLOOD TO LONG TERM STORAGE</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Phosphatidyl Ethanol (Blood)</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHOSPHATIDYL ETHANOL</td>
<td>POSITIVE</td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (LCMS/MS)</td>
<td>POSITIVE</td>
</tr>
</tbody>
</table>

Quantitation: 20 ng/mL

Screen Limit: 20.0 ng/mL

Sample Comments

REVISED REPORT PER CLIENT'S 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

[Signature]

10/4/12
**Sample Information**

- **Chain of**: 1310
- **Name**: NA
- **Lab Sample ID**: 877649
- **Donor ID**: 461430

<table>
<thead>
<tr>
<th>Test Reason</th>
<th>Not given</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td>Blood</td>
</tr>
<tr>
<td><strong>Collected</strong></td>
<td>7/1/2011 00:00</td>
</tr>
<tr>
<td><strong>Received</strong></td>
<td>7/8/2011 10:46</td>
</tr>
<tr>
<td><strong>Reported</strong></td>
<td>7/20/2011 16:17</td>
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</tbody>
</table>

**Tests Requested**

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Quantitation</th>
<th>Screen Limit</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEmh-BLD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (Blood)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOSPHATIDYL ETHANOL</td>
<td>POSITIVE</td>
<td></td>
<td>20 ng/mL</td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (LCMSMS)</td>
<td>POSITIVE</td>
<td></td>
<td>365.4 ng/mL</td>
<td>20.0 ng/mL</td>
</tr>
</tbody>
</table>

**Sample Comments**

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 46143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011
Sample Information

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

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

Tests Requested

<table>
<thead>
<tr>
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<th>Result</th>
<th>Quantitation</th>
<th>Screen Limit</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEth-BLD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (Blood)</td>
<td>POSITIVE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOSPHATIDYL ETHANOL</td>
<td>POSITIVE</td>
<td>20 ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (LCMS/MS)</td>
<td>POSITIVE</td>
<td>365.4 ng/mL</td>
<td>20.0 ng/mL</td>
<td></td>
</tr>
</tbody>
</table>

Internal Certification Hardcopy

Laboratory: Charles A. Plate, PhD
Scientific Director: N. S. L.
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
LITIGATION PACKAGE
FOR

ACCOUNT: Physician Health Services

USDTL NUMBER: 877649

SPECIMEN ID: 1310
461430

MATRIX: Blood
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of Results</td>
<td>1</td>
</tr>
<tr>
<td>Chain of Custody Documents</td>
<td>6</td>
</tr>
<tr>
<td>Collection Instructions</td>
<td>10</td>
</tr>
<tr>
<td>Initial Test Documents</td>
<td>12</td>
</tr>
<tr>
<td>Confirmation Test Documents</td>
<td>27</td>
</tr>
<tr>
<td>Licensures and Registrations</td>
<td>42</td>
</tr>
</tbody>
</table>
SUMMARY OF RESULTS

ACCOUNT: Physician Health Services

USDTL NUMBER: 877649

SPECIMEN ID: 1310
461430

MATRIX: Blood
## SUMMARY OF RESULTS

**ACCOUNT:** Physician Health Services  
**USDTL NUMBER:** 877649  
**SPECIMEN ID:** 1310  
**MATRIX:** Blood  
**TEST REQUESTED:** Phosphatidylethanol - Blood

### INITIAL TEST

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cutoff (ng/mL)</th>
<th>Response of Specimen (ng/mL)</th>
<th>Result</th>
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</thead>
<tbody>
<tr>
<td>Phosphatidylethanol</td>
<td>20</td>
<td>255.4</td>
<td>POSITIVE</td>
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</table>

### CONFIRMATION TEST

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cutoff (ng/mL)</th>
<th>Response of Specimen (ng/mL)</th>
<th>Result</th>
</tr>
</thead>
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<td>Phosphatidylethanol</td>
<td>20</td>
<td>365.4</td>
<td>POSITIVE</td>
</tr>
</tbody>
</table>

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.

[Signature]

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

**Date:** Dec 03, 2011
Sample Information

- Chain of Custody: 461430
- Name: NA
- Lab Sample ID: 877649
- Donor ID: 461430

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

Tests Requested

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Quantitation</th>
<th>Screen Limit</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEth-BLD Phosphatidyl Ethanol (Blood)</td>
<td>Sample POSITIVE</td>
<td>20 ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOSPHATIDYL ETHANOL</td>
<td>POSITIVE</td>
<td>365.4 ng/mL</td>
<td></td>
<td>20.0 ng/mL</td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (LCMSMS)</td>
<td>POSITIVE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

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: [Signature] 7/19/11

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

<table>
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<th>Result</th>
<th>Quantitation</th>
<th>Screen Limit</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHOSPHATIDYL ETHANOL</td>
<td>POSITIVE</td>
<td>20 ng/mL</td>
<td>20.0 ng/mL</td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (LCMSMS)</td>
<td>POSITIVE</td>
<td>365.4 ng/mL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sample Comments

REVISED REPORT PER CLIENTS REQUEST
CORRECTED DONOR ID FROM 46143 TO 1310
CORRECTED COLLECTION DATE TO 07/01/2011
CHAIN OF CUSTODY DOCUMENTS
Date: July 1, 2011

Fax to: Quest Diagnostics – 1180 Beacon Street, Brooklin
Fax #: (617) 739-2941 (phone 617-232-5733)

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: 

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:

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

pt. Signature
Chain-of-Custody
Specimen Receipt

ID  4101430

<table>
<thead>
<tr>
<th>Receiver Certification</th>
<th>Receiver</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>(sign) K.</td>
<td>7/8/11</td>
</tr>
<tr>
<td>(print) KYLA BOGAN</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Specimen Receipt
**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

<table>
<thead>
<tr>
<th>DATE</th>
<th>RELEASED BY</th>
<th>RECEIVED BY</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1/2011</td>
<td>Temp Storage Receiving Area</td>
<td>Janet McCrimmon</td>
<td>Select Specimens For Transfer to Long Term Storage</td>
</tr>
<tr>
<td>8/1/2011</td>
<td>Janet McCrimmon</td>
<td>LONG TERM STORAGE</td>
<td>TRANSFER BLOOD TO LONG TERM STORAGE</td>
</tr>
</tbody>
</table>
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.
INITIAL TEST DOCUMENTS
<table>
<thead>
<tr>
<th>Pos</th>
<th>Lab ID</th>
<th>Specimen ID</th>
<th>Note</th>
<th>Punches/Volume</th>
<th>Type</th>
<th>Analyte</th>
<th>Due Date</th>
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<td>877695</td>
<td></td>
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<tr>
<td>A</td>
<td>877434</td>
<td></td>
<td>3</td>
<td></td>
<td>LOW</td>
<td>Peth-BLD</td>
<td>7/11/2011</td>
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<tr>
<td>B</td>
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<tr>
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<tr>
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<td>SAMPLE</td>
<td>PET-BLD</td>
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</tbody>
</table>
### Batch Worklist

**Batch**: LCMS/24692  
**Created**: 7/8/2011 10:58  
**HBN**: 2713634

**Rule**: BLD LCSCRN  
**Analyst**: W. Tunstall  
**Status**: WP

#### Al-UNET

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<tr>
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<th>Internal Standard Lot #</th>
<th>Internal Standard Spike Vol (μL)</th>
<th>Spiking Standard Lot #</th>
<th>CNB Lot #</th>
<th>Cal</th>
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</thead>
<tbody>
<tr>
<td>50 μL</td>
<td>05621</td>
<td>50 μL</td>
<td>0309111</td>
<td>1762</td>
<td>05041</td>
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#### CONTROL

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<tr>
<th>Set</th>
<th>Calibrator</th>
<th>Mid</th>
<th>Low</th>
<th>High</th>
<th>Ando c</th>
<th>Negative</th>
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<tr>
<td>1</td>
<td>0309111 50μL</td>
<td>0309110 50μL</td>
<td>0309113 50μL</td>
<td>0310116 50μL</td>
<td>0309113 50μL</td>
<td>0309111</td>
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### CHAIN OF CUSTODY - SPECIMEN CONTAINERS

<table>
<thead>
<tr>
<th>Date</th>
<th>Released By</th>
<th>Received By</th>
<th>Purpose/Remarks</th>
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<tbody>
<tr>
<td>7-8-11</td>
<td>TEMP STORAGE REC AREA</td>
<td>LEIGH ALTIZER</td>
<td>Transfer Aliquots from Specimen Containers</td>
</tr>
<tr>
<td>7-8-11</td>
<td>TEMP STORAGE REC AREA</td>
<td>LEIGH ALTIZER</td>
<td>Return Specimens to Temporary Storage</td>
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### CHAIN OF CUSTODY - SCREENING ALIQUOTS

<table>
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<th>Purpose/Remarks</th>
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<tbody>
<tr>
<td>7/8/11</td>
<td>TEMP STORAGE EXTRACTION AREA</td>
<td>MARLANDIS MIMS</td>
<td>SAMPLE PREPARATION</td>
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<tr>
<td>7/8/11</td>
<td>MARLANDIS MIMS</td>
<td>RICHA SHAH</td>
<td>SAMPLE PREPARATION</td>
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<td>7/8/11</td>
<td>RICHA SHAH</td>
<td>LMSS Analy 374/14</td>
<td>LMSS Analy</td>
</tr>
<tr>
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<td>LMSS Analy</td>
<td>ROSEMARIE RIOS</td>
<td>Transfer Aliquots</td>
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<td>7/8/11</td>
<td>ROSEMARIE RIOS</td>
<td>Disposal</td>
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</table>
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
Data File: petDBS189-11a-10.d
Acq Method File: pet DBS.m
Sample Name: cal
Sample Type: Calibration
Level: 1
Sample Pos: P1-B1
SampleAmount: 3

Quantitation Results

<table>
<thead>
<tr>
<th>Target Compound</th>
<th>QUANT</th>
<th>QUAL</th>
<th>RT</th>
<th>Quant Area</th>
<th>Qual Area</th>
<th>On Column</th>
<th>Final Conc</th>
<th>Ratio</th>
<th>Min</th>
<th>Max</th>
<th>% Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-Eth</td>
<td>701.5 -&gt; 255.2</td>
<td>701.5 -&gt; 281.2</td>
<td>3.567</td>
<td>68</td>
<td>266</td>
<td>20.00</td>
<td>392.64</td>
<td>274.40</td>
<td>509.60</td>
<td>30.00</td>
<td>30.00</td>
</tr>
<tr>
<td>P-Eth</td>
<td>701.5 -&gt; 255.2</td>
<td>701.5 -&gt; 281.2</td>
<td>3.567</td>
<td>68</td>
<td>266</td>
<td>20.00</td>
<td>392.64</td>
<td>274.40</td>
<td>509.60</td>
<td>30.00</td>
<td>30.00</td>
</tr>
</tbody>
</table>
Quant Sample Report (ISTD)

Compound Graphics

Target Compound  p-Eth
- MRM (701.5 \to 255.2) petDBS189-11a...
  Counts
  *3.567
  Acquisition Time (min)

ISTD Compound  p-Prop
- MRM (741.5 \to 281.2) petDBS189-11a...
  Counts
  *3.536
  Acquisition Time (min)
**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
- **Data File**: petDbs189-11a-12.d
- **Acq Method File**: pet DBS.m
- **Sample Name**: low
- **Sample Type**: Sample
- **Level**: P1-D1
- **Sample Pos**: P1-D1
- **SampleAmount**: 3

**Quantitation Results**

<table>
<thead>
<tr>
<th>Target Compound</th>
<th>QUANT</th>
<th>QUAL</th>
<th>RT</th>
<th>Quant Area</th>
<th>Qual Area</th>
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<th>Ratio</th>
<th>Min</th>
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<th>% Range</th>
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<tbody>
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<td>P-Eth</td>
<td>701.5 - 255.2</td>
<td>701.5 - 281.2</td>
<td>3.493</td>
<td>60</td>
<td>273</td>
<td>9.91</td>
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<td>453.49</td>
<td>274.40</td>
<td>509.60</td>
<td>30.00</td>
</tr>
</tbody>
</table>

Additional notes and comments: 
- Initial notes on the page.
Quant Sample Report (ISTD)

**Compound Graphics**

**Target Compound**  
*P*-Eth

- MRM (701.5 → 255.2) petDBS189-11a...

**ISTD Compounds**  
*P*-Prop

- MRM (741.5 → 281.2) petDBS189-11a...
## 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**: petDDBS189-11a-11.d
- **Acq Method File**: pet DBS.m
- **Sample Name**: mid
- **Sample Type**: Sample
- **Level**: Sample Pos
- **Sample Pos**: P1-C1
- **SampleAmount**: 3

### Quantitation Results

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<th>On Column</th>
<th>Final Conc</th>
<th>Ratio</th>
<th>Min</th>
<th>Max</th>
<th>% Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-Eth</td>
<td>701.5 -&gt; 255.2</td>
<td>701.5 -&gt; 281.2</td>
<td>3.523</td>
<td>139</td>
<td>609</td>
<td>25.93</td>
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<td>437.37</td>
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<td>437.37</td>
<td>274.40</td>
<td>509.60</td>
<td>30.00</td>
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Quant Sample Report (ISTD)

**Target Compound**

- **P-Eth**
  - MRM (701.5 → 255.2) petDBS189-11a...

**ISTD Compound**

- MRM (741.5 → 281.2) petDBS189-11a-...

Graphs show counts against acquisition time (min) with peak heights labeled for P-Eth and P-Prop.
Quant Sample Report (ISTD)

Batch Info
Batch Data Path  D:\MassHunter\Data\070811\QuantResults\petdbs189-11.batcbin

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
Sample Amount    3

Quantitation Results

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<tbody>
<tr>
<td>P-Eth</td>
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<td>701.5 -&gt; 281.2</td>
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<td>P-Eth</td>
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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
Sample Amount: 3

Quantitation Results

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<td>3.556</td>
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CONFIRMATION TEST DOCUMENTS
### Batch Worklist

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

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<th>Pos</th>
<th>Lab ID</th>
<th>Specimen ID</th>
<th>Note</th>
<th>Punches/Volume</th>
<th>Type</th>
<th>Analyte</th>
<th>Due Date</th>
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<td>D1</td>
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<td>A2</td>
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**A1** univ  
**B1** cal

---

*Signature:* [Signature]

*Date:* 8/1/11
### Batch Worklist

**Batch**: LCMS/24829  
**Created**: 7/13/2011 09:41  
**HBN**: 2714507

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<th>Spike Vol (μL)</th>
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<th>Internal Standard Spike Vol (μL)</th>
<th>Spiking Standard Lot #</th>
<th>CNB Lot #</th>
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<td>Calibrator</td>
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<td>0304112 50 μL</td>
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### Chain of Custody - Specimen Containers

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<th>Released By</th>
<th>Received By</th>
<th>Purpose/Remarks</th>
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<tbody>
<tr>
<td>7-13-11</td>
<td>TEMP STORAGE REC AREA</td>
<td>Print: LEIGH ALTIZER</td>
<td>Transfer Aliquots from Specimen Containers</td>
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<tr>
<td>7-13-11</td>
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<td>Print: LEIGH ALTIZER</td>
<td>Return Specimens to Temporary Storage</td>
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</tbody>
</table>

### Chain of Custody - Screening Aliquots

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<th>Purpose/Remarks</th>
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<tr>
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<td>MARLANDIS MIMS</td>
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<td>ERIC SKELNIK</td>
<td>Extraction</td>
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<td>ROSEMARIE RIOS</td>
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**Printed by**: LEIGH ALTIZER  
**Signed by**: [Signature]  
**Printed on**: Wednesday, July 13, 2011 9:41:32 AM  
**Page**: 2 of 4  
**Page 26 of 43**
### Quant Sample Report (ISTD)

#### Batch Info
- **Batch Data Path**: D:\MassHunter\Data\071311\QuantResults\petibs194-11.batch.bln
- **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**: petibs194-11-10.d
- **Acq Method File**: pet OBS.m
- **Sample Name**: cal
- **Sample Type**: Calibration
- **Level**: 1
- **Sample Pos**: P2-81

#### Quantitation Results

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<th>Qual Area</th>
<th>On Column</th>
<th>Final Conc</th>
<th>Ratio</th>
<th>Min</th>
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<th>% Range</th>
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<tbody>
<tr>
<td>P-Eth</td>
<td>701.5 -&gt; 255.2</td>
<td>701.5 -&gt; 281.2</td>
<td>3.485</td>
<td>300</td>
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<td>266.98</td>
<td>106.90</td>
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<td>30.00</td>
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<td>P-Eth</td>
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<td>701.5 -&gt; 281.2</td>
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Quant Sample Report (ISTD)

Batch Info
Batch Data Path: D:\MassHunter\Data\071311\QuantResults\pet dbs194-11.batch.bin

Analysis Time
Report Time: 7/14/2011 1:00 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
SampleAmount:

Quantitation Results

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<th>Final Conc</th>
<th>Ratio</th>
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<tbody>
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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  P2-C1
SamplePos  P2-C1
SampleAmount  

Quantitation Results

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Quant Sample Report (ISTD)

Batch Info
Batch Data Path  D:\MassHunter\Data\071311\QuantResults\petdbs194-11.bach.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
SampleAmount

Quantitation Results

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Quant Sample Report (ISTD)

Compound Graphics

Target Compound  P-Eth
- MRM (701.5 -> 255.2) petDBS194-11-1...

Counts
\*3.556
\*x10^2

Acquisition Time (min)
2.5 3 3.5 4 4.5 5

ISTD Compound  P-Prop
- MRM (741.5 -> 281.2) petDBS194-11-1...

Counts
\*3.822
\*x10^2

Acquisition Time (min)
2.5 3 3.5 4 4.5 5
## 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

### Quantitation Results

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## Quant Sample Report (ISTD)

### Batch Info
- **Batch Data Path**: D:\MassHunter\Data\071311\QuantResults\petDBS194-11.batch.bin

### 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

### Quantitation Results

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Page 40 of 43
Licensures and Registrations
United States Drug Testing Laboratories operates under the following licensures and registrations:

State of Illinois  
Drug Enforcement Administration  
Ill. Dept. of Professional Regulation  
College of American Pathologist (FUDT)  
H.H.S. – CLIA '88  
H.H.S. – Medicare  
State of Florida – Clinical Laboratory  
State of Iowa  
State of Pennsylvania  
State of Maryland  
State of Oklahoma  
NY State Dept. of Health  

#0023341  
#RL0155843  
#003-097-00731-1  
#3754202  
#14D0712964  
#14-8570  
#L800009692  
approved laboratory list

#027225  
#973  
#8182  
#814035A0
Sample Information

Chain of Custody 1310
Name NA
Lab Sample ID 678940
Donor ID 4561430

Test Reason Not given
Type Blood
Collected 7/1/2011 00:00
Received 7/8/2011 10:40
Reported 10/4/2012 12:50

Tests Requested

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Identification</th>
<th>Screen Limit</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phosphatidyl Ethanol</td>
<td>POSITIVE</td>
<td>20 ng/mL</td>
<td>20.0 ng/mL</td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol</td>
<td>POSITIVE</td>
<td>365.4 ng/mL</td>
<td>20.0 ng/mL</td>
<td></td>
</tr>
</tbody>
</table>

Sample Comments

REVISED REPORT PER CLIENTS REQUEST
CORRECTED DONOR ID FROM 456143 TO 1310
CORRECTED COLLECTION DATE TO 07/01/2011
APPROVED REPORT, EXTERNAL CHAIN OF CUSTODY PROTOCOL WAS NOT FOLLOWED PER STANDARD PROTOCOL.

Certification

Data approved by Joseph Jones on 10/4/2012

JOSEPH JONES
10/4/12
Sample Information

Chain of Custody 1310
Name NA
Lab Sample ID 677619
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

<table>
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<th>Result</th>
<th>Quantitation</th>
<th>Screen Limit</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHOSPHATIDYL ETHANOL</td>
<td>POSITIVE</td>
<td>20 ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (LCMSMS)</td>
<td>POSITIVE</td>
<td>355.4 ng/mL</td>
<td>20.0 ng/mL</td>
<td></td>
</tr>
</tbody>
</table>

Sample Comments

REVISED REPORT PER CLIENT'S 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

Date approved by Joseph Jones on 10/4/2012

[Signature]

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Quantitation</th>
<th>Screen Limit</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>PETH-BLD Phosphatidyl Ethanol (Blood)</td>
<td>Sample: POSITIVE</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PHOSPHATIDYL ETHANOL</td>
<td>POSITIVE</td>
<td></td>
<td>20 ng/mL</td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (LCMSMS)</td>
<td>POSITIVE</td>
<td></td>
<td>305.4 ng/mL</td>
<td>20.0 ng/mL</td>
</tr>
</tbody>
</table>

Tests Requested

Sample Comments

REVISED REPORT PER CLIENT'S REQUEST
CORRECTED DONOR ID FROM 461430 TO 1310
CORRECTED COLLECTION DATE TO 07/01/2011
Sample Information

Chain of 461430
Name NA
Lab Sample ID 677646
Donor ID 461430

Test Reason Not given
Type Blood
Collected
Received 7/6/2011 10:48
Reported 7/14/2011 18:39

Tests Requested

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Quantitation</th>
<th>Screen Limit</th>
<th>Confirm</th>
</tr>
</thead>
<tbody>
<tr>
<td>PETH-BLO. Phosphatidyl Ethanol (Blood)</td>
<td>POSITIVE</td>
<td>20 ng/mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOSPHATIDYL ETHANOL</td>
<td>POSITIVE</td>
<td>395.4 ng/mL</td>
<td>20.0 ng/mL</td>
<td></td>
</tr>
<tr>
<td>Phosphatidyl Ethanol (LCMSMS)</td>
<td>POSITIVE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PHYSICIAN HEALTH SERVICES, INC.
A Massachusetts Medical Society corporation.
www.physicianhealth.org

Luis T. Sanchez, M.D.
Director

860 Winter Street
Waltham, MA 02451-3114
781-649-4900 · (800) 332-2305
Fax: 781-955-3321

December 11, 2012

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

RE: Michael Langan, M.D.

Dear Attorney Harvey:

Yesterday, December 10, 2012, Physician Health Services (PHS) received a revision to a laboratory test result for Dr. Michael Langan from a blood sample which he provided on July 1, 2011, which result was reported to you by letter of July 28, 2011 as positive for Phosphatidyl Ethanol (PEth). The amended report indicates that the “external chain of custody protocol for that sample] was not followed per standard protocol.”

PHS did not make a determination of relapse following that positive test, nor is PHS aware of any action taken by the Massachusetts Board of Registration in Medicine (MA BRM) as a result of the July 28, 2011 report. However, based on the amended report, PHS will continue to disregard the July 2011 PEth test result.

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

Sincerely,

[Signature]

Luis T. Sanchez, M.D.

cc: Michael Langan, M.D.
Gary Chinman, M.D.
Kenneth Minaker, M.D.
Timothy Wilens, M.D.

This information has been disclosed to you from records protected 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 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.