

IN THE MATTER OF THE CLAIM OF DOUGLAS F. COPP
ON THE SEPTEMBER 11TH VICTIM COMPENSATION FUND OF 2001

STATE OF NEW MEXICO)
COUNTY OF Santa Fe) ss.

CERTIFICATION OF MEDICAL RECORDS

Robert Friedman MD, being first duly sworn, deposes and states as follows.

1. I am the Custodian of the Medical Records of Douglas Copp.
2. I am providing this certification in response to a properly executed authorization for release of Douglas F. Copp's medical records.
3. The documents and things attached to this certification, numbering 62 pages, constitute true, correct, and complete photocopies of all medical records maintained by R. Friedman MD concerning Mr. Copp, as of the date of this certification.

FURTHER AFFLIANT SAYETH NAUGHT.

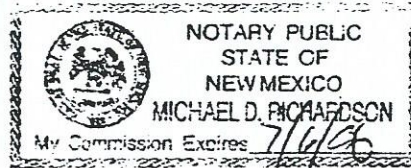
Robert Friedman MD
Medical Records Custodian

On July 30 2003, Robert Friedman personally appeared before me and, having been first duly sworn, signed the foregoing instrument.

[Signature]
Notary Public

My commission expires:

7/6/06



Robert D. Friedman, M.D.
1264-B Rodeo Rd.
Santa Fe, N.M. 87505

Telephone (505) 438-4848

2/10/03

Re: Doug Copp

To Whom It May Concern:

Doug Copp is a 51-year-old patient referred to me for the evaluation and treatment of heavy metal toxicity and chemical exposure sustained during the time he spent as a rescue worker at the 9/11 World Trade Center disaster. During the two weeks he spent at the rescue operations a significant proportion of that time was spent in the underground portions of the trade center. His exposures included contents from ruptured sewage lines, smoke and dust residues from burnt remains of plastics, building materials, jet fuels and other xenobiotics.

He began experiencing respiratory symptoms almost immediately while working at the rescue including cough and shortness of breath. These symptoms have continued to the present time. In addition, severe chronic and persistent debilitating fatigue has restricted his activities to a minimal level. Mental symptoms included depression, memory loss, disorientation, brain fog, difficulty focusing, aphasias and reduced ability to problem solve.

A thorough evaluation by Mr. Copp's primary physician, Timothy Smith, M.D. revealed the following diagnoses:

1. World Trade Center cough and syndrome
2. Reactive airways dysfunction syndrome
3. Hypersensitivity pneumonitis

4. Immunotoxicity secondary to xenobiotic exposure
5. Allergic respiratory hypersensitivity
6. Upper respiratory allergies
7. Asbestosis
8. Fractured lumbar vertebrae
9. Lower extremity pain, numbness and paresthesias
10. Lowered adrenal reserve
11. Steroid induced adrenal atrophy
12. Post-traumatic stress disorder
13. Hypothyroidism
14. Hypertension

Since there was toxic exposure, which was probably responsible for many of Mr. Copp's symptoms, a heavy metal challenge test using EDTA (a heavy metal chelator) was performed on 12/27/02. The results revealed an increase of lead 15 times the upper limit of normal, and an increase in bismuth 30 times the upper limit of normal. Other milder elevations included arsenic, cadmium and gallium. A previous hair analysis for heavy metals from 10/8/02 revealed increases in barium, cadmium, lead, mercury, nickel and antimony.

Inhalation of lead dusts and transdermal absorption of organic lead salts was the presumed mode of exposure. While temporarily carried in the bloodstream, lead is at least 90% bound to erythrocytes, however only 2% or less of total body lead remains in the blood. Lead primarily deposits and accumulates in the aorta, liver, kidneys, adrenal and thyroid glands, bones and teeth. As noted by Dr. Smith, Mr. Copp has endocrine and immunological impact, which may have been exacerbated or caused by this exposure. This element also interferes with membrane functions, bonds to sulfhydryl, phosphate, hydroxyl and amino sites on proteins and enzyme cofactors, and interferes with heme synthesis, iron transport, erythrocyte lifespan and hepatic cytochrome P-450 functions. These increased lead levels may have affected Mr. Copp's liver detoxification system and been responsible for the chronic nature of his illness. Other deleterious effects, which Mr. Copp exhibits, include peripheral neuropathy and hypertension. Anemia, neuropathies and encephalopathy are end-stage conditions of severe lead excess. Sources of lead exposure include paint, gasoline additives, soldered joints in water systems, building materials, plumbing, batteries, glass, metal alloys, ceramic glazes and sewage sludge. All of these substances were present in Mr. Copp's exposure.

Sources of bismuth exposure include low-melting temperature alloys in fuses, automatic fire sprinklers and solders, paints, semiconductors, electronic components, batteries, and metal castings. All of these compounds were present in Mr. Copp's exposure. Binding to sulfhydryl sites and enzyme inactivation may occur. Symptoms of bismuth excess include decreased appetite, general malaise and weakness, rheumatic pains and dermatitis.

Many of the symptoms, which Mr. Copp has expressed over the last 18 months, are consistent with heavy metal and chemical toxicity and the toxins impact on endocrinological and immunological systems. Because of this probability, Mr. Copp was started on a series of chelation, oxygenation and anti-oxidant treatments given intravenously. An initial six-hour post EDTA urine collection was performed for heavy metal analysis as noted above. These levels will be followed periodically to assess the progress of detoxification. Treatments were initially given 3- 4 times per week (alternating chelation and anti-oxidant IVs) and will be tapered down as lab results and clinical improvement dictates. I would expect Mr. Copp to require treatments two times per week for the next six months, with periodic tune-ups every three to six weeks for an additional one to two years. Projected costs will range from \$40,000 to \$50,000.

Sincerely,

Robert D. Friedman, M.D.

Treatment Record

Patient: Doug Copp

D.O.B.: 1/1/

Date of 1st Treatment: ¹²12/1/02

Date	Ozone	EDTA	Glutathione	Vit. C Drip	Mineral I.V.	Other	Progress
12/26	125	2gm ₂₀	900mg ₆₀			Glutathione 30cc to use in nebulizer TID	50 ⁶
12/27	125			25g ₂₀₆			
12/30	125	2gm	1400mg				Doing well w/ Glutathione in nebulizer.
1/2/03	125		1400mg	25g			
1-4-03	125	2gm					
1-6-03	125		1400mg	25gm			
1-7-03	125	2gm	1400mg				
1-9-03	125		1400	25g			
1-10	125	2gm	1400				
1-13	125		1400	25g			

305.13 298.73 305.13 298.73 305.13 298.73 305.13 298.73 305.13 298.73

COMMENTS: _____

Treatment Record

Patient: Doug Copp

D.O.B.: 1 1

Date of 1st Treatment: 12/29/02

Date	Ozone	EDTA	Glutathione	Vit. C Drip	Mineral I.V.	Other	Progress
1/14	125	2	1400				298.73
1/16	125		1400	25			305.13
1/17	125	2	1400				298.73
1/20	125	2	1400				298.73
1-21	125	-	1400	25			305.13
1-27	125		1400	25			305.13
1-28	125		1400	25			305.13
2-19	AM S		1400	25		Took Sicut for inhalation	SD
2-24	AM S		1400	25			198.44

COMMENTS: _____

2/7 - 202.71

2/14 - 145.10

Treatment Record

Patient: Doug Kopp

D.O.B.: / /

Date of 1st Treatment: / /

Date	Ozone	EDTA	Glutathione	Vit. C Drip	Mineral I.V.	Other	Progress
2/2/03			1400	25	full		
2/14			1400	25		Lipora 600mg	
2/27				25			
3/7			1400	25			
3/11		=	1400	25			
3/14			1400	25			
3/21			1400	25			
3/25			1400	25			
3/28			1400	25			
4/1			1400	25			

112

COMMENTS: _____

Treatment Record

Patient: Doug Copp

D.O.B.: 1/1

Date of 1st Treatment: 1/1

Date	Ozone	EDTA	Glutathione	Vit. C Drip	Mineral I.V.	Other	Progress
4/4/03			1400	25g			
4/18			1400	25g + Folic		B12 1 1/2 cc	+1
4/22			1400	25g + Folic			
5/1			1400	25g + Folic			
5/6		=	"	" LIPIC			
5/1							
5/22			1400	25g C + 2 Lipic Drip			

COMMENTS: _____

TriCore Reference Laboratories
 2811 Stanford NE
 Albuquerque, NM 87107
 (505)938-8922

Patient Name: COPP, DOUGLAS F
 Medical Record: X046461692
 DOB: 08/03/1951 Age: 51Y Sex: M
 Account Number:
 Attending MD: Unlisted Physician
 Patient ID:
 Patient Phone: 281-7977

H36783 COLL: 12/26/2002 14:00 REC: 12/26/2002 14:39 PHYS: Unlisted Physician
 Req# : 3164066

CC TO PATIENT AT 2635 REGENT ST BERKELEY CA 94704 PH5105488022

Differential (CONTINUED)

Abs. Lymphocyte	1.8	[1.0-3.4]	x10E3
Abs. Monocyte	0.5	[0.2-0.8]	x10E3
Abs. Eosinophil	0.2	[0.0-0.3]	x10E3
Abs. Basophil	0.0	[0.0-0.1]	x10E3

Urinalysis

Source	Unknown		
Color	Yellow	[YEL]	
Appearance	Clear	[CLEAR]	
Specific Gravity	1.019	[1.003-1.030]	
pH	5.0	[5.0-8.0]	
Glucose	Negative	[NEG]	mg/dL
Bilirubin	Negative	[NEG]	
Ketones, Urine	Negative	[NEG]	mg/dL
Blood	Negative	[NEG]	
Protein	Negative	[NEG]	mg/dL
Urobilinogen	Normal	[NORM]	EU/dL
Nitrite	Negative	[NEG]	
Leukocyte Esterase	* Trace	[NEG]	

UA Microscopic

WBC	2	[0-5]	/hpf
RBC	0	[0-3]	/hpf
Bacteria	Moderate		/hpf
Squamous Epithelial	6		/lpf

DHEA-Sulfate 150 [80-560] ug/dL

Free T3 3.7 [1.6-5.6] pg/mL

PSA 1.7 [0-4.0] ng/mL

PSA results were obtained with the IMMULITE DPC 2000 PSA assay. Results obtained from other manufacturers' assay methods may not be used interchangeably.

Total T3 122 [57-175] ng/dL

Total Testosterone 4.4 [2.2-8.4] ng/mL

Thyroid Screen FT4 1.1 [0.8-1.6] ng/dL

CONTINUED

Printed: 01/06/2003 11:31

INTERIM REPORT

Patient Name: COPP, DOUGLAS F
 Medical Record #: X046461692
 Location: STFE

Page: 3

TriCore Reference Laboratories
2811 Stanford NE
Albuquerque, NM 87107
(505)938-8922

Patient Name: COPP, DOUGLAS F
Medical Record: X045461692
DOB: 08/03/1951 Age: 51Y Sex: M
Account Number:
Attending MD: Unlisted Physician
Patient ID:
Patient Phone: 281-7977

H36783 COLL: 12/26/2002 14:00 REC: 12/26/2002 14:39 PHYS: Unlisted Physician
Req# : 3164066
CC TO PATIENT AT 2635 REGENT ST BERKELEY CA 94704 PH5105488022

Lipid Panel (CONTINUED)
LDL(calc)

H 131 [

LDL Cholesterol-Primary Target of Therapy

- <100.....Optimal
- 100-129.....Near optimal/above optimal
- 130-159.....Borderline high
- 160-189.....High
- >190.....Very high

Total Cholesterol

- <200.....Desirable
- 200-239.....Borderline high
- >240.....High

HDL Cholesterol

- <40.....Low
- >60.....High

ATP III Classification of Serum Triglycerides

- <150.....Normal
- 150-199.....Borderline high
- 200-499.....High
- >500.....Very High

ATP III Classification of Fasting Lipids
JAMA 2001; 285:2486-2497

CBC

WBC	5.9	[4.0-10.6]	x10E3
RBC	4.69	[4.64-6.00]	x10E6
Hgb	14.8	[14.5-17.7]	gm/dL
Hct	42	[42-53]	%
MCV	89	[81-98]	fL
MCHC	35.1	[31.2-35.2]	gm/dL
RDW	12.2	[11.0-14.5]	%
Platelets	314	[150-400]	x10E3

Differential

Diff Type	Auto Diff		
Neutrophils	57	[40-76]	%
Lymphocytes	31	[16-47]	%
Monocytes	9	[3-13]	%
Eosinophils	3	[0-5]	%
Basophils	0	[0-2]	%
Abs. Neutrophil	3.4	[1.8-7.0]	x10E3

CONTINUED

Printed: 01/06/2003 11:31

INTERIM REPORT

Patient Name: COPP, DOUGLAS F
Medical Record #: X045461692
Location: STFE

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2811 Stanford NE
Albuquerque, NM 87107
(505)938-8922

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Medical Record: X046461692
DOB: 08/03/1951 Age: 51Y Sex: M
Account Number:
Attending MD: Unlisted Physician
Patient ID:
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H36783 COLL: 12/26/2002 14:00 REC: 12/26/2002 14:39 PHYS: Unlisted Physician
Req# : 3164066
CC TO PATIENT AT 2635 REGENT ST BERKELEY CA 94704 PH5105488022

Comp Metabolic Panel

Sodium	140	[136-146]	mmol/L
Potassium	4.4	[3.5-5.0]	mmol/L
Chloride	109	[96-110]	mmol/L
CO2	23	[16-30]	mmol/L
Anion Gap	8	[7-17]	
Glucose	90	[60-126]	mg/dL
BUN	22	[3-25]	mg/dL
Creatinine	0.9	[0.5-1.4]	mg/dL
Calcium	9.8	[8.4-10.4]	mg/dL
Total Protein	7.5	[5.9-8.3]	gm/dL
Albumin	4.6	[3.1-4.7]	gm/dL
Globulin	2.9	[2.0-3.9]	gm/dL
Bilirubin, total	0.5	[0.0-1.4]	mg/dL
Alk Phos	66	[20-145]	U/L
AST(SGOT)	25	[3-70]	U/L
ALT(SGPT)	51	[3-78]	U/L

Fasting YES

{SF}

Lipid Panel

Triglyceride	H 309	[<150]	mg/dL
Cholesterol	H 239	[<200]	mg/dL
HDL	46	[>40]	mg/dL

Printed: 01/06/2003 11:31

CONTINUED

INTERIM REPORT

Patient Name: COPP, DOUGLAS F
Medical Record #: X046461692
Location: STFE

Other Info h36783

CLIENT NUMBER 10298

FINAL

TRICORE - CORE
 2811 STANFORD DR. NE
 ALBUQUERQUE, NM 87107

NAME/I.D.# COPP, DOUGLAS

ARUP REF.I.D.# (10298)002361001

SEX M
 AGE 51 YRS
 DATE OF BIRTH 08/03/1951
 TIME 1400
 TIME 0831
 TIME 1521

DATE COLLECTED 26DEC02
 DATE RECEIVED 28DEC02
 DATE REPORTED 06JAN03

REFERRING PHYSICIAN

CLIENT ID - DR:

TEST	RESULT	H/L	REFERENCE RANGE	UNITS
------	--------	-----	-----------------	-------

ENDOCRINOLOGY

----- GONADOTROPINS AND SEX HORMONES -----

PREGNENOLONE @

PREGNENOLONE... 26DEC02 1400 TEST

SEE NOTE

RESULT

Pregnenolone, Serum

49 ng/dL

Normal Levels

Adults:

20 - 150 ng/dL (Mean=65)

Pubertal Age Groups

(11 - 16 years)

10 - 150 ng/dL (Mean=52)

*ASR - Analyte Specific Reagent

This test was developed and its performance characteristics determined by Esoterix. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is regulated under the Clinical Laboratory Improvement Amendment (CLIA) of 1988 as qualified to perform high complexity clinical testing.

Note: The normal data shown are specific for the gender and age information provided. Additional normal data can frequently be found found in our directory of services or can be obtained by calling the laboratory. This additional information includes data by pubertal stage, from pre-term infants, from special venous draw sites and from response testing. Unless indicated otherwise, normal serum or plasma data are from basal or baseline venous collections typically obtained in the morning following an 8-12 hour overnight fast. Urine normal data are usually from basal random or overnight collections.

CS

PATIENT NAME: **COPP, DOUGLAS F** PATIENT ID: **X046461692** DOB: **08/03/1951** SEX STATUS: **M Final**
 PHYSICIAN: **Unlisted Physician,** COLLECT DATE & TIME: **12/26/2002 14:00** DATE OF SERVICE: **12/26/2002 14:39** PRINT DATE/TIME: **01/06/2003 16:28** PAGE: **2**
 REQUISITION NO.: **3164066** PT. PHONE NO: **281-7977** LAB REF NO.:
 COMMENTS: **CC TO PATIENT AT 2635 REGENT ST BERKELEY CA (Continued)...**

TEST	Result		Units	Reference Range	Site Code
	In Range	Out of Range			
...94704 PH5105488022					
Hgb	14.8		gm/dL	14.5-17.7	
Hct	42		%	42-53	
MCV	89		fL	81-98	
MCHC	35.1		gm/dL	31.2-35.2	
RDW	12.2		%	11.0-14.5	
Platelets	314		x10E3	150-400	
Differential					
Diff Type	Auto Diff				
Neutrophils	57		%	40-76	
Lymphocytes	31		%	16-47	
Monocytes	9		%	3-13	
Eosinophils	3		%	0-5	
Basophils	0		%	0-2	
Abs. Neutrophil	3.4		x10E3	1.8-7.0	
Abs. Lymphocyte	1.8		x10E3	1.0-3.4	
Abs. Monocyte	0.5		x10E3	0.2-0.8	
Abs. Eosinophil	0.2		x10E3	0.0-0.3	
Abs. Basophil	0.0		x10E3	0.0-0.1	
Urinalysis					
Source	Unknown				
Color	Yellow			YEL	
Appearance	Clear			CLEAR	
Specific Gravity	1.019			1.003-1.030	
pH	5.0			5.0-8.0	
Glucose	Negative		mg/dL	NEG	
Bilirubin	Negative			NEG	
Ketones, Urine	Negative		mg/dL	NEG	
Blood	Negative			NEG	
Protein	Negative		mg/dL	NEG	
Urobilinogen	Normal		EU/dL	NORM	
Nitrite	Negative			NEG	
Leukocyte Esterase		Trace		NEG	
UA Microscopic					
WBC	2		/hpf	0-5	
RBC	0		/hpf	0-3	
Bacteria	Moderate		/hpf		
Squamous Epithelial	6		/lpf		
DHEA-Sulfate	150		ug/dL	80-560	
Free T3	3.7		pg/mL	1.6-5.6	
PSA	1.7		ng/mL	0-4.0	
PSA results were obtained with the IMMULITE DPC 2000 PSA assay. Results obtained from other manufacturers' assay methods may not be used interchangeably.					
Total T3	122		ng/dL	57-175	
Total Testosterone	4.4		ng/mL	2.2-8.4	

Continued on next page

COPP, DOUGLAS F

01/06/2003 16:28

PATIENT NAME: **COPP, DOUGLAS F** PATIENT ID: **X046461692** DOB: **08/03/1951** SEX STATUS: **M Final**
 PHYSICIAN: **Unlisted Physician,** COLLECT DATE & TIME: **12/26/2002 14:00** DATE OF SERVICE: **12/26/2002 14:39** PRINT DATE/TIME: **01/06/2003 16:28** PAGE: **1**
 REQUISITION NO.: **3164066** PT. PHONE NO: **281-7977** LAB REF NO.:
 COMMENTS: **CC TO PATIENT AT 2635 REGENT ST BERKELEY CA (Continued)...**

TEST	Result		Units	Reference Range	Site Code
	In Range	Out of Range			
...94704 PH5105488022					
Comp Metabolic Panel					
Sodium	140		mmol/L	136-146	
Potassium	4.4		mmol/L	3.5-5.0	
Chloride	109		mmol/L	96-110	
CO2	23		mmol/L	16-30	
Anion Gap	8			7-17	
Glucose	90		mg/dL	60-126	
BUN	22		mg/dL	3-25	
Creatinine	0.9		mg/dL	0.5-1.4	
Calcium	9.8		mg/dL	8.4-10.4	
Total Protein	7.5		gm/dL	5.9-8.3	
Albumin	4.6		gm/dL	3.1-4.7	
Globulin	2.9		gm/dL	2.0-3.9	
Bilirubin, total	0.5		mg/dL	0.0-1.4	
Alk Phos	66		U/L	20-145	
AST(SGOT)	25		U/L	3-70	
ALT(SGPT)	51		U/L	3-78	
Fasting	YES				SF
Lipid Panel					
Triglyceride		309 H	mg/dL	<150	
Cholesterol		239 H	mg/dL	<200	
HDL	46		mg/dL	>40	
LDL(calc)		131 H	mg/dL	<100	
LDL Cholesterol-Primary Target of Therapy <100.....Optimal 100-129.....Near optimal/above optimal 130-159.....Borderline high 160-189.....High >190.....Very high Total Cholesterol <200.....Desirable 200-239.....Borderline high >240.....High HDL Cholesterol <40.....Low >60.....High ATP III Classification of Serum Triglycerides <150.....Normal 150-199.....Borderline high 200-499.....High >500.....Very High ATP III Classification of Fasting Lipids JAMA 2001; 285:2486-2497					
CBC					
WBC	5.9		x10E3	4.0-10.6	
RBC	4.69		x10E6	4.64-6.00	

Continued on next page

**TRICORE
REFERENCE
LABORATORIES**

2811 Stanford Rd, Albuquerque, NM 87105 (505) 938-8922

Friedman.Robert MD
PO Box 5054
Santa Fe, NM 87502

PATIENT NAME: **COPP, DOUGLAS F**
 PHYSICIAN: **Unlisted Physician,**
 REQUISITION NO.: **3164066**
 PT. PHONE NO.: **281-7977**
 COMMENTS: **CC TO PATIENT AT 2635 REGENT ST BERKELEY CA (Continued)...**

PATIENT ID: **X046461692**
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 PAGE: **3**

TEST	Result		Units	Reference Range	Site Code
	In Range	Out of Range			
...94704 PH5105488022					

Thyroid Screen					
FT4	1.1		ng/dL	0.8-1.6	
TSH	2.310		uIU/mL	0.40-4.5	

All TSH values less than 0.400 uIU/mL represent 3rd Generation TSH. No extra charges apply.

Misc Referral Test
 Test Name: **Pregnenolone**
 Result: **49 ng/dL**

Normal Levels (Adult): 20 to 150 ng/dL
 (NOTE)
 Please refer to special Pregnenolone report for additional information.

Test performed by: **Performed at Esoterix, Inc., 4301 Lost Hills Road, Calabasas, CA 91301**

Performing Labs: **SF**
Performed at TriCore Reference Lab Santa Fe Branch, 465 St Michael's Dr, Ste 116, Santa Fe, NM 87505

End of Report

TriCore Reference Laboratories
2811 Stanford NE
Albuquerque, NM 87107
(505)938-8922

Patient Name: COPP, DOUGLAS F
Medical Record: X046461692
DOB: 08/03/1951 Age: 51Y Sex: M
Account Number:
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Req# : 3164066
CC TO PATIENT AT 2635 REGENT ST BERKELEY CA 94704 PH5105488022

Thyroid Screen (CONTINUED)

TSH 2.310 [0.40-4.5] uIU/mL

All TSH values less than 0.400 uIU/mL represent 3rd
Generation TSH. No extra charges apply.

Misc Referral Test PENDING

{SF} = Performed at TriCore Reference Lab Santa Fe Branch, 465 St Michael's Dr, Ste
116, Santa Fe, NM 87505

END OF REPORT

Printed: 01/06/2003 11:31

INTERIM REPORT

Patient Name: COPP, DOUGLAS F
Medical Record #: X046461692
Location: STFE

Page: 4

Robert D. Friedman, MD
1264-B Rodeo Rd.
Santa Fe, NM 87505
Tel: 505-438-4848

DATE: Dec 26 / 2002
NAME: DOUG COPP DATE OF BIRTH: AUG-03-51
HEIGHT: 5' WEIGHT: 9 1/2" (lost 1 1/2" since injury by spine & WI)
RESIDENCE: 27 Sumption Rd. Sandia Park STATE: NM ZIP: 87047
MAILING ADDRESS: PO Box 534 CITY: Sandia Park STATE: NM ZIP: 87047
PHONE: H 281-7977 W 281-7877 FAX: 281-7877 CELL PHONE: _____
E-MAIL: amerrescue@aol.com
SOCIAL SECURITY # 046-46-1692 OCCUPATION: Rescue Chief / ARTI
MARITAL STATUS: S M D W PARTNER: Paulina Copp

IN CASE OF EMERGENCY, NOTIFY: PAULINA COPP PHONE: 505-281-7877
ADDRESS: 27 Sumption Rd. Sandia Park
NM, 87047

HOW DID YOU HEAR ABOUT US? _____
FRIEND

PAYMENT IS EXPECTED AT THE TIME OF YOUR VISIT UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.

AS A COURTESY TO OUR ALLERGY PATIENTS, PLEASE REFRAIN FROM WEARING ANY SCENTED PRODUCTS WHILE VISITING THIS OFFICE. YOUR COOPERATION IS APPRECIATED.

History of Present Illness

Please list the symptoms for which you are seeking help:

Toxic Exposure at WTC

Give a brief history of these problems including how long they have troubled you:

See 16 page report of 'medical summary' prepared by Dr. Tim Smith.

What treatments have you recently received for the above problems? (Please include physicians names and specialty, medications, diagnostic procedures):

DR Garcia (Painmg); DR. Tim Smith (Painmg-Toxicology), DR VOJDANI (Immunologist), DR HINDS (ANESTHESIOLOGIST - 2 spinal procedures), DR Eisner (Pulmonary Specialist), DR HU (ORTHOPEDIC SURGEON) - 3 other.

Have you ever been hospitalized? Please describe:

Respiratory Attack Date: Sept 30th
Chest pains (not heart attack but respiratory complication) Date: - Oct

Are there any past medical problems for which you have been successfully treated?

Prior to WTC - I was in excellent health.

Comments:

I was very energetic, robust, adventuresome and 'full of life' prior to WTC. Since then I have been very sick; in constant pain and multiple symptoms.

Please reference and supply the following indicators:

1 = mild (monthly) 2 = moderate (weekly) 3 = severe (daily)

SKIN

- Urticaria
- Eczema
- Rash
- Hives
- Acne
- Itching
- Redness

Comments: infections
continuous immune system weak

CARDIOVASCULAR

- Rapid heart
- Palpitations
- Skipped beats
- Extrasystoles
- Hypertension
- Hypotension
- Fainting spells

Comments: Hypertension from overwork
other organs damaged.

NEUROLOGICAL

- Restless
- Nervous
- Mental Confusion
- Depression
- Irritability
- Lethargy
- Undue fatigue
- Abnormal sleepiness
- Insomnia
- Amnesia
- Learning disability
- Behavior problems
- Phobia / panic reaction
- Numbness
- Tingling
- Flushing
- Chilling
- Sweating spells

Comments: lot of pain, very
tired

EYES, EARS, NOSE, THROAT

- Headache
- Dizziness
- Vertigo
- Unsteadiness
- Floating
- Lightheaded
- Ear Noises
- Deafness
- Blocked ears
- Crusting ears
- Draining ears
- Blurred vision
- Watering eyes
- Photophobia
- Edema of eyelids
- Itching palate
- Rhinorrhea
- Post nasal drip

Comments: frequent drug
interactions

RESPIRATORY

- Dyspnea?
- Hoarseness
- Laryngeal edema
- Dry cough
- Productive cough
- Wheezing
- Bronchitis
- Sinusitis
- Sore throat
- Respiratory infection

Comments: 10 types of fungus in lungs
lung lining burned, WTC
syndrome.

MUSCLE - JOINT

- Swollen joints
- Muscle cramps
- Weakness in limbs
- Stiff joints
- Leg aches
- Arthritis

Comments: spine fractured,
partial paralysis,
swollen.

SLEEP

- | | | |
|--|--|---|
| <input type="checkbox"/> Muscle twitching | <input type="checkbox"/> Very light | <input type="checkbox"/> Disturbing dreams |
| <input checked="" type="checkbox"/> Awaken tired | <input checked="" type="checkbox"/> Heavy | <input type="checkbox"/> Dreamless |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Difficulty falling asleep | <input checked="" type="checkbox"/> Frequent waking |
| <input type="checkbox"/> Narcolepsy | <input type="checkbox"/> Difficulty staying asleep | <input type="checkbox"/> Medication |
| <input checked="" type="checkbox"/> Snoring | <input type="checkbox"/> Restless | <input type="checkbox"/> Other |

Comments: Become very tired and can't sleep -
Everyday I become as tired as if I hadn't
sleep for 3 days.

ENERGY

- | | |
|--|--|
| <input checked="" type="checkbox"/> Low (<input type="checkbox"/> constant <input type="checkbox"/> intermittent) | <input type="checkbox"/> Listless mental/physical |
| <input type="checkbox"/> High | <input type="checkbox"/> Lack of drive (<input checked="" type="checkbox"/> recent <input type="checkbox"/> always) |
| <input checked="" type="checkbox"/> Exhaustion, not refreshed by sleep | <input type="checkbox"/> Listless (<input type="checkbox"/> during <input type="checkbox"/> after exercise) |
| <input checked="" type="checkbox"/> Fatigue (<input type="checkbox"/> during <input type="checkbox"/> after exercise) <u>NONE</u> | <input type="checkbox"/> Other |

Comments: I used to be high energy. now
I am - always exhausted.

CRAVINGS

- | | |
|--|--|
| <input type="checkbox"/> Water | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Sweets and chocolates | <input type="checkbox"/> Salt |
| <input type="checkbox"/> Coffee or Tea | <input type="checkbox"/> Sugar |
| <input type="checkbox"/> Bread | <input type="checkbox"/> Other <u>None</u> |
| <input type="checkbox"/> Alcohol | |

FAVORITE FOODS

Bacalao, posole, Turkey, paella,
DONAIR, FISH & CHIPS,

Comments: I don't eat red meat, sugars,
processed foods, I eat a lot of
vegetables, fresh foods, non chemical -
no preservatives.
take supplements every day.

SUBCLINICAL HYPOTHYROID SYNDROME

- Increase in weight
- Decreased appetite
- Fatigue easily
- Ringing in ears
- Sleepy during day
- Sensitive to cold
- Dry or scaly skin
- Constipation
- Mental sluggishness
- Hair coarse, falls out
- Headaches upon rising, wear off during day
- Slow pulse, below 65
- Frequency of urination
- Impaired hearing
- Reduced initiative
- Failing memory

Comments: take thyroid medicine daily.

SUBCLINICAL HYPOADRENAL SYNDROME

- Weakness, dizziness
- Chronic fatigue
- Low blood pressure
- Nails weak, ridges in nails
- Tendency to hives
- Arthritis tendencies
- Perspiration increase
- Intestinal trouble
- Circulation poor
- Kidney trouble (edema)
- Crave salt
- Allergies, tendency to asthma
- Weakness after colds, influenza
- Exhaustion, muscular and nervous
- Respiratory disorders
- Legs feel tired

Comments: see above.

HYPOGLYCEMIA SYNDROME

- Inward trembling
- Irritable before meals
- Sweating spells
- Craving for sweets
- Can't get started in morning, need coffee
- Drink ___ cups of coffee daily
- Eat often or get hunger pains / faintness
- Eat when nervous
- Eating relieves fatigue and tiredness
- Faintness if meals delayed
- Lack energy or energy drive
- Insomnia
- Moods of depression, blues, melancholy
- Chronic fatigue
- Crave coffee or candy in afternoon
- Cry easily for no reason
- Get shaky if hungry
- Heart palpitations
- Highly emotional
- Sleepy during the day
- Sleepy after meals

Comments: _____

CANDIDA SYNDROME

- History of antibiotics
- History of birth control pills
- History of steroids (for asthma)
- History of athletes' foot, ringworm
- Fatigue / lethargy
- Poor memory
- Spacy
- Abdominal pain, constipation
- Bloating
- Vaginal discharge
- Prostatitis, impotence
- P.M.S.
- Endometriosis
- Decreased sexual drive / desire
- Drowsiness
- Irritability, mood swings
- Headache
- Poor concentration
- Depression

Comments: have 10 different fungus and yeasts in lungs.

PSYCHOLOGICAL STRESS INDEX

- Frequently keyed up and jittery
- Go to pieces easily over little things
- Constantly worried about health
- When nervous ___ perspire, ___ feel light-headed, ___ hyperventilate
- Extremely shy or sensitive, uncomfortable with strangers or new situations
- Misunderstood by others; feel victimized by by:
 - ___ friends, ___ family, ___ associates
- Feelings of hostility and anger on many occasions - *towards WTC Bombers*
 - justified ___ without apparent cause, ___ inner driven
- Easily flare to anger:
 - ___ then it passes ___ hold onto it ___ continue to rage
- Consistent irritability
- Unable to perform work at home on the job ___ distractibility fatigue
 - concentration problems memory problems
- Addiction difficulties
 - ___ illicit drugs ___ prescription drugs ___ alcohol ___ food ___ past ___ present
- Family difficulties with: ___ spouse ___ parents ___ children ___ other ___
 - ___ past ___ present
- Depression ___ sadness ___ cry easily ___ disappointment ___ self blame
 - ___ suicidal thoughts ___ feel and look unattractive ___ sleep too much
 - ___ get up early, insomnia ___ no appetite
- Feel insecure about life
- Fearful, expect the worse ___ panic attacks ___ phobic traits
- Hyperactive
- Hallucinations ___ drug induced ___ hospitalized

LIFE STRESS INDEX

LAST 6
MONTHS

WITHIN
LIFETIME

IN NEAR
FUTURE

	LAST 6 MONTHS	WITHIN LIFETIME	IN NEAR FUTURE
<input type="checkbox"/> Death of spouse	_____	_____	_____
<input type="checkbox"/> Death of child	_____	_____	_____
<input type="checkbox"/> Divorce	_____	_____	_____
<input type="checkbox"/> Jail	_____	_____	_____
<input type="checkbox"/> Death of family member or close friend	_____	_____	_____
<input type="checkbox"/> Personal injury	_____	_____	_____
<input type="checkbox"/> Marriage	_____	_____	_____
<input type="checkbox"/> Loss of employment	_____	_____	_____
<input type="checkbox"/> Pregnancy	_____	_____	_____
<input type="checkbox"/> Sexual difficulties	_____	_____	_____
<input type="checkbox"/> Financial reversals / gains	_____	_____	_____
<input type="checkbox"/> Residence change / moving	_____	_____	_____

*have counselled
more than
100
individuals*

Comments: Have counselled individuals with Post Disaster Stress Syndrome. Even our team psychologist cracked after 2 major disasters. I have worked more than 100. I find strength in my own courage and faith in God to maintain sanity and

Robert D. Friedman, MD

GASTROINTESTINAL

GENITO - URINARY

- Canker Sores
- Nausea
- Vomiting
- Indigestion
- Flatus
- Abdominal cramps
- Diarrhea
- Nervous stomach
- Irritable bowel
- Mucous colitis
- Ulcerative colitis
- Constipation
- Bloating

- Premenstrual tension
- Premenstrual cramps
- Heavy flow
- Scant flow
- Irregular menses
- Vaginal itch / burn
- Vaginal discharge
- Burning on urination
- Impotency
- Enuresis
- Incontinence
- Frequency
- Dysuria
- Nocturia

Comments: am taking
many medications

Comments: defecate 6 times per day
urination 5-9 times per day

ALLERGIES

Animals

Pollens

Molds

Aerosols

Perfumes

Air conditioning

Auto exhaust

Industrial / Chemical

Foods

Sugar

Wine and alcohol

Food additives

Milk products

Antibiotics (penicillin)

Aspirin

Asthma

Allergic Rhinitis

Urticaria (hives)

Conjunctivitis

Other

ALLERGY SYMPTOMS

Have you been previously tested and treated?

lightened due to collapse of immune system

Shots? _____ How long? Since WTC Physician: DR Tim Smith

Is your allergy condition:

constant

seasonal

only indoors

only outdoors

both indoors and outdoors

food related

immediately after meals

delayed up to 24 hours

Is there one worse season?

Summer - the heat draws the toxins from my body fat. - much harder to beat

ALLERGIC CONDITIONS:

Hay fever: Describe: _____

Skin: Describe: _____

pimples on head and neck under hair.

Asthma: Describe: _____

like symptoms from multiple respiratory problems.

Sneezing / runny nose: Describe: _____

Gastrointestinal: Describe: _____

heart burn constant for months on end after WTC.

Neurological (i.e. headache, sleepiness, etc.): Describe: _____

had splitting headache for 11 weeks, frequent headaches (more prior to WTC)

Comments: _____

Very Sick with multiple symptoms and multiple medical problems.

I am determined not to be self-pitying or depressed. I am completely

Robert D. Friedman, MD

Medications presently in use and / or treatment used in past 6 months

Name of Medication	Name of Medication
<input checked="" type="checkbox"/> Antacid	<input type="checkbox"/> For Heart Disease
<input checked="" type="checkbox"/> Antibiotic	<input type="checkbox"/> For Cholesterol
<input type="checkbox"/> Antispasmodic	<input type="checkbox"/> For Cancer
<input type="checkbox"/> Laxative / Cathartics	<input type="checkbox"/> For Tuberculosis
<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Cough/Cold Medication
<input type="checkbox"/> Muscle Relaxant	<input type="checkbox"/> For Ulcers
<input type="checkbox"/> Tranquilizer	<input type="checkbox"/> For liver
<input checked="" type="checkbox"/> Nasal Decongestant (Steroid)	<input checked="" type="checkbox"/> For Thyroid
<input checked="" type="checkbox"/> Pain pill/Analgesic	<input checked="" type="checkbox"/> For Blood Pressure
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Cortisone
<input checked="" type="checkbox"/> Anticonvulsant	<input type="checkbox"/> Contraceptive Pill
<input checked="" type="checkbox"/> B-12 Injection	<input checked="" type="checkbox"/> Anti-Inflammatory
<input checked="" type="checkbox"/> Steroids	<input type="checkbox"/> Hormone Pill
<input type="checkbox"/> Sedative	<input checked="" type="checkbox"/> Asthma Medication
<input type="checkbox"/> Sleeping Pill	<input type="checkbox"/> Potassium Chloride
<input type="checkbox"/> Antidepressant	<input type="checkbox"/> For Hypoglycemia
<input type="checkbox"/> Stimulant	<input type="checkbox"/> Chemotherapy
<input type="checkbox"/> Diet / Weight Pill	<input type="checkbox"/> Radiation
<input type="checkbox"/> Water Pill / Diuretics	<input type="checkbox"/> Other

Vitamins and other supplements presently used: _____

See attached list.

Comments: At maximum point taking 127 capsules, pills, tablets, powders, inhalants and drops, prescribed doses per day

SMOKING

Yes. How much? _____ How long?
 No

ALCOHOL

Yes. How frequently? _____ Daily, quantity _____ weekly.
_____ Social drinking (Monthly or less) _____ Only with meals
_____ wine _____ beer _____ spirits
_____ no

Treatment for drinking problem: _____ past _____ present

Comments: *I am drinking almost nothing - due to liver and fungal problems.*

ACTIVITY & EXERCISE:

Sedentary life style. Describe: *None, breathing and moving difficulties.*

Walking: Describe: *for many months, could walk no further than 10-20 ft.*

Gym: Describe: _____

Sports: Describe: *None.*

Comments: *I am in constant pain and become out of breath (even from sitting or eating).*

HISTORY OF WEIGHT PROBLEMS

Record in space for how long.

- Gain and / or lose at least 3-4 lbs. in one day.
- Weight control needed constantly
- Difficult to control despite calorie counting
- Compulsive eating (especially under emotionally stressful situations)
- Underweight always
- Overweight always (as child, adolescent, adult)
- Cholesterol problems. On medication
- Bulimia (secretive, have had treatment)
- Anorexia (hospitalized)
- Fluid retention
- Frequent dieting

Comments: *Have gained 50-60 lbs since WTC injuries.*

Family History

Father:

If alive, age: _____ Health problems (check below)

If deceased, age at death: 29 Cause of death: Brain Tumour

Mother:

If alive, age: 73 Health problems (check below)

If deceased, age at death: _____ Cause of death: _____

Brothers:

Ages: 41-58 Health problems (check below)

Sisters:

Ages: none Health problems (check below)

FAMILY ILLNESSES (Mark P for parents, mark GP for grandparents & S for sibling)

___ allergies

S diabetes

___ psoriasis

___ chronic headaches

GP eczema

___ severe migraines

___ bronchitis

___ drug addiction

___ obesity

___ excessive medication

___ asthma

___ epilepsy

___ thyroid (high ___ low ___)

___ violent episodes

___ alcoholism

___ arthritis

___ stroke

___ gout

___ heart attack

___ rheumatism

___ high blood pressure

GP nervousness

___ ulcerative colitis

___ depression

___ Chron's disease

___ mental breakdown

w / hospitalization

___ cancer

___ schizophrenia

___ hypoglycemia

___ other

Comments: My grand mother was nervous, my mother over weight.

PATIENT NAME: **COPP, DOUGLAS F**
 PHYSICIAN: **Unlisted Physician,**
 REQUISITION NO.: **3171402**
 PT. PHONE NO.: **281-7977**
 PATIENT ID: **X046461692**
 DOB: **08/03/1951**
 SEX STATUS: **M Final**
 COLLECT DATE & TIME: **04/01/2003 14:30 (a)**
 DATE OF SERVICE: **04/01/2003 15:39**
 PRINT DATE/TIME: **04/14/2003 12:26**
 LAB REF NO.:
 COMMENTS: **RESULTS TO TIMOTHY J SMITH MD AT 2635 REGENT (Continued)...**

TEST: **...ST BERKELEY CA 94704 // T20756:- 99928 POLYCHLORINATED BIPHENYL (ARUP)**

---Footnotes---

(a) Multiple collection dates and times apply to tests on this order

Collected on: **04/01/2003 14:30**
DHEA-Sulfate

341

ug/dL

80-560

Collected on: **04/01/2003 14:30**
TSH

1.490

uIU/mL

0.40-4.5

All TSH values less than 0.400 uIU/mL represent 3rd Generation TSH. No extra charges apply.

Collected on: **04/01/2003 14:30**
IGF 1

146

Reference range: 90 to 360

Unit: ng/mL

(NOTE)

REFERENCE INTERVAL: IGF-1 (Insulin-Like Growth I)

AGE	MALE	FEMALE
2 mos-5 yrs	17-249 ng/mL	17-249 ng/mL
6-8 yrs	88-474 ng/mL	88-474 ng/mL
9-11 yrs	110-565 ng/mL	117-771 ng/mL
12-15 yrs	202-957 ng/mL	261-1096 ng/mL
16-24 yrs	182-780 ng/mL	182-780 ng/mL
25-39 yrs	114-492 ng/mL	114-492 ng/mL
40-54 yrs	90-360 ng/mL	90-360 ng/mL
55 yrs and over	71-290 ng/mL	71-290 ng/mL

Values by Tanner Stage:

TANNER STAGE	MALE	FEMALE
I	109-485 ng/mL	128-470 ng/mL
II	174-512 ng/mL	186-595 ng/mL
III	230-818 ng/mL	292-883 ng/mL
IV	396-776 ng/mL	394-920 ng/mL
V	402-839 ng/mL	308-1138 ng/mL

Misc Referral Test Collected on: **04/01/2003 14:16**

Test Name

DIOXANE 1,4 (DIOXAN) QUANTITATION, SERUM
NONE DETECTED

Result

(NOTE)

Rep. Limit = 1.0 mcg/mL

Following a 6 hour exposure to 80 PPM Dioxane, steady state plasma levels averaged 12 mcg/mL.

Analysis by Gas Chromatography (GC).

Test performed by

Performed at National Medical Services, 3701 Welsh Road, Willow Grove, PA 19090

Misc Referral Test Collected on: **04/01/2003 14:30**

Test Name

PREGNENOLONE

Continued on next page

COPP, DOUGLAS F

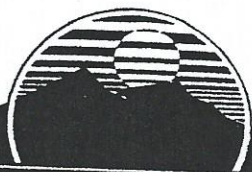
04/14/2003 12:26

**TRICORE
REFERENCE
LABORATORIES**
2811 Stanford Rd. Albuquerque, NM 87105 (505) 938-8922

Friedman, Robert MD
PO Box 5054
Santa Fe, NM 87502

PATIENT NAME	PATIENT ID	DOB	SEX STATUS	
COPP, DOUGLAS F	X046461692	08/03/1951	M Final	
PHYSICIAN	COLLECT DATE & TIME	DATE OF SERVICE	PRINT DATE/TIME	PAGE
Unlisted Physician,	04/01/2003 14:30 (a)	04/01/2003 15:39	04/14/2003 12:26	2
REQUISITION NO.	PT. PHONE NO	LAB REF NO.		
3171402	281-7977			
COMMENTS: RESULTS TO TIMOTHY J SMITH MD AT 2635 REGENT (Continued)...				

TEST	Result		Units	Reference Range	Site Code
	In Range	Out of Range			
...ST BERKELEY CA 94704 // T20756:- 99928 POLYCHLORINATED BIPHENYL (ARUP)					
Result	< 20 ng/dL				
	(NOTE)				
	REFERENCE RANGE: < 20 - 150 ng/dL				
	Pubertal and Adults				
	Please refer to the Pregnenolone report for additional information.				
Test performed by	Performed at Esoterix, Inc., 4301 Lost Hills Road, Calabasas, CA 91301				
Test Name	POLYCHLORINATED BIPHENYL				
Result	3.9 PPB				
	(NOTE)				
	Based on Arochlor 1260.				
	General Population: up to 30 PPB.				
	Average: 6 PPB				
	Analysis by Gas Chromatography (GC).				
Test performed by	Performed at National Medical Services, 3701 Welsh Road, Willow Grove, PA 19090				
Performing Labs	Performed at ARUP Laboratories, Inc. 500 Chipeta Way, Salt Lake City, UT				
AR					
End of Report					



Toxic Element Clearance Prof
Random/Timed in µg/g Creatinine

Great Smokies Diagnostic LaboratorySM

63 Zillicoa Street · Asheville, NC 28801-
 www.gsd

Patient: **DOUGLAS
 COPP**

Order Number: **36280198**

ROBERT FRIEDMAN MD
 1264 Rodeo Road Ste B
 Santa Fe, NM 87505

Age: 51

Completed: December 31, 2002

Sex: M

Received: December 28, 2002

MRN: 0000428962

Collected: December 27, 2002

Toxic Elements

Element	(µg / g creat.)	Ref Range
Lead	20.49	<= 1.38
Mercury	1.62	<= 1.72
Aluminum	2.2	<= 74.0
Antimony	0.056	<= 0.170
Arsenic	86.8	<= 66.7
Barium	3.41	<= 7.40
Bismuth	11.111	<= 0.370
Cadmium	1.33	<= 0.74
Cesium	3.59	<= 11.20
Gadolinium	0.015	<= 0.019
Gallium	3.77	<= 3.15
Nickel	4.32	<= 9.40
Niobium	0.02	<= 0.05
Platinum	0.013	<= 0.014
Rubidium	821.0	<= 2,398.0
Tellurium	<dl	<= 0.520
Thallium	0.160	<= 0.510
Thorium	<dl	<= 0.000
Tin	0.52	<= 3.03
Tungsten	0.112	<= 0.330
Uranium	<dl	<= 0.013

Nutrient Element

Element	(mg / g creat.)	Ref Range
Sulfur	586.6	350.0-965.0

Provocation Comments

Post-provocation laboratory results.

Legend

- Reference Range for Toxic Elements
- Reference Range for Nutrient Elements
- Cautionary Level - Result is outside the reference range. Pre-collection dietary variables, supplements or use of challenge substances may be the cause. Such values should be assessed with the individuals symptoms, physical findings, nutritional status and exposure potential in mind.
- Tentative Maximum Permissible Level (TMPL) - Element excretion is elevated. These levels are not strict toxicological points, but represent excessive excretion and therefore potential exposure or body burden of the element which can impact negatively on overall health. The TMPL's for Pb, Hg, Al, Sb, Cd, Ni, Tl, and Co are derived from Casaret and Doull's TOXICOLOGY: The Basic Science of Poisons 5th Ed. 1996 McGraw Hill NY, NY. with standardization of units.

Creatinine Concentration & Urine Volume

Urine Creatinine **81.36** 30.00-209.00 mg/dL

Urine Total Volume (in milliliters): 450

Great Smokies Diagnostic LaboratorySM

63 Zillicoa Street · Asheville, NC 28801-107
www.gail.co

Patient: DOUGLAS
COPP

Age: 51
Sex: M

MFN: 0000428962

Order Number: 34160533

Completed: October 21, 2002

Received: October 18, 2002

Collected: October 08, 2002

TIMOTHY SMITH MD

5281 Thomas Road

Sebastopol, CA 95472

Toxic Elements

Analyte	Reference	Reference Range
Aluminum	2.3	<9.0
Antimony	0.033	<0.030
Arsenic	<0.025	<0.100
Barium	0.87	<1.45
Bismuth	<0.0250	<0.2000
Cadmium	0.309	<0.150
Lead	2.08	<1.40
Mercury	1.08	<1.00
Nickel	0.82	<0.400
Thallium	<0.0003	<0.0012
Tin	0.102	<0.280
Uranium	0.038	<0.080

Reference range expressed in ppm

Nutrient Elements

Analyte	Reference	Reference Range
Calcium	2,317	220-780
Magnesium	265	16-90
Copper	30.6	10.5-28.0
Zinc	193	120-170
Manganese	1.54	0.12-0.45
Chromium	0.33	0.34-0.90
Cobalt	0.1260	0.0075-0.0400
Molybdenum	0.057	0.025-0.096
Boron	1.10	0.15-3.00
Iodine	0.38	0.16-1.75
Lithium	0.0388	0.0027-0.0320
Selenium	0.83	0.48-1.45
Strontium	8.79	0.35-3.25
Sulfur	52,207	44,200-53,000
Vanadium	0.101	0.014-0.150

Reference range expressed in ppm

Additional Elements

Analyte	Reference	Reference Range
Sodium	142	8-60
Potassium	2.4	1.5-30.0
Rubidium	0.012	0.004-0.045
Iron	17.4	6.0-18.0
Phosphorous	159	125-240
Titanium	0.56	0.25-1.25

Reference range expressed in ppm

Within FPR* Outside FPR* Outside Ref Range

	Inside Range	Outside Range	Reference
Ca/Mg	8.7		5.0-15.0
Ca/P	14.6		2.5-10.0
Na/K	59.2		1.5-10.0

○ 20% ○ 40% ○ 60% ○ 80% ○ 100%
The % of shading represents the degree of confidence in an endogenous origin of the element.

Detoxification Profile (Comprehensive)

Great Smokies Diagnostic Laboratory™

63 Zillicon Street • Asheville, NC 28801-10
www.gsdL.com

Patient: DOUGLAS
COPP
Age: 51
Sex: M
MRN: 0000428962

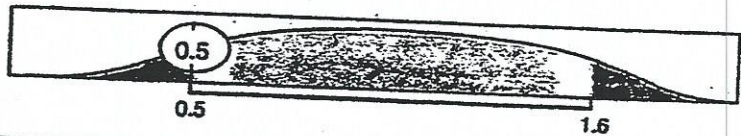
Order Number: 34240611
Completed: October 28, 2002
Received: October 24, 2002
Collected: October 23, 2002

TIMOTHY SMITH MD
5281 Thomas Road
Sebastopol, CA 95472

Phase I

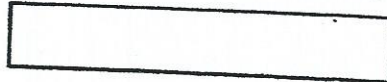
Caffeine Clearance

Ref Range
mL/min/kg



Phase II

Plasma Cysteine

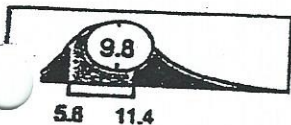


Plasma Sulfate



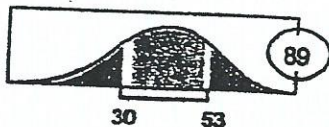
Glutathione
Conjugation

Acetaminophen Mercapturate
% Recovery



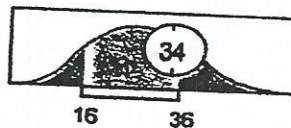
Glycine
Conjugation

Salicylic Acid
% Recovery



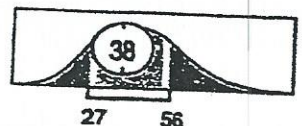
Sulfation

Acetaminophen Sulfate
% Recovery



Glucuronidation

Acetaminophen Glucuronide
% Recovery



This test was developed and its performance characteristics determined by GSDL, Inc. It has not been cleared or approved by the U.S. Food and Drug Administration.