

Exhibit G-1

**Letter from Tim Smith re
Doug Copp's illness**

March 7, 2006.

TIMOTHY J. SMITH, M.D.
2635 REGENT STREET
BERKELEY, CALIFORNIA 94704
TELEPHONE (510) 548-8022

March 7, 2006

Sheldon Karasik
Karasik and Associates
28 West 36th Street
New York, New York 10018

Re: Doug Copp Medical History Review

Dear Mr. Karasik:

As per your request, this communication provides a summary of Mr. Doug Copp's medical histories pre-September 11, 2001 ("Part I") and post-September 11, 2001 (Part II). I have faxed you complete copies of all of the medical records I review in this communication.

I would welcome the opportunity to discuss Mr. Copp's case in general and/or these findings in particular with other medical professionals. Mr. Copp has agreed to this as well.

Part I: Review of pre-September 11, 2001 medical records

This record consists of 13 pages in all. It includes Mr. Copp's complete medical history in the two-year period prior to September 11, 2001. (I am forwarding a copy of this document with this letter).

The following is a summary of every medical visit for which Mr. Copp was examined and treated from September of 1999 to September 2001:

Undated Kaiser intake form

Lists intake "Medical Diagnoses" as ingrown toenails and eczema. This is means that Mr. Copp had no history of preexisting significant illness prior to his initial intake at Kaiser.

April 15, 1999

Hayward Kaiser lab tests show a normal sedimentation rate (a measure of inflammation in the body), and a normal complete blood count. Handwritten at bottom of page is "Looks good! Best Wishes, Rick Levine, M.D."

January 7, 2000

Mr. Copp was seen in Urgent Care Clinic at Kaiser Hospital by a Dr. Cumming for treatment of an infected ingrown toenail. Dr. Cumming noted "will travel to South America soon."

April 11, 2000

Seen by Dr. Michael Tran who performed a history and thorough physical exam. Dr. Tran notes that "Patient is a 48 year old male without significant past medical history." He states that Mr. Copp "travels throughout the world."

History and physical exam by Kaiser physician Michael Tran, M.D. In the chart notes, Dr. Tran wrote "states wife doesn't want to have intercourse with him often enough." Interested in (behavioral medicine) referral." and "Desires counseling for both patient and wife regarding above."

Dr. Tran's examination of the head and CNS revealed no cognitive deficit. Neurological exam was negative.

Dr. Tran listened (auscultation) to Mr. Copp's chest and percussed it and found no abnormalities ("CT A & P" means clear to auscultation and percussion.)

The abdominal exam was normal.

No abnormalities were found on the physical exam on this date.

Lab tests were ordered (see below) and these all came back normal.

At no stage of this visit was there a suggestion by patient or physician of any immune system, respiratory system, or central nervous system problem.

April 13, 2000

Kaiser laboratory test results indicate modestly elevated cholesterol at 240, normal kidney functioning, normal glucose level, normal thyroid, normal HDL, and normal complete blood count. Dr. Michael Tran writes "Excellent results" at bottom of page.

May 15, 2005

Message for (and signed by) Michael Tran, M.D. from the Union City Kaiser Call Center states that Mr. Copp's "wife states that patient is arriving home from Puerto Rico this evening and needs an appointment for fever and diarrhea for four days. Patient's wife states to leave message on home phone with appointment time for tomorrow with Dr. Tran."

May 24, 2000

Message for (and signed by) Michael Tran, M.D. from the Union City Kaiser Call Center states that Mr. Copp "is the chief of an international rescue team, just came back from a mission to South America, developed amoebic dysentery per Venezuela medical clinic and placed on Lomotil. Continues to have diarrhea for 10

days now, although less today. Yesterday had total of 7 diarrheas....” Dr. Tran states “wife will come by to pick up lab slip.” (for stool testing)

May 26, 2000

Lab report finds *Campylobacter* infection on stool culture, which confirms that Mr. Copp caught dysentery in South America. All other lab tests done at that time were negative, including a complete blood count, thyroid testing, glucose, kidney, liver, hepatitis A, and stool for occult blood. Mr. Copp’s cholesterol was elevated at 240.

December 29, 2000

Mr. Copp was seen in Medicine clinic at Kaiser by Extended role RN, Schexnayder “complaining of right ear pressure and two months of sinus congestion. States feels like jaw is swollen. Denies sore throat.” Exam reveals normal ears, nose moderately swollen, no TMJ problem, throat red at sides, no exudate, non tender neck without lymph nodes, no swelling of face. Diagnosed as rhinitis with post nasal mucus. Appropriate treatment was prescribed.

Conclusions

The above summary of Mr. Copp’s pre-9/11/2001 medical history depicts a clear picture of a man who is especially fit, busily working at his chosen profession, traveling around the world, and unhampered by any disease process.

There is no suggestion, from my examination of him and his complete pre-9/11/01 medical records, that Mr. Copp was suffering from any chronic illness. There was no suggestion of lower respiratory disease, no neurological impairment, no immune system dysfunction.

The only significant illnesses in the record prior to 9/11/01 relate to gastrointestinal infections (dysentery) he contracted while working on rescue missions in foreign countries.

In 1999, 2000, and 2001 prior to 9/11/01, Mr. Copp was active and healthy, working at the job he loved to do, saving lives in rescue missions around the globe. During that time period he traveled to Taiwan (earthquake), Turkey (earthquake), El Salvador (landslide and earthquake), Peru (el Nino), Venezuela, and several other countries. It would be highly unlikely that a gentleman with severely compromised immune, respiratory and neurological functioning could have traveled, as did Mr. Copp, to 16 countries in 1999, 6 countries in 2000, and several more in 2001.

At present, Mr. Copp can’t walk a city block or climb a flight of stairs without having to stop to catch his breath. Is it possible that he would have been capable of directing and coordinating the efforts of large teams of rescue workers as, for

example, on January 13, 2001 when Mr. Copp traveled to assist the rescue efforts in the massive earthquake in El Salvador?

Of note here is Mr. Copp's pre-9/11/01 request for medical help because his sex drive was greater than his wife's. One would not expect this from a sick man. After 9/11/01 Mr. Copp's libido and sexual activity level plummeted as a consequence of his diseases, and have been nonexistent since he was injured at the WTC.

In his medical visits to Kaiser Hospital during the three year period of these medical records, Mr. Copp never once complained of shortness of breath, wheezing, brain fog, fatigue, pain, difficulty with concentration and memory, symptoms of hypothyroidism, hypertension, or any of the other symptoms on the long list since his WTC injuries. The illnesses he was seen and treated for included only ingrown toenail, dysentery and rhinitis.

Although he was once treated for acute rhinitis, physical examinations of Mr. Copp revealed no lower respiratory disease, and the patient never had lower respiratory complaints.

Likewise, all blood testing revealed a healthy sound biochemically normal individual without any sign of pathologic processes. Specifically, there were no test results suggesting respiratory disease, neurological disease, toxicity, or immune dysfunction. Testing for toxicity, immune system dysfunction, respiratory disease, and neuropsychological functioning were not done prior to 9/11/01 because there was no reason to do such testing. Testing done after 9/11/01 revealed massive heavy metal toxicity, extensive damage to the immune system, neurological damage with organic brain syndrome, and episodic respiratory failure.

Part II: Post-September 11, 2001 Medical History

Mr. Copp's history included heavy toxic exposure and multiple signs of immune system failure. I therefore ordered a battery of immunological tests which were done on October 23, 2002. The following is a summary of those results, with interpretive comments. A copy of this report is appended to this document.

% T Helper Cell (T4) elevated at 59.0 (25-55). this indicates a severely compromised immune system that has been damaged, sensitized, upregulated, and is now on "high alert."

T-Helper/T-Suppressor Ratio elevated at 2.7 (1-2.5) likewise indicative of a severely compromised immune system that is on "high alert." An elevation of the helper/suppressor ratio indicates immune activation and autoimmunity. Mr. Copp has many symptoms indicating he suffers from autoimmune disease.

% Immunocompetent -NKHT3+ at 1.0 (1.5-5.0) also indicates depletion of immunocompetent natural killer cells. This indicates loss of killer cell function and compromised immune system functioning. The immune system is in a weakened state and unable to mount a normal attack on invaders. An overwhelming toxic and antigenic load has damaged it.

p 2

Natural Killer Cell Activity very low at 10.50 (normal 20-50). Natural killer cells are a type of immune system cell that attack invaders. Stress and chemical exposure can cause damage to natural killer cells and/or interfere with optimum natural killer cell production. This depletion of natural killer cells indicates immunosuppression, in this case secondary to a massive toxic exposure.

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% T3 Positive Cells elevated at 81 (53-79) again indicating severe immune stress, toxic and/or antigenic overload, and immune dysfunction.

p 3

Autoimmune Panel When an immune system is damaged (e.g., by toxic exposure or antigenic overload) it may begin to malfunction. Since the immune system is actually a cooperative system involving many cell types with multiple tasks, a damaged immune system may malfunction in numerous ways. One of these ways is to lose its ability to discriminate between "self" and "other." When this occurs, the injured immune system begins to make antibodies that target its own body's cell, a tragic immune error known as autoimmunity. In Mr. Copp we see this process at work in a severely elevated anti-nuclear antibody (these are antibodies that are

programmed to destroy the nucleus of his own cells) level at 1:320 (normal is <1:20). This is evidence of immune activation and autoimmune disease.

We see this process again in an elevated anti-smooth muscle antibody level and rheumatoid factor (antibodies that attack smooth muscle and joint tissue respectively). Anti-smooth muscle antibodies can cause hypertension; rheumatoid antibodies can cause joint pain. Mr. Copp has both high blood pressure and arthritic joint pains.

Total immune complex is elevated at 52.0. Immune complexes are antibodies attached to their target molecule to form a complex, and are evidence that the antibodies are finding their target tissues. Elevated levels, in the context of other abnormal immune markers, indicate autoimmune activation and autoimmune disease.

Complement is a group of proteins that help destroy molecular and cellular entities that have already been targeted by antibodies. Elevation of C-3 Complement 167 (75-148) and C-4 Complement 36 (10-34) indicates that the complement system has been activated, further proof of autoimmune activation and disease.

p 4

Immune Complex Assay is a measurement of three different classes of antibody that have found and locked onto their antigen, forming their respective immune complexes. IgG, IgA, and IgM are elevated. Immune complexes are antibodies attached to their target molecule to form a complex, and are evidence that the antibodies are finding their target tissues. Elevated levels, in the context of other abnormal immune markers, indicate that the immune system has been damaged, is activated, and is struggling. Elevated levels of immune complexes are typical of autoimmune disease.

p 5

Fungal Panel with elevations of Alternaria tenuis, Asper fumigatus, Candida species, Cladosporium herbarum, Epicoccum nigrum, Geotrichum candidum, Penicillium notatum, Phoma herbarium, Pullularia pullulans, and Rhodotorula glutinis indicates elevations of IgG and/or IgE antibodies to an assortment of common fungal species. When Mr. Copp worked six floors beneath the World Trade Center, the toxic soup he encountered there contained large quantities of spores of several fungal forms that thrive in this dark, damp environment. These molds are both immunosensitizing and immunosuppressive. In other words they damage the immune system while stimulating the production of large numbers of

antibodies. Although they all are immunosuppressive, one of them, *Candida* species, is arguably the most immunosuppressive species known to medicine. The massive exposure to spores of these species sensitized his immune system such that even over a year after the exposure, antibody levels remained significantly elevated. Clinically, this group of antibody elevations indicates why Mr. Copp experiences severe respiratory attacks and cerebral allergic reactions. (A cerebral allergic reaction occurs when antibodies attacking brain structures causing inflammation that leads to confusion, cognitive deficit, inability to concentrate, and memory problems.) Because his immune system has been sensitized to these antigens, it overreacts when exposed to mold levels that would not be noticed individuals with normal immune functioning.

p 6

Gamma Glutamyl Transferase is elevated at 65.2 (0-43). This is a test for liver function, and elevated level indicates hepatotoxicity (liver damage), presumably due to extreme toxic exposure at World Trade Center site, six floors below "Ground Zero."

p 7

Secretory IgA low at 11.0. Secretory IgA is a type of antibody secreted by mucus-secreting tissue, such as that which lines the bronchioles and is involved in asthmatic breathing. A deficiency of secretory IgA is evidence of damage to immune cells, and low levels are found in immunocompromised patients like Mr. Copp with asthma, neuropathies, endocrine (hypothyroidism), and gastrointestinal (*Helicobacter pylori* infection) disorders.

p 8

A Hair Analysis for toxic and essential mineral elements performed on October 21, 2002 showed toxic elevations of several metals, including antimony, barium, cadmium, lead, mercury, nickel, copper, zinc, manganese, and strontium. Although we do not have a pre-WTC analysis for comparison, this is an unusually high profile.

p 9

A later urine toxic mineral analysis done on December 31, 2002 revealed very much higher levels of lead (20 times the upper limit of normal), bismuth, cadmium, and arsenic. These levels are higher because Mr. Copp had received intravenous chelation treatments, which moved some of the toxic elements from storage depots in fat tissue into his bloodstream.

p 10

Comprehensive Detoxification Profile is a functional test which measures the liver's capacity to remove toxins. A liver that has been overloaded with toxins loses its ability to excrete toxic material. A specific toxic load is administered, and then key biochemical markers are observed. The liver removes toxic substances in two "phases." Phase I (activation) is similar to wrapping garbage prior to tossing it in the can. Phase II (conjugation, sulfation, and glucuronidation) is the actual waste removal, analogous to transporting processed garbage out of the body. Mr. Copp's results indicate that both Phase I and II are compromised. Caffeine clearance, a marker for Phase I is severely compromised. As can be seen on page 10a, sulfation, glycation, and glucuronidation are likewise severely compromised. Finally, two free radical markers are very low: reduced glutathione and superoxide dismutase. This indicates that there is toxic overload on the liver, and its ability to provide endogenously generated antioxidants with which to neutralize toxic free radicals is likewise compromised.

Neuropsychological Evaluation by Tony J. Kreuch, Psy.D., ABPN

Neuropsych Evaluation from Tony J. Kreuch, Psy.D., ABPN. This report indicates significant cerebral impairment which again dates back to toxic exposures in the days following September 11, 2001. In my presentation to the Victim's Compensation Fund hearings, I wrote the following:

As a result of the multiple chemical exposures at the World Trade Center, Mr. Copp suffers from a toxic encephalopathy and environmental illness. He experiences cerebral hypersensitivity reactions causing cerebral inflammation and edema. This results in compromised cognitive functioning. Neuropsychological testing performed by Tony J. Kreuch, Psy.D., ABPN, on April 23, 2003 revealed significant cerebral impairment, including memory deficit, impaired concentration, decreased powers of reasoning, and significant impairment of problem solving ability. Dr. Kreuch found that Mr. Copp suffers from "neuropsychological dysfunction, most likely related to a toxic exposure within a previously high functioning individual. Affected areas include attention, concentration, processing speed, working memory, and acquisition, storage, and retrieval, in addition to executive conceptualization and

flexibility of cognition." Dr. Kreuch went on to recommend pharmacological management, and individual counseling with referrals to a psychiatrist, psychotherapist, and speech-language pathologist.

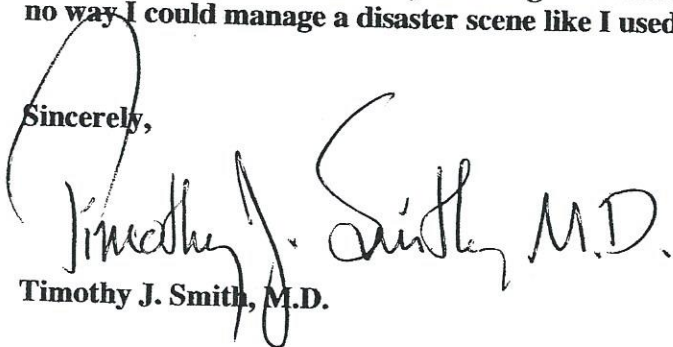
Mr. Copp now evidences symptoms of organic brain syndrome with mild dementia, induced by exposure to organic solvents, heavy metals, and other chemicals. He has cerebral edema, with constant headaches, as a consequence of inflammatory changes in the brain caused by exposure to an array of toxic chemicals.

He has lost the ability to focus his thoughts, and is often unable to remember what he was doing. "I am constantly losing things, locking my keys in the car. Can't remember things. It is a lot like Alzheimer's, I think. I have to stop and think, "What am I doing? And a lot of the time I can't remember what I was doing."

Toxins, autoantibodies, and/or toxin-mediated allergic sensitization of brain tissue are all present and responsible for the brain swelling or cerebral edema. Diamox (500 mg. three times a day) has afforded significant relief from the constant headaches, earaches, eye pain, and feelings that his head was swollen. This response confirms the hypothesis that these symptoms were caused by allergy-induced cerebral edema. The dementia remains unchanged, however. He has compromised concentration, memory, and reasoning capabilities.

Mr. Copp is acutely aware of the neuropsychological dysfunction and organic brain syndrome symptomatology diagnosed by me and Dr. Kreuch. He understands how dramatically his daily life has been affected by the loss of critical cognitive functions (memory, concentration, thinking, problem solving). He puts it this way: "I've been at more than one major disaster where the president is thinking of quitting, the generals are running around tearing their hair out, needing to do something, but not knowing what to do--and this is when I'm at my best. I am extremely calm under stress. Stress actually relaxes me, and this is because I never felt so alive as when I was solving problems. This is what I was meant to do. Now, I am unable to think clearly. I have great difficulty solving problems, and thinking is actually painful. Now I have lost so much of my thinking and concentration and memory that there is no way I could manage a disaster scene like I used to--it would be impossible."

Sincerely,



Timothy J. Smith, M.D.

FROM-KAISER RECORDS RELEASE DEPT.

1-884 P.001/001 F-847



KAISER PERMANENTE

Kaiser Foundation Health Plan, Inc.
Kaiser Foundation Hospitals
The Permanente Medical Group, Inc.

Doug Copp

RECEIVED
DEC 6 2005

902-567-1227
AUTHORIZATION FOR USE AND/OR DISCLOSURE OF MEMBER/PATIENT HEALTH INFORMATION

#08789174

RECORDS RELEASE DEPT
HAYWARD

I understand that Kaiser Permanente will not condition treatment, payment, enrollment, or eligibility for benefits on my providing or refusing to provide this authorization.

I hereby authorize:

to disclose to:

Name of Disclosing Party: Records Release Dept.
Address: 27400 Desperian Blvd
HAYWARD, CA 94545
City: HAYWARD, CA State: 94545
records and information pertaining to:

Name of Recipient: Dr. Tom Smith
Address: 5281 Thomas Rd
Sebastopol, CA 95472
City: Sebastopol, CA State: 95472

1-C
8KF
8KF

Name of Member/Patient (Last, Other Names Used): DOUGLAS F. COPP
Address: 563 Charlotte St, Sydney, NS B1P1E6
Medical Record Number: MR 08789174
Date of Birth: 08/03/51
Telephone Number: (902)567-1227

DURATION: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here _____ (Date).

REVOCAION: This authorization is also subject to written revocation by the member/patient at any time. The written revocation will be effective upon receipt, except to the extent that the disclosing party or others have acted in reliance upon this authorization.

REDIS-CLOSURE: I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

- SPECIFY RECORDS:
- MEDICAL INFORMATION
 - PSYCHIATRIC INFORMATION
 - DRUG/ALCOHOL INFORMATION
 - RESULTS OF AN HIV TEST
 - GENETIC RECORDS
 - OTHER HEALTH INFORMATION
- Signature _____ Date _____
Signature _____ Date _____
Signature _____ Date _____
Signature _____ Date _____

Specify the records to be disclosed: ALL COMPLETE MEDICAL FILE 1995 TO 2001
The recipient may use the health information authorized on this form for the following purposes:

A copy of this authorization is as valid as the original.
Member/Patient has a right to a copy of this authorization.

12/5/05
Signature: [Signature]
Date: _____
Signature of Member/Patient: _____
Date: _____

Pre 911 Kaiser
Progress Notes



Name: *Doug Copp*
 M.R. #: *8789174*

STABLE EVENTS SUMMARY

IMPRINT AREA

BIRTH DATE <i>8/3/51</i>	SEX <input type="checkbox"/> F <input checked="" type="checkbox"/> M	BIRTHPLACE <i>Canada</i>	OCCUPATION <i>Founder - American Reserve Army</i>
GRAVIDA	PARA/NO. OF CHILDREN <i>1</i>	MARITAL STATUS (NO./YEAR) <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D	SOCIAL SECURITY #

Significant Family History:

F + Brain CA (33)

REGULAR MD

NON PMG MD

Special Notes:

TB + ppd = 17 yrs - out 1997 total
Etch - heavy
PTVDA

- Accelerated ASCVD Hypertension Diabetes Breast CA Colon CA

SPOUSE'S NAME

SPOUSE'S OCCUPATION

Medical Diagnoses/Date

Ingestion toe nails
Eczema

Surgical Procedures/Date

None

Allergies/Drug Cautions

Type Of Reaction

Date

Penicillin PCN

PATIENT	PROVIDER	CATEGORY	VIEW	PR DATE	TO DATE
08789174		LAB	RESULTS	01 / 01 / 85	01 / 05 / 05

Personal Physician : NO PHYSICIAN RECORDED
 COFF, DOUG 53/M Lab Results Summary

Page 1

-- Procedure -- Results ----- (Reference Range) -----
 LOG#: 140014702206 COL: 05/26/00 16:49 OUTPA HAY REQ: M T TRAN, M.D.
 ** HAYWARD MEDICAL CENTER **
 WBC Smear, Fecal NOT SEEN

LOG#: 14P000001905 COL: 05/26/00 10:08 OUTPA HAY REQ: M T TRAN, M.D.
 ** TPMG Regional Lab, Berkeley **

Protozoa
 SOURCE: STOOL
 ----- FINAL REPORT -----
 NO PROTOZOA SEEN FEW WHITE BLOOD CELLS

LOG#: 14P000001906 COL: 05/26/00 10:08 OUTPA HAY REQ: M T TRAN, M.D.
 ** TPMG Regional Lab, Berkeley **

Giardia EIA
 SOURCE: STOOL
 ----- FINAL REPORT -----
 NEGATIVE FOR GIARDIA BY EIA
 LOG#: 14S000001221 COL: 05/26/00 10:07 OUTPA HAY REQ: M T TRAN, M.D.
 ** TPMG Regional Lab, Berkeley **

Stool Culture
 SOURCE: STOOL
 ----- FINAL REPORT -----
 *** CULTURE POSITIVE ***
 CAMPYLOBACTER SPECIES ISOLATED
 RESULTS FWD'D TO FACILITY 1205 PM, 5-28-00
 DEPARTMENT OF PUBLIC HEALTH WILL BE NOTIFIED
 REPORTABLE DISEASE- PLEASE COMPLETE CMR CARD
 NO SALMONELLA OR SHIGELLA ISOLATED
 NO E. COLI O157:H7 ISOLATED

LOG#: 140011701833 COL: 04/26/00 14:58 OUTPA HAY REQ: M T TRAN, M.D.
 ** HAYWARD MEDICAL CENTER **

F OCB3
 Occult Blood #1 NEGATIVE
 LOG#: 140011701833 COL: 04/26/00 14:58 OUTPA HAY REQ: M T TRAN, M.D. CONT
 ** HAYWARD MEDICAL CENTER **
 Occult Blood #2 NEGATIVE
 Occult Blood #3 NEGATIVE

LOG#: 140010201336 COL: 04/11/00 10:50 OUTPA HAY REQ: M T TRAN, M.D.
 ** HAYWARD MEDICAL CENTER **

FollowUp Letter REQUESTD
 Letter Code LA1
 ** TPMG Regional Lab, Berkeley **
 Cholesterol H 240 mg/dL (< 239)
 Creatinine 0.9 mg/dL (< 1.3)
 Glucose Random 97 mg/dL (60 - 159)
 HDL Cholesterol 47 mg/dL (> 35)
 TSH 2.5 uIU/mL (0.2 - 5.5)

LOG#: 140010201337 COL: 04/11/00 10:50 OUTPA HAY REQ: M T TRAN, M.D.
 ** TPMG Regional Lab, Berkeley **

CBC
 WBC x 10-3 4.9 K/uL (3.5 - 12.5)
 RBC x 10-6 4.67 M/uL (4.10 - 5.70)
 Hemoglobin 13.8 g/dL (13.0 - 17.0)
 Hematocrit 40.3 % (39.0 - 51.0)
 MCV 86 fL (80 - 100)
 RDW 12.9 % (11.9 - 14.3)
 Plt x10-3 211 K/uL (140 - 400)

LOG#: 109910300626 COL: 04/13/99 09:48 OUTPA OAK REQ: R N LEVINE, M.D.
 ** OAKLAND MEDICAL CENTER **

FollowUp Letter REQUESTD
 Letter Code LA1

LOG#: 109910300627 COL: 04/13/99 09:48 OUTPA OAK REQ: R N LEVINE, M.D.
 ** OAKLAND MEDICAL CENTER **

Westergren ESR 9 mm/Hr (0 - 15)
 ** TPMG Regional Lab, Berkeley **

CBC
 WBC x 10-3 3.6 K/uL (3.5 - 12.5)
 RBC x 10-6 4.52 M/uL (4.10 - 5.70)
 Hemoglobin 13.9 g/dL (13.0 - 17.0)
 Hematocrit 39.1 % (39.0 - 51.0)
 MCV 87 fL (80 - 100)

LAB.RES <SHIFT-F9> FOR COMPLETE LAB RESULTS HAYJRW 01/05/05 09:30

PATIENT	PROVIDER	CATEGORY	VIEW	FR DATE	TO DATE
08789174			RESULTS	01 / 01 / 85	01 / 05 / 05

Personal Physician : NO PHYSICIAN RECORDED
 COPP, DOUG 53/M Lab Results Summary

Procedure	Results	Reference Range
Plt x10 ³	224 K/uL	(140 - 400)
ADIF		
Granulocytes	L 48.7 %	(50.0 - 70.0)
Lymphocytes	39.3 %	(20.0 - 50.0)
Monocyte	8.9 %	(1.0 - 14.0)
Eosinophil	2.5 %	(0.0 - 4.0)
Basophil	0.6 %	(0.0 - 2.0)

LOG#: 109605701093 COL: 02/26/96 15:46 OUTPA OAK REQ: INJECTION CLINIC/B
 ** TPMG Regional Lab, Berkeley **
 Hep A IgG NEGATIVE

LOG#: 119513700500 COL: 05/17/95 11:07 OUTPA OAK REQ: MULTIPHASIC/ANDERS
 ** TPMG Regional Lab, Berkeley **

Cholesterol	227 mg/dL	(< 240)
Creatinine	1.3 mg/dL	(0.1 - 1.2)
Glucose Random	92 mg/dL	(60 - 199)
HDL	37 mg/dL	(27 - 67)

T4S		
T Uptake	35.7 %	(23.0 - 40.0)
T4	7.0 ug/dL	(4.1 - 12.2)
FTI	250 Index	(130 - 370)

CBC

WBC x 10 ³	6.5 K/uL	(3.5 - 12.5)
RBC x 10 ⁶	4.61 M/uL	(4.10 - 5.70)

LOG#: 119513700500 COL: 05/17/95 11:07 OUTPA OAK REQ: MULTIPHASIC/ANDERS CONT
 ** TPMG Regional Lab, Berkeley **

Hemoglobin	14.1 g/dL	(13.0 - 17.0)
Hematocrit	40.3 %	(39.0 - 51.0)
MCV	87 fL	(80 - 100)
Platelet x 10 ³	227 K/uL	(140 - 400)

***** End of Report *****

(7)

PATIENT 08789174	PROVIDER	CATEGORY IMMUNZATN	VIEW DETAIL	FR DATE _ / _ / _	TO DATE _ / _ / _
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Personal Physician : NO PHYSICIAN RECORDED Page 1
 Patient Immunization Detail

Patient Name.. COPP,DOUG Age.. 54 YR 4 MO Sex.. M

Disease	Agent	Inoc Date	Dose	Disease	Agent	Inoc Date	Dose
TET	Td	02/19/1998	0.50	HEP-A	HepA	02/19/1998	0.50
DIPHTH	Td	02/19/1998	0.50		HepA	02/29/1996	1.00
POLIO	OPV	02/26/1996	0.50	TYPH	O-TYPH	02/26/1996	0.50
VZV	VZV	02/29/1996	0.50	MENING	MENING	02/26/1996	0.50
HEP-B	HEPB	09/20/1996	1.00	RABIES	HDCV	03/28/1996	1.00
	HEPB	03/26/1996	1.00	YELLOW	YELLOW	02/19/1998	0.50
	HEPB	02/26/1996	1.00				

Diseas	Test	ADM Date	Dt Read	Rslt	Diseas	Test	ADM Date	Dt Read	Rslt
TB	PPD	03/19/1999	03/22/99	N-00	TB	PPD	05/17/1995	05/19/95	N-00

***** End of Report *****



010700

8

PATIENT PROGRESS RECORD

PATIENT'S NAME (LAST, FIRST, MIDDLE)

ADDRESS (NO., STREET)

CITY

BIRTHDATE

PHONE

CODE

GROUP

748-9057

DOUG COPP

8789174

08 51

URGENT CARE CLINIC

JAN 07 2000

M.D.

W. M. M. M. M.

B/P _____	P _____	AGE _____
WT _____	TEMP _____	
SMOKING:	<input type="checkbox"/> Current Smoker	
<input type="checkbox"/> Nonsmoker	<input type="checkbox"/> Recent Quit/Last 12 mo.	
C/C	<input type="checkbox"/> Smoking Advice Given	
ALLERGIES _____		
MEDS _____		

S - 48 yo ♂ c 5 yrs. hx of bilateral ingrown toes presents today w infection on ingrown nail expecting condition to be managed / corrected. He has been trimming toes x 5 yrs but will travel to S. America soon.

PMH: eczema

O - (L) + (R) gr. toes - 5 infection on ingrown

A - hx ingrown

P - POD referral

Manoj P. [Signature]



PATIENT PROGRESS RECORD

PATIENT'S NAME (LAST, FIRST, MIDDLE)

ADDRESS (NO., STREET)

CITY

BIRTHDATE	PHONE	CODE	GROUP
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DOUG COPP M.R. # 8789174 08 51 R

SH = SOB 17 pack yrs, Quit 1997
 etoh - heavy @ ZVDA

PH = Pt Garden CA 33
 APPOINTMENT MEDICINE HAYWARD

B/P 158/98 P 68 AGE 48
 WT 237# TEMP

APR 11 2000

SMOKING: Current Smoker
 Recent Quit/Last 12 mos.
 Non-smoker Smoking Advice Given

MICHAEL TRAN, M.D.

C/C
 ALLERGIES PCN/Possible

PH is a 48 y.o. w 5'5" signif
 PMH - PH h/o etoh / CPE.

MEDS - Benadryl prn allergies

c/o hwt ~ 40 lbs. Travels signif throughout the world -
 Canada of America Rescue orgniztn. PH h/o etoh
 States wife doesn't want to have intercourse c him
 often enough. Interested in below referral

PE HEENT @
 w RRR 5 m
 lungs CTA @

ABD @ BS Soft NT
 EXT @ C/C/CE On Testes H @ Penis
 Nemo Non-focal

A/P) Etah / CPE - Stable

- ✓ baseline labs CBC, creat, glu, TSH,
- chol / HDL, & stool guaiac x3
- Quit Etah, ↑ exercise & diet / w/L

2) Denies counseling for both pt & wife regarding above

[Signature]

Status: Open Union City Call Center - **New Message - RUSH**

10

Dept: Medicine

Author: Angela Lam RN

Created: 05/24/2000 11:21 AM

Medical Record Number: 8789174	Member Name: Copp, Doug	Message is for Provider* Tran M/MD/7	Member informed Provider is: In the office	Msg. Handling: PCP Only
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Age: 48 LMP: Day Phone: (510) 748-9257 Ext: Eve Phone: ()

Member's Mailing Address: (if needed)

Reason for Call* Appt Request-Symptom-Based	Allergies* Pcn	NonLab Test(s)*	Date of Test(s):
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Pharmacy* Hay-Main Fax# 8-430-5040

Deliver Mail Fill Today DCUD

MESSAGE:

is the chief on an international rescue team, just came back on mission to so. america, dev ameobic dysentery per venuezela med clinic and placed on lomotil. cont to have dia for 10 days now, although less today. yesterday had total of 7 dia. req appt w/ you tomorrow. pls call pt today.

Provider Response/Message Update (Use back if necessary)

*Non - bloody diarrhea but not sure.
⊕ abd cramps but overall better -
well ✓ stool ex, WBC, etc -*

Rx* SIG: Qty:* 30 50 100 # of Refills _____ FormularyExcep.Code _____ ARAR: <input type="checkbox"/> <input type="checkbox"/> Unless checked, include this RX in all approved refill programs.	Rx* SIG: Qty:* 30 50 100 # of Refills _____ FormularyExcep.Code _____ ARAR: <input type="checkbox"/> <input type="checkbox"/> Unless checked, include this RX in all approved refill programs.
Provider Signature: _____ Covering MD: <input type="checkbox"/>	DEA# _____ CA License# _____

Member Notified: No Answer: LMTRC: Chart Ordered: **FIGURE SIGN**

MA Signature *[Signature]* Date: ___/___/___

wife will come by to pick up ~~up~~ ^{lab} slip -

[Signature]

11

Status: Open Union City Call Center - New Message - Routine

COMPLETED

Dept: Medicine Author: Jeanette Oliveri RN Created: 05/15/2000 11:02 AM

Medical Record Number: 08789174	Member Name: Copp, Doug F.	Message is for Provider: * Tran M/MD/7	Member informed Provider is: Out of the office	Msg. Handling: Station MD
---	--------------------------------------	--	--	-------------------------------------

Age: 48 LMP: Day Phone: (510) 748-9257 Ext: Eve Phone: ()

Member's Mailing Address: (if needed)

Reason for Call: * Appt Request-Symptom-Based	Allergies: * NA	NonLab Test(s): *	Date of Test(s):
---	---------------------------	-------------------	------------------

Pharmacy: * Deliver Mail Fill Today DCUD

MESSAGE:

pts wife states that pt is arriving home from porta ricco this pm and needs an appt for fev and diarrhea x4days. pts wife states to leave mess on home phone with appt time for tomorrow with dr.tran. pls adv thank you

Provider Response/Message Update (Use back if necessary)

5/15/00 @ 11:31 A Lmtrc on record Rde/Dme

Rx: * SIG: _____ Qty: * 30 50 100 # of Refills _____ Formulary Excep. Code _____ ARAR: <input type="checkbox"/> <input type="checkbox"/> Unless checked, include this RX in all approved refill programs.	Rx: * SIG: _____ Qty: * 30 50 100 # of Refills _____ Formulary Excep. Code _____ ARAR: <input type="checkbox"/> <input type="checkbox"/> Unless checked, include this RX in all approved refill programs.
Provider Signature: _____ Covering MD: <input type="checkbox"/>	áéΩ'E XXXXXXXXXXXXXXXXXXXXXXXXXXXX ÿΩ δ□óó□□ó'E _____

Member Notified: No Answer: LMTRC: Chart Ordered: **ADD: Preview**

MA Signature _____ Date: / /

*5/1/00 Pt already given a message and treated Per Pt.
Tran/Rde/Dme*

KAISER PERMANENTE

(12)

Ordering Prov: TRAN, M T MD HAY/MED
Copy To: TRAN, M T MD HAY/MED
Performing Lab: HAY

Med. Rec. No.: XXXXXXXXXX 08789174
Patient Name: COPE, DOUG F
Sex: M DOB: 08/03/1951
Loc: OUTPATIENTS HAY -
Phone: (510) 523-5493 (510) 748-9257

STOOL CULTURES

Test: Stool Culture
Source: STOOL

Accession#: 14-S0-00-001221
Collected: 05/26/00 1007
Received: 05/26/00 1343
Started: 05/26/00 1343

Final Report .. Final Results Reported ..
05/28/00 1159

*****CULTURE POSITIVE*****
CAMPYLOBACTER SPECIES ISOLATED
RESULTS FAX'D TO FACILITY 1205 PM, 5-28-00
DEPARTMENT OF PUBLIC HEALTH WILL BE NOTIFIED
REPORTABLE DISEASE-PLEASE COMPLETE CMR CARD
NO SALMONELLA OR SHIGELLA ISOLATED
NO E. COLI O157:H7 ISOLATED

PARASITOLOGY

Test: Trichrome Stain
Source: STOOL

Accession#: 14-P0-00-001905
Collected: 05/26/00 1008
Received: 05/26/00 1859
Started: 05/26/00 1859

Final Report .. Final Results Reported ..
05/28/00 1405

NO PROTOZOA SEEN FEW WHITE BLOOD CELLS

Additional Information ..
Patient LETTER: Not Requested.
Pending Test(s): All tests completed.

MESSAGE TO PATIENT

TIME DATE 5/30/00

Stool @ Campylobacter species
already on Cipro → cont. to completion

PROVIDER SIGNATURE

PATIENT CALLED BY

PROVIDER COPY

END OF CHART

Date / Time Printed: 05/29/00 0407

Page: 1

5/30/00 up L name as recorded pt 1, 2
6/9/00 @ 3:04P. IMRC on record *[Signature]*
6/16/00 @ 10:40A P+ ordered d receipts above per *[Signature]*
Annex m/r/d/b/m

MICRO

PATIENT PROGRESS RECORD

(13)
M.R. # 08789174

PATIENT'S NAME (LAST, FIRST, MIDDLE)

Copp Doug

ADDRESS (NO., STREET)

CITY

BIRTHDATE

PHONE

748-9257

CODE

GROUP

APPOINTMENT MEDICINE

10MD
man

DEC 27 2000

R/P 180/100 D AGE

WT TEMP 97.2

SMOKING: Current Smoker

Past Smoker at 12 mos.

Nonsmoker Smoking Advice Given

ALLERGIES PEDS

MEDS NONE

OTC's Sudafed

EXTENDED ROLE R.N.

Schexna, RN

plw works for Amer... rescue - driver team

S: C10 @ ear pressure 1 pm x 7 months sinus congestion states feels like jaw is swollen. Denies sore throat

O: Ears WNL @ nose mod swollen, pale no mucous face NT TMJE Throat red at sides no exudate neck NT & nodes No swelling of face note do felt, has heard. Chet ch

A: Rhinitis e part nasal qtt, ETD

P: ↑ fluids facial steam, Valsalva pern

Decronamine SR #30 + BID pm Refx1

RTC 24 present 1-2 wks: pm

2 Schexna per 2 wks

G... 61007

Pre 911 labs

FAX TRANSMITTAL

To: Tom Smith
 Fax: (707) 824-0111 ← →
 From: DOUG COPP
 Date: NOV/28/2005
 RE: MEDICAL REPORTS PERIOD 9/11

of pages including this one 1

Doug will explain about these reports when he talks to you this evening (later today).

NOTE:
 there is one page that did not go through but I don't know which one so I am re-sending some.

2

Walter
628
1742 to
New
Jan

The Permanente Medical Group, Inc.
27400 Hesperian Boulevard
Hayward, California 94545-4299
(510) 784-4000



KAISER PERMANENTE

DOUG F COPP
802 LINCOLN AVE # B
ALAMEDA CA 94501

04/13/2000
KAISER # 08789174
DAY: (510) 523-8483
EVE: (510) 748-9357

Here are the results of your recent laboratory tests:

TEST	RESULT	NORMAL RANGE
04/11/00 Cholesterol	H 240mg/dL	< 239
04/11/00 Kidney Test CREAT	0.9mg/dL	< 1.3
04/11/00 Glucose Random	97mg/dL	60 - 159
04/11/00 HDL Cholesterol	47mg/dL	> 35
04/11/00 Thyroid Test TSH	2.5uIU/mL	0.2 - 5.5
04/11/00 Complete Blood Count		
White Cells	4.9K/uL	3.5 - 12.5
Red Cells	4.67M/uL	4.10 - 5.70
Hemoglobin	13.8g/dL	13.0 - 17.0
Hematocrit	40.3%	39.0 - 51.0
MCV	86fL	80 - 100
Platelets	211K/uL	140 - 400

To learn more about lab tests or other health topics, sign on to our 24 hour members-only web site at www.kponline.org.

M TRAN M.D.

Excellent results! Please sign up for our cholesterol lowering classes - (Please call 784-4531)

Michael
HAY/MED M TRAN M.D.

LAB/PAGE: 1 OF 3

6306

R60 - Hand Del

415-954792

The Permanente Medical Group, Inc.
27400 Hesperian Boulevard
Hayward, California 94545-4299
(415) 784-4000



KAISER PERMANENTE

Continuation for: 04-13-2000 MRN 09789174 DOUG F COPP

EXPLANATION OF LAB RESULTS

An explanation of laboratory tests is provided below. Minor abnormalities of test results are not unusual and are likely to represent individual or lab variations. Abnormalities are subject to the interpretation of your health care provider.

Cholesterol represents 1 of many risk factors for heart disease. A desirable number is less than 240 mg/dl.

Creatinine (CREAT) measures kidney function.

Glucose-random is a screen for diabetes--high sugar in the blood after having eaten food within 8 hours.

HDL (high density lipoprotein) is a measure of good cholesterol. High HDL is good for your heart.

TSH (thyroid stimulating hormone) measures thyroid activity. A high number indicates an underactive thyroid. A low number indicates either an overactive thyroid or too much thyroid replacement is being taken.

White Cells (WBC) is a screen for the presence of infection or inflammation in the body.

RBC (Red Blood Cell count) is a test for anemia.

Hemoglobin is a test for anemia.

Hematocrit is a test for anemia.

MCV (Mean Corpuscular Volume) is a test to measure the size of red blood cells.

HAY/MED /M TRAN M.D.

LAB/PAGE: 2 OF 3

4

The Permanente Medical Group, Inc.
27400 Hesperian Boulevard
Hayward, California 94545-4299
(510) 784-4000



KAISER PERMANENTE

Continuation for: 04-13-2000 MRN 08789174 DOUG F COPP

Platelets are one measurement of how well blood clots.

HAY/MED /M TRAN M.D.

LAB/PAGE: 3 OF 3

5

290 West MacArthur Boulevard
Oakland, California 94611-5693
Phone: (510) 596-1000

Senior Vice President and Service Area Manager
Paul T. McDonald, M.D.
Physician-in-Chief



DOUG F COPP
802 LINCOLN AVE # B
ALAMEDA CA 94501

04/15/99
KAISER # 08789174
DAY: (510) 523-5493
EVE: (510) 523-5493

Here are the results of your recent laboratory tests:

TEST	RESULT	NORMAL RANGE	
04/13/99 Westergren ESR	9mm/Hr	0 -	15
04/13/99 Complete Blood Count			
White Cells	3.6K/uL	3.5 -	12.5
Red Cells	4.52M/uL	4.10 -	5.70
Hemoglobin	13.9g/dL	13.0 -	17.0
Hematocrit	39.1%	39.0 -	51.0
MCV	87fL	80 -	100
Platelets	224K/uL	140 -	400
04/13/99 Auto Differential			
Granulocytes	48.7%	50.0 -	70.0
Lymphocytes	39.3%	20.0 -	50.0
Monocyte	8.9%	1.0 -	14.0
Eosinophil	2.5%	0.0 -	4.0
Basophil	0.6%	0.0 -	2.0

Richard N. Levine, M.D.

Looks good,
Best wishes,
Rick Levine MD

6

Kaiser Permanente Medical Center
280 West MacArthur Boulevard
Oakland, California 94611-5699
Phone: (510) 596-1000

Richard D. Cordova
Senior Vice President and Service Area Manager
Paul T. McDonald, M.D.
Physician-in-Chief



cont.... DOUG F COPP

(MR NUMBER = 08789174)

EXPLANATION OF LAB RESULTS

An explanation of laboratory tests is provided below. Minor abnormalities of test results are not unusual and are likely to represent individual or lab variations. Abnormalities are subject to the interpretation of your health care provider.

The sed rate (Westergren ESR) is a nonspecific test of inflammation in the body.

White Cells (WBC) is a screen for the presence of infection or inflammation in the body.

RBC (Red Blood Cell count) is a test for anemia.

Hemoglobin is a test for anemia.

Hematocrit is a test for anemia.

MCV (Mean Corpuscular Volume) is a test to measure the size of red blood cells.

Platelets are one measurement of how well blood clots.

Richard N. Levine, M.D.

7

*Wife
628
1742 to
Kaiser
Tim*

The Permanente Medical Group, Inc.
2740 Hesperian Boulevard
Hayward, California 94545-4299
(510) 784-4000



KAISER PERMANENTE

DOUG F COPE
802 LINCOLN AVE # 2
ALAMEDA

CA 94501

04/13/2000
KAISER # 08789174
DAY: (510) 523-5493
EVE: (510) 748-9237

Here are the results of your recent laboratory tests:

TEST	RESULT	NORMAL RANGE
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04/11/00 Kidney Test CREAT	0.9mg/dL	< 1.3
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04/11/00 Complete Blood Count		
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M TRAN M.D.

Excellent results! Please sign up for our cholesterol lowering classes - (Please call 784-4531)

HAY/MED /M TRAN M.D.

LAB/PAGE: 1 OF 1

[Handwritten signature]

*6306
RGO - New Dept / 415-954-792*