

December 19, 2008

OSC File No. DI-08-0494

In Order 3930.3A, Air Traffic Control Specialist Health Program: The Forward in the order states, **"Their health is important to morale, efficiency, economy, and most of all to safety. This order means that no one with health problems need be afraid to seek help."** Nothing could be further from the truth.

You are correct when you say that employees are not reporting certain health symptoms and medications for fear of losing our jobs.

On September 17, 2007 I went to my annual FAA physical at Dr. Gordon's office. During our physical we are to write down what doctors we have seen through out the year and for what reasons including symptoms. I listed Dr. Shoemaker, my symptoms and medications. Dr. Gordon saw that I had visited Dr. Shoemaker for mold related illnesses and called our regional flight surgeon. The flight surgeon pulled my medical certificate and I was unable to return to work. I had to use all my sick leave, annual leave, and credit time before being placed on Leave Without Pay. I was on LWOP from December 10, 2007 until I returned to work on January 11, 2008. This is why many people aren't reporting their illnesses and injuries. They can't afford to be without a paycheck. I couldn't afford to be without a paycheck.

On September 25, 2007 a Supervisor, Mr. Kevin Barttelt was overheard in the tower cab saying that "Liz is going to be another Parker or Eberhart." This is in reference to two controllers, one already removed from the FAA (Eberhart) and the other the FAA was in the process of removing (Parker) because of medical issues. Mr. Barttelt knew that the FAA was going to make it as hard as possible for me to get my medical back, if at all. One employee dropped out of the lawsuit because of Mr. Barttelt's comments and elected not to see Dr. Shoemaker for his medical problems that occurred due to mold exposure.

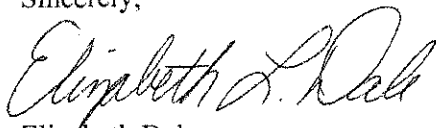
I would also like to dispute a couple statements found on page 10. The first is half way down after point 2. **"The concentrations of airborne fungal spores detected was considered insignificant and do not indicate elevated mold spore concentrations within the tower or base building that would be likely to adversely impact employee health."** Then again starting with the last line on page 10 continuing onto page 11 the statement is made that, **"While the finding of Stachybotrys spores is significant because it is an indicator that there is or has been a chronic moisture problem in the tower, it does not pose a health hazard more than any other mold or fungal spore that individuals can become sensitized to."** I can't believe such statements are made. Shouldn't a chronic moisture problem be a red flag that a bigger problem is happening? If you have water damage in your house you just don't let it go untreated. And besides, who is to say how many or how few mold spores will adversely impact someone's health.

I have medical documentation showing just how sick I was at the Detroit Metro Tower and just how much better I have gotten since my transfer to Charlotte Douglas Tower in October. Not everyone that comes in contact with Stachybotrys or other molds gets sick. A person has to have a unique genotype in order to be susceptible. I have a unique genotype that makes me susceptible to mold and that is why I was and still am sick. I am getting better because I'm out of that environment but my coworkers still there are not getting any better. In fact, they are getting worse. The building still has terrible water damage and there has been mold found on every floor from the base building on up to the tower cab. Something has got to be done in order to make that building a safe and healthy place to work.

I will conclude with Order 3930.3A from above: **"Their health is important to morale, efficiency, economy, and most of all to safety."** In the last three years, morale at Detroit Metro Tower has been at an all time low. How can you expect employees to go to work in one of the most stressful professions and do their best day in and day out when they can't rely on their management to give them a clean and healthy working environment? Safety is compromised everyday at Detroit Metro. I am amazed there hasn't been a major accident with so many sick people working together. Is that what it is going to take to really get everyone's attention? I hope not.

Thank you for your attention to this matter. Feel free to contact me if you have any questions or need clarification.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Dale". The signature is written in black ink and is positioned above the printed name.

Elizabeth Dale

2746 Cameron Commons Way
Matthews, NC 28104
734-218-2049

Summary of approach to treatment for biotoxin-associated illnesses

Treatment begins with the documentation of the biochemical/hormonal abnormalities that are caused by exposure to biotoxins. An understanding of the mechanism of the illness is essential to understanding what tests are done, why and what they mean.

Exposure of genetically susceptible patients to biotoxins can result in illness. The presence of unique genotypes of HLA DR (analyzed by PCR, DNA testing), gives us a reason to implicate the specific source of illness in an affected patient with exposure, not found in a patient with the same exposure who doesn't have the susceptible genotypes. A given genotype, 14-5-52B, is associated with many susceptibilities. Others, 15-6-51 and 16-5-51, are associated with chronic symptoms following Lyme disease, even with adequate antibiotic treatment. A few, like the "1-5," are associated with a "guaranteed" low MSH (see later discussion) following exposure. The dreaded 4-3-53/12-3-52B genotypes confer an illness that is a refractory chronic, fatiguing illness following biotoxin exposure. There are multiple unique genotypes for given susceptibility to different invertebrate toxigenic organisms, including dinoflagellates, fungi, spirochetes and others.

The "defective" immune system response to "antigen presentation," another way to say susceptible, results in release of the protein messengers called cytokines that enable a white blood cell to "talk" to another and to talk to cells that line blood vessels, brain structures and many more. If the cytokine response to a biotoxin is excessive, the cytokine can cross into the brain, into an area of the hypothalamus, where it can attach (no, this isn't good) to a receptor for leptin. Normally, a hormone made by fat cells, leptin, would tell a specialized part of the hypothalamus, the ventromedial nucleus, that enough food has been consumed and that the satiety center can "kick in." But leptin is involved in other important pathways in that part of the brain. If the leptin receptor in another part of the hypothalamus is damaged by the cytokine response to biotoxins, then leptin can't do its job. Some individuals with leptin receptor damage (we call it leptin resistance) will suffer later effects (called "downstream effects") that impair production of an incredibly important compound called melanocyte stimulating hormone (MSH). Without MSH, the hypothalamus won't make adequate amounts of melatonin and chronic non-restorative sleep (and fatigue) will result. Without adequate MSH, endorphins, the natural opiates of the brain, won't be made adequately and chronic pain (often unusual pains), will develop. We measure MSH, leptin and HLA.

MSH controls many other functions, including both anterior and posterior pituitary functions. It is quite common to find deficiencies of antidiuretic hormone, deficient androgens (male hormones), lowered cortisol response to ACTH in the later stages of illness, with excessively high ACTH and high cortisol in the early stages of biotoxin-associated illnesses. MSH has important regulatory functions for mucus membranes, especially nose and gut, as well. Without MSH, it is extremely common to find multiply antibiotic resistant, biofilm forming, hemolysin forming, coagulase negative Staph species colonizing (not infecting!) the nose. Years ago, back when we didn't understand the importance of coagulase negative Staph, we thought it was a "benign" skin

contaminant. Not any more! To this day, the strains of coagulase negative Staph sensitive to all antibiotics or resistant to at most one antibiotic, really do appear to be benign. The multi-resistant strains, especially the methicillin resistant species (MRCoNS), clearly are disease producers in patients with MSH deficiency or the 11-7-52B genotype. In over 600 patients, we have never found MRCoNS in a person who felt completely well. We have correlated gastrointestinal symptoms with MSH deficiency; so-called "leaky gut" is usually due to MSH deficiency. We measure ADH, osmolality, androgens, ACTH and cortisol; and do nasal cultures.

Cytokine excess does more than just nail the MSH production pathway. Cytokines make us feel bad, directly. A simple example is the group of symptoms that patients have with an influenza illness. The muscle aching, headache, fatigue, temperature instability and occasional confusion are all indications that the body is fighting off the attacker with a white blood cell-generated cytokine response. When the invader is gone, the response stops and the chills, fever, muscle aches and the rest abate. In biotoxin-associated illnesses, however, the biotoxin doesn't go away. It isn't metabolized or excreted. Moreover, the cytokine response is generated from fat cells (no, those fat cells aren't just "sitting on your hips," they are extremely active in many metabolic, hormone and cytokine functions). Fat cell cytokine production isn't "downregulated" by white blood cells, so the illness from biotoxins goes on without end.

Even worse, the extra cytokine response turns on production of a whole series of bad-acting compounds, including PAI-1 and MMP9. The exact names aren't important, but these compounds deliver the oxidized cholesterol from inside blood vessels outside, to the "subintimal" space, where atherosclerotic blockages begin. High PAI-1 isn't good for long life; if it comes from biotoxins, it is easily treated. MMP9 is a "new" player. We now know that MMP9 is one of the most efficient deliverers of inflammatory substances from the blood to brain, lung, heart and joint. One of our studies is showing interesting results in lowering MMP9 in HLA susceptible Sick Building patients and then watching the unusual "unidentified bright objects" seen on brain MRI, the ones that look like multiple sclerosis, disappear as MMP9 falls and exposure ceases. There is no question that MMP is an important compound that is routinely affected adversely by the cytokine response to biotoxins. We measure both PAI-1 and MMP9. High MMP9 means a severe illness, usually with significant symptoms.

What we do at the Center for Research on Biotoxin Associated Illnesses, and the affiliated medical clinic, the Chronic Fatigue Center, is to establish a case definition of a biotoxin illness by: establishing the potential for exposure, lack of confounding variables, symptoms, VCS scores, pertinent genetic, cytokine and hormonal biomarkers that establish the diagnosis. Treatment is individualized, based on the general concepts discussed here. Any suggestion that these complex illnesses can be treated with a "handout sheet" is inappropriate.

Because this research is new, we anticipate that there will be reasonable scientific skepticism about our findings. As always, skepticism must be based on sound science and not on presumption, as our data are rock solid. As our previously completed studies

come to publication, skepticism will give way to peer-reviewed acceptance. We are pleased that there is an increasing demand from patients and physicians worldwide for our treatment protocols. These protocols are readily available from our website, www.chronicneurotoxins.com for patients unable to come to Pocomoke for comprehensive treatment. We must first remove the patient from exposure, treat the biotoxin carriage with cholestyramine, correct the cytokine excess, treat the hypothalamic and hormonal abnormalities (without making the serious error of using steroids!), and clear the cytokine-engendering species of coagulase negative Staph. Overall sequential VCS and leptin will monitor improvement, with improvement in MSH the final goal. Once MSH is returned to normal the patient is well.

Definitive explanation of an individual case is beyond the scope of this overview. The grids provided to individual patients are clearly marked where there is a biomarker of exposure and subsequent illness.

The medicine taken while exposed to mold.

WHAT TO EXPECT FROM CHOLESTYRAMINE

Cholestyramine (CSM) is an FDA approved medication used to lower elevated levels of cholesterol. It has been used safely for over twenty years in millions of patients who have taken the medication for extended periods of time. You have been given a prescription for CSM to be used for only a short period of time to treat your chronic, neurotoxin-mediated illness. The FDA (6/28/99) ruled that there was no reason to expect an increased risk to health from CSM in a group of patients who have illnesses such as psittacosis, ciguatera and blue green algae syndromes compared to those who don't. Your prescription is given to you under this FDA exemption.

Cholestyramine is not absorbed. Provided that CSM is not taken with food, it binds cholesterol, bile salts and biological toxins in the small intestine. Because it binds toxins tightly, the toxins can not be reabsorbed; the CSM-toxin complex is excreted harmlessly in the stool. Provided there is no re-exposure to toxin or reacquisition of toxin, the CSM treatment will remove all the toxin over time, curing the chronic, toxin-mediated illness. Most patients are cured in two weeks, but depending on the amount of toxin in your body, the time to cure may be longer.

Used at the FDA approved dose of 9 grams of Questran® (we use the brand name because of its greater effectiveness), or 4 grams of Questran Light®, taken four times a day, there are side effects that are potentially annoying but are not dangerous and should never prevent you from finishing your treatment program. Our treatment protocol attempts to anticipate the possible troublesome side effects; you will be given two additional prescriptions to keep on hand "just in case."

Reflux of stomach acid, also called heartburn or indigestion, is commonly experienced early on in treatment. The symptom abates spontaneously in most patients within a few days. A medication to stop over production of stomach acid, taken before beginning the CSM doses, can prevent heartburn. Mixing the CSM in apple juice, cranberry juice or dissolving CSM, first in hot water and then adding ice, helps reduce heartburn. Bloating and belching can also be caused initially by CSM. Fortunately, those side effects are rarely a major problem.

Constipation is commonly seen. Many patients simply increase their consumption of fruit or fiber products, such as psyllium (Metamucil®), to avoid this problem. A non-absorbable sweet tasting liquid, sorbitol, in a 70% solution, taken one tablespoon four times a day with food, will hold water in the stool, making bowel movements soft and preventing constipation. Even though sorbitol tastes sweet, it will not worsen your diabetes or make you gain weight.

Because many patients with chronic neurotoxin-mediated illnesses have diarrhea or more frequent, softer stools, this side effect of CSM can become a welcome, early benefit.

CSM has been extensively tested in multiple clinical trials involving patients with chronic, neurotoxin-mediated illnesses. The benefit has been substantiated by a double-blinded placebo controlled crossover study. That study was terminated prematurely due to ethical considerations: withholding treatment could not be justified, given the clearly demonstrated prompt clinical benefit.

Your physician will be following your case carefully. If you have questions regarding any phase of your treatment, please notify your doctor promptly. There is no detail too small to ignore in cases like yours. You will be given special tests of visual contrast sensitivity on a regular basis. Your treatment will continue until your symptoms have resolved and your visual contrast is normal. Your physician will review your case in detail as your treatment progresses.

CSM PROTOCOL

- 1) On an empty stomach, take one scoop of CSM (9 grams), mix with water, or juice, 4-6 oz**
- 2) Stir well and swallow. Add more liquid, repeat 1 above until done**
- 3) Drink an extra 4-6 oz of liquid**
- 4) After 30 minutes, you may eat or take meds (wait at least 2 hours before taking thyroxine, digitalis, theophylline, coumadin and others, ask your doctor for information)**
- 5) Take CSM 4 times a day!**
- 6) If you eat first, wait at least 60 minutes before taking your next CSM**
- 7) Reflux, constipation, bloating and bowel distress are to be expected**
- 8) Use acid blocking medications as needed**
- 9) Use sorbitol, 70% solution, 1 TBSP 3-4 times a day to relieve constipation**

RITCHIE C. SHOEMAKER, M.D., P.A.
CHRONIC FATIGUE CENTER
500 MARKET STREET
SUITE 102, 103
POCOMOKE, MD 21851
TELEPHONE (410) 957-1550
FAX (410) 957-3930

Here are copies of your recent blood work results.

Please:

Call the office to schedule a phone consultation to discuss these results

Call the office to schedule an office visit to discuss the results

Copies are for your reference only - no follow-up necessary

Comments:

"Await CHa & MSH. Set up 1st PC."

Thank-you

First Trip to see
Dr. Shoemaker.
The * are abnormal.
Notice I have the dreaded
4-3-53 genotype.

Initial B/W Draw Results

Patient Elizabeth Dale DOB _____

Date of Blood Draw 5-1-07

| Test | Date Rec'd | Result | Abnormal | Normal Range |
|----------------------------|------------|--------|----------|---------------------------------------|
| HLA (RS) | 5-10-07 | 9-3-53 | 15-6-57 | XX |
| VIP | 5/1/07 | 210 | * | 23.0-63.0 pg/ml (Lab Corp) |
| MSH | | <8 | * | 35-81 pg/mL |
| Leptin | 5-14-07 | 42.0 | F | M 0.5-13.8 ng/mL F 1.1-27.5 |
| ADH | 5-8-07 | 3.5 | * | 1.0-13.3 pg/ml |
| Osmo | 5-14-07 | 312 | * | 280-300 mosmol |
| ACTH | 5-3-07 | 13 | * | 8-37 pg/mL |
| Cortisol | 5-3-07 | 21.8 | | am 4.3-22.4 / pm 3.1-16.7 ug/dL |
| DHEAS | 5-14-07 | 172 | | M 59-452 ug/dL F 46-150 |
| Testosterone | 5-14-07 | 32 | | M 241-827 ng/dL F 20-55 pre 7-40 post |
| Androstenedione | 5-14-07 | 57 | | M 50-250 ng/dL F 47-268 ng/dL |
| RP | 5-3-07 | 9.5 | | 0.0-4.9 mg/L |
| SR | 5-1-07 | 25 | | 0-30 |
| IL-1B | 5-9-07 | 3.29 | | 0.00-3.73 pg/mL |
| Luminex/ Cytokines | | | | |
| MMP-9 | 5-7-07 | 202 | | 85-332 ng/mL |
| PAI-1 | 5-10-07 | 3 | | 2-14 IU/mL |
| Lipid Pheno (RS) | 5-7-07 | NC | | |
| CBC | 5-3-07 | M | | |
| CMP | 5-3-07 | M | | |
| GGT | 5-3-07 | 24 | | 0-65 IU/L |
| Nasal Culture (RS) | 5-9-07 | ⊕ | MPLW-1 | |
| VEGF | 5-14-07 | 77 | | 31-86 pg/mL |
| Erythropoietin | 5-14-07 | 10.2 | | 9.0-19.5 mU/mL |
| Anticardiolipins (RS) | 5-4-07 | ⊕ | * | IgA 0-12, IgG 0-10, IgM 0-9 |
| Myelin Basic Protein | 5-7-07 | 210 | | EIA units <8 |
| A, IgA, IgG (RS) | 5-4-07 | ⊕ | * | IgA (IgG) |
| C3a | 45 | 409 | | <940 ng/ml |
| C4a | | 10432 | * | <2830 ng/ml |
| IgE | 5-3-07 | 4 | | 0-158 IU/mL |
| Lyme WB (RS) | 5-3-07 | ⊕ | | |
| TSH | 5-3-07 | 4.0 | | 0.3-5.0 uIU/mL |
| von Willebrands profile | 5-8-07 | M | | 50-150 % |
| B-Type Natriuretic Peptide | 5-3-07 | 11.0 | | <80 pg/ml |
| HgB A1C | 5-3-07 | 5.3 | | <6.0% |
| Fe | 5-3-07 | 71 | | M 40-190mcg/dL F 35-175mcg/dL |
| TIBC | 5-3-07 | 416 | | 250-400mcg/dL |
| Ferritin | 5-3-07 | 57 | | M 22-322ng/ml F 10-291ng/ml |

Laboratory Corporation of America

Order Status: Partial

Center For Research On Biotoxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000

FASTING: N

| | |
|-----------------------------------|-----------------------------|
| ACCESSION # 121-306-3938-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 36 / 7 F |
| PATIENT PHONE # 734-218-2049 | CHIART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI |
| LAB ORDER # CD-10118912672 | DRAWN 5/01/2007 8:50 |
| RECEIVED 5/02/2007 | REPORTED 5/11/2007 20:07 |

TESTS ORDERED: VIP, Plasma, MSH

| Result Name | Normal | Abnormal | Reference Range | Lab |
|---|--------|----------|-------------------|-----|
| VIP, Plasma (VIP is an investigational assay. Clinical application has not been fully defined.) | <10.0 | | 23.0 - 63.0 pg/mL | 01 |
| MSH Testing is temporarily delayed pending receipt of testing materials from the manufacturer. We apologize for any inconvenience. (Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.) | | pg/mL | 0 - 40 | 01 |

LAB: 01 BN LabCorp Burlington
 1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

2

Laboratory Corporation of America

Order Status: Final

Center For Research On Biotoxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000
 SS#:
 FASTING: N

| | |
|--|-----------------------------|
| ACCESSION # 121-306-3937-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 36 / 7 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI |
| LAB ORDER # CD-10118912673 | DRAWN 5/01/2007 8:50 |
| RECEIVED 5/02/2007 | REPORTED 5/02/2007 20:07 |

TESTS ORDERED: ACTH, Plasma

| Result Name | Normal | Abnormal | Reference Range | Lab |
|--------------|--------|----------|-----------------|-----|
| ACTH, Plasma | 13 | | 6 - 48 pg/mL | 01 |

LAB: 01 RN LabCorp Raritan
 69 First Avenue, Raritan, NJ 08869-0000

DIRECTOR: Irene Isaac V MD

3

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PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

DOB Age: 36
 GENDER: F

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.

SPECIMEN INFORMATION
 SPECIMEN: QA7011339
 REQUISITION: 687560006990
 LAB REF NO:

ID: 1-3742
 PHONE: (734)218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 05/01/2007 09:27
 RECEIVED: 05/02/2007 03:16
 REPORTED: 05/02/2007 16:07

| Test Name | In Range | Out of Range | Reference Range | Lab |
|------------------------|---------------------|--------------|-----------------|-----|
| CORTISOL, TOTAL, SERUM | | | | QBA |
| CORTISOL, TOTAL, SERUM | 21.8 | | ug/dL | |
| | Morning: 4.3 - 22.4 | | ug/dL | |
| | Evening: 3.1 - 16.7 | | ug/dL | |
| TSH* | | | | QBA |
| TSH | 3.8 | | 0.4-5.5 uIU/mL | |
| IMMUNOGLOBULIN E | | | | QBA |
| IGE, SERUM | 4 | | 0-114 kU/L | |

Performing Laboratory Information:

QBA Quest Diagnostics Incorporated 1901 Sulphur Spring Road Baltimore MD 21227 Laboratory Director: Robert R. L. Smith, M.D.

4

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PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

F Age: 36
 GENDER: F

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.

SPECIMEN INFORMATION
 SPECIMEN: QA7011342
 REQUISITION: 687560006998
 LAB REF NO:

ID: 1-3742
 PHONE: (734)218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 05/01/2007 09:31
 RECEIVED: 05/02/2007 03:18
 REPORTED: 05/08/2007 01:11

| Test Name | In Range | Out of Range | Reference Range | Lab |
|----------------------|----------|--------------|-----------------|-----|
| ARGININE VASOPRESSIN | | | | NB |
| ARGININE VASOPRESSIN | 2.5 | | pg/mL | |

Reference Range:
 1.0-13.3
 2.5 pg = 1 uU

This test was developed and its performance characteristics determined by Quest Diagnostics Nichols Institute. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

Performing Laboratory Information:

NB Quest Diagnostics Nichols Institute 33608 Ortega Highway San Juan Capistrano CA 92676

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PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

DOB: Age: 36
 GENDER: F

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.

SPECIMEN INFORMATION
 SPECIMEN: QA7011347
 REQUISITION: 687560006992
 LAB REF NO:

ID: 1-3742
 PHONE: (734) 218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 05/01/2007 09:28
 RECEIVED: 05/02/2007 03:20
 REPORTED: 05/11/2007 21:30

| Test Name | In Range | Out of Range | Reference Range | Lab | | | | | | | | | | | | |
|---|----------------|----------------|-----------------|-----|--|------|--------|-------------|----------------|----------------|----------------------|----------------|----------------|--------------------|----------------|----------------|
| OSMOLALITY, SERUM | | | | AM | | | | | | | | | | | | |
| OSMOLALITY, SERUM | | 312 H | 280-300 mOsm | | | | | | | | | | | | | |
| TESTOSTERONE, TOTAL | | | | QBA | | | | | | | | | | | | |
| TESTOSTERONE, TOTAL | 32 | | 20-76 ng/dL | | | | | | | | | | | | | |
| HEA SULFATE | | | | QBA | | | | | | | | | | | | |
| DHEA SULFATE | 172 | | 40-325 mcg/dL | | | | | | | | | | | | | |
| LEPTIN+ | | | | NB | | | | | | | | | | | | |
| LEPTIN | 42.0 | | ng/mL | | | | | | | | | | | | | |
| Reference range for Leptin: Adult Lean Subjects with BMI range of 18-25: Adult Males: 1.2-9.5 ng/mL Adult Females: 4.1-25.0 ng/mL BMI = Body Mass Index = Body weight in kilograms/Height in Meters (exp.2) Pediatric reference ranges: <table border="0" style="margin-left: 40px;"> <tr> <td></td> <td>Male</td> <td>Female</td> </tr> <tr> <td>Prepubertal</td> <td>1.6-10.8 ng/mL</td> <td>1.7-10.6 ng/mL</td> </tr> <tr> <td>Tanner Stages II-III</td> <td>2.1-11.6 ng/mL</td> <td>2.6-11.5 ng/mL</td> </tr> <tr> <td>Tanner Stages IV-V</td> <td>3.4-10.2 ng/mL</td> <td>3.4-13.0 ng/mL</td> </tr> </table> Pediatric reference ranges from Clin Endocrinol (1997) 46:727-733 This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute. This test should not be used for diagnosis without confirmation by other medically established means. | | | | | | Male | Female | Prepubertal | 1.6-10.8 ng/mL | 1.7-10.6 ng/mL | Tanner Stages II-III | 2.1-11.6 ng/mL | 2.6-11.5 ng/mL | Tanner Stages IV-V | 3.4-10.2 ng/mL | 3.4-13.0 ng/mL |
| | Male | Female | | | | | | | | | | | | | | |
| Prepubertal | 1.6-10.8 ng/mL | 1.7-10.6 ng/mL | | | | | | | | | | | | | | |
| Tanner Stages II-III | 2.1-11.6 ng/mL | 2.6-11.5 ng/mL | | | | | | | | | | | | | | |
| Tanner Stages IV-V | 3.4-10.2 ng/mL | 3.4-13.0 ng/mL | | | | | | | | | | | | | | |
| ERYTHROPOIETIN | | | | QBA | | | | | | | | | | | | |
| ERYTHROPOIETIN | 10.2 | | 4.1-19.5 mIU/mL | | | | | | | | | | | | | |
| ANDROSTENEDIONE, LC-MS-MS | | | | NB | | | | | | | | | | | | |
| ANDROSTENEDIONE, LC-MS-MS | 57 | | ng/dL | | | | | | | | | | | | | |
| Adult Female Reference Ranges for Androstenedione, Serum: Follicular: 35-250 ng/dL Mid-cycle: 60-285 ng/dL Luteal: 30-235 ng/dL Postmenopausal: 30-75 ng/dL | | | | | | | | | | | | | | | | |

6

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PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

DI
GENDER: F
ID: 1-3742

Age: 36

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.

REPORTED: 05/11/2007 21:30
COLLECTED: 05/01/2007 09:28

| Test Name | In Range | Out of Range | Reference Range | Lab |
|-----------|----------|--------------|-----------------|-----|
| VEGF | | | | NB |
| VEGF | 77 | | 31-86 pg/mL | |

This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute. This test should not be used for diagnosis without confirmation by other medically established means.

Performing Laboratory Information:

AM QUEST DIAGNOSTICS NICHOLS INSTITUTE 14225 Newbrook Drive Chantilly VA 20153
MD Quest Diagnostics Nichols Institute 33608 Ortega Highway San Juan Capistrano CA 92690
Quest Diagnostics Incorporated 1901 Sulphur Spring Road Baltimore MD 21227 Laboratory Director: Robert R. L. Smith, M.D.

7

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

DOB: Age: 36
 GENDER: F

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.
 CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

SPECIMEN INFORMATION
 SPECIMEN: QA7011341
 REQUISITION: 687560006993
 LAB REF NO:

ID: 1-3742
 PHONE: (734)218-2049

COLLECTED: 05/01/2007 09:28
 RECEIVED: 05/02/2007 03:17
 REPORTED: 05/09/2007 09:13

| Test Name | In Range | Out of Range | Reference Range | Lab |
|---|----------|--------------|-----------------|-----|
| INTERLEUKIN 1 BETA+ INTERLEUKIN 1 BETA | 3.29 | | 0.00-3.72 pg/mL | CB |

Reference Range
 Normal 0.00-3.72
 Abnormal >3.72

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

This test performed at:
 Cambridge Biomedical
 Research Group
 1256 Soldiers Field Rd.
 Brighton, MA 02135
 Director: RC Tilton PhD

Performing Laboratory Information:

CB Cambridge Biomedical Research Group 1256 Soldiers Field Rd. Brighton MA 02135

Laboratory Corporation of America

Order Status: Final

Center For Research On Biotoxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000

FASTING: N

| | |
|-----------------------------------|----------------------------|
| ACCESSION # 121-306-3950-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 36 / 7 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI |
| LAB ORDER # CD- 10118912675 | DRAWN 5/01/2007 8:52 |
| RECEIVED 5/02/2007 | REPORTED 5/03/2007 6:39 |

TESTS ORDERED: B-Type Natriuretic Peptide

| Result Name | Normal | Abnormal | Reference Range | Lab |
|----------------------------|--------|----------|-------------------|-----|
| B-Type Natriuretic Peptide | | | | |
| B-Type Natriuretic Peptide | 11.0 | | 0.0 - 100.0 pg/mL | 01 |

LAB: 01 RN LabCorp Raritan
 69 First Avenue, Raritan, NJ 08869-0000

DIRECTOR: Irene Isaac V MD

9

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

| |
|----------------------------|
| REPORT STATUS Final |
|----------------------------|

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

D Age: 36
 GENDER: F

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.

SPECIMEN INFORMATION
 SPECIMEN: QA7011343
 REQUISITION: 687560006997
 LAB REF NO:

ID: 1-3742
 PHONE: (734) 218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 05/01/2007 09:31
 RECEIVED: 05/02/2007 03:18
 REPORTED: 05/04/2007 15:04

| Test Name | In Range | Out of Range | Reference Range | Lab |
|--|----------|--------------|-----------------|-----|
| EIA, MATRIX METALLOPROTEINASE-9 MMP-9 (MATRIX METALLOPROTEINASE-9) | 262 | | 85-332 ng/mL | QBA |
| (***) REFERENCE VALUES (***) (This test was performed using a kit that) (has not been cleared or approved by the FDA.) (The analytical performance characteristics) (of this test have been determined by Quest) (Diagnostics Baltimore. This test should not) (be used for diagnosis without confirmation) (by other medically established means.) | | | | |

Performing Laboratory Information:

QBA Quest Diagnostics Incorporated 1901 Sulphur Spring Road Baltimore MD 21227 Laboratory Director: Robert E. J. Smith, M.D.

10

Laboratory Corporation of America

Order Status: Final

Center For Research On Biotoxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000
 FASTING: N

| | |
|-----------------------------------|-----------------------------|
| ACCESSION # 121-306-3338-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 36 / 7 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI |
| LAB ORDER # CD-10118912671 | DRAWN 5/01/2007 8:49 |
| RECEIVED 5/01/2007 | REPORTED 5/09/2007 16:09 |

TESTS ORDERED: HLA DRB, DQB Typing

| Result Name | Normal | Abnormal | Reference Range | Lab |
|---------------------|--------|----------|-----------------|-----|
| HLA DRB, DQB Typing | | | | |
| DRB1 | 0401 | | 4 15 | 01 |
| DRB1 | 1501 | | 3 6 | 01 |
| HLA DQ | 03TF | | | 01 |
| HLA DQ | 06WUP | | 53 57 | 01 |
| 0302, 0602 | | | | |
| 0302, 061101 | | | | |
| 0302, 061102 | | | | |
| 0302, 0615 | | | | |
| 0302, 0616 | | | | |
| 0302, 0619 | | | | |
| 030201, 0602 | | | | |
| 030201, 061101 | | | | |
| 030201, 061102 | | | | |
| 030201, 0615 | | | | |
| 030201, 0616 | | | | |
| 030201, 0619 | | | | |
| 030202, 0602 | | | | |
| 030202, 061101 | | | | |
| 030202, 061102 | | | | |
| 030202, 0615 | | | | |
| 030202, 0616 | | | | |
| 030202, 0619 | | | | |
| 0307, 0619 | | | | |
| 0308, 0602 | | | | |
| 0308, 061101 | | | | |
| 0308, 061102 | | | | |
| 0308, 0615 | | | | |
| 0308, 0616 | | | | |
| 0308, 0619 | | | | |
| DRB3 | - | | | 01 |
| DRB3 | - | | | 01 |
| DRB4 | 01ZDV | | | 01 |
| DRB4 | - | | | 01 |
| 0101 | | | | |

Laboratory Corporation of America

Order Status: Final

| | |
|--------------------------------|---------------|
| Center For Research On Biotoxi | |
| Associated Illnesses | |
| 500 Market St Ste 102 | |
| Pocomoke, | MD 21851-0000 |
| | |
| FASTING: N | |

| | |
|-----------------------------------|-----------------------------|
| ACCESSION # 121-306-3338-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE,ELIZABETH L | |
| PATIENT ID 3742 | AGE GENDER 36 / 7 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI |
| LAB ORDER # CD- 10118912671 | DRAWN 5/01/2007 8:49 |
| RECEIVED 5/01/2007 | REPORTED 5/09/2007 16:09 |

TESTS ORDERED: HLA DRB, DQB Typing

| Result Name | Normal | Abnormal | Reference Range | Lab |
|-------------|--------|----------|-----------------|-----|
| 0102 | | | | |
| 0103 | | | | |
| 0104 | | | | |
| 0105 | | | | |
| 0106 | | | | |
| 0201N | | | | |
| DRB5 | | 0101 | | 01 |
| DRB5 | | - | | 01 |
| 01011 | | | | |

Comment:

In the context of a transplant, LabCorp strongly urges timely consultation with an HLA knowledgeable transplant physician or other HLA transplant professional for the appropriate clinical interpretation of a match between patient and potential donors.

Comment:

This test was performed using PCR (Polymerase Chain Reaction)/SSOP (Sequence Specific Oligonucleotide Probes) technique. SBT (Sequence Based Typing) and/or SSP (Sequence Specific Primers) may be used as supplemental methods when necessary. Please contact HLA Customer Service at 1-800-533-1037 if you have any questions.

Director of HLA Laboratory
Dr George C Maha, PhD

LAB: 01 2Q LabCorp Burlington DNA
1440 York Court, Burlington, NC 27215-0000

DIRECTOR: George Maha PhD

12

Quest on DemandSM

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

DC Age: 36
 GENDER: F

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.

SPECIMEN INFORMATION
 SPECIMEN: QA7015046
 REQUISITION: 687560006994
 LAB REF NO:

ID: 1-3742
 PHONE: (734)218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 05/01/2007 09:29
 RECEIVED: 05/02/2007 05:15
 REPORTED: 05/02/2007 15:06

| Test Name | In Range | Out of Range | Reference Range | Lab |
|--|----------------------------|--------------|---------------------|-----|
| GGT* | | | | QBA |
| GGT | 24 | | 3-50 U/L | |
| The CO2 analysis was performed on an aliquoted specimen. Consequently due to CO2 loss into the atmosphere the result may be artifactually decreased by up to approximately 20 percent. | | | | |
| BC (INCLUDES DIFF-PLT) | | | | QBA |
| WHITE BLOOD CELL COUNT | 6.8 | | 3.8-10.8 THOUS/MCL | |
| RED BLOOD CELL COUNT | 4.27 | | 3.80-5.10 MILL/MCL | |
| HEMOGLOBIN | 13.4 | | 11.7 15.5 G/DL | |
| HEMATOCRIT | 39.5 | | 35.0-45.0 % | |
| MCV | 92 | | 80-100 FL | |
| MCH | 31.3 | | 27-33 PG | |
| MCHC | 33.9 | | 32-36 G/DL | |
| PLATELET COUNT | 302 | | 140-400 THOUS/MCL | |
| RDW | 13.5 | | 11.0-15.0 % | |
| MPV | 8.6 | | 7.5-11.5 FL | |
| ABSOLUTE NEUTROPHILS | 4610 | | 1500-7800 CELLS/MCL | |
| ABSOLUTE LYMPHOCYTES | 1652 | | 850-3900 CELLS/MCL | |
| ABSOLUTE MONOCYTES | 401 | | 200-950 CELLS/MCL | |
| ABSOLUTE EOSINOPHILS | 109 | | 15-550 CELLS/MCL | |
| ABSOLUTE BASOPHILS | 27 | | 0-200 CELLS/MCL | |
| NEUTROPHILS | 67.8 | | % | |
| LYMPHOCYTES | 24.3 | | % | |
| REACTIVE LYMPHOCYTES | 0.0 | | % | |
| MONOCYTES | 5.9 | | % | |
| EOSINOPHILS | 1.6 | | % | |
| BASOPHILS | 0.4 | | % | |
| COMMENT | Platelets appear adequate. | | | |
| HEMOGLOBIN A1C | | | | QBA |
| HEMOGLOBIN A1C | 5.3 | | <6.0 % | |
| COMP METABOLIC PANEL W-eGFR | | | | QBA |
| SODIUM | 140 | | 135-146 mmol/L | |
| POTASSIUM | 4.3 | | 3.5-5.3 mmol/L | |
| CHLORIDE | 109 | | 98-110 mmol/L | |
| CARBON DIOXIDE | | 18 L | 21-33 mEq/L | |
| GLUCOSE | 94 | | 65-99 MG/DL | |
| BUN/CREATININE RATIO | 16.7 | | 6-22 | |

13

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.3100

DOB Age: 36
 GENDER: F

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.

SPECIMEN INFORMATION
 SPECIMEN: QA7015046
 REQUISITION: 687560006994
 LAB REF NO:

ID: 1 3742
 PHONE: (734) 218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 05/01/2007 09:29
 RECEIVED: 05/02/2007 05:15
 REPORTED: 05/02/2007 15:06

| Test Name | In Range | Out of Range | Reference Range | Lab |
|--|----------------------------|--------------|---------------------|-----|
| GGT* | | | | QBA |
| GGT | 24 | | 3-50 U/L | |
| The CO2 analysis was performed on an aliquoted specimen. Consequently due to CO2 loss into the atmosphere the result may be artifactually decreased by up to approximately 20 percent. | | | | |
| BC (INCLUDES DIFF-PLT) | | | | QBA |
| WHITE BLOOD CELL COUNT | 6.8 | | 3.8-10.8 THOUS/MCL | |
| RED BLOOD CELL COUNT | 4.27 | | 3.80-5.10 MILL/MCL | |
| HEMOGLOBIN | 13.4 | | 11.7-15.5 G/DL | |
| HEMATOCRIT | 39.5 | | 35.0-45.0 % | |
| MCV | 92 | | 80-100 FL | |
| MCH | 31.3 | | 27-33 PG | |
| MCHC | 33.9 | | 32-36 G/DL | |
| PLATELET COUNT | 302 | | 140-400 THOUS/MCL | |
| RDW | 13.5 | | 11.0-15.0 % | |
| MPV | 8.6 | | 7.5-11.5 FL | |
| ABSOLUTE NEUTROPHILS | 4610 | | 1500-7800 CELLS/MCL | |
| ABSOLUTE LYMPHOCYTES | 1652 | | 850-3900 CELLS/MCL | |
| ABSOLUTE MONOCYTES | 401 | | 200-950 CELLS/MCL | |
| ABSOLUTE EOSINOPHILS | 109 | | 15-550 CELLS/MCL | |
| ABSOLUTE BASOPHILS | 27 | | 0-200 CELLS/MCL | |
| NEUTROPHILS | 67.8 | | % | |
| LYMPHOCYTES | 24.3 | | % | |
| REACTIVE LYMPHOCYTES | 0.0 | | % | |
| MONOCYTES | 5.9 | | % | |
| EOSINOPHILS | 1.6 | | % | |
| BASOPHILS | 0.4 | | % | |
| COMMENT | Platelets appear adequate. | | | |
| HEMOGLOBIN A1C | | | | QBA |
| HEMOGLOBIN A1C | 5.3 | | <6.0 % | |
| COMP METABOLIC PANEL W-eGFR | | | | QBA |
| SODIUM | 140 | | 135-146 mmol/L | |
| POTASSIUM | 4.3 | | 3.5-5.3 mmol/L | |
| CHLORIDE | 109 | | 98-110 mmol/L | |
| CARBON DIOXIDE | | 18 L | 21-33 mEq/L | |
| GLUCOSE | 94 | | 65-99 MG/DL | |
| BUN/CREATININE RATIO | 16.7 | | 6-22 | |

13

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

DOB

Age: 36

ORDERING PHYSICIAN

RITCHIE SHOEMAKER M.D.

REPORTED: 05/02/2007 15:06

GENDER: F

COLLECTED: 05/01/2007 09:29

ID: 1-3742

| Test Name | In Range | Out of Range | Reference Range | Lab |
|-----------------------------|---|--------------|-------------------------------------|-----|
| COMP METABOLIC PANEL W-eGFR | (Continued) | | | |
| GFR ESTIMATED | >60 | | > or = 60 mL/min/1.73m ² | |
| | For African American patients, please multiply the eGFR provided on the patient's report by 1.21. | | | |
| CALCIUM | 9.3 | | 8.6-10.2 MG/DL | |
| PROTEIN, TOTAL | 7.1 | | 6.2-8.3 G/DL | |
| ALBUMIN | 3.9 | | 3.6-5.1 G/DL | |
| GLOBULIN, CALCULATED | 3.2 | | 2.2-3.9 G/DL | |
| A/G RATIO | 1.2 | | 1.0-2.1 | |
| BILIRUBIN, TOTAL | 0.5 | | 0.2-1.2 MG/DL | |
| AST | 16 | | 10-30 U/L | |
| ALT | 13 | | 6-40 U/L | |
| ALKALINE PHOSPHATASE | 82 | | 33-115 U/L | |

The CO₂ analysis was performed on an aliquoted specimen. Consequently due to CO₂ loss into the atmosphere the result may be artifactually decreased by up to approximately 20 percent.

Performing Laboratory Information:

QBA Quest Diagnostics Incorporated 1901 Sulphur Spring Road Baltimore MD 21227 Laboratory Director: Robert E. L. Smith, M.D.

14

Laboratory Corporation of America

Order Status: Final

Center For Research On Biotoxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000

FASTING: N

| | |
|-----------------------------------|-----------------------------|
| ACCESSION # 121-306-3333-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 36 / 7 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI |
| LAB ORDER # CD- 10118912676 | DRAWN 5/01/2007 8:52 |
| RECEIVED 5/01/2007 | REPORTED 5/04/2007 16:09 |

TESTS ORDERED: LP+LipoEl, C-Reactive Protein, Quant

| Result Name | Normal | Abnormal | Reference Range | Lab |
|---|----------------|----------|-----------------------|-----|
| LP+LipoEl | | | | |
| Cholesterol, Total | 194 | | 100 - 199 mg/dL | 01 |
| Triglycerides | 79 | | 0 - 149 mg/dL | 01 |
| HDL Cholesterol | | 64 H | 40 - 59 mg/dL | 01 |
| Comment | | | | 01 |
| HDL cholesterol values >59 mg/dL are associated with reduced cardiac risk. | | | | |
| VLDL Cholesterol Calc | 16 | | 5 - 40 mg/dL | |
| LDL Cholesterol Calc | | 114 H | 0 - 99 mg/dL | |
| Comment | | | | 01 |
| If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors. | | | | |
| T. Chol/HDL Ratio | 3.0 | | 0.0 - 4.4 ratio units | |
| Estimated CHD Risk | < 0.5 | | 0.0 - 1.0 times avg. | |
| T. Chol/HDL Ratio | | | | |
| Men Women | | | | |
| 1/2 Avg. Risk 3.4 3.3 | | | | |
| Avg. Risk 5.0 4.4 | | | | |
| 2X Avg. Risk 9.6 7.1 | | | | |
| 3X Avg. Risk 23.4 11.0 | | | | |
| The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD. | | | | |
| Lipoprotein Pheno. Classification | Normal Pattern | | | 01 |
| Appearance | Clear | | | |
| Chylomicrons | Absent | | | |
| Beta | Normal | | | |
| Pre-Beta | Normal | | | |
| Alpha | Normal | | | |
| C-Reactive Protein, Quant | | 9.5 H | 0.0 - 4.9 mg/L | 01 |

LAB: 01 RN LabCorp Raritan

DIRECTOR: Irene Isaac V MD

15

Laboratory Corporation of America

Order Status: Final

Center For Research On Blotxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000

FASTING: N

| | |
|--|-----------------------------|
| ACCESSION # 121-306-3226-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 36 / 7 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI |
| LAB ORDER # CD- 10118912677 | DRAWN 5/01/2007 8:52 |
| RECEIVED 5/01/2007 | REPORTED 5/02/2007 16:08 |

TESTS ORDERED: Lyme, Western Blot, Serum

| Result Name | Normal | Abnormal | Reference Range | Lab |
|---------------------------|----------|----------|-----------------|-----|
| Lyme, Western Blot, Serum | | | | |
| LYME AB IGG BY WB: | | | | 01 |
| P93 Ab. | Absent | | | 01 |
| P66 Ab. | Absent | | | 01 |
| P58 Ab. | Absent | | | 01 |
| P45 Ab. | Absent | | | 01 |
| P41 Ab. | | Present | | 01 |
| P39 Ab. | Absent | | | 01 |
| P30 Ab. | Absent | | | 01 |
| P28 Ab. | Absent | | | 01 |
| P23 Ab. | Absent | | | 01 |
| P18 Ab. | Absent | | | 01 |
| Lyme IgG WB Interp. | Negative | | | 01 |

Positive: 5 of the following
 Borrelia-specific bands:
 18, 23, 28, 30, 39, 41, 45, 58,
 66, and 93.

Negative: No bands or banding
 patterns which do not
 meet positive criteria.

| | | | | |
|---------------------|----------|--|--|----|
| Lyme Ab IgM by WB: | | | | 01 |
| P41 Ab. | Absent | | | 01 |
| P39 Ab. | Absent | | | 01 |
| P23 Ab. | Absent | | | 01 |
| Lyme IgM WB Interp. | Negative | | | 01 |

Note: An equivocal or positive EIA result followed by a negative Western Blot result is considered NEGATIVE. An equivocal or positive EIA result followed by a positive Western Blot is considered POSITIVE by the CDC.

Positive: 2 of the following bands: 23, 39 or 41
 Negative: No bands or banding patterns which do not meet positive criteria.

Criteria for positivity are those recommended by CDC/ASTPHLD.
 p23-Osp C, p41=flagellin

16

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

DI: Age: 36
 GENDER: F
 ID: 1-3742
 PHONE: (734) 218-2049

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.
 CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

SPECIMEN INFORMATION
 SPECIMEN: QA7011340
 REQUISITION: 687560006991
 LAB REF NO:

COLLECTED: 05/01/2007 09:27
 RECEIVED: 05/02/2007 03:16
 REPORTED: 05/03/2007 20:22

| Test Name | In Range | Out of Range | Reference Range | Lab |
|---|--|--------------|-----------------|-----|
| CARDIOLIPIN AB (IGG, A, M) CARDIOLIPIN AB (IGG) | | 23 H | <10 GPL U/mL | AM |
| | Reference range: Normal <10 GPL U/mL Equivocal 10-15 GPL U/mL Positive >15 GPL U/mL | | | |
| CARDIOLIPIN AB (IGM) | <10 | | <10 MPL U/mL | |
| | Reference range: Normal <10 MPL U/mL Equivocal 10-15 MPL U/mL Positive >15 MPL U/mL | | | |
| CARDIOLIPIN AB (IGA) | <10 | | <10 APL U/mL | |
| | Reference range: Normal <10 APL U/mL Equivocal 10-15 APL U/mL Positive >15 APL U/mL | | | |
| ANTI-GLIADIN AB (IGA, IGG) GLIADIN AB IGG | | 16 H | <11 U/mL | AM |
| | Reference Range: <11 U/mL Negative 11-17 U/mL Equivocal >17 U/mL Positive | | | |
| GLIADIN AB IGA | 6 | | <11 U/mL | |
| | Reference Range: <11 U/mL Negative 11-17 U/mL Equivocal >17 U/mL Positive | | | |

Performing Laboratory Information:

AM QUEST DIAGNOSTICS NICHOLS INST PTE 14225 Newbrook Drive Chantilly VA 20151

DALE, ELIZABETH L QA7011340

Page 1 End of Report

Laboratory Corporation of America

Order Status: Final

| | |
|--|----------------------------|
| ACCESSION # 121-306-3332-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 36 / 7 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI |
| LAB ORDER # CD- 10118912678 | DRAWN 5/01/2007 8:53 |
| RECEIVED 5/01/2007 | REPORTED 5/05/2007 2:09 |

Center For Research On Biotoxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000

FASTING: N

TESTS ORDERED: Myelin Basic Protein Autoabs

| Result Name | Normal | Abnormal | Reference Range | Lab |
|------------------------------|--------|----------|-----------------|-----|
| Myelin Basic Protein Autoabs | | | | |
| MBP Autoabs | < 10 | | < 10 EIA Units | 01 |

The performance characteristics of this test were established through validation by Specialty Laboratories, and no approval is required by the U.S. Food and Drug Administration (FDA). Specialty Laboratories is regulated under the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") as qualified to perform high complexity clinical testing.

LAB: 01 SL Specialty Laboratories Inc DIRECTOR: Doug Harrington MD
 27027 Tourney Road, Valencia, CA 91355-3903

18

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.241.9100

Age: 36

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.

SPECIMEN INFORMATION
 SPECIMEN: QA7011344
 REQUISITION: 687560006996
 LAB REF NO:

GENDER: F
 ID: 1-3742
 PHONE: (734)218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 05/01/2007 09:30
 RECEIVED: 05/02/2007 03:19
 REPORTED: 05/02/2007 10:16

| Test Name | In Range | Out of Range | Reference Range | Lab |
|----------------------|----------|--------------|-----------------|-----|
| FE*, IBC*, FERRITIN* | | | | QBA |
| IRON | 71 | | 40-175 UG/DL | |
| TIBC | 416 | | 250-450 UG/DL | |
| % SATURATION | 17 | | 15-50 % | |
| UIBC | 345 | | 110-370 UG/DL | |
| FERRITIN | 57 | | 10-154 ng/mL | |

Performing Laboratory Information:

QBA Quest Diagnostics Incorporated 1901 Sulphur Spring Road Baltimore MD 21227 Laboratory Director: Robert R. L. Smith, M.D.

19

Laboratory Corporation of America

Order Status: Final

Center For Research On Biotoxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000

FASTING: N

| | |
|--|-----------------------------|
| ACCESSION # 121-306-4076-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 36 / 7 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI |
| LAB ORDER # CD- 10118912679 | DRAWN 5/01/2007 8:53 |
| RECEIVED 5/02/2007 | REPORTED 5/09/2007 16:09 |

TESTS ORDERED: Plasminogen Act Inhibitor-1

| Result Name | Normal | Abnormal | Reference Range | Lab |
|--|--------|----------|-----------------|-----|
| Plasminogen Act Inhibitor-1 Plasminogen Act Inhibitor-1 | | 3 | 0 - 14 IU/mL | 01 |

LAB: 01 BN LabCorp Burlington
 1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

20

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

Age: 36

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.

SPECIMEN INFORMATION
 SPECIMEN: QA7011328
 REQUISITION: 687560006995
 LAB REF NO:

GENDER: F
 ID: 1-3742
 PHONE: (734)218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 05/01/2007 09:29
 RECEIVED: 05/02/2007 03:03
 REPORTED: 05/08/2007 09:42

| Test Name | In Range | Out of Range | Reference Range | Lab |
|-----------------------------------|---|--------------|-----------------|-----|
| VON WILLEBRAND COMP PANEL APTT | 27 | | 22-36 sec | AM |
| | The therapeutic range for unfractionated heparin therapy is 1.5-2.5 times the mean of the reference interval. In patients in whom there is an apparent heparin resistance, a heparin level by an anti-Xa method is available. | | | |
| FACTOR VIII ACTIVITY | 68 | | 50-180 % | AM |
| | Units are "% of normal". | | | |
| VWF AG | 104 | | >49 % | QBA |
| VWF:RISTOCETIN CO-FACTOR | 75 | | 42-200 % | QBA |
| | Units are "% of normal". | | | |
| VWF:CBA | NT | | | QBA |
| | Test not performed Due to reagent backorder, this assay is unavailable. A resolution date is currently unknown. Please contact Dr. Jeffrey Dlott at 703-802-7259. Units are "% of normal". | | | |
| RATIO (CBA/vw AG) | NT | | | QBA |
| | NT: Not Tested RESULT CANNOT BE CALCULATED Levels below the normal reference interval are consistent with von Willebrand disease. Levels above the upper reference interval are of no known clinical significance. References: 1) Favalor, EJ et. al. Discrimination of von Willebrand's disease (vWD) subtypes: direct comparison of von Willebrand factor: collagen binding assay (vWF:CBA) with monoclonal antibody (MAB) based vWF-capture systems. Thromb. Haemost. 2000;84:541-547. NT: Not Tested | | | |
| VWF AG, MULTIMERIC | see note | | | QBA |
| | All multimers of von Willebrand Factor Antigen are present in normal amounts. Reviewed by Jeffrey S. Dlott, M.D. | | | |
| INTERPRETATION | see note | | | AM |
| | Normal von Willebrand's Evaluation. The following test results are normal. It is noted that the vWF:Ristocetin Activity would add no substantive value. Reviewed by Jeffrey S. Dlott, M.D. | | | |

DALE, ELIZABETH L - QA7011328

Page 1 - Continued on Page 2

UNIVERSITY OF MARYLAND MEDICAL SYSTEM
CLINICAL LABORATORIES
Medical Director: Sanford A. Stass, M.D.
22 South Greene Street
Baltimore, MD 21201
(410) 328-5774

Patient Name: DALE, ELIZABETH
Med. Rec. #: (06399)
Soc. Sec #:
L
DC FEMALE
Physician: NONE SPECIFIED
Copy To: NONE SPECIFIED
NONE SPECIFIED
Patient Phone: ()

MICROBIOLOGY

NASOPHARYNX CULTURE
SOURCE: NASAL SWAB
NASAL SW

ACC# 01-07-124-1488

COLLECTED: 05/03/07 0001
RECEIVED: 05/04/07 1110

-----FINAL REPORT-----

05/07/07 1242

RARE

APHYLOCOCCUS EPIDERMIDIS (STAEPI)

-----SUSCEPTIBILITY REPORTS-----

STAEPI

KB

| | |
|-----------------|----------|
| AMPICILL/SOLBAC | S |
| RIFAMPIN | S |
| CEPHALOTHIN | S |
| CLINDAMYCIN | S |
| ERYTHROMYCIN | R |
| MOXIFLOXACIN | S |
| OXACILLIN | S |
| PENICILLIN | R |
| TETRACYCLINE | S |
| SXT | S |
| VANCOMYCIN | S |
| TIGECYCLINE | NOT TEST |

Handwritten:
E. coli
P. ma

"COLL. TIME" VALUES OF 0001 INDICATES THAT NO COLLECTION TIME WAS PROVIDED.

Handwritten: 22

RITCHIE C. SHOEMAKER, M.D., P.A.
CHRONIC FATIGUE CENTER
500 MARKET STREET
SUITE 102, 103
POCOMOKE, MD 21851
TELEPHONE (410) 957-1550
FAX (410) 957-3930

Here are copies of your recent blood work results.

Please:

Call the office to schedule a phone consultation to discuss these results _____
Call the office to schedule an office visit to discuss the results _____
Copies are for your reference only – no follow-up necessary _____

Comments:

"Not a surprise. Your CTA is terrible."

Thank-you

Laboratory Corporation of America

Order Status: Final

Center For Research On Biotoxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000

FASTING: N

| | |
|--|-----------------------------|
| ACCESSION # 121-306-3949-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID 3742 | AGE GENDER 36 / 7 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI |
| LAB ORDER # CD-10118912674 | DRAWN 5/01/2007 8:51 |
| RECEIVED 5/02/2007 | REPORTED 5/29/2007 11:11 |

TESTS ORDERED: C4a Level, C3a Complement Protein

| Result Name | Normal | Abnormal | Reference Range | Lab |
|--------------------------|--------|----------|-----------------|-----|
| C4a Level | | | | |
| C4a Level | | 10432 H | 0 - 2830 ng/mL | 01 |
| C3a Complement Protein | | | | |
| — C3a Complement Protein | 409 | | 0 - 940 ng/mL | 01 |

LAB: 01 NJ National Jewish Hospital
 1400 Jackson Street, Denver, CO 80206-0000

DIRECTOR: Ron Harbeck DR

Laboratory Corporation of America

Order Status: Final

| | |
|--------------------------------|---------------|
| Center For Research On Biotoxi | |
| Associated illnesses | |
| 500 Market St Ste 102 | |
| Pocomoke, | MD 21851-0000 |
| FASTING: N | |

| | |
|-----------------------------------|-----------------------------|
| ACCESSION # 121-306-3938-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 36 / 7 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI |
| LAB ORDER # CD-10118912672 | DRAWN 5/01/2007 8:50 |
| RECEIVED 5/02/2007 | REPORTED 5/18/2007 16:10 |

TESTS ORDERED: VIP, Plasma, MSH

| Result Name | Normal | Abnormal | Reference Range | Lab |
|---|--------|----------|-------------------|-----|
| VIP, Plasma (VIP is an investigational assay. Clinical application has not been fully defined.) | <10.0 | | 23.0 - 63.0 pg/mL | 01 |
| MSH (Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.) | <8 | | 0 - 40 pg/mL | 01 |

LAB: 01 BN LabCorp Burlington
1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

RITCHIE C. SHOEMAKER, M.D., P.A.
CHRONIC FATIGUE CENTER
500 MARKET STREET
SUITE 102, 103
POCOMOKE, MD 21851
TELEPHONE (410) 957-1550
FAX (410) 957-3930

Here are copies of your recent blood work results.

Please:

Call the office to schedule a phone consultation to discuss these results _____
Call the office to schedule an office visit to discuss the results _____
Copies are for your reference only - no follow-up necessary _____

Comments:

"These labs remain abnormal."

Thank-you

Follow up visit
A month later.

Initial B/W Draw Results

Patient Elizabeth Dale

DOB _____

Date of Blood Draw 6-12-07

| Test | Date Rec'd | Result | Abnormal | Normal Range |
|----------------------------|------------|--------|----------|---|
| HLA (RS) | | | | |
| VIP | | | | 23.0-63.0 pg/ml (Lab Corp) |
| MSH | | | | 35-81 pg/mL |
| Leptin | 6-18-07 | 37.6 | * | M 0.5-13.8 ng/mL F 1.1-27.5 <i>WJL 42</i> |
| ADH | 6-19-07 | <1.0 | * | 1.0-13.3 pg/ml |
| Osmo | 6-18-07 | 313 | * | 280-300 mosmol |
| ACTH | 6-18-07 | 15 | * | 8-37 pg/mL |
| Cortisol | 6-14-07 | 12.0 | | am 4.3-22.4 / pm 3.1-16.7 ug/dL |
| DHEAS | | | | M 59-452 ug/dL F 46-150 |
| Testosterone | | | | M 241-827 ng/dL F 20-55 pre 7-40 post |
| Androstenedione | | | | M 50-250 ng/dL F 47-268 ng/dL |
| CRP | | | | 0.0-4.9 mg/L |
| ESR | | | | 0-30 |
| IL-1B | | | | 0.00-3.73 pg/mL |
| Luminex/ Cytokines | | | | |
| MMP-9 | | | | 85-332 ng/mL |
| PAI-1 | | | | 2-14 IU/mL |
| Lipid Pheno (RS) | | | | |
| CBC | | | | |
| CMP | | | | |
| GGT | | | | 0-65 IU/L |
| Nasal Culture (RS) | | | | |
| VEGF | 6-19-07 | 122 | * | 31-86 pg/mL |
| Erythropoietin | | | | 9.0-19.5 mU/mL |
| Anticardiolipins (RS) | | | | IgA 0-12, IgG 0-10, IgM 0-9 |
| Myelin Basic Protein | | | | EIA units <8 |
| AGA, IgA, IgG (RS) | | | | IgA IgG |
| C3a | | | | <940 ng/ml |
| C4a | 6-27-07 | 76140 | * | <2830 ng/ml |
| IgE | | | | 0-158 IU/mL |
| Lyme WB (RS) | | | | |
| TSH | | | | 0.3-5.0 uIU/mL |
| von Willebrands profile | | | | 50-150 % |
| B-Type Natriuretic Peptide | | | | <80 pg/ml |
| HgB A1C | | | | <6.0% |
| Fe | | | | M 40-190mcg/dL F 35-175mcg/dL |
| TIBC | | | | 250-400mcg/dL |
| Ferritin | | | | M 22-322ng/ml F 10-291ng/ml |
| tTA IgA | 6-14-07 | 1 | | |
| | | | | |
| | | | | |

Laboratory Corporation of America

Order Status: Final

| | |
|--------------------------------|---------------|
| Center For Research On Biotoxi | |
| Associated Illnesses | |
| 500 Market St Ste 102 | |
| Pocomoke, | MD 21851-0000 |
| | |
| FASTING: N | |

| | |
|--|-----------------------------|
| ACCESSION # 163-306-3862-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE,ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 36 / 9 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI 1740272301 |
| LAB ORDER # CD- 10118913225 | DRAWN 6/12/2007 12:58 |
| RECEIVED 6/14/2007 | REPORTED 6/27/2007 11:14 |

TESTS ORDERED: C4a Level

| Result Name | Normal | Abnormal | Reference Range | Lab |
|-------------|--------|----------|-----------------|-----|
| C4a Level | | | | |
| C4a Level | | 76140 H | 0 - 2830 ng/mL | 01 |

LAB: 01 NJ National Jewish Hospital
1400 Jackson Street, Denver, CO 80206-0000

DIRECTOR: Ron Harbeck DR

Laboratory Corporation of America

Order Status: Final

| | |
|--------------------------------|---------------|
| Center For Research On Biotoxi | |
| Associated Illnesses | |
| 500 Market St Ste 102 | |
| Pocomoke, | MD 21851-0000 |
| FASTING: N | |

| | |
|--|----------------------------|
| ACCESSION # 163-306-3863-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 36 / 9 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI 1740272301 |
| LAB ORDER # CD-10118913224 | DRAWN 6/12/2007 12:58 |
| RECEIVED 6/14/2007 | REPORTED 6/16/2007 2:09 |

TESTS ORDERED: ACTH, Plasma

| Result Name | Normal | Abnormal | Reference Range | Lab |
|--------------|--------|----------|-----------------|-----|
| ACTH, Plasma | | <5 L | 6 - 48 pg/mL | 01 |

LAB: 01 RN LabCorp Raritan
69 First Avenue, Raritan, NJ 08869-0000

DIRECTOR: Irene Isaac V MD

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 410.247.9100

DOB: Age: 36
GENDER: F

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.

SPECIMEN INFORMATION
SPECIMEN: QA7470864
REQUISITION: 687560007351
LAB REF NO:

ID: 1-3742
PHONE: (734)218-2049

CLIENT INFORMATION
68756
RITCHIE SHOEMAKER, M.D.
PO BOX 25
POCOMOKE, MD 21851

COLLECTED: 06/12/2007 13:32
RECEIVED: 06/13/2007 02:27
REPORTED: 06/13/2007 14:40

| Test Name | In Range | Out of Range | Reference Range | Lab |
|------------------------|---------------------------|--------------|-----------------|-----|
| CORTISOL, TOTAL, SERUM | | | | QBA |
| CORTISOL, TOTAL, SERUM | 12.0 | | ug/dL | |
| | Morning: 4.3 - 22.4 ug/dL | | | |
| | Evening: 3.1 - 16.7 ug/dL | | | |

Performing Laboratory Information:

QBA Quest Diagnostics Incorporated 1901 Sulphur Spring Road Baltimore MD 21227 Laboratory Director: Robert R. L. Smith, M.D.

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

Age: 36

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.

GENDER: F

CLIENT INFORMATION

SPECIMEN INFORMATION
 SPECIMEN: QA7470870
 REQUISITION: 687560007350
 LAB REF NO:

ID: 1-3742
 PHONE: (734)218-2049

68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 06/12/2007 13:31
 RECEIVED: 06/13/2007 02:30
 REPORTED: 06/19/2007 01:09

| Test Name | In Range | Out of Range | Reference Range | Lab |
|-----------------------------|----------|----------------|-----------------|-----|
| ARGININE VASOPRESSIN | | | | NB |
| ARGININE VASOPRESSIN | | <1.0 | pg/mL | |

Reference Range:
 1.0-13.3
 2.5 pg = 1 uU

This test was developed and its performance characteristics determined by Quest Diagnostics Nichols Institute. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

Performing Laboratory Information:

NB Quest Diagnostics Nichols Institute 33608 Ortega Highway San Juan Capistrano CA 92690

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

Age: 36

ORDERING PHYSICIAN
RITCHIE SHOEMAKER M.D.

SPECIMEN INFORMATION
 SPECIMEN: QA7470869
 REQUISITION: 687560007349
 LAB REF NO:

GENDER: F
 ID: 1-3742
 PHONE: (734)218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 06/12/2007 13:31
 RECEIVED: 06/13/2007 02:29
 REPORTED: 06/16/2007 17:06

| Test Name | In Range | Out of Range | Reference Range | Lab | | | | | | | | | | | | |
|---|----------------|----------------|-----------------|-----|--|------|--------|-------------|----------------|----------------|----------------------|----------------|----------------|--------------------|----------------|----------------|
| OSMOLALITY, SERUM | | | | AM | | | | | | | | | | | | |
| OSMOLALITY, SERUM | | 313 H | 280-300 mOsm | | | | | | | | | | | | | |
| LEPTIN+ | | | | NB | | | | | | | | | | | | |
| LEPTIN | 37.6 | | ng/mL | | | | | | | | | | | | | |
| Reference range for Leptin: Adult Lean Subjects with BMI range of 18-25: Adult Males: 1.2-9.5 ng/mL Adult Females: 4.1-25.0 ng/mL BMI = Body Mass Index = Body weight in kilograms/Height in Meters (exp.2) Pediatric reference ranges: <table border="0" style="margin-left: 40px;"> <tr> <td></td> <td>Male</td> <td>Female</td> </tr> <tr> <td>Prepubertal</td> <td>1.6-10.8 ng/mL</td> <td>1.7-10.6 ng/mL</td> </tr> <tr> <td>Tanner Stages II-III</td> <td>2.1-11.6 ng/mL</td> <td>2.6-11.5 ng/mL</td> </tr> <tr> <td>Tanner Stages IV-V</td> <td>3.4-10.2 ng/mL</td> <td>3.4-13.0 ng/mL</td> </tr> </table> Pediatric reference ranges from Clin Endocrinol (1997) 46:727-733 This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute. This test should not be used for diagnosis without confirmation by other medically established means. | | | | | | Male | Female | Prepubertal | 1.6-10.8 ng/mL | 1.7-10.6 ng/mL | Tanner Stages II-III | 2.1-11.6 ng/mL | 2.6-11.5 ng/mL | Tanner Stages IV-V | 3.4-10.2 ng/mL | 3.4-13.0 ng/mL |
| | Male | Female | | | | | | | | | | | | | | |
| Prepubertal | 1.6-10.8 ng/mL | 1.7-10.6 ng/mL | | | | | | | | | | | | | | |
| Tanner Stages II-III | 2.1-11.6 ng/mL | 2.6-11.5 ng/mL | | | | | | | | | | | | | | |
| Tanner Stages IV-V | 3.4-10.2 ng/mL | 3.4-13.0 ng/mL | | | | | | | | | | | | | | |
| VEGF | | | | NB | | | | | | | | | | | | |
| VEGF | | 122 H | 31-86 pg/mL | | | | | | | | | | | | | |
| This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute. This test should not be used for diagnosis without confirmation by other medically established means. | | | | | | | | | | | | | | | | |

Performing Laboratory Information:

AM QUEST DIAGNOSTICS NICHOLS INSTITUTE 14125 Newbrook Drive Chantilly VA 20151
 NB Quest Diagnostics Nichols Institute 31608 Ortega Highway San Juan Capistrano CA 92675

Printed by Quest 360 AutoReceive on 06/17/07 at 06:00am.

Laboratory Corporation of America

Order Status: Final

| |
|--|
| Center For Research On Biotoxi Associated Illnesses 500 Market St Ste 102 Pocomoke, MD 21851-0000 |
| FASTING: N |

| | |
|--|-----------------------------|
| ACCESSION # 163-306-2962-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 36 / 9 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI 1740272301 |
| LAB ORDER # CD- 10118913226 | DRAWN 6/12/2007 12:59 |
| RECEIVED 6/12/2007 | REPORTED 6/13/2007 16:09 |

TESTS ORDERED: t-Transglutaminase (tTG) IgA

| Result Name | Normal | Abnormal | Reference Range | Lab |
|------------------------------|--------|---------------|-----------------|-----|
| t-Transglutaminase (tTG) IgA | | | | |
| t-Transglutaminase (tTG) IgA | 1 | | 0 - 3 U/mL | 01 |
| | | Negative | 0 - 3 | |
| | | Weak Positive | 4 - 10 | |
| | | Positive | >10 | |

Tissue Transglutaminase (tTG) has been identified as the endomysial antigen. Studies have demonstrated that endomysial IgA antibodies have over 99% specificity for gluten sensitive enteropathy.

LAB: 01 RN LabCorp Raritan
69 First Avenue, Raritan, NJ 08869-0000

DIRECTOR: Irene Isaac V MD

Initial B/W Draw Results

Patient Elizabeth Dale

DOB _____

Date of Blood Draw 9-3-08

| Test | Date Rec'd | Result | Abnormal | Normal Range |
|----------------------------|------------|--------|----------|---------------------------------------|
| HLA (RS) | | | | |
| VIP | 9-11-08 | 210.0 | * | 23.0-63.0 pg/ml (Lab Corp) |
| MSH | 9-15-08 | 28 | * | 35-81 pg/mL |
| Leptin | 9-12-08 | 35.1 | * | M 0.5-13.8 ng/mL F 1.1-27.5 |
| ADH | 9-11-08 | 1.6 | * | 1.0-13.3 pg/ml |
| Osmo | 9-12-08 | 325 | * | 280-300 mosmol |
| ACTH | | | | 8-37 pg/ml |
| Cortisol | | | | am 4.3-22.4 / pm 3.1-16.7 ug/dL |
| DHEAS | | | | M 59-452 ug/dL F 46-150 |
| Testosterone | | | | M 241-827 ng/dL F 20-55 pre 7-40 post |
| Androstenedione | | | | M 50-250 ng/dL F 47-268 ng/dL |
| CRP | | | | 0.0-4.9 mg/L |
| ESR | | | | 0-30 |
| TGF-B1 | | | | |
| MMP-9 | 9-11-08 | 331 | | 85-332 ng/mL |
| PAI-1 | | | | 2-14 IU/mL |
| Lipid Pheno (RS) | | | | |
| CBC | | | | |
| CMP | | | | |
| GGT | 9-5-08 | 25 | | 0-65 IU/L |
| Nasal Culture (RS) | | | | |
| VEGF | 9-12-08 | 61 | | 31-86 pg/mL |
| Erythropoietin | | | | 9.0-19.5 mU/mL |
| Anticardiolipins (RS) | | | | IgA 0-12, IgG 0-10, IgM 0-9 |
| AGA, IgA, IgG (RS) | | | | IgA IgG |
| C3a | | | | <940 ng/ml |
| C4a | 10-2-08 | 8917 | * | <2830 ng/ml |
| IgE | | | | 0-158 IU/mL |
| Lyme WB (RS) | | | | |
| TSH | | | | 0.3-5.0 uIU/mL |
| von Willebrands profile | 9-11-08 | e | | 50-150 % |
| B-Type Natriuretic Peptide | | | | <80 pg/ml |
| HgB A1C | | | | <6.0% |
| Fe | 9-5-08 | 112 | | M 40-190mcg/dL F 35-175mcg/dL |
| TIBC | 9-5-08 | 380 | | 250-400mcg/dL |
| Ferritin | 9-5-08 | 67 | | M 22-322ng/ml F 10-291ng/ml |
| Ucten | 9-8-08 | 520 | | |
| HNA | 9-8-08 | e | | |
| | | | | |
| | | | | |
| | | | | |

This visit was two weeks before leaving Metro Tower.

Laboratory Corporation of America

Order Status: Final

ACCESSION # ACCOUNT #
 247-789-2998-0 19972730

PATIENT NAME

DALE, ELIZABETH L

PATIENT AGE GENDER
 3742 37 / 11 F

PATIENT PHONE # CHART #
 734-218-2049

REFERRING PHYSICIAN NPI
SHOEMAKERR 1740272301

LAB ORDER # DRAWN
CD- 10118917066 9/03/2008 10:28

RECEIVED REPORTED
 9/03/2008 10/02/2008 5:07

Center For Research On Biotoxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000

FASTING: N

TESTS ORDERED: C4a Level, C3a Complement Protein

| Result Name | Normal | Abnormal | Reference Range | Lab |
|------------------------|--------|----------|-----------------|-----|
| C4a Level | | | | |
| C4a Level | | 8917 H | 0 - 2830 ng/mL | 01 |
| C3a Complement Protein | | | | |
| C3a Complement Protein | 197 | | 0 - 940 ng/mL | 01 |

LAB: 01 NJ National Jewish Hospital
 1400 Jackson Street, Denver, CO 80206-0000

DIRECTOR: Ron Harbeck DR

3

Laboratory Corporation of America

Order Status: Final

Center For Research On Biotoxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000

FASTING: N

| | |
|--|-----------------------------|
| ACCESSION # 247-789-2999-0 | ACCOUNT # 19972730 |
| PATIENT NAME DALE, ELIZABETH L | |
| PATIENT ID # 3742 | AGE GENDER 37 / 11 F |
| PATIENT PHONE # 734-218-2049 | CHART # |
| REFERRING PHYSICIAN SHOEMAKERR | NPI 1740272301 |
| LAB ORDER # CD-10118917065 | DRAWN 9/03/2008 10:28 |
| RECEIVED 9/03/2008 | REPORTED 9/12/2008 16:07 |

TESTS ORDERED: VIP, Plasma, MSH

| Result Name | Normal | Abnormal | Reference Range | Lab |
|---|--------|----------|---------------------|-----|
| VIP, Plasma | | <10.0 L | 23.0 - 63.0 pg/mL | 01 |
| (VIP is an investigational assay. Clinical application has not been fully defined.) | | | | |
| MSH | | <8 | 35-81 0-40 pg/mL | 01 |

Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.

LAB: 01 BN LabCorp Burlington
 1447 York Court, Burlington, NC 27215-3361

DIRECTOR: Frank Hancock MD

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

Age: 38

ORDERING PHYSICIAN
SHOEMAKER, RITCHIE

SPECIMEN INFORMATION
 SPECIMEN: HA8031507
 REQUISITION: 687560011955
 LAB REF NO:

GENDER: F
 ID: 1-3742
 PHONE: (734)218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 09/03/2008 10:48
 RECEIVED: 09/04/2008 03:29
 REPORTED: 09/10/2008 17:04

| Test Name | In Range | Out of Range | Reference Range | Lab |
|----------------------|----------|--------------|-----------------|-----|
| ARGININE VASOPRESSIN | | | | NB |
| ARGININE VASOPRESSIN | 1.6 | | pg/mL | |

Reference Range:
 1.0-13.3
 2.5 pg = 1 uU

This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

Performing Laboratory Information:

NB Quest Diagnostics Nichols Institute 23699 Orange Highway San Juan Capistrano, CA 92675

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

Age: 38
 GENDER: F

ORDERING PHYSICIAN
SHOEMAKER, RITCHIE
 CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

SPECIMEN INFORMATION
 SPECIMEN: HA8031506
 REQUISITION: 687560011954
 LAB REF NO:

ID: 1-3742
 PHONE: (734)218-2049

COLLECTED: 09/03/2008 10:48
 RECEIVED: 09/04/2008 03:29
 REPORTED: 09/11/2008 21:07

| Test Name | In Range | Out of Range | Reference Range | Lab |
|--------------------------|----------|--------------|-----------------|-----|
| OSMOLALITY, SERUM | | | | AM |
| OSMOLALITY, SERUM | | 325 H | 280-300 mOsm | |
| LEPTIN+ LEPTIN | 35.1 | | ng/mL | NB |

Reference range for Leptin:
 Adult Lean Subjects with BMI range of 18-25:
 Adult Males: 1.2-9.5 ng/mL
 Adult Females: 4.1-25.0 ng/mL
 BMI = Body Mass Index = Body weight in kilograms/Height
 in Meters (exp.2)
 Pediatric reference ranges:

| | Male | Female |
|----------------------|----------------|----------------|
| Prepubertal | 1.6-10.8 ng/mL | 1.7-10.6 ng/mL |
| Tanner Stages II-III | 2.1-11.6 ng/mL | 2.6-11.5 ng/mL |
| Tanner Stages IV-V | 3.4-10.2 ng/mL | 3.4-13.0 ng/mL |

Pediatric reference ranges from Clin Endocrinol (1997)
 46:727-733

This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.

VEGF+
VEGF

61 31-86 pg/mL

This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.

Performing Laboratory Information:

AM QUEST DIAGNOSTICS NICHOLS INSTITUTE 14219 DOWNEY BLVD DOWNEY, CA 90241
 NB Quest Diagnostics Nichols Institute 14219 Downey Blvd Downey, CA 90241

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 410.247.9100

I Age: 38
GENDER: F

ORDERING PHYSICIAN
SHOEMAKER, RITCHIE

SPECIMEN INFORMATION
SPECIMEN: HA8031515
REQUISITION: 687560011956
LAB REF NO:

ID: 1-3742
PHONE: (734)215-2049

CLIENT INFORMATION
68756
RITCHIE SHOEMAKER, M.D.
PO BOX 25
POCOMOKE, MD 21851

COLLECTED: 09/03/2008 10:49
RECEIVED: 09/04/2008 03:35
REPORTED: 09/09/2008 16:52

| Test Name | In Range | Out of Range | Reference Range | Lab |
|---|---|--------------|-----------------|-----|
| EIA, MATRIX METALLOPROTEINASE-9 MMP-9 (MATRIX METALLOPROTEINASE-9) | | | 85-332 ng/mL | QBA |
| | 331 | | | |
| | (** REFERENCE VALUES **) (This test was performed using a kit that (has not been cleared or approved by the FDA.) (The analytical performance characteristics) (of this test have been determined by Quest) (Diagnostics Baltimore. This test should not) (be used for diagnosis without confirmation) (by other medically established means.) | | | |

Performing Laboratory Information:

QBA Quest Diagnostics Incorporated 1201 Dighten Spring Road Baltimore MD 21147 Laboratory Director: Robert B. L. Smith, M.D.

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

Age: 38

ORDERING PHYSICIAN
SHOEMAKER, RITCHIE

SPECIMEN INFORMATION
 SPECIMEN: HA8031505
 REQUISITION: 687560011959
 LAB REF NO:

GENDER: F
 ID: 1-3742
 PHONE: (734)218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 09/03/2008 11:02
 RECEIVED: 09/04/2008 03:28
 REPORTED: 09/09/2008 08:32

| Test Name | In Range | Out of Range | Reference Range | Lab |
|-----------------------------------|---|--------------|-----------------|-----|
| VON WILLEBRAND COMP PANEL APTT | 31 | | 22-36 sec | AM |
| | The therapeutic range for unfractionated heparin therapy is 1.5-2.5 times the mean of the reference interval. In patients in whom there is an apparent heparin resistance, a heparin level by an anti-Xa method is available. | | | |
| FACTOR VIII ACTIVITY | 72 | | 50-180 % | AM |
| | Units: % of normal | | | |
| VWF AG | 80 | | >49 % | QBA |
| VWF:RISTOCETIN CO-FACTOR | 84 | | 42-200 % | QBA |
| | Units: % of normal | | | |
| VWF AG, MULTIMERIC | see note | | | QBA |
| | All multimers of von Willebrand Factor Antigen are present in normal amounts. Reviewed by Jeffrey S. Diott, M.D. | | | |
| INTERPRETATION | see note | | | AM |
| | Normal von Willebrand Evaluation. | | | |

Performing Laboratory Information:

AM QUEST DIAGNOSTICS NICHOLS INSTITUTE 1415 HAWTHORNE DRIVE CHARLETTA VA 22907
 QBA Quest Diagnostics Incorporated 1301 Solihart Springs Road Baltimore MD 21287 Contact: Director: Robert P. L. Smith, M.D.

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

DC Age: 38
 GENDER: F

ORDERING PHYSICIAN
SHOEMAKER, RITCHIE

SPECIMEN INFORMATION
 SPECIMEN: HA8031516
 REQUISITION: 687560011960
 LAB REF NO:

ID: 1-3742
 PHONE: (734)218-2048

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 09/03/2008 11:02
 RECEIVED: 09/04/2008 03:36
 REPORTED: 09/04/2008 13:01

| Test Name | In Range | Out of Range | Reference Range | Lab |
|-----------|----------|--------------|-----------------|-----|
| GGT* | | | | QBA |
| GGT | 25 | | 3-50 U/L | |

Performing Laboratory Information:

QBA Quest Diagnostics Incorporated 1901 Sulphur Spring Road Baltimore MD 21287 Laboratory Director: Robert R. L. Smith, M.D.

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

| | |
|---------------|--------------|
| REPORT STATUS | Final |
|---------------|--------------|

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

Age: 38

ORDERING PHYSICIAN
SHOEMAKER, RITCHIE

SPECIMEN INFORMATION
 SPECIMEN: HA8031518
 REQUISITION: 687560011957
 LAB REF NO:

GENDER: F
 ID: 1-3742
 PHONE: (734)218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 09/03/2008 10:49
 RECEIVED: 09/04/2008 03:36
 REPORTED: 09/04/2008 22:52

| Test Name | In Range | Out of Range | Reference Range | Lab |
|----------------------|----------|--------------|-----------------|-----|
| FE*, IBC*, FERRITIN* | | | | QBA |
| IRON | 112 | | 40-175 UG/DL | |
| TIBC | 380 | | 250-450 UG/DL | |
| % SATURATION | 29 | | 15-50 % | |
| UIBC | 268 | | 110-370 UG/DL | |
| FERRITIN | 67 | | 10-154 ng/mL | |

Performing Laboratory Information:

QBA Quest Diagnostics Incorporated 1901 Sulphur Spring Road Baltimore MD 21287 Laboratory Director: Robert E. L. Smith, M.D.

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

Age: 38

ORDERING PHYSICIAN
SHOEMAKER, RITCHIE

SPECIMEN INFORMATION
 SPECIMEN: HA8031510
 REQUISITION: 687560011958
 LAB REF NO:

GENDER: F
 ID: 1-3742
 PHONE: (734)219-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 09/03/2008 11:01
 RECEIVED: 09/04/2008 03:32
 REPORTED: 09/07/2008 21:59

| Test Name | In Range | Out of Range | Reference Range | Lab |
|--|---|--------------|-----------------|-----|
| ANA, ANTI-SMOOTH MUSCLE AB ACTIN (SMOOTH MUSCLE) AB (IGG) | <20 | | <20 U | AM |
| | Reference Range: <20 Negative 20-30 Weak Positive >30 High Positive This ELISA assay is based on purified F-Actin IgG antibodies. IgG antibodies to F-Actin are present in approximately: 75% of patients with autoimmune hepatitis type 1; 6% with autoimmune cholangitis, 30% with primary biliary cirrhosis, and 2% of healthy population. | | | |
| ANachoice(TM) SCREEN | Negative | | NEGATIVE | QBA |

Performing Laboratory Information:

AM QUEST DIAGNOSTICS NICHOLS INSTITUTE 14225 Newbrook Drive Chantilly VA 20151
 QBA Quest Diagnostics Incorporated 1901 Sulphur Spring Road Baltimore MD 21117
 Director: Robert P. L. Smith, M.D.

Initial B/W Draw Results

Patient Elizabeth Dale DOB _____
 Date of Blood Draw 10-9-08

| Test | Date Rec'd | Result | Abnormal | Normal Range |
|----------------------------|------------|--------|----------|---------------------------------------|
| HLA (RS) | | | | |
| VIP | | | | 23.0-63.0 pg/ml (Lab Corp) |
| MSH | 10-20-08 | 20 | + | 35-81 pg/mL |
| Leptin | 10-17-08 | 39.3 | + | M 0.5-13.8 ng/mL F 1.1-27.5 |
| ADH | 10-20-08 | 1.7 | | 1.0-13.3 pg/ml |
| Osmo | 10-17-08 | 297 | | 280-300 mosmol |
| ACTH | | | | 8-37 pg/mL |
| Cortisol | | | | am 4.3-22.4 / pm 3.1-16.7 ug/dL |
| DHEAS | | | | M 59-452 ug/dL F 46-150 |
| Testosterone | | | | M 241-827 ng/dL F 20-55 pre 7-40 post |
| Androstenedione | | | | M 50-250 ng/dL F 47-268 ng/dL |
| CRP | | | | 0.0-4.9 mg/L |
| ESR | | | | 0-30 |
| TGF-B1 | | | | |
| MMP-9 | 10-27-08 | 322 | | 85-332 ng/mL |
| PAI-1 | | | | 2-14 IU/mL |
| Lipid Pheno (RS) | | | | |
| CBC | | | | |
| CMP | | | | |
| GGT | | | | 0-65 IU/L |
| Nasal Culture (RS) | | | | |
| VEGF | 10-17-08 | 58 | | 31-86 pg/mL |
| Erythropoietin | | | | 9.0-19.5 mU/mL |
| Anticardiolipins (RS) | | | | IgA 0-12, IgG 0-10, IgM 0-9 |
| AGA, IgA, IgG (RS) | | | | IgA IgG |
| C3a | | | | <940 ng/ml |
| C4a | 10-29-08 | 5992 | | <2830 ng/ml |
| IgE | | | | 0-158 IU/mL |
| Lyme WB (RS) | | | | |
| TSH | | | | 0.3-5.0 uIU/mL |
| von Willebrands profile | 10-17-08 | 0 | | 50-150 % |
| B-Type Natriuretic Peptide | | | | <80 pg/ml |
| HgB A1C | | | | <6.0% |
| Fe | | | | M 40-190mcg/dL F 35-175mcg/dL |
| TIBC | | | | 250-400mcg/dL |
| Ferritin | | | | M 22-322ng/ml F 10-291ng/ml |
| Vitamin D Panel | 10-21-08 | 12 | | |
| | | | | |
| | | | | |
| | | | | |

This visit was just 22 days after leaving Metro Tower. You can already see a difference.

Laboratory Corporation of America



Order Status: Final

ACCESSION # 283-789-5687-0 ACCOUNT # 19972730

PATIENT NAME

DALE, ELIZABETH L

PATIENT ID # 3742 AGE 38 / GENDER F

PATIENT PHONE # 734-218-2049 CHART #

REFERRING PHYSICIAN SHOEMAKERR NPI 1740272301

LAB ORDER # CD-10118917335 DRAWN 10/09/2008 11:37

RECEIVED 10/10/2008 REPORTED 10/29/2008 9:09

Center For Research On Biotoxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000
 FASTING: N

TESTS ORDERED: C4a Level

| Result Name | Normal | Abnormal | Reference Range | Lab |
|-------------|--------|----------|-----------------|-----|
| C4a Level | | 5992 H | 0 - 2830 ng/mL | 01 |

LAB: 01 NJ National Jewish Hospital
 1400 Jackson Street, Denver, CO 80206-0000

DIRECTOR: Ron Harbeck DR

3

Laboratory Corporation of America

Order Status: Final

ACCESSION # 283-789-5688-0 ACCOUNT # 19972730

PATIENT NAME

DALE, ELIZABETH L

PATIENT ID # 3742 AGE 38 / GENDER F

PATIENT PHONE # 734-218-2049 CHART #

REFERRING PHYSICIAN SHOEMAKERR NPI 1740272301

LAB ORDER # CD-10118917334 DRAWN 10/09/2008 11:36

RECEIVED 10/10/2008 REPORTED 10/17/2008 16:07

Center For Research On Biotoxi
 Associated Illnesses
 500 Market St Ste 102
 Pocomoke, MD 21851-0000
 FASTING: N

TESTS ORDERED: MSH

| Result Name | Normal | Abnormal | Reference Range | Lab |
|-------------|--------|----------|---------------------|-----|
| MSH | 20 | | 35-51 0-40 pg/mL | 01 |

Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
 1447 York Court, Burlington, NC 27215-3361

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

I Age: 38
 GENDER: F

ORDERING PHYSICIAN
SHOEMAKER, RITCHIE

SPECIMEN INFORMATION
 SPECIMEN: HA8467127
 REQUISITION: 687560012268
 LAB REF NO:

ID: 1-3742
 PHONE: (734)218-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 10/09/2008 11:55
 RECEIVED: 10/10/2008 02:45
 REPORTED: 10/18/2008 17:04

| Test Name | In Range | Out of Range | Reference Range | Lab |
|----------------------|----------|--------------|-----------------|-----|
| ARGININE VASOPRESSIN | | | | NB |
| ARGININE VASOPRESSIN | 1.7 | | pg/mL | |

Reference Range:
 1.0-13.3
 2.5 pg = 1 uU

This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

Performing Laboratory Information:

NB Quest Diagnostics Nichols Institute 2899 Ortega Highway San Juan Capistrano, CA 92675

Quest on Demand™

DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 410.340.8100

DOB Age: 38
GENDER: F

ORDERING PHYSICIAN
SHOEMAKER, RITCHIE

SPECIMEN INFORMATION
SPECIMEN: HA8466266
REQUISITION: 687560012267
LAB REF NO:

ID: 1-3742
PHONE: (734)218-2049

CLIENT INFORMATION
68756
RITCHIE SHOEMAKER, M.D.
PO BOX 25
POCOMOKE, MD 21851

COLLECTED: 10/09/2008 11:55
RECEIVED: 10/10/2008 02:39
REPORTED: 10/16/2008 17:09

| Test Name | In Range | Out of Range | Reference Range | Lab | | | | | | | | | | | | |
|---|----------------|----------------|-----------------|-----|--|------|--------|-------------|----------------|---------------|----------------------|----------------|----------------|--------------------|----------------|----------------|
| OSMOLALITY, SERUM | | | | AM | | | | | | | | | | | | |
| OSMOLALITY, SERUM | 297 | | 280-300 mOsm | | | | | | | | | | | | | |
| LEPTIN+ | | | | NB | | | | | | | | | | | | |
| LEPTIN | 39.3 | | ng/mL | | | | | | | | | | | | | |
| <p>Reference range for Leptin: Adult Lean Subjects with BMI range of 18-25: Adult Males: 1.2-9.5 ng/mL Adult Females: 4.1-25.0 ng/mL BMI = Body Mass Index = kg/meters-squared Pediatric reference ranges:</p> <table border="1"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Prepubertal</td> <td>1.6-10.8 ng/mL</td> <td>1.7-9.6 ng/mL</td> </tr> <tr> <td>Tanner Stages II-III</td> <td>2.1-11.6 ng/mL</td> <td>2.6-11.5 ng/mL</td> </tr> <tr> <td>Tanner Stages IV-V</td> <td>3.4-10.2 ng/mL</td> <td>3.4-13.0 ng/mL</td> </tr> </tbody> </table> <p>Pediatric reference ranges from Clin Endocrinol (1997) 46:727-733</p> <p>This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.</p> | | | | | | Male | Female | Prepubertal | 1.6-10.8 ng/mL | 1.7-9.6 ng/mL | Tanner Stages II-III | 2.1-11.6 ng/mL | 2.6-11.5 ng/mL | Tanner Stages IV-V | 3.4-10.2 ng/mL | 3.4-13.0 ng/mL |
| | Male | Female | | | | | | | | | | | | | | |
| Prepubertal | 1.6-10.8 ng/mL | 1.7-9.6 ng/mL | | | | | | | | | | | | | | |
| Tanner Stages II-III | 2.1-11.6 ng/mL | 2.6-11.5 ng/mL | | | | | | | | | | | | | | |
| Tanner Stages IV-V | 3.4-10.2 ng/mL | 3.4-13.0 ng/mL | | | | | | | | | | | | | | |
| VEGF+ | | | | NB | | | | | | | | | | | | |
| VEGF | 58 | | 31-86 pg/mL | | | | | | | | | | | | | |
| <p>This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.</p> | | | | | | | | | | | | | | | | |

Performing Laboratory Information:

AM QUEST DIAGNOSTICS INCORPORATED
NB QUEST DIAGNOSTICS INCORPORATED

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9130

Age: 38
 GENDER: F

ORDERING PHYSICIAN
SHOEMAKER, RITCHIE

SPECIMEN INFORMATION
 SPECIMEN: HA8593244
 REQUISITION: 687560012269
 LAB REF NO:

ID: 1-3742
 PHONE: (734)218-2044

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 10/09/2008 11:56
 RECEIVED: 10/21/2008 21:46
 REPORTED: 10/24/2008 15:41

| Test Name | In Range | Out of Range | Reference Range | Lab |
|---|--|--------------|-----------------|-----|
| EIA, MATRIX METALLOPROTEINASE-9 MMP-9 (MATRIX METALLOPROTEINASE-9) | | | 85-332 ng/mL | QBA |
| | 322 | | | |
| | (** REFERENCE VALUES **) | | | |
| | (This test was performed using a kit that | | | |
| | (has not been cleared or approved by the FDA.) | | | |
| | (The analytical performance characteristics | | | |
| | (of this test have been determined by Quest) | | | |
| | (Diagnostics Baltimore. This test should not) | | | |
| | (be used for diagnosis without confirmation) | | | |
| | (by other medically established means.) | | | |

Performing Laboratory Information:

QBA Quest Diagnostics Incorporated 1901 Wright Street, P.O. Box 10000, Pittsburgh, PA 15240-1000, Tel: 412.349.1000, Fax: 412.349.1001, Email: Robert.P.L. Smith, M.D.

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE (301) 267-9100

Age: 38

ORDERING PHYSICIAN
SHOEMAKER, RITCHIE

SPECIMEN INFORMATION
 SPECIMEN: HA8466263
 REQUISITION: 687560012270
 LAB REF NO:

GENDER: F
 ID: 1-3742
 PHONE: (734) 219-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
 PO BOX 25
 POCOMOKE, MD 21851

COLLECTED: 10/09/2008 11:56
 RECEIVED: 10/10/2008 02:37
 REPORTED: 10/17/2008 04:20

| Test Name | In Range | Out of Range | Reference Range | Lab |
|-----------------------------------|---|--------------|-----------------|-----|
| VON WILLEBRAND COMP PANEL APTT | 30 | | 22-34 sec | AM |
| | The therapeutic range for unfractionated heparin therapy is 1.5-2.5 times the mean of the reference interval. In patients in whom there is an apparent heparin resistance, a heparin level by an anti-Xa method is available. | | | |
| FACTOR VIII ACTIVITY | 58 | | 50-180 % | AM |
| | Units: % of normal | | | |
| VWF AG | 93 | | >49 % | QBA |
| VWF:RISTOCETIN CO-FACTOR | 113 | | 42-200 % | QBA |
| | Units: % of normal | | | |
| VWF AG, MULTIMERIC | see note | | | QBA |
| | All multimers of von Willebrand Factor Antigen are present in normal amounts. | | | |
| | von Willebrand Factor Multimer reviewed by Laura A. Werfolk, PhD. and Jeffrey S. Blott, M.D. | | | |
| INTERPRETATION | see note | | | AM |
| | Normal von Willebrand Evaluation | | | |

Performing Laboratory Information:

AM Quest Diagnostics Nichols Institute 1400 Lakeside Drive Parsippany, NJ 07054
 QBA Quest Diagnostics Incorporated 1401 Wilson Springs Road, Pittsboro, NC 27312
 Director: Robert E. L. Smith, M.D.

Quest on Demand™

PATIENT INFORMATION
DALE, ELIZABETH L

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED
 CLIENT SERVICE 410.247.9100

D Age: 38
 GENDER: F

ORDERING PHYSICIAN
SHOEMAKER, RITCHIE

SPECIMEN INFORMATION
 SPECIMEN: HA8466273
 REQUISITION: 687560012271
 LAB REF NO:

ID: 1-3742
 PHONE: (734)219-2049

CLIENT INFORMATION
 68756
 RITCHIE SHOEMAKER, M.D.
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| Test Name | In Range | Out of Range | Reference Range | Lab |
|---------------------------------|----------|--------------|-----------------|-----|
| VITAMIN D, 25-HYDROXY, LC-MS-MS | | | | AM |
| VITAMIN D, 25-HYDROXY, TOTAL | 45 | | 20-100 ng/mL | |
| VITAMIN D, 25-OH, D3 | 45 | | ng/mL | |
| VITAMIN D, 25-OH, D2 | <4 | | ng/mL | |

25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous sources such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL indicative of Vitamin D deficiency while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are >30 ng/mL.

Performing Laboratory Information:

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