

Pradip M. Patel, MD

Medical Officer

U.S. Department of Justice

Federal Bureau of Prisons

Federal Correctional Institution

P.O. Box 38

Fort Dix, New Jersey 08640

December 20, 2011

The Honorable Carolyn N. Lerner

Special Counsel

Office of Special Counsel

1730 M. Street, N. W., Suite 218

Washington, D.C. 20036-4505

Re: OSC File No. DI-11-2110

I have read the report prepared by Mr. Scott Schools, the Associate Deputy Attorney General and I want to mention key points that would explain an important aspect of the bigger picture.

- Of the entire report Mr. Banks left out a crucial part of my testimony (Investigation report Page 4, last paragraph): Mr. Banks during my second interview on 9/14/11 specifically asked if I had submitted or provided a Lab request report to Management and the Warden similar to that provided to Office of Special. At the time I stated no and correctly so. But I informed him that, they knew how to generate the reports. On 9/15/11 I informed him that the report provided to OSC was actually generated by Management not by me. On 9/15/11 I had emailed him the significance of the report initially submitted to OSC. He acknowledged that he had the report I provided to OSC dated 11/5/10. I have provided a detailed description as to the significance of the document below. **(See attached Email-Comments Attachment- CA- 1-Sensitive data may be reviewed only upon Official request thru the Agency/Office of Special Counsel as data has Personal Identifier Information)**

- The report I referenced to Mr. Banks is the Laboratory request report generated on 11/5/10 by HIT Smith and my daily log report.
- The report is very specific. It was generated on 11/5/10. **(11/5/10 Lab Request Report. See attachment 20- Sensitive data may be reviewed only upon Official Request thru the Agency/Office of Special Counsel as data has Personal Identifier Information)** by HIT Smith who is not interviewed in this report. 1) It breaks down the report of patients pending lab collection starting in 2008 till 11/5/10. 2) It is specific to only patients on my caseload. The same report was generated by HIT Smith for Dr. Turner-Foster the same day. She could not find her copy. These reports were generated on that very morning and can be done within seconds and less than a minute. In order to come to these reports first a general report is obtained to understand the scope of the problem. Then they were matched and created for each doctor's caseload. This defines the ability of one to be able to generate lab request reports thru specific categories and organize the report based on due date, doctor ordering the lab, by patient name and register numbers under the pending lab collection category. In conclusion, when you generate the report you are able to understand the scope and magnitude of the problem. Based on the document they went back as far as 8/29/2008 to 11/5/2010.
- Mr. Banks was also informed by me, about this report and my Word daily log document for that day (11/5/10) which is time stamped. It documented that I was tasked by CD Dr. Lopez to work on removing potential duplicate labs (Removing old labs and re-entering new labs requests with extended due dates). He was also provided the documents that show my activities in removing those potential duplicate labs. The Activity report sent to him indicates other encounters that support the activity of appropriately placed new orders or corrected items **(Comments- Attachment CA- 1 pages 2-5. Sensitive data may be reviewed only upon Official request thru the Agency/Office of Special Counsel as data has Personal Identifier Information)**. The possible outcomes of this type of activity would remove the substantiation of labs not being completed timely and a potential liability on the medical provider that removed the outdated lab. Because the medical record would identify the provider who requested the lab and when. It will also identify who discontinued it. Completing Dr. Lopez's request would have indicated that it was the physicians who failed to order labs in a timely manner. In addition management did not provide the administrative time to review all the pending labs until the day the OSC Complaint came to them. This is very crucial as it requires time to review. This has always been an issue, as administrative time was restricted by Management. Based on the sequence of events (from 11/5/10 till 8/16/11 a period of 9 months) even if I had the time to correct and reorder all pending labs from the list of patients given to me, the newly requested labs would still have been delayed hence no change or improvement in the outcomes. The reason I say this is evident in the overall outcome. The duplicates that management refers to are also labs that were indicated in a time frame over a two year period or for monitoring treatment. There are going to be labs that are repeated as in case of Monitoring Diabetes. For example, for Diabetes we will order a HgbA1C

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test which specifies average glucose reading over a 3-4 month period. So in a years' time the test may be ordered 2-4 times depending on the patient. This does not mean that labs are duplicates. Nonetheless even with duplicates in the picture the actual number of patient requiring lab collections remained the same.

- Another concern is if I had provided a report to Management, would it be different than the report they had provided to me? This document proves that I could not provide them a report any different than what they had already provided. The Lab request report 11/5/10 provided to OSC shows that the report was generated with specific level of organization specifically for me. It only provided labs pending collection for my caseload of patients. The same done for Dr. Turner-foster. The fact that they had generated a lab request report of my caseload would be the same as if I had hypothetically provided them a report. This lab request report (11/5/10) is the only tangible evidence that provides proof to the investigation that Management knew precisely how to generate these reports. However it has not been included or referred to by Mr. Banks. They instructed HIT Smith to do so on 11/5/10 with the directive for us to help remove, potential duplicate/ expired/ completed/old labs and request new labs with current due dates if labs were still required clinically. For management to claim they were not aware of the scope of the backlog or the magnitude of labs overdue would be a contradiction of their own activity and instruction.
- With this knowledge it can be deducted that Management was aware of the scope/magnitude of the problem then and beyond that time (11/5/10). As they Dr. Lopez and HSA Baker knew precisely how to monitor the situation. In addition Dr. Turner-Foster and I continued to remind them of labs due. In December, 28, 2010 (see **Comments Attachment CA- 2 page 4**), in January 2011 and again in my meeting with the Warden on 3/3/11. Furthermore I notified AW Sutherland on 7/14/11 that labs were not done on timely basis (see **Comments Attachment CA- 2 page 3- 4**). These are documented and also verbally communicated during limited URC/Health Services meetings.

Some of the dates in my complaint specify exactly what dates Dr. Lopez/HSA Baker was made aware.

- 9/23/10 Written emails as acknowledged by Mr. Banks as written communication that labs were overdue pending collection. (Investigation report Section III page 4 last paragraph of the investigation report.)
- 12/28/10 (**Comments Attachment CA- 2 page 3**) During a URC meeting with Dr. Lopez at the West medical Conference room in the afternoon as Ms. Brewer IOP/IDC (Improvement of Organization Performance/ Infectious Disease Monitor/Coordinator) reported a 53 % Compliance for HIV monitoring of Viral load/treatment (see **attachment 21**). Which was below that expected for National Performance measures which was >80 percent (Not acknowledged in the Final report). I had informed Dr. Lopez that this measure reported by Ms. Brewer indicated that labs are not being collected on a timely basis. This document was provided to OSC and OIA.



Yet, it is not acknowledged in the report. This document also stresses that there was a discussion on labs overdue and the scope of the backlog. Because, I obtained the report later from Ms. Brewer. The only way to be in compliance is to have the proper number of patients tested timely and then it would show if patients with HIV are treated adequately. Though it will not change the outcome of the Final report, I want to point out that neither of the two IOP/ID coordinators was interviewed. Especially Ms. Brewer, she was documenting and monitoring our performance for the National Performance measures that are submitted quarterly to central monitoring IOP/IDC coordinator. They were finally presented on 4/7/11 during a meeting in Core services.

- April 7, 2011 National Performance Measures Committee meeting was held in the Core/Warden's Conference room. The National Performance Measure **(See attachment 32)** provided to OSC/OIA confirms the scope/magnitude and nature of the problem at Fort Dix that supported our concerns. Because these measures required objective lab data, which if they were done timely, it would have shown that performance of FCI Fort Dix Health Services was at par, equal to, or at a greater level than that of other institutions. Because they were not, in the meeting the (Investigation report page 10 2nd to last paragraph) Regional HSA Barbara Cadogan recommended to management that "the clinicians (Physicians, EMT/Pas, and Nurses) assist with collecting labs in an effort to mitigate the delinquencies. She reminded our staff in the past this has been a plan effectively used at FCI Fort Dix." Hence, measures as used in the past other than just looking for a lab tech were required. These measures were provided by me earlier and echoed by the Regional HSA Barbara Cadogan. The reasons being they were the very same measures that were carried out earlier for mass lab draws and Mass DNA collections. Based on the Final report Management refers to these measures as they sometimes worked, did not pan out or did not work due to staff having other duties. But no follow up was provided to show that we were/or not in compliance with National Performance Measures because the labs pending collection grew and were increasing in Backlog. A follow up meeting for the National Performance measures to monitor for correction of the problem would have helped monitor the situation. This was not reported in the report as it was not done. The follow up governing body meetings on 4/29/11 and 7/11/11 only indicate looking for lab techs. No systems check on National Performance measures is noted.

Despite the multiple indicators as to the scope and magnitude of the problem (concerns raised from Doctors, knowledge of Lab request reports generated by HIT Smith on 11/5/10 per management's direct instruction, 12/28/10 Ms. Brewer IOP/IDC's reports of HIV labs not being collected therefore 53 % compliance (27 % lower than the Bureau standard) with National Performance Measures, and on April 7, 2011 a meeting with Regional Medical Director Dr. Manenti and Regional HSA Barbara Cadogan), management in the report, state that they were unaware as to the scope of the problem. Based on their testimony, this may have led Dr. Allen to believe and report the same that "they were not aware of the true magnitude and scope of the problem and their efforts were insufficient to solve it definitively." (Page 9 paragraph 5)



The exclusion of this crucial document, my communication with Mr. Banks and lack of testimonies of HIT Smith and IOP/IDC coordinator Ms. Brewer allows the report to stand as it is. However, the inclusion of this Document, **(11/5/10 Lab Request Report. See attachment 20- Sensitive data may be reviewed only upon Official Request thru the Agency/Office of Special Counsel as data has Personal Identifier Information)**, its significance and the testimonies of the above will require significant changes in testimony provided by all interviewees, management, Dr. Allen and potentially the reviewer's final comments of the report. Had I not saved the report generated by Ms. Smith on 11/5/10 then technically, management can deny and say that they were not aware of the scope and magnitude of the problem. I would have no way to prove that they did. However the other Indicators speak just as loudly. The important aspect about this report is that it indicates how early in the course of events management knew about the labs overdue. Rather than monitoring and improving the situation they let it fall through despite our frequent reminders. This speaks of Gross Mismanagement.

Had Dr. Lopez, HSA Baker and Warden listened to our concerns this problem would never have come to be. The comment I want to convey the most is that we only had the best interests for the Agency in mind. I have done what I was recommended to do in the past by the Assistant Attorney General, when I had attended a Clinical Director/HSA conference at Atlanta, Georgia. She stated clearly and boldly with a pause "Doctors, do not show your AW's and Wardens Blind loyalty when it comes to medical care" as she referred to multiple payouts from lawsuits. I did not intend to harm or hurt the Agency. In fact, it was I that got hurt, with retaliation, loss of my PCAP and Internal Medicine Board Certification pay. The Agency had all the tools in place to prevent this occurrence. It is the Management at Fort Dix and at the Regional level that chose to take the path that led to this problem.

During my final interview with Mr. Banks, he thanked me for making the Agency aware of such problems and that now all functions related to patient care will be reviewed in Program review. I remember specifically that OIA Mr. Banks stating to me that even Program review did not measure this and now it will be implemented for reviewing each institution. He stated at end that I should not accept his report as final but to criticize it as necessary and that he would not take offense to it.

The report acknowledges a time frame Page 13 Phase IV (Completed on October 5, 2011).

It does not acknowledge the retaliatory actions committed under the Management of the Warden Donna Zickefoose, AW Sutherland, HSA Baker, and CD Dr. Lopez under the time frame of August 6th, 2011 till present. On August 6, 2011, as I deeply expressed my concerns of potential repeated retaliation, Mr. Banks from OIA assured me he had spoken to the Warden that no retaliatory measures would be taken or tolerated. He did not report the following. I am not sure how much he was aware of the occurrences of retaliations carried out by Fort Dix Management.

- The complaint filed by the Union based on the "No Fear Act" Under which the Warden, AW Sutherland, Regional HSA Barbara Cadogan, HSA Baker, Executive Assistant, Dr. Lopez, AHSA Eichel and Angrisane on 8/15/11@ 0730 hours cornered and contained Health Services staff in a small EDM room on East compound with a Show of Force and Stating that "FCI Fort Dix Health Services was now under Central office RADAR!!!" When in actuality, it should have been them

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on the "Radar". Have the Wardens at all other institutions acted similarly to their Health Services units, as I am sure Fort Dix is not the only one under Radar? **(Comments Attachment CA-3 page 2-3)**

- Increasing our workload from 8 to 10 patients on 8/17/11, followed by a memo on 10/7/11 **(See Comments Attachment CA-5)** from Dr. Lopez despite the retaliation we faced already switching our patient caseloads on 4/1/11. Now increasing our workload to keep us from staying above water. Also having to provide an update to the AW Sutherland at 1000, 1300, and 1530 hours daily exactly how many patients were seen without having any time available to do anything else. As physicians we are not only responsible for our work but also the MLPs/PA work as we cosign everything they do. In addition we provide consultations for concurrent chronic care visits. On February 11, 2011 and March 3rd, 2011 the Warden expected 8 patients minimum for PCAP and Board certification pay. This was sustained by me since the demand was made. Then on 8/17/11 and 10/7/11 by memo it was raised to 10 as the minimum standard for performance. Till this date despite meeting the goal, the Warden has not reinstated my PCAP or Board certification pay as she stated was the requirement. I made the required goal and maintained it since December 2010. I saw the numbers they required yet still they have held me hostage. Had I spent my past 8 years building a practice I would have had a thriving practice. The practice would have a selling value if I were to leave it and moved on. Here I have only a job but no practice; it does not belong to me. If I were to leave due to the hostile/retaliatory working environment created by management, I would lose it all. With nothing to fall back on. The time of 8 years+ with the BOP and 3 years with the US Air Force, is itself an investment. I have given up peak hours/years of my life in service to the Department of Justice/BOP only to be held hostage by the current Management.
- 8/17/11 AW Sutherland in an angry tone of voice threatened to fire/terminate Dr. Turner-Foster directly at the Union President and other union members. Claiming he has connections in Central Office to do so **(Comments Attachment CA- 3 page 2 Paragraph 4)**. Is this and was this tolerated by the Agency/Attorney General. See attached Formal grievance form. Has the Regional Director/Director of the BOP condoned this type of activity?
- Secret covert actions taken by HSA Baker and CD Lopez in performing Stat (Immediate) CBC lab test on my patient without notifying me, thus wasting government resources for a test unnecessary to be done as a "stat" test. Had they informed or asked me, this test would have been stopped by me. Their hope was to find an abnormal test result assuming that I had failed to take action on a low platelet level and to penalize me as there can be no other motive for the test. Had they talked to me I would have explained the significance of the test and it would not have gone any further. At this point I saw no light at the end of the tunnel except to maintain my endurance in hope of positive outcomes **(Comments Attachment CA-4 Sensitive data may be reviewed only upon Official request thru the Agency/Office of Special Counsel as data has Personal Identifier Information)**

In my opinion I find these actions to be strongly retaliatory and a sense of being set up. Their goal was to make it so difficult and hope that I will fail, eventually quit and leave. If Management felt they were doing the right thing, then why the need to retaliate? If they did nothing wrong, why correct it? Why

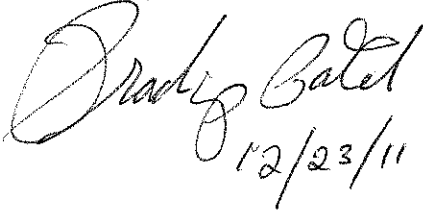


develop corrective and future monitoring measures in place? Were Mr. Banks and Attorney General aware of the actions and reactions of management? Did OIA/Attorney General allow such retaliatory actions to continue in the U.S. Department of Justice?

In Conclusion I want to summarize that based on the Document Lab request report 11/5/10, my testimony and follow up communication in email on 9/15/11 to OIA Mr. Banks, Management was aware of the scope and magnitude of the problem yet failed to take proper action. The omission of this document, its significance and my relative communication to OIA Mr. Banks leads to an inaccurate final report. Because, if knowledge of and reference of this document was made to the Interviewees, Dr. Lopez, HSA Baker, Warden Zickefoose and Dr. Allen would have to change their testimonies from not knowing the scope and Magnitude of the Backlog of overdue labs to Knowing. Ultimately the Final report and the reviewer's comments would have to reflect on it.

I thank you for allowing me to read and comment on this report. It is my sincere hope that you understand that I acted in the best interest of the agency and the patient as a Doctor. I know that the Agency expects this as well. But I must also inform you that I have spent a great deal of time to defend myself and my honor. My family has had to bear a lot of my stress, anxiety and irritability due to this case for which they should never have had to, then, now and in the near future. I also see and fear future retaliation and the stigmata associated with the term of a "Whistleblower". As a United States Air Force Veteran I hold my integrity at a very high level at all times and will continue to do the same in the future no matter what difficulties lie ahead.

Dr. Pradip Patel MD.



Pradip Patel
12/23/11

From: Philip Banks
To: ppatel@bop.gov
Date: 9/15/2011 3:46 PM
Subject: Re: Fwd: BEMR Documentation for labs

Already have it. Thks!

>>> Pradip Patel 9/15/2011 1:44:19 PM >>>
Sir

If you have the packet from OSC you should have a BEMR report copy generated by HIT Smith, Channon on 11/5/10. The name will be printed on the bottom left corner of the document. I will also send it to you once I find it.

>>> Pradip Patel 9/15/2011 10:28 AM >>>
Sir

You asked if I had ever provided a BEMR report to Management that I had provided to OSC. This will prove to you that they knew how to generate such reports and that these reports were generated thru them by HIT Ms. Smith as she had given these reports to us to review. I will provide a copy of these reports later to you when I can scan them and email them.

I remembered today that when I had provided documents to OSC about lab reports pending collection. I had provided labs pending collection reports generated in November 2010 to OSC as proof. on 11/5/10, Management had provided these documents to us thru the medical records technician they instructed. We were instructed to remove duplicate labs and/or to determine which were completed or not required. We had limited time to do so but I have attached my activity report and a case of such.

This is proof of Admin having the ability to generate the Lab pending collection reports as they told us to do. We never had to provide the reports to them they provided these reports to us. They knew exactly how to do this. Ms. Smith was the HIT that had generated the reports as you can tell, the encounter attached involved the removal of labs due on 8/29/2008. Also others on the activity list.

As you can see my Word document is time stamped as well. If you ask HIT Smith she can verify this information. See row number 2 in the word document.

: This email refers to My Conversation with Mr. Banks on 9/14/11 as to providing reports to Management. This email was sent to Mr. Banks in Reference to HIT Smith's report that he acknowledge receipt of on 9/15/11

CA-1

Comments Attachment ①

Sent to Mr Bark
9/15/11
1030

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Via
email

Inmate Name:	Sex: M	Race: WHITE	Reg #:
Date of Birth:	Provider: Patel, Pradip MD	Facility: FTD	Unit: A03
Note Date: 11/05/2010 14:13			

Admin Note encounter performed at Health Services.
Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Patel, Pradip MD
Chart reviewed per administration s request to remove labs pending collection that are already accomplished.

Discontinued Laboratory Requests:

Details	Frequency	End Date	Due Date	Priority
Profile tests-General-Co mprehensive	One Time		01/30/2009 00:00	Routine
Metabolic Profile (CMP)				
Blood tests-U-V-W-X-Y-Z-Uric acid				
Profile tests-General-CB C and WBC				
Differential				

Other:

Labs done on 11-02-09. Labs requested, that were not done, were ordered.

Copay Required: No Cosign Required: No
Telephone/Verbal Order: No

Completed by Patel, Pradip MD on 11/05/2010 14:14

This Document refers to Activity accomplished on 11/5/10
to Discontinue Labs already accomplished or duplicates.

Note these Labs were done on 11-2-09

Sent to Mr Banks
9/15/11
1030
via email

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:		Sex: M	Race: BLACK	Reg #:	
Date of Birth:		Provider: Patel, Pradip MD		Facility: FTD	
Note Date: 11/05/2010 10:30				Unit: A02	

Admin Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Patel, Pradip MD

Chart reviewed per administration s request to remove labs pending collection that are already accomplished.

Discontinued Laboratory Requests:

Details	Frequency	End Date	Due Date	Priority
Profile tests-General Hepatic Profile	One Time		08/29/2008 00:00	Routine

Other:

Labs done on 9-29-08.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Patel, Pradip MD on 11/05/2010 10:32

This Document refers to Activity accomplished on 11/5/10 to Discontinue labs already accomplished or duplicates

Labs due ~~on~~ on 8/29/08 were completed on 9-29-08 so this Lab request was discontinued.

Bureau of Prisons
Health Services
Activities Report

Begin Date: 11/05/2010 End Date: 11/05/2010 Complex: FTD Facility: N/A
Reg #: N/A Inmate Name: N/A Activity: N/A
Provider Type: N/A Scheduled Provider: N/A Act Provider: Patel, Pradip MD
Housing Units: N/A

Date	Time	Reg.#	Inmate Name	Activity	Treating Facility	Current Quarters	Co-Pay	Status	Provider
11/05/2010	13:55			Clinical Encounter	FTD	FTD-C02-041L	N	Completed	Patel, Pradip MD
11/05/2010	09:56			Clinical Encounter	FTD	FTD-C01-062L	N	Unavailable	Patel, Pradip MD
Patient on callout at 0800. Still unavailable due to ongoing institution lockdown. Notified Medical assistant and Medical records. To be rescheduled by Medical records.									
11/05/2010	14:04			Clinical Encounter	FTD	FTD-B03-051L	N	Completed	Patel, Pradip MD
11/05/2010	10:30			Clinical Encounter	FTD	FTD-A02-153L	N	Completed	Patel, Pradip MD
11/05/2010	10:20			Clinical Encounter	FTD	FTD-A02-182L	N	Completed	Patel, Pradip MD
11/05/2010	13:16			Clinical Encounter	FTD	DEV-P02-182L	N	Completed	Patel, Pradip MD
11/05/2010	14:15			Clinical Encounter	FTD	FTD-C03-163L	N	Completed	Patel, Pradip MD
11/05/2010	14:21			Clinical Encounter	FTD	FAI-Z03-208UAD	N	Completed	Patel, Pradip MD
11/05/2010	09:56			Clinical Encounter	FTD	FTD-F02-192L	N	Unavailable	Patel, Pradip MD
Patient on callout at 0800. Still unavailable due to ongoing institution lockdown. Notified Medical assistant and Medical records. To be rescheduled by Medical records.									
11/05/2010	11:13			Clinical Encounter	FTD	FTD-A02-204L	N	Completed	Patel, Pradip MD
11/05/2010	14:13			Clinical Encounter	FTD	FTD-A03-342L	N	Completed	Patel, Pradip MD
11/05/2010	11:56			Clinical Encounter	FTD	FTD-C02-406U	N	Completed	Patel, Pradip MD
11/05/2010	13:18			Clinical Encounter	FTD	FTD-	N	Completed	Patel, Pradip MD
11/05/2010	09:57			Clinical Encounter	FTD	FTD-E02-052L	N	Unavailable	Patel, Pradip MD
Patient on callout at 0800. Still unavailable due to ongoing institution lockdown. Notified Medical assistant and Medical records. To be rescheduled by Medical records.									
11/05/2010	11:38			Clinical Encounter	FTD	CPA-	N	Completed	Patel, Pradip MD
11/05/2010	13:53			Clinical Encounter	FTD	FTD-C01-131L	N	Completed	Patel, Pradip MD
11/05/2010	13:28			Clinical Encounter	FTD	FTD-E01-072L	N	Completed	Patel, Pradip MD
11/05/2010	13:22			Clinical Encounter	FTD	FTD-A01-142L	N	Completed	Patel, Pradip MD
11/05/2010	10:24			Clinical Encounter	FTD	FTD-C02-111L	N	Completed	Patel, Pradip MD
11/05/2010	11:28			Clinical Encounter	FTD	BRO-	N	Completed	Patel, Pradip MD
11/05/2010	11:02			Clinical Encounter	FTD	FTD-B03-332L	N	Completed	Patel, Pradip MD
11/05/2010	11:47			Clinical Encounter	FTD	FTD-A03-042L	N	Completed	Patel, Pradip MD

Generated 09/15/2011 09:48 by Patel, Pradip MD

Bureau of Prisons - FTD

Page 1 of 2

This document refers to charts reviewed for Labs in question as to already accomplished or potential duplicates of patients in HIT Smith's Lab request report on 11/5/10.

Begin Date: 11/05/2010	End Date: 11/05/2010	Complex: FTD	Facility: N/A
Reg #: N/A	Inmate Name: N/A	Activity: N/A	
Provider Type: N/A	Scheduled Provider: N/A	Act Provider: Patel, Pradip MD	
Housing Units: N/A			

Date	Time	Reg.#	Inmate Name	Activity	Treating Facility	Current Quarters	Co-Pay	Status	Provider
11/05/2010	14:33			Clinical Encounter	FTD	FTD-C03-262L	N	Completed	Patel, Pradip MD
11/05/2010	11:52			Clinical Encounter	FTD	FTD-	N	Completed	Patel, Pradip MD
Total: 24									

5/5

Chronic Care/Consultations/other care by Dr. Patel for 9-23-2010. 🎵😊 in EAST Patient's assigned to my PCPT 123AB-000 where AB is 00-49, (CV) =Concurrent visit.

Activities:

2 sick calls plus CCC. Had meeting at 0745-0830 when patients are scheduled at 0800
Just lost an encounter and it did not register any info. Frustrating to loose 15min of work.
Discussed with management that patiens not having lab done prior to their CCC is unacceptable and is a cause for our delay in CCC as we have to make up prior CCC with Abnormal labs follow ups for CCC that were partly completed. All I got was excuses.

Name , #	CE cosign	Cosign/ Referrals by PA's	ECG	Labs/x rays	Consult

CA-2

Comments Attachment (2) 1/4

Chronic Care/Consultations/other care by Dr. Patel for 11-5-2010. 🎵☹️ in EAST Patient's assigned to my PCPT 123AB-000 where AB is 00-49, (CV) = Patient seen with MLP as a Concurrent visit. Concurrent visit.

Activities:

Proceeded to Core as instructed by CD Dr. Lopez to complete Social Climate Survey. In the East Compound back at 0920. Reviewed Picture posted file in LT's office till 0930. Called By Dr. Lopez who assigned us to review for duplicate labs requested in BEMR upon entrance as admin function for the day. Compound is on Lockdown due to death of an inmate under criminal investigation.
Number of labs pending collection to be reviewed as morning assignment 231. May not be reflected on our performance. This activity has to have chart review and admin notes.
This prevents us from doing our regular activity to sign lab, x-ray and consultation reports.
Dr. Lopez called and informed me via telephone that my note on IM who died was well written and above average.
Interrupted by MLP Richardson to help remove a J tube form a patient in UCR 1050-1105.

Co-sign activity name, #	CE cosign	Cosign/ Referrals by PA's	ECG	Labs/x-rays	Consult

Chronic Care/Consultations/other care by Dr. Patel for 12-28-2010. 🎵😊 in EAST Patient's assigned to my PCPT 123AB-000 where AB is 00-49, (CV) = Patient seen with MLP as a Concurrent visit.
Concurrent visit.

Activities:

Came to East side today and handled an emergency Burns. PA did not see the patient, but was sitting in her office doing nothing.
Ruff called Dr. Lopez and then called her to determine plan of action and now its URC time on the East and then I have to go to SHU.
Heading over to the West compound at 1041.
On west side URC started 15 minutes after arrival to the west conf. room. The meeting went on thru lunch and till 1515 hours and then able to make calls to local hospital. Unable to go to SHU to see patients during this time. Dr. Lopez had an open forum on the PCPT concept. She was informed of the meaning of HSA by me and what it entails. I informed her that the PCPT does not exist with all the bureaucracies involved. Therefore it is the responsibility of the HSA to use his/her resources appropriately, ie use of PA's to see CCC and have labs done on time which negate the work we do.

Co-sign activity name, #	CE cosign	Cosign/ Referrals by PA's	ECG	Labs/x-rays	Consult

Chronic Care/Consultations/other care by Dr. Patel for 7-14-2011. Moon East

Patient's assigned to my PCPT 123AB-000 where AB is 50-99, (CV) =Concurrent visit.

Activities:

<p>Today Doctor Lopez asks me to do 770 for an inmate that is Dr. Chung's patient. Despite that fact that I have multiple admin work that needs to be done. Yesterday was a busy day with all the issues brought by MLPs and had very little time to see my own patients and with BEMR breaking down several times.</p>
<p>Most of the labs are being driven by us as they are late and we are seeing them prior to completion of the tests.</p>
<p>0900-0915 After seeing AHSA Angrisane: AW Sutherland came to office and started talking about longterm plan especially as the Bureau has decided to cut one of the staff physicians position. He still wants to be a month ahead of schedule and despite labs not being done he is not worried about that. I mentioned that bloodwork is not being established timely and we are seeing patients without any labwork. I also mentioned about seeing patients ahead of schedule increases visits for follow up as labs need to be discussed and so rather seeing patients more effectively we are seeing them more often. This leads to delay of administrative time which is crucial for physicians. I informed him that I need administrative time and I don't have that. I informed him that as the leaders of the PCPT we are not given the tools and time to do our jobs. He talked about PCPT and that the PA's only have a shift they can pick not where they work and why are they switching docs. I told him they moved doctors around what is the difference. He says it had to do with the numbers. Has that changed in any way. He says he is working on getting our PCAP back in December 2011. I asked why not now? My numbers are ahead and I am seeing increased number of patients. He then talked about 3 types of Government workers. The Doers who get more work, the lazy who pretend to do work and the procrastinators. I told him that the Doctors at the end. The care of a patient ends at the Doctor. The Buck stops at the Doctors as our licenses are always on the line. If anything we are the hardest working here. So why are we punished. I informed him that when labs are not being done patients medical issues are not being timely addressed and that increases the delays for doctors seeing patients timely and especially now that we are increasing our load due to one doctor on longterm sick leave and that his position will not be retained once he completely leaves. This increases the longterm burden on physicians making it impossible for us to prove our worth. It is clear in the staffing Guidelines we are supposed to have a physician for every 1000 patients. Here at FCI FTD we have 46 hundred. We are short of a Doctor.</p>
<p>Today I am scheduled patients that are not due until 7/30/11. Most of them do not have labs.</p>

CA-2 4/4

From: Richard Figueroa
To: Elias, Vicente; Esposito, Steven; Gibb, James; Magallon, Edgardo; Pa...
Date: 10/6/2011 8:20 AM
Subject: GrievHosp.Meet
Attachments: GrievHosp.Meet.pdf

FYI

This was filed with the Regional Director on September 22, 2011. Additionally, I want each of you to start to write and think up ways to address the arbitrator with regard to the emergency which the hospital administrators took against you to come in during the Hurricane. We'll talk about this further later. Thanks.

Richard Figueroa
AFGE Local 2001 President
Po Box 116
Fort Dix, New Jersey 08640
Phone: 609-723-1100 ext. 1499
rfigueroa@afge-2001.org

This Email + Attached Formal Grievance Form refers to the Incident/meeting on 8/15/11 held by Management. The attached form describes the Grievance filed by the Union. on our behalf.

CA-3

Comments Attachment (3)
1/3

MAY 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISON

<p>1. Grievant(s)</p> <p>Hospital Staff AFGE Local 2001</p>	<p>2. Duty Station</p> <p>FCI Fort Dix Po Box 116 Fort Dix, New Jersey 08640</p>
<p>3. Representative of Grievant(s)</p> <p>Richard Figueroa, President</p>	<p>4. Informal resolution attempted with (name Person)</p> <p>Donna Zickefoose, Warden</p>
<p>5. Federal Prison System Directive, Executive Order, or Statute violated:</p> <p>5 USC 7114, 7116 (a) (1), Master Agreement (MA), MA Article 6, 7, 14. The No Fear Act. Due Process.</p>	

6. In what way were each of the above violated? Be specific.

On Monday August 15, 2011, Management held a meeting with hospital personal which included bargaining unit members and management officials. The managers which were present included: Mr. Sutherland, Associate Warden Mr. Jenkins, Executive Assistant Ms. Baker, Hospital Administrator Mr. Eichel and Ms. Angrisane, Assistant Hospital Administrators Dr. Lopez, Clinical Director Ms. Brewer, IOP Mr. Ibe, IOP Coordinator and Ms. Barbara Kadagin, Regional Hospital Administrator. The bargaining unit staff members who were told to be there at this meeting were: Mr. Prapid Patel and Ms. Turner-Foster and Mr. Patel, Physicians Mr. Magallon, E. Richardson, Edward Gostkowski, Mid-Level Practitioners Lynn Johnson, MSN, APN-C, and E. Holt.

According to the bargaining unit staff at the meeting, management officials informed them that "they are now being watched by everyone in the Region and Central Office." They also had "too many duplicate labs that need to be removed from BEMR." They were also told that "after today, they will be getting retrained and that they will be signing a sheet stating that they understand what they are doing completely concerning BEMR, and that it will be placed in their personnel file." They were told that "a review of charts will be conducted, and if there are any issues they will be held accountable." They were also told that "labs that go back as far as 2008, should be taken out because they are so old and should not still be pending." Additionally, the staff were told "once they open the chart, it is all on them and they are accountable for every lab they order so to be mindful not to over order labs." The staff also said that management stated: "it will no longer be a kinder gentler (pointing to Dr. Lopez) if you are not on board and do it the way it supposed to be done after this training then we will assume you just do not want to cooperate."

First of all, management failed to officially notify the Union concerning this formal and prearranged meeting pursuant to 5 USC 7114, and the parties Master Agreement Article 7. Management accused these bargaining unit staff members without cause or insufficient and/or specific references to policy or any medical rule or guideline. As you know, the parties Master Agreement Article 14 section c. 1. a. rating officials must record specific incidents in the performance log within fifteen (15) calendar days of becoming aware of the incident, b. after an entry has been made in the performance log, the employee will be given an opportunity to see the entry as soon as practicable and before the entry is used officially, but no later than fifteen (15) working days after the entry is made. Management failed to do this throughout the employee's tenure. In fact, these individuals were given, at least, a Satisfactory Rating for years. Additionally, Section a. outlines the specifics, and how the employee's performance is designed to "foster good employee morale, strengthen employee-Management relationships, and evaluate work performance based on upon established elements and performance standards." The spirit of this section is to help, train assist and strengthen the employee in his/her position. To see inmates solely on the basis of putting up numbers, fails to take into consideration the obligation that these medical professionals are faced with, medically, ethically, morally and professionally.

On August 17, 2011, Mr. Hal Sutherland came to the union hall and was very upset about the medical staff. Regardless of the labs being completed, they are responsible for seeing 8-10 inmates a day and entering those visits into BEMR. Mr. Sutherland also said that all labs will be completed within 30 days. Mr. Sutherland went on to say that he intends on putting Dr. Turner-Foster on a PIP, and that he has no problem firing her because she has failed to see all of the inmates that she is required to see on a daily basis, and that he already has another Doctor lined up to replace her. Mr. Sutherland said that that the Region and Central Office have confirmed this.

Additionally, the union believes that management violated the "No Fear Act" which was signed by President Bush on May 15, 2002. The bargaining unit members have informed the union that management officials were very upset, intimidating, threatening, lining themselves up against the wall and blocking all entrance/exits. Management officials were also stating "they are not going to lose their jobs over this."

The medical staff has repeatedly said that they just want to do the right thing and provide the inmates with quality care which they are legally entitled too.

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Comments Attachment (3) 2/3

7. Date(s) of violation(s)

August 15, 2011, September 6, 2011

8. Request remedy (i.e., what you want done)

Management must notify the Union in advance of any formal meetings. Management officials reprimanded and trained. Make the bargaining unit staff completely whole. Anything the arbitrator deems appropriate.

9. Person with whom filed

J. L. Norwood

10. Title

Regional Director NERO

11. Signature of recipient

12. Date signed

I hereby certify that efforts at informal resolution have been unsuccessful.

13. Signature of Grievant(s)

14. Signature of Representative

Record Copy - Agency; Copy - Union Local; Copy - Council of Prison Locals; Copy - Grievant

(This form may be replicated via WP)

This form replaces BP-176(37) Dated October 1984.

CA-3

Comments Attachment ③ 3/3

From: Jeffrey Wilk
To: Baker, Michelle
Date: 10/5/2011 5:31 AM
Subject: Re: (Labs)

Completed !

>>> Michelle Baker 10/4/2011 1:20 PM >>>
Please advise if these labs were drawn today.

Michelle Baker, M.Sc.
CDR, U. S. Public Health Service
Health Services Administrator
FCI/FPC Fort Dix, NJ
609.723.1100 ext. 1170
m3baker@bop.gov

These emails and my letter corresponds to the "Secret Covert Actions"
Carried out by Management on 10/4/11. *BB*.

This Email Shows that HSA Baker is ensuring that
Stat Labs are drawn and completed without my knowledge
or confirming with me. *BB*.

Comments Attachment (4)

CA-4

1/6

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:			Reg #:	
Date of Birth:		Sex: M Race: WHITE	Facility:	FTD
Note Date: 09/13/2011 12:47		Provider: Patel, Pradip MD	Unit:	D03

Admin Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider: Patel, Pradip MD**

Labs scanned 9/13/11 reviewed. Will schedule patient for notification.

Schedule:


<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up F/U labs and platelet count of 44	09/20/2011 00:00	Physician 03

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Patel, Pradip MD on 09/13/2011 12:49

This Document shows that I was aware of the concerns for the patient on 9/13/11. I had scheduled pt accordingly on for follow up 9/20/11. 

On October the 4th 2011 During Lunch 1200 or so, Dr Lopez was calling secretly to HIT Ruff and then called for Wilk on Radio. Wilk was called by the HSA and AHSA to do a stat lab on IM. They were informed to do a STAT CBC. HSA Baker was in her office. Later the IM approached me and asked why he was called to do blood test as he had done so already a few weeks ago. He was worried. I informed to just go ahead and do it as it was ordered by the CD. The CD did not approach me nor call me about this case. Mr. Wilk asked me if I had known why and I was confused as to why until I reviewed his last BEMR Notes. I saw that Dr. Lopez had reviewed a Blood test that I had reviewed on 9/13/11 and had scheduled for a follow up on 9/20/11. This was never scheduled and so I had not seen the patient. None the less he was seen for his CCC on 4/2011 by Dr. Chung and not due till 10/10/11 which was close to being scheduled anyway. Dr. Lopez commented on lab with Platelet count of "41 Alert". She then stated in her note that she scheduled the patient the next day. This is done without my knowledge. The HSA and AHSA was aware of this lab as Ms. Angrisane had confirmed with the HSA by saying in her Office with HSA Baker in her office with doors open. I heard Angrisane say "Wilk drew the labs and is leaving now to send it to Labcorp." Confirmed that by HSA "great". Neither one of them came to me and asked if I was aware of this or Okay with it. This meant they were in this together with Dr. Lopez.

The next day Wilk by Baker was asked to make her aware when the test results had arrived. on 10/5/11 I realized he was on callout to see me. I realized what the plan and strategy was. They had conspired together to find a way to attack me for a low platelet count on basis of Patient Safety. The hope on their part was if the Platelet count were to come down even further they could literally pin me down for not ordering a CBC right then when I had reviewed his lab. They were on the offensive to retaliate. Because, they ordered labs without my knowledge on my patient and did not discuss the case with me prior to doing so. They did not realize that I had full knowledge of this case and that I knew what is going on. It proves one point that if you just look at the lab result for face value and not review the case you will not know why the results are the way they are. It takes time to review a chart and previous blood tests results on BEMR or hard copy chart. You have to look for reasons why his platelet count dropped. Not just order another blood test without reviewing the chart. This is exactly what Dr. Lopez, HSA Baker and AHSA Angrisane did. They just looked at a result and ordered a stat lab test wasting Government resources. This is what the Warden gave us a warning about on 8/15/11 that "If you order a lab test that is a duplicate without a reason then I will hold you accountable for wasting resources". Here management has done the wrong yet they will not hold themselves responsible for wasting government resources but they are waiting eagerly to punish us for the same.

This proves that Dr. Lopez and Health Services Management team including the HSA's are creating a hostile/retaliatory environment for staff. How can their motives be justified especially in the Department of Justice? How can anyone accept performance logs from this hostile management as true an unbiased reflection of their performance? These type of actions speaks of their true intent and that is they are biased and hostile. All of their performance logs entries and future logs should be thrown out as any evidence is in the Department of Justice Courts found to be faulty and compromised.

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I knew his Platelet count was not going to fall and if it did it would be in the same range. Because his previous labs were showing low platelets and was diagnosed with ITP. In addition he was on medication Ranitidine an H2 blocker that can lower platelet counts. But I wanted to talk to the patient 1st and get history of his medical problems and what his knowledge base was.

10/6/11 Next day Dr. Lopez did not mention anything nor did the HSAs. Even during the URC meeting she mentioned nothing about this.

The proof of their intent not to communicate with me as the PCPT MD as I was the last person to comment on his labs is this: Had Dr. Lopez or her supervisors, AW Sutherland, Dr. ALLEN Chief of Health Programs or Dr. Manenti Regional Medical Director who brought the abnormal lab into question asked or informed me about this patient they would have realized what my plan would be and then a stat lab test would not be necessary and so unnecessary labs and waste of government resources would have been prevented.

I know Dr. Allen and Dr. Manenti were reviewing all the labs as Barbara Cadogan and Warden mentioned that they would be reviewing all labs normal and abnormal to determine the validity of the requests. Because the Warden mentioned on 8/15/11 0730 that the HSU is under "Central office Radar" and that if we ordered labs that were not necessary then we would be held accountable in addition she stated that if there was a Sentinel event and if we, the providers did not notify management that a lab or test was not done that was due then, we the providers would be held accountable by her and central office.

Dr. Lopez wrote a BEMR entry 10/4/11 ordered a stat lab and scheduled the patient next day secretly without my knowledge. The question is why is she now reviewing labs done 9/13/11 when I had already signed off on them. If she was reviewing them in BEMR there would be a rescan of the labs and her signature. But that is not the case. This is the week both Dr. Allen and Dr. Manenti were present and reviewing all hard copies of labs. That by extrapolation is the conclusion. 2nd question why did she and Dr. Allen/Dr. Manenti not inform me of the case as I was the patient's PCPT MD. For her to enter a BEMR note she can clearly see my note was last before hers? 3rd What is the intention of ordering secretly behind my back? My thought is that they were hopeful that a repeat lab would show a further decline in the patient's platelet count and then attack me for it. Why is HSA Baker and AHSA Angrisane involved as they are not Clinical staff, not even my supervisors? My answer they are just as hostile and retaliatory. Why are they ensuring that the labs are done without my input. Because they too have an invested interest in my downfall and because I would have clearly stopped it. But then again they would have been spared and this malicious intent would not have surfaced. This means that the knowledge of this lab with a low Platelet count was known to everyone in Management even those who are not involved in clinical medicine. As they clearly would not know the clinical significance. Even they hid the information from me. As HSA Baker and AHSA Angrisane were in their offices at the time of this conspiracy across from me on 10/4/11. Not even an email was sent to me for notification.

This is a difficult environment for a professional to be working in. Management and supervisors in the

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Central office included are hostile and retaliatory. How can a physician work in this environment with such stress and be able to function clearly and carryout the mission of the BOP in the Department of Justice. How can I be assured that my performance log entries are accurate when written by a person of poor integrity and bias? Because this has occurred before and I am not comfortable of receiving future log entries from this present management.

She surely must have reviewed the previous note and the labs as they were co-signed by me. Either they do not have adequate knowledge to determine what the labs mean or they were only interested in the potential for a mistake on my part and to get me. Because if they were truly concerned for the patients safety they would have alerted me and have me see the patient to confirm the labs and ensure the patient was okay (check for any bleeding). They did not do so. Because if patient safety was the goal then I should have been told about their concern and patient should have been evaluated.

This goes to show that HSU management is not at all interested in patient safety rather they are interested on how they can retaliate against me for informing the OSC of my complaint of labs not being performed timely as in this case. The labs that were completed for this patient on 9/13/11 were actually requested to be done by 4/27/11. The actions of management are hostile including that of their supervisors as they are knowingly allowing this type behavior. Dr. Lopez had been involved with this type of activity but to know that it is being continued and allowed by her supervisors is unacceptable.

They were eager to get the results but when the results were clearly not what they expected as they are not knowledgeable in the field of medicine. This proves another point should such an individual be holding a leadership position when they do not have an adequate level of knowledge with bias and a hostile nature in the Department of Justice.

Nonetheless I had seen the patient and interviewed him. He was aware of his platelet counts being low. He also had asked what can be done to improve. I had found out that he was taking a medication called Ranitidine (as I had known during my initial chart review). He was taking the medication daily

No trial was done without medication to see if his platelet count would improve per patient.

He was not aware of any trial. He had been taking it for 4 years for Gastro- Esophageal reflux disease (Heartburn). He was not aware of the food trigger for GERD.

RMD Dr. Manenti and Chief HP Dr. Allen are also involved in this as they were here during the week reviewing all abnormal and normal labs as Management had stated during a meeting on 8/15/11 by the

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Warden and by Regional HSA Barbara Cadogan.

Mr. Banks from OIA promised me that no form of retaliation would take place. Management has proved him wrong. Mr. Banks had me sign an affidavit that I did not provide or communicate with an actual report of labs pending collection with management. That I, had only provided it to OSC and not the Warden, HSA Baker or CD Dr. Lopez. In that case I did not have to, they themselves provided the report to me on 11/5/10 generated by HIT Smith under their direction.

How is that the same Management team is able to not communicate with us verbally or in writing about such actions they take in secrecy and not be held liable.

As in any Court when a witness, testimony, Judge or lawyer is found to be non-credible or biased he is removed from the court. I believe as in this case, Management should also be removed as they are biased and have created a hostile working environment. How can any of their performance log entries be viewed as non-biased reports. They are carrying out secret operations behind our back in an offensive to blame us yet when they are caught they are not being held responsible.

Their actions are simply of repetition of their past as they had falsely evaluated my performance to benefit their negative actions toward me. They have always been on an offensive to blame us for their shortfalls. When proven wrong they simply hide and never say a word again.

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U.S. Department of Justice
Federal Bureau of Prisons
Federal Correctional Institution
P.O. Box 38
Fort Dix, New Jersey 08640

October 7, 2011

MEMORANDUM FOR MEDICAL OFFCIERS

FROM: //S//
Abigail Lopez de Lasalle, M.D., Clinical Director
//s//
THRU: Hal Sutherland, Associate Warden
SUBJECT: Overdue Activities and Performance Expectations

As a reminder, please note our Program Statement P6031.01, Patient Care, requires us to:

- Evaluate our Chronic Care Clinic patients on the scheduled date as set forth in BEMR and NOT to exceed 6 months or soon if indicated.
- Evaluate all new arrival Chronic Care Clinic patients within 14 days of arrival to FTD.
- Complete A & O Physicals within 14 days from arrival for all new BOP inmates or for inmates who have been out of BOP custody for greater than 30 days.

These are variables which are monitored daily and reported during our Daily Activity Report (morning Meeting).

The expectation is for each PCPTeam Leader (Physicians) to take ownership over their respective caseload. Ownership means taking action towards problem resolution when problems arise. This does not mean being passive before the issue and assuming that someone else is responsible for making sure that your caseload is in compliance. Taking ownership means showing pride when your team has reached a goal set. Taking ownership as a PCPTeam Leader means taking the time to thank team members who supported the group as the group reached their goal. The goals have been set for you by Program Statement 6031.01.

Each PCPTeam Leader is responsible compliance with Program Statement 6031.01. This is part of your performance expectations. You are evaluated based on the patient contact

hours, your clinical management and also your ability to manage your caseload to ensure compliance of that Program Statement.

In an effort to assist you to stay current and in compliance, please note the following processes are in place:

- You are **accountable for 100% of your call out.**
- You are expected to **evaluate a minimum of 10 patients per day.**
- You are provided with **daily updates** concerning overdue patient contact needs such as routine CCC, 14 day initial CCC, A & O History, and pending sick calls.

The **GOAL** is clear; we aim for **100% compliance at all times.**

The **modality** is also clear; we are expected to **take ownership** over our caseloads.

The **strategy** is NOW being set: we aim to be **2 weeks ahead of our schedule BEMR activities.** In this way we can reasonably recuperate should we have to adjust or adapt any staffing shortage and or any other unit issue.

Our HIT will continue to coordinate our activities. Please continue to extend the courtesy of verbal communications when you note your patient is not available. They are tasked with assisting you to locate your patients so that you can complete your evaluations in a timely manner. Further, and very importantly, if the patient is present, evaluate the patient, try NOT to reschedule. When we make the HIT reschedule, we make their jobs that much more challenging.

IMPORTANT REMINDER: Please make sure to order ONLY labs/clinical activities which are clinically indicated and have been justified in your note. Further, make sure you are following up on all your abnormal results. Finally, as you oversee the activities in your PCPTeam (co-signatures), ensure your team members are adhering to ordering ONLY clinically indicated activities.

If you observe an improper ordering practice, please bring this to my attention and I will assist you to address and correct the issue. Remember, as a PCPTeam Leader, improper ordering of clinical activities ultimately reflects upon you.

Thank you for your anticipated cooperation.

**Bureau of Prisons
Health Services
Lab Request Report**

✓ = Reported Reviewed
Highlighted =
Crossed out = Removed

Complex: FTD Facility: FTD-FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
08/29/2008			Profile tests-General-CBC and WBC Differential, Profile tests-General-Complete blood count (CBC), Profile tests-General-Lipid Profile, Blood tests-t-Thyroid Stimulating Hormone (TSH), Profile tests-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
08/29/2008			Profile tests-General-Hepatic Profile	Patel, Pradip MD	FTD	Pending Collection
08/29/2008			Profile tests-General-Hepatic Profile	Patel, Pradip MD	FTD	Pending Collection
08/29/2008			Profile tests-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
08/29/2008			Profile tests-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
10/03/2008			Profile tests-General-CBC and WBC Differential, Profile tests-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, Profile tests-General-Lipid Profile, Urine tests-General-Microalbumin, random, Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
11/25/2008			Profile tests-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, Profile tests-General-Lipid Profile, Urine tests-General-Microalbumin, random, Profile tests-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
11/28/2008			Profile tests-General-Basic Metabolic Profile (BMP), Profile tests-General-Hepatic Profile	Patel, Pradip MD	FTD	Pending Collection
11/28/2008			Profile tests-General-CBC and WBC Differential, Profile tests-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, Profile tests-General-Lipid Profile, Urine tests-General-Microalbumin, random, Blood tests-o-p-Prostate Specific Antigen (PSA), Profile tests-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
11/28/2008			Profile tests-General-Hepatic Profile, Blood tests-h-Hepatitis A IgM antibody, Blood tests-h-Hepatitis A Total antibody, Blood tests-h-Hepatitis B core-IgM antibody, Blood tests-h-Hepatitis B core Total antibody, Blood tests-h-Hepatitis B surface antibody, Blood tests-h-Hepatitis B surface antibody titer, Blood tests-h-Hepatitis B surface antigen, Blood tests-h-Hepatitis C antibody	Patel, Pradip MD	FTD	Pending Collection

HIT Smiths Report (Attachment 20)

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
12/26/2008			Blood tests-c-Creatinine, Stool tests-General-Fecal Occult Blood Test, Blood tests-h-Hematocrit, Blood tests-h-Hemoglobin, Blood tests-o-p-Potassium	Patel, Pradip MD	FTD	Pending Collection
12/31/2008			Blood tests-a-AFP, 4 marker screen, Profile tests-General-CBC and WBC Differential, Profile tests-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, Profile tests-General-Hepatic Profile, Blood tests-h-Hepatitis B surface antibody titer, Blood tests-h-Hepatitis B surface antigen, Blood tests-h-Hepatitis B viral DNA, quant, Profile tests-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
01/30/2009			Profile tests-General-CBC and WBC Differential, Profile tests-General-Comprehensive Metabolic Profile (CMP), Blood tests-h-Helicobacter pylori IgG antibody, Profile tests-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
01/30/2009			Profile tests-General-CBC and WBC Differential, Profile tests-General-Comprehensive Metabolic Profile (CMP), Blood tests-u-v-w-x-y-z-Uric acid	Patel, Pradip MD	FTD	Pending Collection
02/27/2009			Profile tests-General-CBC and WBC Differential, Profile tests-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, Blood tests-o-p-Prostate Specific Antigen (PSA), Profile tests-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
02/27/2009			Profile tests-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
05/21/2009			Profile tests-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
05/25/2009			Profile tests-General-CBC and WBC Differential, Profile tests-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, Profile tests-General-Lipid Profile, Profile tests-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/11/2009			Profile tests-General-CBC (Complete Blood Count), Profile tests-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, Profile tests-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), Profile tests-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/19/2009			_Chronic Care Clinics-Cardiac-Complete Blood Count (CBC), _Chronic Care Clinics-Cardiac-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Cardiac-Lipid Profile, _Chronic Care Clinics-Cardiac-Thyroid	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
			Stimulating Hormone (TSH)			
06/30/2009			Blood tests-c-Chlamydia/neisseria NAT, Blood tests-q-r-s-RPR	Patel, Pradip MD	FTD	Pending Collection
07/31/2009			Blood tests-c-C-peptide, _Chronic Care Clinics-Diabetic-Glucose, _Chronic Care Clinics-Diabetic-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
01/18/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Hypertension-Lipid Profile, Urine tests-General-Microalbumin, random, _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
02/26/2010			_Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-h-Hepatitis A IgM antibody, Blood tests-h-Hepatitis B core IgM antibody, Blood tests-h-Hepatitis B surface antibody, Blood tests-h-Hepatitis B surface antibody titer, Blood tests-h-Hepatitis C antibody, Blood tests-h-HIV-1 antibody	Patel, Pradip MD	FTD	Pending Collection
03/19/2010			_Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-c-Creatine kinase	Patel, Pradip MD	FTD	Pending Collection
03/25/2010			Stool tests-General-Fecal Occult Blood Test	Patel, Pradip MD	FTD	Pending Collection
04/12/2010			_Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
04/16/2010			_Chronic Care Clinics-Infectious Disease-Complete Blood Count (CBC), _Chronic Care Clinics-Infectious Disease-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Glycated hemoglobin, Blood tests-h-Hepatitis B viral DNA, quant, _Chronic Care Clinics-Infectious Disease-Lipid Profile, _Chronic Care Clinics-Infectious Disease-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
04/19/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-Genieral-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
04/23/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
04/26/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
04/27/2010			_Chronic Care Clinics-Endocrine/Lipid-Complete Blood Count (CBC), _Chronic Care Clinics-Endocrine/Lipid-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Endocrine/Lipid-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
04/29/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), Blood tests-u-v-w-x-y-z-Uric acid, _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
05/03/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
05/03/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
05/07/2010			_Chronic Care Clinics-Endocrine/Lipid-Complete Blood Count (CBC), _Chronic Care Clinics-Endocrine/Lipid-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Endocrine/Lipid-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
05/07/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-Hypertension-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
05/10/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, Blood tests-h-HIV-1 antibody, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
05/14/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-Hypertension-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
05/28/2010			_Chronic Care Clinics-Infectious Disease-Complete Blood Count (CBC), _Chronic Care Clinics-Infectious Disease-Comprehensive Metabolic Profile (CMP), Blood tests-h-Hepatitis B surface antibody, Blood tests-h-Hepatitis B surface antigen	Patel, Pradip MD	FTD	Pending Collection
05/28/2010			_Chronic Care Clinics-Mental Health-Complete Blood Count (CBC), _Chronic Care Clinics-Mental Health-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Mental Health-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
06/01/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/01/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD

Facility: FTD-FORT DIX FCI

Reg #: N/A

Begin Date: 01/01/2008

End Date: 11/05/2010

Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
06/01/2010			Profile tests-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/02/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Free T4, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
06/04/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Hypertension-Lipid Profile, _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/04/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, Blood tests-g-Glycated hemoglobin, _Chronic Care Clinics-Hypertension-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/07/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
06/07/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test	Patel, Pradip MD	FTD	Pending Collection
06/07/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-Hypertension-Lipid Profile, _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/07/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Hypertension-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/09/2010			_Chronic Care Clinics-General-Complete Blood Count	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD-FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
			(CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)			
06/11/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-d-e-f-Epstein barr antibody, _Chronic Care Clinics-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
06/11/2010			Blood tests-a-Aldosterone, serum, _Chronic Care Clinics-General-Complete Blood Count (CBC)/Diff, _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-c-Cortisol, _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), Blood tests-q-r-s-Renin activity, plasma, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
06/14/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/18/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-Hypertension-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/18/2010			_Chronic Care Clinics-Diabetic-Glucose, _Chronic Care Clinics-Diabetic-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
06/18/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test	Patel, Pradip MD	FTD	Pending Collection
06/22/2010			_Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-h-Helicobacter pylori IgG antibody, _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD-FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
06/22/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, Blood tests-h-HIV-1 antibody, _Chronic Care Clinics-Hypertension-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/24/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/25/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
06/28/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/28/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
06/28/2010			_Chronic Care Clinics-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
06/28/2010			_Chronic Care Clinics-Diabetic-Glucose, _Chronic Care Clinics-Diabetic-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
06/29/2010			_Chronic Care Clinics-General-Complete Blood Count	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
			(CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-Infectious Disease-Hepatitis C viral load, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis, _Chronic Care Clinics-General-Vitamin B12			
06/30/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-Hypertension-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/01/2010			_Chronic Care Clinics-Infectious Disease-Complete Blood Count (CBC), _Chronic Care Clinics-Infectious Disease-Comprehensive Metabolic Profile (CMP), Blood tests-h-Hepatitis A IgM antibody, Blood tests-h-Hepatitis B surface antibody, Blood tests-h-Hepatitis B surface antigen, Blood tests-h-Hepatitis C antibody, _Chronic Care Clinics-Infectious Disease-HIV-1 antibody	Patel, Pradip MD	FTD	Pending Collection
07/01/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/02/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/05/2010			Profile tests-General-Comprehensive Metabolic Profile (CMP), Profile tests-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/06/2010			_Chronic Care Clinics-Infectious Disease-Complete Blood Count (CBC), _Chronic Care Clinics-Infectious Disease-Comprehensive Metabolic Profile (CMP), Stool	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
07/08/2010			tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-Infectious Disease-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-Infectious Disease-Thyroid Stimulating Hormone (TSH) _Chronic Care Clinics-Mental Health-Complete Blood Count (CBC), _Chronic Care Clinics-Mental Health-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Mental Health-Lipid Profile, _Chronic Care Clinics-Mental Health-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
07/08/2010			_Chronic Care Clinics-Gastrointestinal-Complete Blood Count (CBC)	Patel, Pradip MD	FTD	Pending Collection
07/08/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/08/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/13/2010			_Chronic Care Clinics-Diabetic-Complete Blood Count (CBC), _Chronic Care Clinics-Diabetic-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Diabetic-Glycated hemoglobin, _Chronic Care Clinics-Diabetic-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/13/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
07/14/2010			_Chronic Care Clinics-Diabetic-Complete Blood Count (CBC), _Chronic Care Clinics-Diabetic-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Diabetic-Glycated hemoglobin, _Chronic Care Clinics-Diabetic-Lipid Profile, _Chronic Care Clinics-Diabetic-Microalbumin-random (urine), _Chronic Care Clinics-Diabetic-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/14/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/17/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-HDL, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/21/2010			_Chronic Care Clinics-Diabetic-Complete Blood Count (CBC), _Chronic Care Clinics-Diabetic-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-Diabetic-Glycated hemoglobin, _Chronic Care Clinics-Diabetic-Lipid Profile, _Chronic Care Clinics-Diabetic-Microalbumin-random (urine), _Chronic Care Clinics-Diabetic-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/23/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Hypertension-Lipid Profile, _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/23/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
07/26/2010			Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis _Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/27/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
07/30/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
07/30/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-h-Hepatitis B core IgM antibody, Blood tests-h-Hepatitis B surface antibody, Blood tests-h-Hepatitis C antibody, Blood tests-h-HIV-1 antibody, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
07/30/2010			Profile tests-General-CBC (Complete Blood Count), Blood tests-d-e-f-Ferritin, Blood tests-t-Transferrin	Patel, Pradip MD	FTD	Pending Collection
07/30/2010			Blood tests-d-e-f-Erythrocyte Sedimentation Rate (ESR), Stool tests-General-Fecal Occult Blood Test, Blood tests-h-Helicobacter pylori IgG antibody, Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
08/02/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Hypertension-Lipid Profile, _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
08/02/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glucose, _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
08/02/2010			_Chronic Care Clinics-General-Glucose, _Chronic Care Clinics-General-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
08/04/2010			_Chronic Care Clinics-Endocrine/Lipid-Complete Blood Count (CBC), _Chronic Care Clinics-Endocrine/Lipid-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Endocrine/Lipid-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
08/06/2010			_Chronic Care Clinics-Diabetic-Complete Blood Count (CBC), _Chronic Care Clinics-Diabetic-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Diabetic-Glucose, _Chronic Care Clinics-Diabetic-Glycated hemoglobin, _Chronic Care Clinics-Diabetic-Lipid Profile, _Chronic Care Clinics-Diabetic-Microalbumin-random (urine), _Chronic Care Clinics-Diabetic-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-Diabetic-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
08/06/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-Hypertension-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
08/09/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
08/09/2010			_Chronic Care Clinics-General-Glucose, _Chronic Care Clinics-General-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
08/09/2010			_Chronic Care Clinics-General-Glucose, _Chronic Care Clinics-General-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
08/10/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP)	Patel, Pradip MD	FTD	Pending Collection
08/12/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
08/13/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
08/13/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
08/13/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
08/17/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
08/18/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Hypertension-Lipid Profile, Blood tests-o-p-	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD	Facility: FTD-FORT DIX FCI	Reg #: N/A	Begin Date: 01/01/2008	End Date: 11/05/2010		
Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03						
Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status

08/19/2010			Prostate Specific Antigen (PSA), _Chronic Care Clinics-Hypertension-Urinalysis _Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
08/19/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
08/19/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
08/20/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
08/23/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-h-HIV-1 antibody, _Chronic Care Clinics-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
08/23/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
08/23/2010			Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
08/24/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, Blood tests-h-Helicobacter pylori IgG antibody, _Chronic Care Clinics-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
08/25/2010			_Chronic Care Clinics-Diabetic-Glucose, _Chronic Care Clinics-Diabetic-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
08/25/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
08/25/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-INR, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
08/26/2010			_Chronic Care Clinics-Diabetic-Glucose, _Chronic Care Clinics-Diabetic-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
08/26/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Hypertension-Lipid Profile, _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
08/26/2010			Blood tests-o-p-Prolactin, Blood tests-t-T3, Free, Blood tests-t-T4, Free, Blood tests-t-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
09/10/2010			_Chronic Care Clinics-General-Complete Blood Count	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD	Facility: FTD--FORT DIX FCI	Reg #: N/A	Begin Date: 01/01/2008	End Date: 11/05/2010		
Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03						
Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status

			(CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis			
09/13/2010			_Chronic Care Clinics-Infectious Disease-Complete Blood Count (CBC), _Chronic Care Clinics-Infectious Disease-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Infectious Disease-Hepatitis C genotype, _Chronic Care Clinics-Infectious Disease-Hepatitis C viral load, _Chronic Care Clinics-Infectious Disease-INR, _Chronic Care Clinics-Infectious Disease-Lipid Profile, _Chronic Care Clinics-Infectious Disease-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
09/13/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
09/13/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
09/14/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
09/15/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive	Patel, Pradip MD	FTD	Pending Collection

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 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
09/16/2010			Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Urinalysis _Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
09/16/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
09/16/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
09/17/2010			_Chronic Care Clinics-General-Glucose, _Chronic Care Clinics-General-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
09/18/2010			_Chronic Care Clinics-Diabetic-Glucose, _Chronic Care Clinics-Diabetic-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
09/20/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
09/20/2010			Blood tests-c-Creatine kinase, Blood tests-c-Creatinine	Patel, Pradip MD	FTD	Pending Collection
09/20/2010			Blood tests-h-Hepatitis B core Total antibody, Blood tests-h-Hepatitis B surface antibody, Blood tests-h-Hepatitis B surface antigen, Blood tests-h-Hepatitis C antibody, _Chronic Care Clinics-Infectious Disease-HIV-1 antibody	Patel, Pradip MD	FTD	Pending Collection
09/23/2010			_Chronic Care Clinics-General-Complete Blood Count	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD-FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
09/23/2010			(CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP) Blood tests-a-AFP, 4 marker screen, _Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-h-Hepatitis A Total antibody, Blood tests-h-Hepatitis B core Total antibody, Blood tests-h-Hepatitis B surface antibody, Blood tests-h-Hepatitis B surface antigen, Blood tests-h-Hepatitis C antibody, Blood tests-h-HIV-1 antibody, _Chronic Care Clinics-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
09/23/2010			_Chronic Care Clinics-Infectious Disease-CD4 count, _Chronic Care Clinics-Infectious Disease-Complete Blood Count (CBC), _Chronic Care Clinics-Infectious Disease-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Infectious Disease-HIV-1 viral load	Patel, Pradip MD	FTD	Pending Collection
09/24/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
09/24/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
09/24/2010			_Chronic Care Clinics-Infectious Disease-Complete Blood Count (CBC), _Chronic Care Clinics-Infectious Disease-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Infectious Disease-HIV-1 antibody, Blood tests-q-r-s-RPR	Patel, Pradip MD	FTD	Pending Collection
09/24/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-INR, _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
09/27/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
09/27/2010			Blood tests-t-T4, Free, Blood tests-t-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
09/28/2010			Blood tests-a-Angiotensin converting enzyme, Blood tests-c-Calcium, _Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
09/30/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Hypertension-Lipid Profile, _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
09/30/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-h-Hepatitis A Total antibody, Blood tests-h-Hepatitis B core IgM antibody, Blood tests-h-Hepatitis B surface antibody, Blood tests-h-Hepatitis B surface antigen, Blood tests-h-Hepatitis C antibody, Blood tests-h-HIV-1 antibody, Blood tests-i-j-Iron, _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
09/30/2010			_Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP)	Patel, Pradip MD	FTD	Pending Collection
09/30/2010			_Chronic Care Clinics-Diabetic-Glucose, _Chronic Care Clinics-Diabetic-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
09/30/2010			Blood tests-c-Chlamydia antibody, _Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-h-HIV-1 antibody, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-q-r-s-RPR, Blood tests-q-r-s-RPR titer, _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
10/01/2010	06713-028	COLVIN, AUGUSTA	Blood tests-c-C-peptide, _Chronic Care Clinics-General-	Patel, Pradip MD	FTD	Pending Collection

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 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
10/04/2010			Glucose, _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
10/04/2010			Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
10/04/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Complete Blood Count (CBC)/Diff, _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
10/04/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
10/05/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC)/Diff, _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
10/06/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
10/06/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, Blood tests-k-l-m-n-Lithium, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
10/08/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
10/08/2010			(PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis _Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
10/10/2010			_Chronic Care Clinics-Diabetic-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
10/11/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Hypertension-Lipid Profile, _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
10/11/2010			Profile tests-General-CBC (Complete Blood Count), Profile tests-General-Comprehensive Metabolic Profile (CMP), Blood tests-h-Helicobacter pylori IgG antibody, Blood tests-h-Hepatitis C antibody, NAT, Blood tests-h-HIV-1 antibody, Profile tests-General-Lipid Profile, Blood tests-q-r-s-Syphilis, antibody, IgG	Patel, Pradip MD	FTD	Pending Collection
10/11/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (Free)	Patel, Pradip MD	FTD	Pending Collection
10/13/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
10/13/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP)	Patel, Pradip MD	FTD	Pending Collection
10/13/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
10/13/2010	41349-050	KNIGHTON, CHARLES	Blood tests-g-Glucose, Blood tests-g-Glycated	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
			hemoglobin			
10/13/2010			Blood tests-o-p-Potassium	Patel, Pradip MD	FTD	Pending Collection
10/15/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
10/18/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
10/19/2010			Blood tests-h-Hepatitis A Total antibody, Blood tests-h-Hepatitis B core IgM antibody, Blood tests-h-Hepatitis B core Total antibody, Blood tests-h-Hepatitis B surface antibody, Blood tests-h-Hepatitis B surface antigen, Blood tests-h-Hepatitis C antibody, Blood tests-h-HIV-1 antibody, Blood tests-q-r-s-Syphilis, antibody, IgG	Patel, Pradip MD	FTD	Pending Collection
10/20/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP)	Patel, Pradip MD	FTD	Pending Collection
10/20/2010			Blood tests-c-C-reactive protein, _Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis, Blood tests-u-v-w-x-y-z-Vitamin D, 1,25 hydroxy	Patel, Pradip MD	FTD	Pending Collection
10/20/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Free T4, Blood tests-t-T3, Free, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
10/22/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), Blood tests-c-Creatine kinase, Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-Hypertension-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
10/22/2010			Stool tests-General-Fecal Occult Blood Test	Patel, Pradip MD	FTD	Pending Collection
10/27/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
10/27/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile	Patel, Pradip MD	FTD	Pending Collection
10/27/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
10/27/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
10/27/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
10/28/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
			Clinics-General-Urinalysis			
10/29/2010			Blood tests-c-C-reactive protein, _Chronic Care Clinics-General-Complete Blood Count (CBC), Blood tests-d-e-f-Erythrocyte Sedimentation Rate (ESR), Stool tests-General-Fecal Occult Blood Test	Patel, Pradip MD	FTD	Pending Collection
10/29/2010			_Chronic Care Clinics-Diabetic-Glucose, _Chronic Care Clinics-Diabetic-Glycated hemoglobin	Patel, Pradip MD	FTD	Pending Collection
10/29/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC)/Diff, _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine), Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
11/01/2010			_Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Hypertension-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
11/01/2010			_Chronic Care Clinics-Infectious Disease-Complete Blood Count (CBC), _Chronic Care Clinics-Infectious Disease-Comprehensive Metabolic Profile (CMP), Stool tests-General-Fecal Occult Blood Test, _Chronic Care Clinics-Infectious Disease-Hepatitis C genotype, _Chronic Care Clinics-Infectious Disease-Hepatitis C viral load, Blood tests-h-HIV-1 antibody, _Chronic Care Clinics-Infectious Disease-INR, _Chronic Care Clinics-Infectious Disease-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-Infectious Disease-Thyroid Stimulating Hormone (TSH)	Patel, Pradip MD	FTD	Pending Collection
11/01/2010			_Chronic Care Clinics-Gastrointestinal-Complete Blood Count (CBC)	Patel, Pradip MD	FTD	Pending Collection
11/02/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Microalbumin-random (urine)	Patel, Pradip MD	FTD	Pending Collection
11/04/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC)/Diff, _Chronic Care Clinics-General-	Patel, Pradip MD	FTD	Pending Collection

Complex: FTD		Facility: FTD--FORT DIX FCI		Reg #: N/A	Begin Date: 01/01/2008	End Date: 11/05/2010
Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03						
Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status

			Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, Blood tests-o-p-Prostate Specific Antigen (PSA), _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH)			
11/05/2010			Blood tests-a-Angiotensin converting enzyme, _Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Lipid Profile, _Chronic Care Clinics-General-Thyroid Stimulating Hormone (TSH), _Chronic Care Clinics-General-Urinalysis	Patel, Pradip MD	FTD	Pending Collection
11/05/2010			_Chronic Care Clinics-Diabetic-Glucose, _Chronic Care Clinics-Diabetic-Glycated hemoglobin, Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
11/05/2010			Blood tests-o-p-Prostate Specific Antigen (PSA)	Patel, Pradip MD	FTD	Pending Collection
11/05/2010			Blood tests-o-p-Potassium	Patel, Pradip MD	FTD	Pending Collection
11/05/2010			Blood tests-o-p-Potassium	Patel, Pradip MD	FTD	Pending Collection
11/05/2010			Blood tests-o-p-Potassium	Patel, Pradip MD	FTD	Pending Collection

Status Totals

	#	%
Completed:	0	0
Discontinued:	0	0
Not Done:	0	0
Pending Collection:	195	100
Pending Results:	0	0
Total	195	

Report Parameters

Provider: Patel, Pradip MD
Complex: FTD
Facility: FTD--FORT DIX FCI
Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03
Reg #: N/A
Status: Pending Collection
Date Type: due
Begin Date: 01/01/2008
End Date: 11/05/2010
Lab Test Names: N/A
Sort By List: N/A

**Bureau of Prisons
Health Services
Lab Request Report**

Complex: FTD		Facility: FTD--FORT DIX FCI		Reg #: N/A	Begin Date: 01/01/2008	End Date: 11/05/2010
Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03						
Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
02/17/2009			Profile tests-General-Hepatic Profile	Magallon, Ed MLP	FTD	Pending Collection
02/19/2009			Profile tests-General-Hepatic Profile	Magallon, Ed MLP	FTD	Pending Collection
05/29/2009			Profile tests-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
08/31/2009			_Chronic Care Clinics-Endocrine/Lipid-Comprehensive Metabolic Profile (CMP)	Magallon, Ed MLP	FTD	Pending Collection
10/07/2009			Microbiology tests-Influenza A/B screen-Nares	Magallon, Ed MLP	FTD	Pending Collection
04/06/2010			_Chronic Care Clinics-Endocrine/Lipid-Complete Blood Count (CBC), _Chronic Care Clinics-Endocrine/Lipid-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
04/08/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
04/09/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), Blood tests-o-p-Prostate Specific Antigen (Free), _Chronic Care Clinics-Hypertension-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
04/09/2010			Blood tests-g-Glycated hemoglobin, Blood tests-o-p-Prostate Specific Antigen (Free)	Magallon, Ed MLP	FTD	Pending Collection
05/04/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
05/17/2010			_Chronic Care Clinics-Endocrine/Lipid-Complete Blood Count (CBC), _Chronic Care Clinics-Endocrine/Lipid-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
05/28/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-o-p-Prostate Specific Antigen (Free), _Chronic Care Clinics-General-	Magallon, Ed MLP	FTD	Pending Collection

Complex: FTD Facility: FTD-FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
			Urinalysis			
06/02/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC)/Diff, _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
06/03/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
06/11/2010			Blood tests-u-v-w-x-y-z-Uric acid	Magallon, Ed MLP	FTD	Pending Collection
06/25/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
06/30/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC)/Diff, _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Glycated hemoglobin, Blood tests-o-p-Prostate Specific Antigen (Free), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
07/16/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP)	Magallon, Ed MLP	FTD	Pending Collection
07/30/2010			_Chronic Care Clinics-Hypertension-Complete Blood Count (CBC), _Chronic Care Clinics-Hypertension-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-Hypertension-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
08/10/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC)/Diff, _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-o-p-Prostate Specific Antigen (Free), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
08/12/2010			Urine tests-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
08/16/2010			Blood tests-o-p-Prostate Specific Antigen (Free)	Magallon, Ed MLP	FTD	Pending Collection
08/20/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection

Complex: FTD Facility: FTD--FORT DIX FCI Reg #: N/A Begin Date: 01/01/2008 End Date: 11/05/2010
 Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03

Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
09/13/2010			_Chronic Care Clinics-Cardiac-Complete Blood Count (CBC)/Diff, _Chronic Care Clinics-Cardiac-Comprehensive Metabolic Profile (CMP), Blood tests-o-p-Prostate Specific Antigen (Free)	Magallon, Ed MLP	FTD	Pending Collection
09/30/2010			Blood tests-a-Amylase, _Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Phenytoin, _Chronic Care Clinics-General-Urinalysis, _Chronic Care Clinics-General-Vitamin B12	Magallon, Ed MLP	FTD	Pending Collection
10/04/2010			_Chronic Care Clinics-Cardiac-Complete Blood Count (CBC), _Chronic Care Clinics-Cardiac-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
10/08/2010			_Chronic Care Clinics-Cardiac-Complete Blood Count (CBC), _Chronic Care Clinics-Cardiac-Comprehensive Metabolic Profile (CMP)	Magallon, Ed MLP	FTD	Pending Collection
10/12/2010			_Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP)	Magallon, Ed MLP	FTD	Pending Collection
10/15/2010			Blood tests-h-HIV-1 antibody	Magallon, Ed MLP	FTD	Pending Collection
10/22/2010			_Chronic Care Clinics-Cardiac-Complete Blood Count (CBC), _Chronic Care Clinics-Cardiac-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
10/22/2010			_Chronic Care Clinics-Diabetic-Complete Blood Count (CBC), _Chronic Care Clinics-Diabetic-Comprehensive Metabolic Profile (CMP), Blood tests-g-Glycated hemoglobin, Blood tests-q-r-s-Sickle cell screen, _Chronic Care Clinics-Diabetic-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
10/26/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC)	Magallon, Ed MLP	FTD	Pending Collection
11/04/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection
11/04/2010			_Chronic Care Clinics-General-Complete Blood Count (CBC), _Chronic Care Clinics-General-Comprehensive Metabolic Profile (CMP), Blood tests-o-p-Prostate Specific Antigen (Free), _Chronic Care Clinics-General-Urinalysis	Magallon, Ed MLP	FTD	Pending Collection

Complex: FTD		Facility: FTD--FORT DIX FCI		Reg #: N/A	Begin Date: 01/01/2008	End Date: 11/05/2010
Units: A01, A02, A03, B01, B02, B03, C01, C02, C03, D01, D02, D03, E01, E02, E03, F01, F02, F03						
Due Date	Reg #	Inmate Name	Requested Details	Provider	Facility	Status
11/05/2010			_Chronic Care Clinics-Endocrine/Lipid-Comprehensive Metabolic Profile (CMP)	Magallon, Ed MLP	FTD	Pending Collection
11/05/2010			Blood tests-o-p-Prostate Specific Antigen (Free)	Magallon, Ed MLP	FTD	Pending Collection

Status Totals

	#	%
Completed:	0	0
Discontinued:	0	0
Not Done:	0	0
Pending Collection:	36	100
Pending Results:	0	0
Total	36	

BA 24

a

b

c

d

BA 24
Emails

BOP PERFORMANCE MEASURE DATA- 2010																				
FCI Fort Dix, Fort Dix, NJ 08640																				
CY 2010	Clinical Management of			Clinical Management of Lipid Level			Clinical Management of Diabetes-			Clinical Management of HIV/RNA			Completion of Isoniazid Treatment			Asthma Morbidity/ Mortality				
	Num	Dem	%	Num	Dem	%	Num	Dem	%	Num	Dem	%	Num	Dem	%	Num	Dem	%		
As of June 15	20	157	13%	16	34	47%	13	47	28%	19	26	73%	2	2	100%	274	274	100%		
As of December 15	44	207	21%	11	43	26%	27	62	44%	8	15	53%			#DIV/0!	171	173	99%		
Total	64	364	18%	27	77	35%	40	109	37%	27	41	66%	2	2	100%	445	447	100%		
Numerator	Number of treated hypertensive patients with a BP reading of >140 mmHg /> 90 mmHg on most recent reading.			Number of patients on lipid reduction medication, with a history of CHD or diabetes with a LDL level < 100 mg/dL on most recent test.			Number of diabetic patients on insulin or oral medication with an Hgb A1C level measured greater than 9 on most recent test.			Number of inmates on antiretroviral therapy with HIV RNA levels < 50 cps/ml, as confirmed on most recent ultra-sensitive (UL) test.			Number of inmates who had been identified during the cohort period and completed treatment for LTBI at the end of the reporting year.			Number of patients diagnosed with asthma, taking chronic asthma medications, that were not hospitalized, or did not expire from asthma since last reporting date.				
Denominator	Total of sample of hypertensive patients treated for a minimum of six months at your facility and are present to be included in the census reporting			Total or sample of patients on lipid reduction treatment for a minimum of six months at your facility and are present to be included in the census reporting.			Total or sample of diabetic patients treated for a minimum of six months at your facility and are present to be included in the census reporting.			Total or sample of HIV patients treated for a minimum of six months at your facility and are present to be included in the census reporting.			Total number of cohort inmates who started LTBI treatment and should have completed treatment within the reporting year. Cohort includes new admissions starting or on treatment in identification month. (Cohort id= June 15-July15; reporting = June 15 2011)			Total number of diagnosed asthma patients, taking chronic asthma medications, that were in your institution during this reporting period				
Benchmark	<20%			>65%			<15%			>80%			>90%			>98%				

LABs Not Being Performed
timely

This data was reflected on National Performance measures on April 7th, Thursday, 2011.

This is what I & Dr. Turner-Foster have complained about and management retaliated against us.

Attachment (21)

Semi-Annual Report

Northeast Region



Presented by Mrs. Brewer
4/1/11
HIV Labs
Up to date
5/1/11
HIV Labs late

March 31, 2011

Prepared by: Hyosim Seon-Spada

Regional Quality Improvement Coordinator – NER

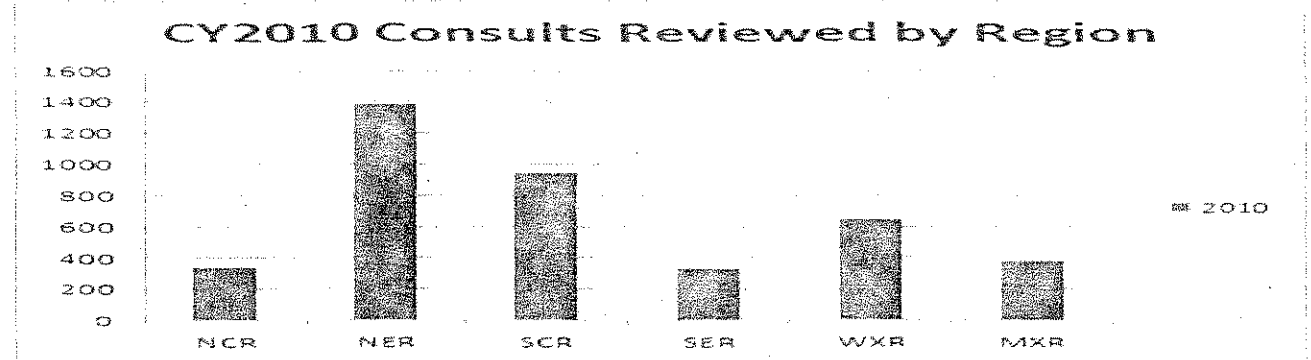
Reviewed by: John Manenti, RMD, Barbara Cadogan, RHSA,

Sharon Simone, RPharm., and Kenneth Cho, RDDS

Attachment # 32

Summary of URC services (InterQual)

Number of total # reviews	857 (FY11, Quarter 1 and 2)	1394 (FY10)
Approved	607	979
Disapproved	243	391
Redirected/Other	7	24



Summary of Formulary & Non-formulary drug usage

Non-formulary (FY11 Quarter 1)				
Received	Approved	Disapproved	Deferred	Total Rx filled
834	481	292	58	192043

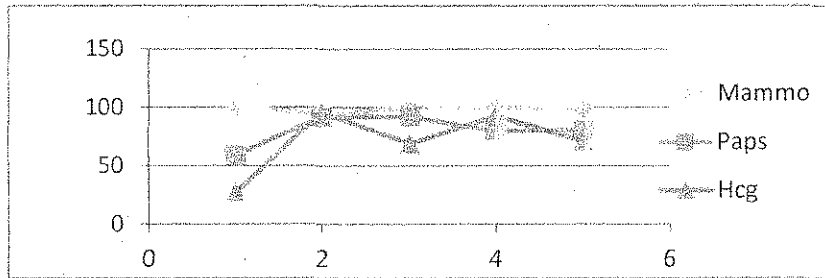
FY11 1 st Quarter Pharmaceutical Purchase Review				FY10 Pharmaceutical Purchase Review				FY10 Total Purchase
Care Level-Similar institu.	Quarter Purchases (92 days)	Total number of inmates	Per Cap	FY10 4 th Quarter	FY10 3 rd Quarter	FY10 2 nd Quarter	FY10 1 st Quarter	
CL-1	\$31,229	2529	\$0.13	\$38,021	\$36,624	\$30,364	\$33,147	
CL-2	\$1,297,113	19630	\$0.72	\$1,704,395	\$1,376,929	\$1,583,352	\$1,390,535	
CL-4	\$747,691	1105	\$7.35	\$918,715	\$931,942	\$907,182	\$1,029,727	
SMU	\$190,262	1795	\$1.15	\$131,119	\$169,970	\$153,554	\$93,513	
ADM	\$330,055	4451	\$0.81	\$427,739	\$340,595	\$262,199	\$313,798	
	\$2,596,353	29510	\$0.96	\$3,219,990	\$2,856,062	\$2,936,654	\$2,860,722	\$11,873,428

Summary of National Performance Measures (12-2010)

Ranges	HTN < 20% goal	Lipid > 65% goal	HbA1C < 15% goal	HIV/RNA > 80% goal	Asthma >98% goal
Green	10 institutions/18	7/18	10/17	11/15	18/18
Yellow	8/18	7/18	3/17	3/15	
Red		4/18	4/17	1/15	
Goal Met	56%	39%	59%	73%	100%
Goal Not Met	44%	61%	41%	27%	
The Best	MCK	PHL	LEW		ALL
Red Zone		BRO/FTD/SCH/ELK	BRO/FTD/ALP/FAI	FTD	

Ranges	Breast Cancer Screening Goal >75%	Cervical Cancer Screening Goal >75%	Intake Pregnancy Testing Goal >90%
Green	4/4	3/4	2/4
Red		1/4	2/4
Goal Met	100%	75%	50%
Goal Not Met		25%	50%
The Best	ALL	NYM	DAN
Red Zone		BRO	BRO/NYM

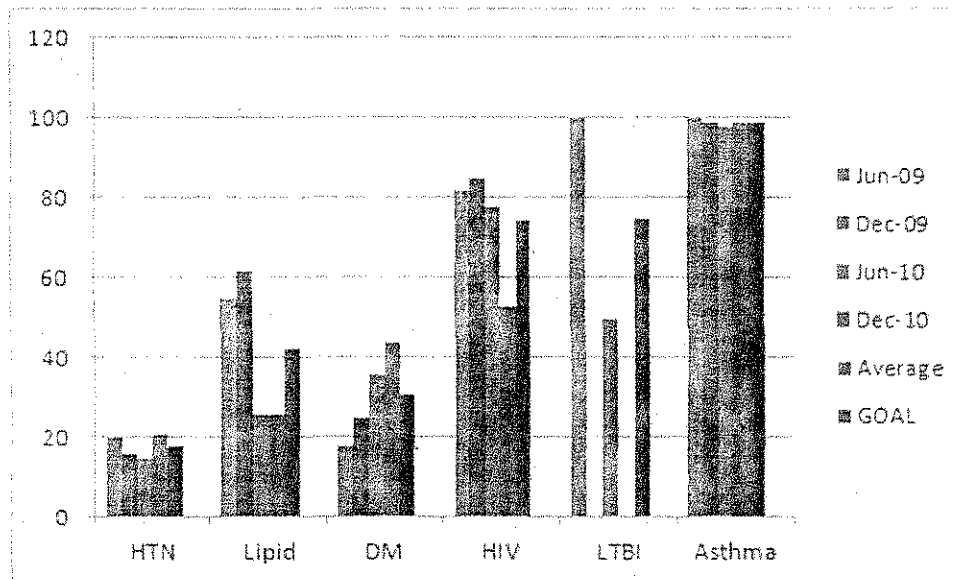
	Mammo	Paps	Hcg
BRO	100	59.1	27.3
DAN	94.6	91.8	95.45
NYM	100	92.3	69.2
PHL	100	80	93.3
Average	98.65	80.8	71.3125
	>75	>75	>90



Summary of outliers for various chronic illnesses

(FTD NPM 12-2010 data)

	HTN	Lipid	DM	HIV	LTBI	Asthma
Jun-09	20	55	18	82	82	100
Dec-09	16	62	25	85	n/a	99
Jun-10	15	26	36	78	50	98
Dec-10	21	26	44	53	n/a	99
Average	18	42.25	30.75	74.5	75	99
GOAL	<20	>65	<15	>80	>80	>98



FTD has a 44% rate of DM management (goal <15%) and 26% of Lipid management (goal >65%)

Possible causes:

- Inadequate implementation of PCPT
- Inadequate knowledge of MLPs to manage DM

Solutions/ Recommendation:

- Implement PCPT by assigning MLPs to units which allows focused accountability and responsibility for reviewing care (Responsible staff- CD and HSA)
- Review of patient outcome data quarterly with quality improvement plan (Responsible staff- CD and HAS)
- CD must have a CPE /Educational program to assure all clinical staff are COMPETENT in the BOP CPGs and HSU local policies (Responsible staff- CD)

FCI Fort Dix
Staff Assist
Video Conference

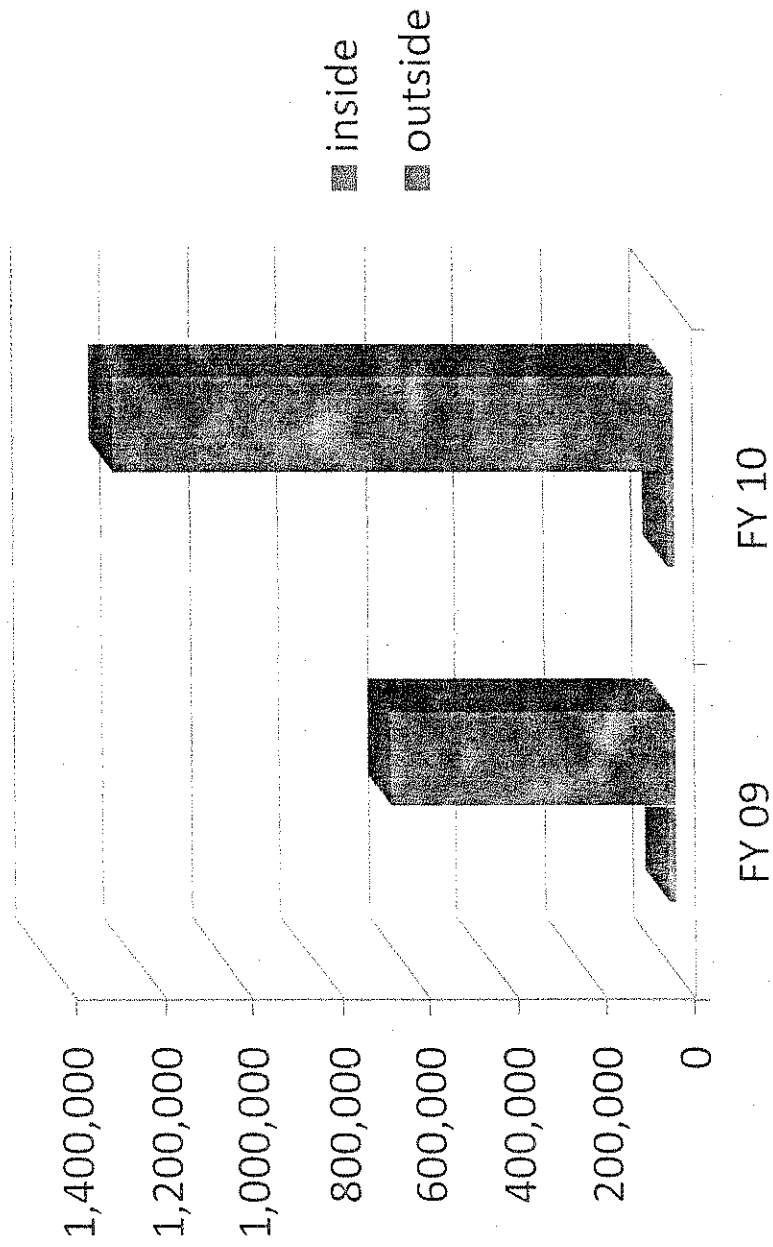
7

1st and only
group meeting

April 2011



**FY 09 vs. FY 10
B1 / B2 Medical \$**



Health Services Performance Measures

Region: IER

Hypertension

Institution	Hypertension # High Risk	Hypertension Pop.	Hypertension Ratio (LT 20%)	No Hypertension Inmates	No Hypertension Cases Reported
MCK	2	30	6.67		
LEW	27	332	8.11		
LOR	3	30	10.00		
RBK	6	52	11.32		
SCH	7	56	12.50		
OTV	31	236	13.14		
DAN	23	155	14.84		
PHL	5	30	16.67		
FAI	29	168	17.26		
ELK	52	270	19.26		
FTI	44	207	21.26		
ALF	12	56	21.43		
BYM	8	30	26.67		
ALM	15	52	28.85		
DEV	103	322	31.02		
ALP	12	37	32.43		
CAA	10	30	33.33		
BRO	11	29	37.93		



Health Services Performance Measures

Region: NER

Lipid Level

Institution	Lipid Level # Controlled	Lipid Level Pop.	Lipid Level Ratio (GT 65%)	No Lipid Level Inmates	No Lipid Level Cases Reported
PHL	8	9	88.89		
MCK	4	5	80.00		
QTV	30	41	73.17		
DEV	96	131	72.52		
RBK	9	13	69.23		
LOR	20	30	66.67		
ALF	20	30	66.67		
ALP	16	26	61.54		
INM	7	12	58.33		
LEW	37	64	57.81		
ALM	17	30	56.67		
CAA	16	29	55.17		
DAN	32	68	47.06		
FAI	11	27	40.74		
SCH	11	30	36.67		
ELK	12	45	26.67		
PVT	11	43	25.58		
BRO	2	13	15.38		

Next 7 Last in Control for Lipid Control. Labs Not Collected Annually

Federal Bureau of Prisons Management Analysis Portal

File View Data

Health Services Performance Measures

Region IER

Diabetes-HbA1C Level

Institution	Diabetes # High Risk	Diabetes Pop.	Diabetes Ratio (LT 15%)	No Diabetes Inmates	No Diabetes Cases Reported
RBK					
LEV	2	94	3.19		
DAN	8	150	4.00		
ALM	2	30	6.67		
DEV	12	136	8.82		
SCH	2	30	10.00		
OTV	7	68	10.29		
ELK	8	70	11.43		
INYM	3	25	12.00		
MCK	1	8	12.50		
LOR	4	30	13.33		
ALF	6	30	16.67		
PHL	2	18	16.67		
CAA	7	30	23.33		
FAI	15	48	31.25		
ALP	11	28	39.29		
FTI	27	62	43.55		
BRO	8	18	44.44		

Labs not collected timely

Federal Bureau of Prisons Management Analysis Portal

File View Data

Health Services Performance Measures

Region: IER

HIV-RNA Level

Institution	HIV # Controlled	HIV Pop.	HIV Ratio (GT 80%)	No HIV Inmates	No HIV Cases Reported
LOR	7	7	100.00		
DAI	10	10	100.00		
ALF	4	4	100.00		
OTV	29	29	100.00		
PHL	3	3	100.00		
CAA	10	11	90.91		
ELK	5	7	85.71		
SCH	12	14	85.71		
LEW	10	12	83.33		
ALM	9	11	81.82		
DEV	12	15	80.00		
FAI	12	16	75.00		
ALP	3	11	72.73		
NYM	2	5	60.00		
PC	3	15	53.33		
MCK					
BRO					
RSK					

HIV Case
~~_____~~
Labs not collected
Timely

Federal Bureau of Prisons Management Analysis Portal

Health Services Performance Measures

Region: IER

Asthma Morbidity-Mortality

Institution	Asthma # Controlled	Asthma Pop.	Asthma Ratio (GT 98%)	No Asthma Inmates	No Asthma Cases Reported
ALF	117	117	100.00		
ALM	134	134	100.00		
BRO	5	5	100.00		
ALP	98	98	100.00		
SCH	128	128	100.00		
FAL	166	166	100.00		
LEW	213	213	100.00		
RBK	41	41	100.00		
MCK	29	29	100.00		
OTV	112	112	100.00		
ELK	165	165	100.00		
PHL	272	272	100.00		
DAN	295	295	99.66		
CAA	134	135	99.26		
NAM	129	130	99.23		
LOR	119	120	99.17		
FIT	171	173	98.84		
DEV	75	76	98.68		

*Asthma well controlled
No Labs Necessary*

Federal Bureau of Prisons Management Analysis Portal

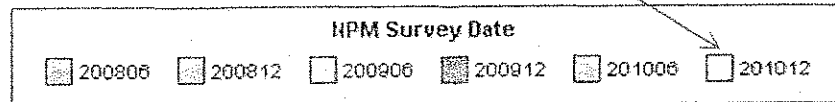
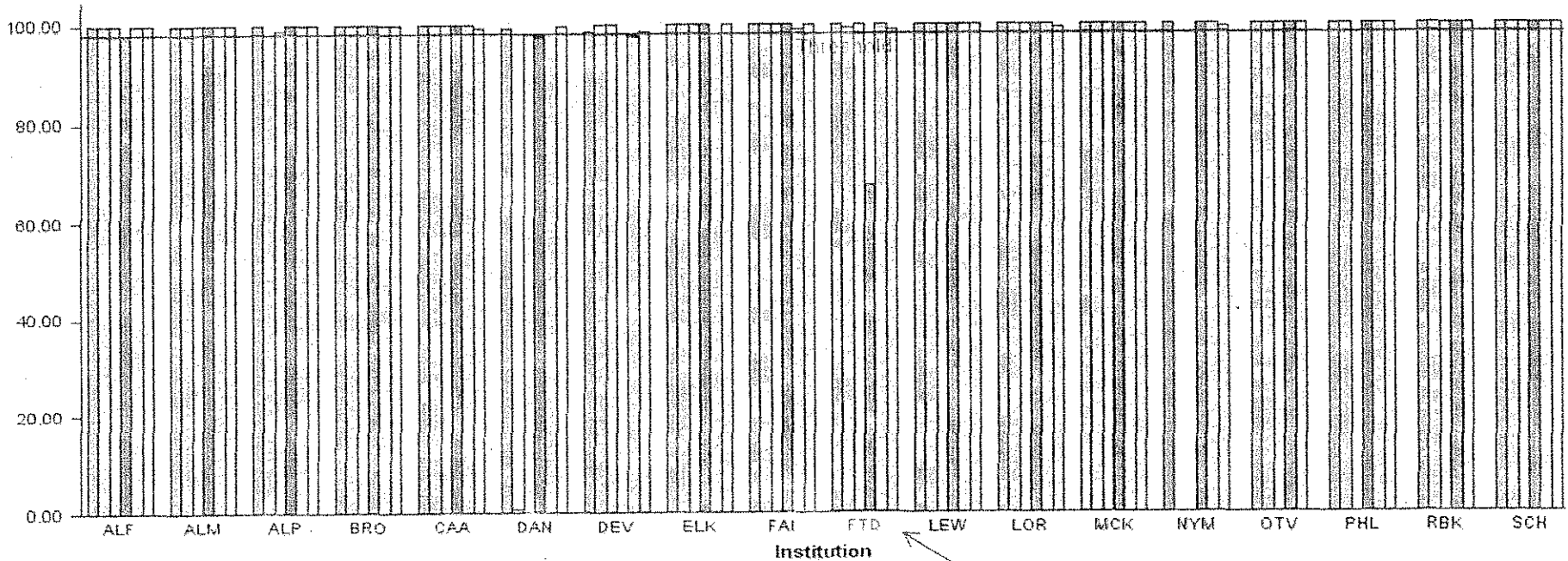
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Asthma Ratio within Selected Region

Region: NER

Survey Groups by Institution

Asthma Ratio (GT 98%)



Federal Bureau of Prisons Management Analysis Portal

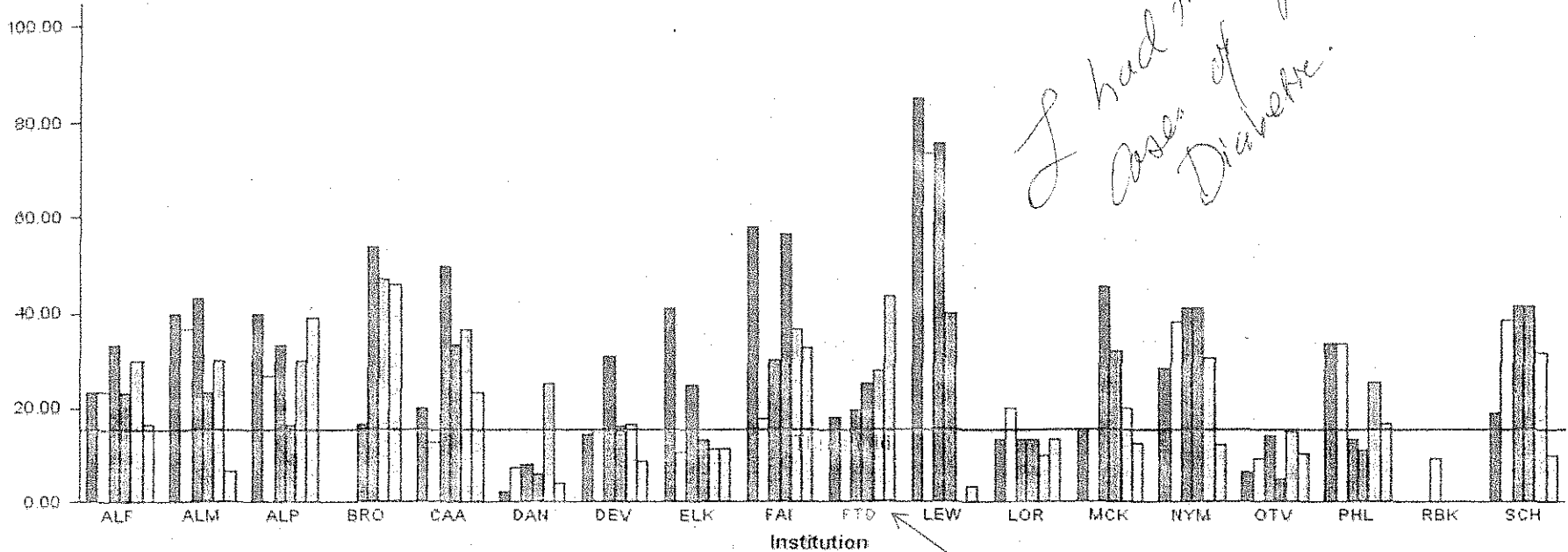
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Diabetes Ratio within Selected Region

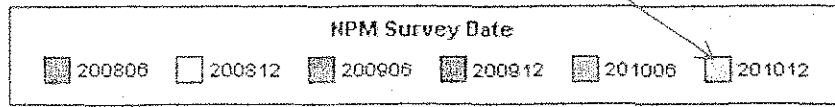
Region: HER

Survey Groups by Institution

Diabetes Ratio (LT 15%)



I had the lowest cases of Diabetes.



Federal Bureau of Prisons Management Analysis Portal

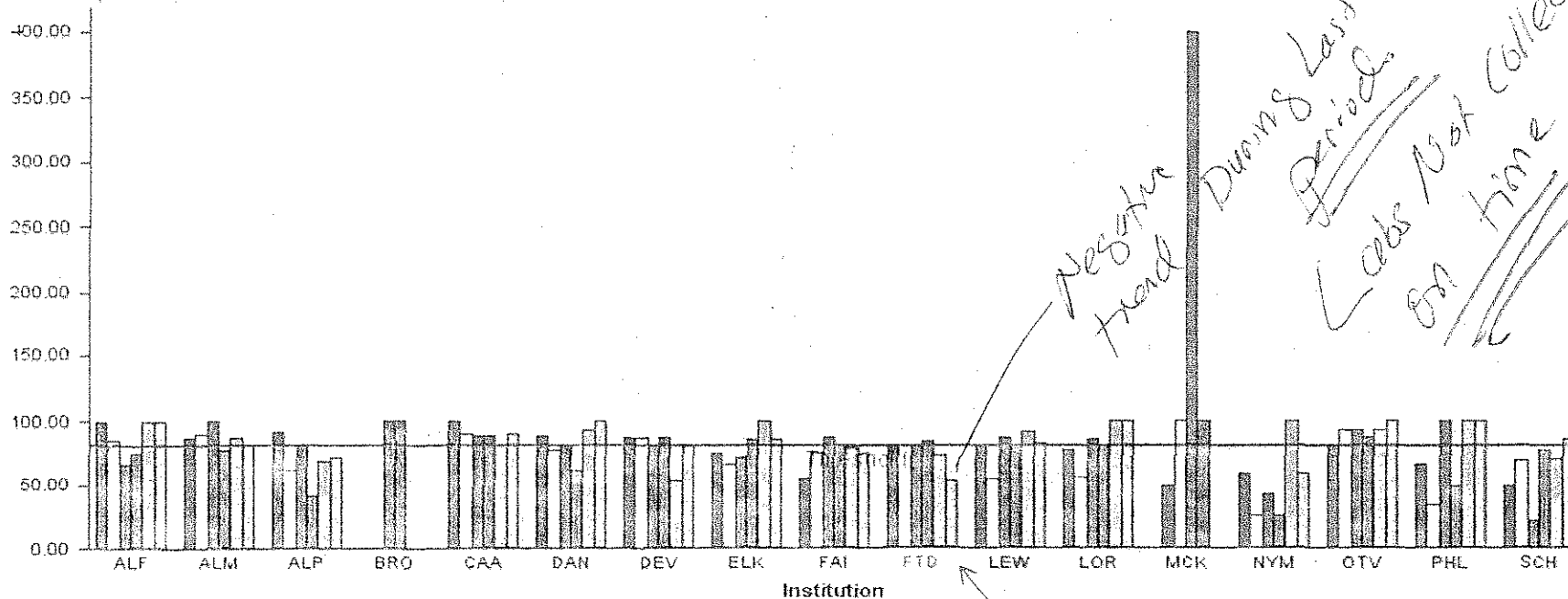
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HIV Ratio within Selected Region

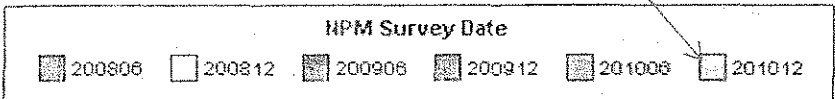
Region: WER

Survey Groups by Institution

HIV Ratio (GT 80%)



Negative trend
During last 3 reporting periods
labs not collected on time



Federal Bureau of Prisons Management Analysis Portal

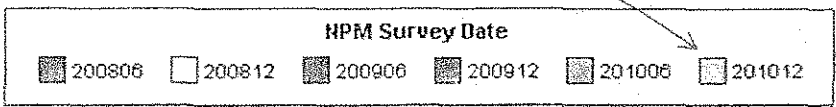
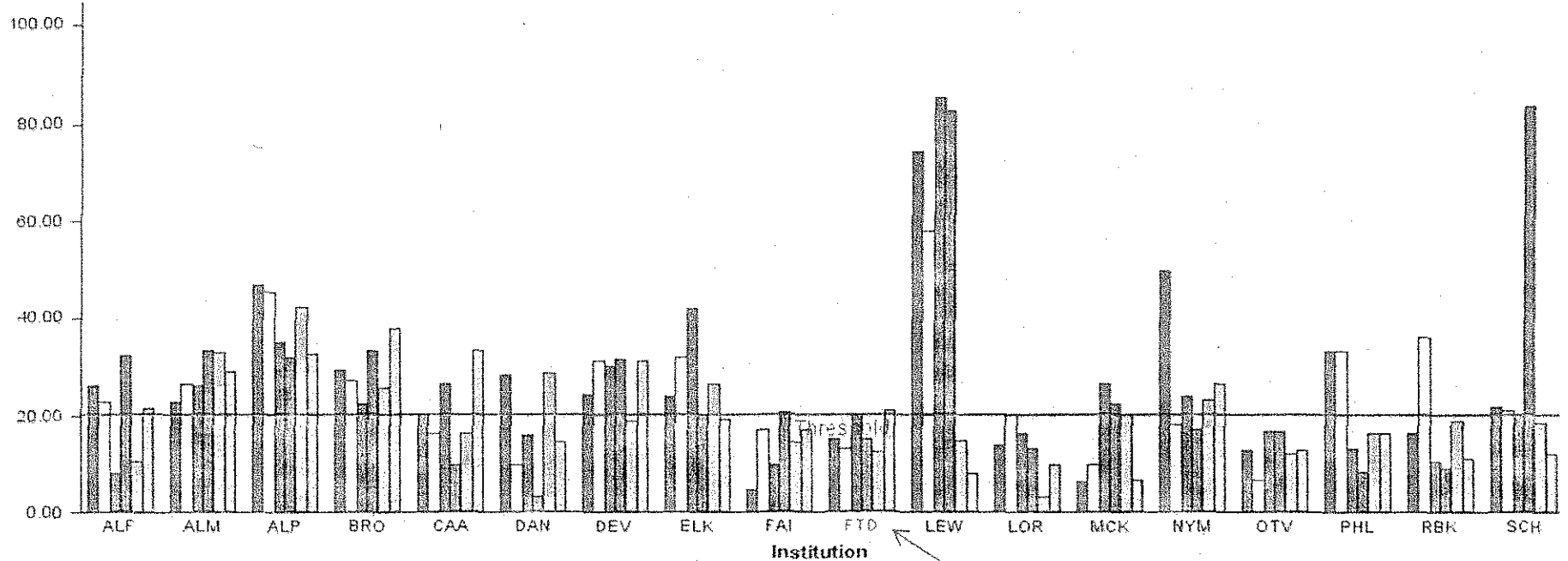
File View Data

Hypertension Ratio within Selected Region

Region: NEER

Survey Groups by Institution

Hypertension Ratio (LT 20%)



Federal Bureau of Prisons Management Analysis Portal

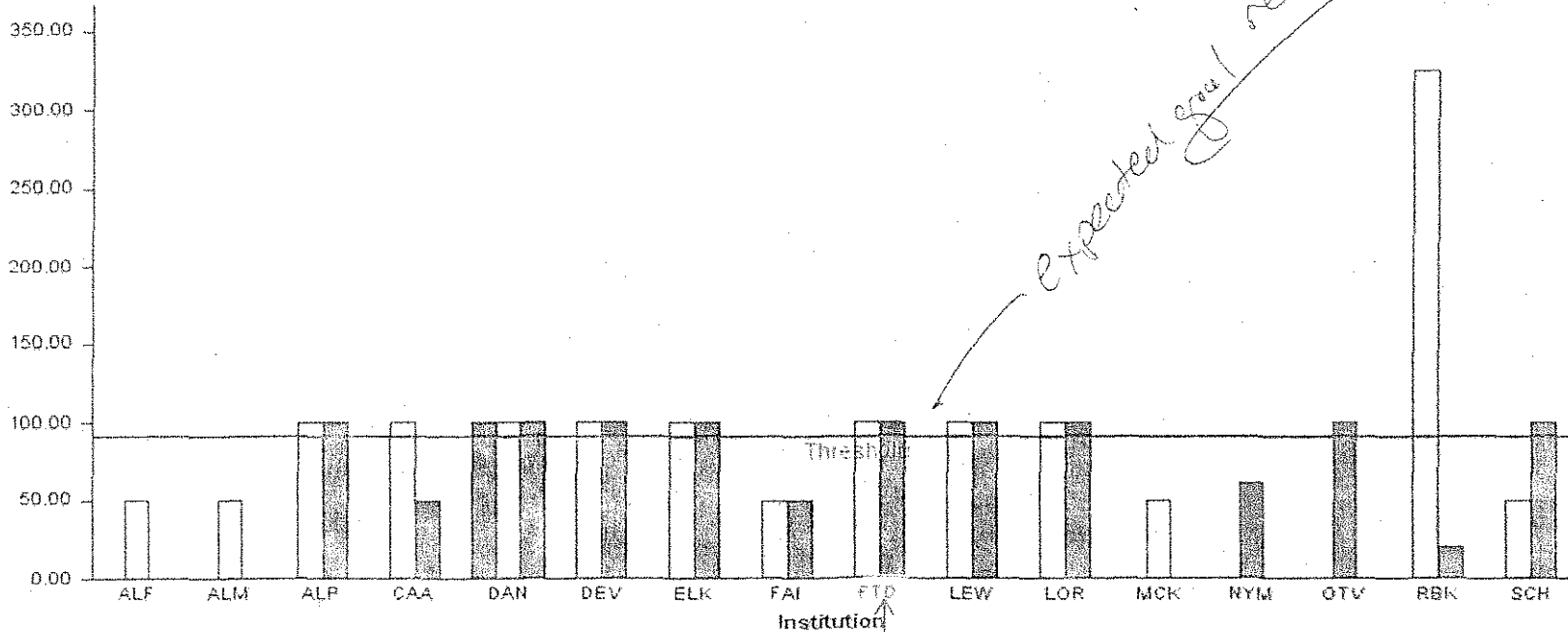
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Latent TB Ratio Within Selected Region

Region IER

Survey Groups by Institution

Latent TB Ratio (GT 90%)



Expected goal reached

Federal Bureau of Prisons Management Analysis Portal

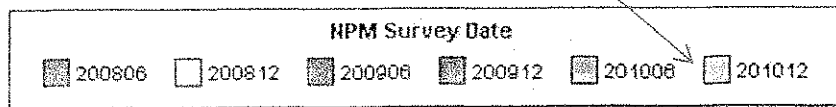
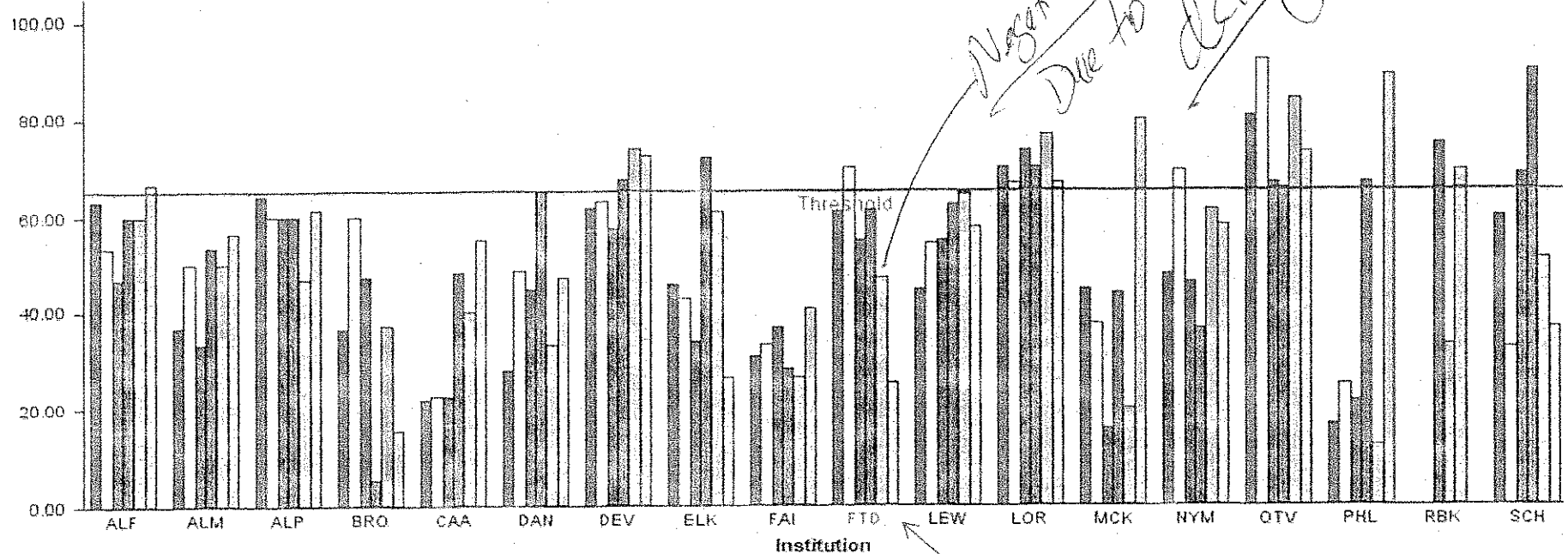
File View Data

Lipid Level Ratio within Selected Region

Region NER

Survey Groups by Institution

Lipid Level Ratio (GT 65%)



Negative trend
Due to Lab collection delay

Federal Bureau of Prisons Management Analysis Portal

File View Data

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Applied filters: Yrmo equal to 201012

	Median Breast Cancer Screening Ratio	Median Cervical Cancer Screening Ratio	Median Pregnancy Test Ratio	Median Hypertension Ratio	Median Lipid Level Ratio	Median Diabetes Ratio	Median HIV Ratio	Median Latent TB Ratio	Median Asthma Ratio
Region:BOP Overall									
BOP	100.00	88.98	100.00	33.00	87.00	13.17	89.00	100.00	100.00
MXR	94.00	96.26	93.90	18.07	92.32	20.00	85.71	100.00	100.00
IICR	97.75	92.25	100.00	17.71	61.54	14.29	78.67	88.10	100.00
IICR	100.00	88.89	81.28	18.00	88.00	12.80	88.71	100.00	100.00
SCR	97.66	96.20	100.00	23.33	93.97	20.39	69.05	100.00	100.00
SER	100.00	92.31	100.00	21.60	66.67	12.75	70.00	100.00	100.00
WXR	95.00	78.26	100.00	26.72	56.12	17.95	72.50	90.00	100.00

We are not meeting expectations

A roadmap for Success

PCPT → Team medicine