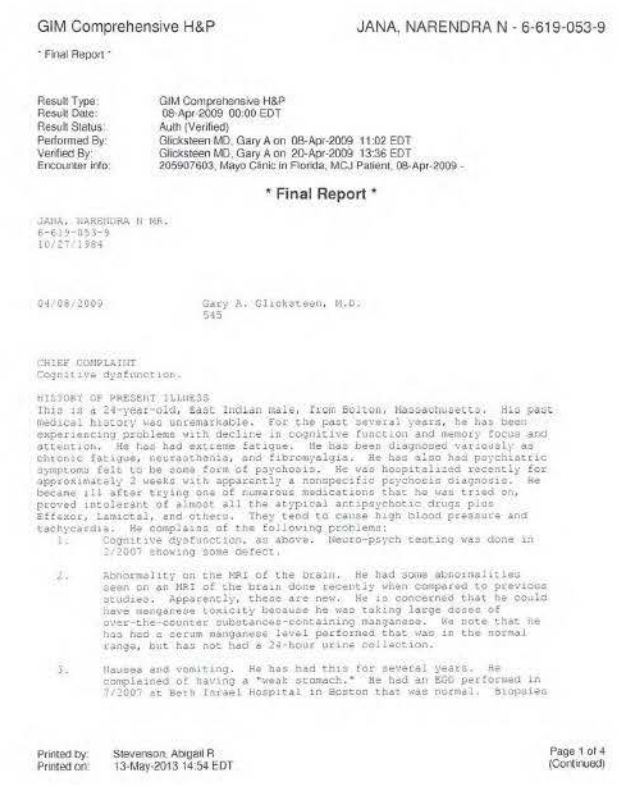
2009 April 8th April 10th and April 10th

- **Mayo Clinic in Florida**
  - **Dr. Gary Glicksteen and Dr. Elizabeth Shuster**
    - **Clear Negligence and Probable Fraud**

The clinicians ignore a gross feature of inflammation in the MRI and try to downplay the significance of the feature to perpetuate intentional negligence. The clinician, Dr. Elizabeth Shuster also hints that she knows its multiple sclerosis in the report but doesn't do the typical tests for it. Clear negligence in a medical setting that eventuates in a neurodegenerative sequel (brain and spine).



GIM Comprehensive H&P JANA, NARENDRA N - 6-619-053-9

" Final Report "

Result Type: GIM Comprehensive H&P
Result Date: 08-Apr-2009 00:00 EDT
Result Status: Auth (Verified)
Performed By: Glicksteen MD, Gary A on 08-Apr-2009 11:02 EDT
Verified By: Glicksteen MD, Gary A on 20-Apr-2009 13:36 EDT
Encounter Info: 205907603, Mayo Clinic in Florida, MCJ Patient, 08-Apr-2009 -

*** Final Report ***

JANA, NARENDRA N MR#
6-619-053-9
10/27/1984

04/08/2009 Gary A. Glicksteen, M.D.
545

CHIEF COMPLAINT
Cognitive dysfunction.

HISTORY OF PRESENT ILLNESS
This is a 24-year-old, East Indian male, from Bolton, Massachusetts. His past medical history was unremarkable. For the past several years, he has been experiencing problems with decline in cognitive function and memory focus and attention. He has had extreme fatigue. He has been diagnosed variously as chronic fatigue, neurasthenia, and fibromyalgia. He has also had psychiatric symptoms felt to be some form of psychosis. He was hospitalized recently for approximately 2 weeks with apparently a nonspecific psychosis diagnosis. He became ill after trying one of numerous medications that he was tried on, proved intolerant of almost all the atypical antipsychotic drugs plus Effexor, Lamictal, and others. They tend to cause high blood pressure and tachycardia. He complains of the following problems:

1. Cognitive dysfunction, as above. Neuro-psych testing was done in 2/2007 showing some defect.
2. Abnormality on the MRI of the brain. He had some abnormalities seen on an MRI of the brain done recently when compared to previous studies. Apparently, these are new. He is concerned that he could have manganese toxicity because he was taking large doses of over-the-counter substances-containing manganese. We note that he has had a serum manganese level performed that was in the normal range, but has not had a 24-hour urine collection.
3. Nausea and vomiting. He has had this for several years. He complained of having a "weak stomach." He had an EGD performed in 7/2007 at Beth Israel Hospital in Boston that was normal. Biopsies

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Printed on: 13-May-2013 14:54 EDT

Page 1 of 4
(Continued)

I was having recurrent seizures in 2009. Which is why the medications wouldn't work. The appropriate medications would have to be given in toxicology and neurology to control toxicity, gross inflammation, and seizures. It was emergency need.

The manganese metal tests are falsified, the large feature of inflammation is apparent in over 15 brain MRIs thereafter. In order to hide the feature radiologists in the US and as directed by the US, abroad, either erased MRI series images that show the feature or kept the MRIs that show the feature and wrote falsified reports. There is video evidence of fraud taking place in the future with falsified reports written from diagnostic fraud.

The clinicians tried to mis portray recurrent seizures as psychiatry. Which is why the medications prescribed had no clinical effect. This was intentional on the part of the clinicians.

of the small intestine and stomach were obtained. The reports are not present, but he reports they were normal.

PAST MEDICAL HISTORY
As above.

PAST SURGICAL HISTORY
None.

HOSPITALIZATIONS
He was hospitalized recently for 2 weeks for psychosis.

MEDICATIONS
The list was reviewed and reconciled.

ALLERGIES
He does not have any true drug allergies, but is intolerant of numerous antipsychotic medications and antidepressants.

REVIEW OF SYSTEMS
GENERAL: Denies recent weight loss. He had lost some weight and regained it. Denies fever, chills, or sweats.
HEENT: He has noticed some decrease in his vision. He has some ear pain. Denies tinnitus or hearing loss. He has some difficulty with speech, comprehension.
ENDOCRINE: No thyroid problems or diabetes. He was noted to have low blood sugar on 1 measurement, but this was subsequently dismissed by later testing. No history of high cholesterol.
PULMONARY: No asthma, bronchitis, or emphysema.
CARDIOVASCULAR: He has some tachycardia associated with meds. He has had elevated blood pressure in the past associated with medications.
GASTROINTESTINAL: As above. No history of jaundice, hepatitis, melena, or hematochezia.
GENITOURINARY: No stones or hematuria.
MUSCULOSKELETAL: Multiple aches and pains.
NEUROLOGIC: No strokes, seizures, or blackouts. He has some tremor.

FAMILY HISTORY
His parents are alive and well and accompanying him; 1 sister who is alive and well.

SOCIAL HISTORY
He is a never smoker. He rarely drinks alcohol. He is a student. He exercises occasionally.

HEALTH MAINTENANCE
His last tetanus shot was in 2008. His last eye exam 2007.

PHYSICAL EXAMINATION
VITAL SIGNS:
Height: 168 centimeters
Weight: 55.3 kilograms

* Final Report *

Blood pressure: 94/52

GENERAL: This is a well-nourished, East Indian male not in acute distress.
He is alert, oriented, and cooperative.
HEENT: Normocephalic, atraumatic. Pupils round and reactive. Extraocular movements intact. Fundi benign. Disks flat. TMs intact. Pharynx moist and pink.
NECK: Supple. No lymphadenopathy, thyromegaly, JVD, or bruit.
CHEST: Normal contour.
LUNGS: Clear to auscultation.
HEART: Regular. No rubs, clicks, gallops, or murmurs.
ABDOMEN: Soft, nontender. No mass or organomegaly. Normoactive bowel sounds.
EXTREMITIES: No clubbing, cyanosis, or edema. Peripheral pulses intact.
NEUROLOGIC: Cranial nerves intact. Deep tendon reflexes 2+.

LABORATORY DATA
Pending.

IMPRESSIONS
1. PSYCHIATRIC ILLNESS. He is prescheduled for Psychiatry consultation.

2. QUESTION OF COGNITIVE DECLINE AND NEUROLOGIC SYMPTOMS. He is prescheduled for a Neurology consult. I have asked Radiology to review his outside MRIs of the brain.

3. PATIENT'S CONCERNS REGARDING MANGANESE TOXICITY. I have ordered A urine for heavy metals and manganese.

4. NAUSEA AND VOMITING. I have ordered a gastroenterology consultation. EGD 2 years ago was normal. Symptoms have not changed appreciably over that time.

5. GENERAL HEALTH CONCERNS. There is no indication from outside studies that there is a systemic illness. He has been tested for porphyrins. He has had heavy metal testing performed to lead and mercury. I will check fasting blood work.

I will see him for a return visit when the above is complete.

GAG:pae
D:04/08/2009 11:02
T:04/09/2009 05:25
REVISED DATE: TRANS:1562

With gross features of inflammation in the brain and the basal ganglia, citing anything in psychiatry is medically inappropriate. I would undoubtedly be having seizures and be in several physical pain considering the level and extent of inflammation. This was intentional.

* Final Report *

Completed Action List:
* Perform by Glicksteen MD, Gary A on 08-Apr-2009 11:02 EDT
* Transcribe by Edwards, Patricia A on 09-Apr-2009 05:25 EDT
* Sign by Glicksteen MD, Gary A on 20-Apr-2009 13:36 EDTRequested on 09-Apr-2009 05:39 EDT
* Modify by Glicksteen MD, Gary A on 20-Apr-2009 13:36 EDT
* Verify by Glicksteen MD, Gary A on 20-Apr-2009 13:36 EDT

Narendra
Jana

GIM Return Visit JANA, NARENDRA N - 6-619-053-9

Result Type: GIM Return Visit
Result Date: 10-Apr-2009 00:00 EDT
Result Status: Auth (Verified)
Performed By: Glicksteen MD, Gary A on 10-Apr-2009 14:10 EDT
Verified By: Glicksteen MD, Gary A on 24-Apr-2009 16:46 EDT
Encounter info: 205907603, Mayo Clinic in Florida, MCJ Patient, 08-Apr-2009 -

JANA, NARENDRA N MR.
6-619-053-9
10/27/1984

04/10/2009 Gary A. Glicksteen, M.D.
545

Mr. Jana is been today for a return visit, accompanied by his parents. We are seeing him for the following problems.

1. Neurologic symptoms with prior diagnosis of a psychosis. He was seen in consultation by Dr. Leslie Rosenberg, A.R.N.P., in the Department of Psychiatry. Her notes are not currently available in PowerChart, but I spoke with her yesterday, and she felt that his exam is most compatible with schizophreniform disorder or some form of psychosis. This would fit with the time frame of the onset of his symptoms. He has proven intolerant of the newer antipsychotic drugs, so he is currently maintained on perphenazine.

2. Abnormalities on MRI. I have sent his MRIs to our radiologists for interpretation. The results have not come back yet.

3. Possible neurologic disorder. He was seen by Dr. Elizabeth A. Shuster, M.D., earlier today. Her notes are not currently in PowerChart, but she did note the changes on the MRI, and apparently has some concern for a metabolic disorder, and has ordered some additional laboratories.

4. Question of manganese toxicity. This was the patient's concern, and could potentially produce the findings on MRI. He has just completed the urine collection and will turn it in today. We note that he has previously been found to have a normal serum manganese level, so I do not anticipate this will be the issue. I will check his lab results next week.

5. Health maintenance. Fasting blood work that I previously ordered has not been obtained. I recommend that they pursue this locally, and gave them a list of the routine blood work that I requested. He is going for a physical locally in the near future.

6. At this point, the blood work ordered by Dr. Shuster is pending. The outside film interpretation is pending. The manganese level is pending.

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Printed on: 13-May-2013 14:54 EDT

Page 1 of 2
(Continued)

Its medically inappropriate to cite or recommend psychiatry in a person with gross features of inflammation in the brain. Especially inflammation that large and prominent. I was undoubtedly having seizures.

The doctor tries to downplay the gross clinical significance of the abnormality in the MRI by having a radiologist lie in a repeated report in this setting.
The pattern of falsified blood/urine tests is apparent. The doctor is required to do a urine test with a chemical chelator (EDTA) to determine toxicity. The criminality and intentional nature of it becomes more apparent from then on in the US and extends for almost a decade thereafter.

I will send copies of his clinical notes and studies to share with his local physicians.

GAG:kkh
D:04/10/2009 14:10
T:04/12/2009 05:13
REVISED DATE: TRANS:1640

ADDENDUM: The remaining blood work was satisfactory.

Completed Action List:
* Perform by Glicksteen MD, Gary A on 10-Apr-2009 14:10 EDT
* Transcribe by Hetzinger, Kim K. on 12-Apr-2009 05:13 EDT
* Modify by Glicksteen MD, Gary A on 21-Apr-2009 13:46 EDT
* Sign by Glicksteen MD, Gary A on 24-Apr-2009 16:46 EDTRequested on 12-Apr-2009 05:20 EDT
* Verify by Glicksteen MD, Gary A on 24-Apr-2009 16:46 EDT

Narendra
Jana

Neurology Consult JANA, NARENDRA N - 6-619-053-9

* Final Report *

Result Type: Neurology Consult
Result Date: 10-Apr-2009 00:00 EDT
Result Status: Auth (Verified)
Performed By: Shuster MD, Elizabeth A on 10-Apr-2009 09:37 EDT
Verified By: Shuster MD, Elizabeth A on 16-Apr-2009 07:26 EDT
Encounter info: 205907603, Mayo Clinic in Florida, MCJ Patient, 08-Apr-2009 -

*** Final Report ***

JANA, NARENDRA N MR.
6-619-053-9
10/27/1984

04/10/2009 Elizabeth A. Shuster, M.D.
38629

REFERRING PHYSICIAN: Gary A. Glicksteen, M.D.

CHIEF COMPLAINT
Neuropsychiatric symptoms.

HISTORY OF PRESENT ILLNESS
Mr. Jana and his mother were both present for the evaluation. He is a 24-year-old gentleman who was born in India, the second baby of his mother. She tells me there were no problems with the pregnancy, and his infancy was normal. Around high school, he started to be anorectic. He just did not care much about eating and she had to remind him to eat breakfast and lunch. He dropped to about 110 pounds at one point, but his average weight usually stayed around 120 to 125.

The family moved from India to New Jersey when he was 8, and then they moved to Massachusetts shortly after. He became an engineering student at Penn State. He was doing very well with A's in his studies. In the summer of 2005 he went to Spain. While watching the run of the bull he fell and struck his head. He did not lose consciousness, but he was very dazed, and he did not do as well in the next semester in school. However, the following semester he seemed to be back to his normal state.

In January 2006 he went to England to study at Leeds. About halfway through that semester, in March, he experienced intense fatigue. He recalls walking across the campus, and even lifting his legs was difficult. He also started to notice difficulty with his memory and with concentration. He said the world became incomprehensible to him. He started an evaluation in New York at which time they did a glucose tolerance test and found a low blood sugar. He was started on many different drugs including selegiline, Abilify, St. John's wort, and ashwagandha. However, none of these really helped him, and in fact he worsened. He started to have more prominent anorexia, and he lost

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Printed on: 13-May-2013 14:54 EDT

Many of these statements are false.

I described the typical effect of MS starting in college. Extreme fatigue is common in those who have MS with a sudden lack of physical ability.

Narendra
Jana

Loss of taste of smell is characteristic of neurodegenerative diseases.
The medications prescribed have no clinical effect in MS or seizures and they predictably didn't. They were noted to be completely ineffective as well during that period of time.
Medical mistreatment.

The hospitalization is malice in a medical setting, in situations of gross toxicology the immediate response is emergency room with intensive care under toxicology. The clinicians at that point understood it as well.

Due to lack of emergency care by these doctors the feature of mineralization in the basal ganglia repeatedly show in 15 or more brain MRIs in a span of 11 years from 2009 to 2020. That's an effect of negligence and causes neurodegeneration.

* Final Report *

down to a weight of 102 pounds. He said he lost his taste in smell in 2006 as well, and that made him less interested in food. He had an MRI and saw a neurologist at Beth Israel. No definite neurologic diagnosis was forthcoming. He then started to see a psychiatrist who tried Zyprexa, Risperdal, and Seroquel. The only atypical antipsychotics he did not try were Geodon and Clozaril.

In early 2008 he was hospitalized at McLean Psychiatric Center for a week. However, over 2008 he continued to deteriorate. He tried to treat himself with different over-the-counter supplements, and for awhile he took manganese, approximately a bottle of 60, 50-mg tablets a week for approximately 3 months. He said that he believes he ingested 18 grams of manganese. During this time he developed increasing psychosis. He started to hear intense emotion in almost everything that was said to him, and he often had difficulty hearing all the words and understanding the precision of the content. He started to see visual after-images that he describes as a red glow. His vision was intermittently blurry. He started to notice burning of his hands, feet, legs, and even the back and sides of his head. He was hospitalized again at McLean for 2 weeks, and this time they put him on perphenazine, sertraline, Neurontin, and metoprolol, and that really has helped. He thinks he is tolerating the perphenazine quite well, and he is much less psychotic now. He also read about manganese poisoning and taking para-aminosalicylate as a treatment. He did find some and took it himself.

FAMILY HISTORY
The family history is negative for psychosis. His maternal uncle did have what sounds like transient bipolar symptoms when he was going through a very difficult divorce. He had a paternal aunt who had a pituitary tumor and then subsequently died of an acute stroke in her 40s. They believe the pituitary tumor was benign.

The remainder of his past history, allergies, social history, family history, and review of systems are detailed in the CHP note of Gary A. Glicksteen, M.D., and on the information for physician form from 4/8/2009.

He filled out a review of systems form for me, and of note he has had some intermittent vomiting, some diarrhea, and some constipation. He had a biopsy of his small bowel for celiac disease that was negative. He also describes decreased hearing as above.

EXAM
I have completed a full neurological examination, which is documented on the exam sheet including mental status, cranial nerve, motor, reflex, sensory, gait, and cerebellar examination. The important findings are that he has subtle hypotonia in the arms but slight hyperreflexia at the knees. I really could find no other abnormality in his exam. I did not do formal neuropsychiatric testing as he has just had it recently, and I will review this and scan the reports into the chart.

LABORATORY SUMMARY
He had outside imaging and on the most recent study from December the basal ganglia were noted to have increased mineralization. There was no CT. He

* Final Report *

has not had a lumbar puncture. He has not had a workup for metabolic disorders.

IMPRESSION/RECOMMENDATIONS
1. Rather subacute change in cognitive status associated with some systemic symptoms. It is possible that this represents the cortical form of multiple sclerosis even though his scan does not show the typical white matter changes. I would recommend he have a CSF exam to rule that out and also to check for enolase and tau protein. There has been concern about the basal ganglia and manganese poisoning. He is undergoing a 24-hour urine heavy metals today. I am going to check him for metachromatic leukodystrophy with arylsulfatase. I would recommend he also have a peroxisomal panel.

We talked about possibly doing a dopamine PET. Unless this is done as a part of a research trial, it is quite expensive. I gave him the name of some radiologists at Harvard who have published on MRI findings of the basal ganglia in patients with MS, and he may wish to pursue a consultation from one of them to see whether or not he might be a candidate for a research project specifically to look at what is going on in his basal ganglia. Diffusion tensor MR imaging could also be valuable in trying to understand this young man's illness.

The loss of taste and smell is common in some of the neurodegenerative disorders, and so it is possible that is going to be a helpful lead for the final diagnosis.

He is going to do most of the evaluation at home. I told him I am most interested in finding out the results.

EAS:ap
D:04/10/2009 09:37
T:04/10/2009 18:21
REVISED DATE: TRANS:2091

Completed Action List:
* Perform by Shuster MD, Elizabeth A on 10-Apr-2009 09:37 EDT
* Transcribe by Picker, Audra G on 10-Apr-2009 18:21 EDT
* Sign by Shuster MD, Elizabeth A on 16-Apr-2009 07:26 EDTRequested on 10-Apr-2009 19:35 EDT
* Modify by Shuster MD, Elizabeth A on 16-Apr-2009 07:26 EDT
* Verify by Shuster MD, Elizabeth A on 16-Apr-2009 07:26 EDT

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Printed on: 13-May-2013 14:54 EDT

The doctor understands that with large features of inflammation in the brain I undoubtedly have multiple sclerosis and medications outside of neuroimmunology or toxicology would have no effect. She mentions “the cortical form of MS” in the report (she knows I have MS).
She also knows that I have a clear metal toxicity that requires help under toxicology.

The clinician understands that I have a neurodegenerative condition judging from the loss of smell and taste. And predictably the toxicological syndrome causes a progressive form of multiple sclerosis. There is a 11 year sequel of neurodegeneration after this instance of negligence.

The feature that the radiologist in this instance tried to downplay eventually causes progressive neurodegeneration of the brain and spine resulting in progressive MS. Future diagnostics tests are falsified in the US and abroad to support the medical negligence by the hospitals in Massachusetts and Mayo clinic as well.

Simply making a comment about a former MRI without doing a brain and full spine MRI also has no diagnostic value. The doctor appears to trying to build support to further negligence in the same hospital.

MR Neuro Outside Interp JANA, NARENDRA N - 6-619-053-9

* Final Report *

Result Type: MR Neuro Outside Interp
Result Date: 23-Apr-2009 12:14 EDT
Result Status: Auth (Verified)
Performed By: Broderick MD, Daniel F on 23-Apr-2009 12:14 EDT
Verified By: Broderick MD, Daniel F on 23-Apr-2009 12:20 EDT
Encounter info: 205907603, Mayo Clinic in Florida, MCJ Patient, 08-Apr-2009 -

*** Final Report ***

Name : Narendra N. Jana
MRN : 06-619-053-9

Ordering Physician : 545
Creation Date : 04/23/2009
Performed At : Radiology 2nd Floor MCJ
Indications : 793.0 MRI Brain Abnormal., .NA.
23 Apr 2009 12:20PM *** Final ***
INTERP of Outside MR Neuro
Outside unenhanced MR examination of the brain from Brain Imaging Center McLean Hospital in Belmont, Maryland dated 12/18/2008. The examination is submitted on CD-ROM and reviewed on the MAGIC VIEW workstation.

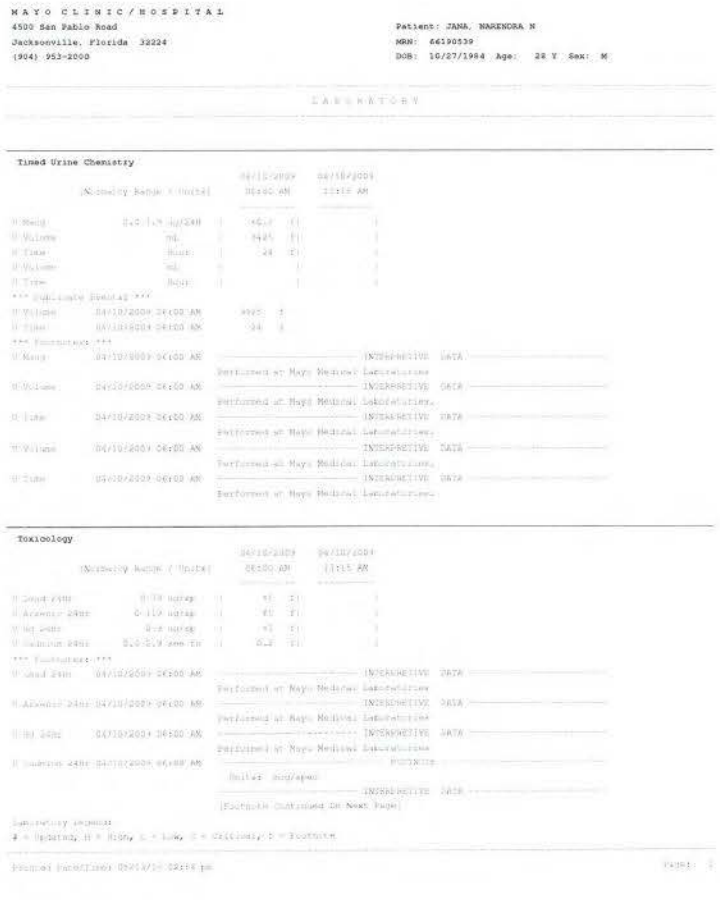
Symmetric T1 hyperintensity within the globus pallidus bilaterally. The appearance is nonspecific, is of uncertain etiology but is of doubtful clinical significance. Possible etiologies include sequela of chronic liver disease or hyperalimentation, metabolic abnormalities (including parathyroid disease) and calcification/mineralization. No additional focus of abnormal signal intensity. No mass lesion, mass effect or midline shift. The ventricular system and cortical sulci are normal in size and appearance. Diffusion weighted images demonstrate no acute infarct.
D.F. Broderick, MD

Completed Action List:
* Order by Glicksteen MD, Gary A on 23-Apr-2009 12:14 EDT
* Perform by Broderick MD, Daniel F on 23-Apr-2009 12:14 EDT
* Verify by Broderick MD, Daniel F on 23-Apr-2009 12:20 EDT
* Endorse by Glicksteen MD, Gary A on 08-Jun-2009 16:43 EDT

Printed by: Stevenson, Abigail R
Printed on: 13-May-2013 14:54 EDT

Page 1 of 1
(End of Report)

Due to the gross prominence of features in all future MRIs these blood and urine tests are easy to show as being falsified. From this point forward it's a repetitive pattern of criminal fraud followed by criminal negligence.



MAYO CLINIC/HOSPITAL
4500 San Pablo Road
Jacksonville, Florida 32224
(904) 953-2000

Patient: JANA, NARENDRA N
MRN: 64190539
DOB: 10/27/1984 Age: 23 Y Sex: M

LABORATORY

Timed Urine Chemistry

Toxicology

M A Y O C L I N I C / H O S P I T A L
4500 San Pablo Road
Jacksonville, Florida 32224
(904) 953-2000

Patient: JANA, NARENDRA N
MRN: 66190539
DOB: 10/27/1984 Age: 28 Y Sex: M

L A B O R A T O R Y

Toxicology (Continued)

*** Footnotes ***

[illegible] 04/10/2009 06:00 AM (Footnote Continued From Previous Page)
Performed at Mayo Medical Laboratories

Special Chemistry

	(Normalcy Range / Units)	04/10/2009 06:00 AM	04/10/2009 11:15 AM
[illegible] Panel			F
C22:0	[illegible]		[illegible] F
C24:0	[illegible]		[illegible] F
C26:0	[illegible]		[illegible] F
C24/C22	[illegible] Ratio		[illegible] F
C26/C22	[illegible] Ratio		[illegible] F
Prist Acid	[illegible]		[illegible] F
Phyt Acid	[illegible]		[illegible] F
Prist/Phyt	[illegible] Ratio		[illegible] F

*** Footnotes ***

[illegible] Panel 04/10/2009 11:15 AM ———— INTERPRETIVE DATA ————
Performed at Mayo Medical Laboratories

C22:0 04/10/2009 11:15 AM ———— INTERPRETIVE DATA ————
Performed at Mayo Medical Laboratories

C24:0 04/10/2009 11:15 AM ———— INTERPRETIVE DATA ————
Performed at Mayo Medical Laboratories

C26:0 04/10/2009 11:15 AM ———— INTERPRETIVE DATA ————
Performed at Mayo Medical Laboratories

C24/C22 04/10/2009 11:15 AM ———— INTERPRETIVE DATA ————
Performed at Mayo Medical Laboratories

C26/C22 04/10/2009 11:15 AM ———— INTERPRETIVE DATA ————
Performed at Mayo Medical Laboratories

Prist Acid 04/10/2009 11:15 AM ———— INTERPRETIVE DATA ————
Performed at Mayo Medical Laboratories

Phyt Acid 04/10/2009 11:15 AM ———— INTERPRETIVE DATA ————
Performed at Mayo Medical Laboratories

Prist/Phyt 04/10/2009 11:15 AM ———— INTERPRETIVE DATA ————
Performed at Mayo Medical Laboratories

Laboratory Legend:
= Updated, H = High, L = Low, C = Critical, F = Footnote

M A Y O C L I N I C / H O S P I T A L
4500 San Pablo Road
Jacksonville, Florida 32224
(904) 953-2000

Patient: JANA, NARENDRA N
MRN: 66190539
DOB: 10/27/1984 Age: 28 Y Sex: M

L A B O R A T O R Y

Hereditary/Metabolic

	(Normalcy Range / Units)	04/10/2009 06:20 AM	04/10/2009 11:15 AM
Arylsulf A WBC	[illegible]		[illegible] F

*** Footnotes ***

Arylsulf A WBC 04/10/2009 11:15 AM ———— FOOTNOTE ————
Units: [illegible]
The above results are not consistent with Metachromatic Leukodystrophy.
Results from this assay (using artificial substrate) may not reflect carrier status because of individual variation of Arylsulfatase A enzyme levels.
———— INTERPRETIVE DATA ————
Performed at Mayo Medical Laboratories

Thyroid

	(Normalcy Range / Units)	04/10/2009 06:00 AM	04/10/2009 11:15 AM
T4 Free	[illegible]		[illegible] F

*** Footnotes ***

T4 Free 04/10/2009 11:15 AM ———— INTERPRETIVE DATA ————
Elevated values are seen in
patients on thyroxine therapy.

Special Hematology

	(Normalcy Range / Units)	04/10/2009 06:00 AM	04/10/2009 11:15 AM
MMA Serum	[illegible]		[illegible] F

*** Footnotes ***

MMA Serum 04/10/2009 11:15 AM ———— INTERPRETIVE DATA ————
Performed at Mayo Medical Laboratories

Laboratory Legend:
= Updated, H = High, L = Low, C = Critical, F = Footnote

MAYO CLINIC/HOSPITAL
4500 San Pablo Road
Jacksonville, Florida 32224
(904) 953-2000

Patient: JANA, NARENDRA N
MRN: 66190539
DOB: 10/27/1984 Age: 28 Y Sex: M

LABORATORY REPORT

Special Chemistry

LD Comment 05/30/2013 11:17 AM Values obtained for Very Long Chain Fatty Acids, pristanic acid and phytanic acid are within normal limits in this sample.

*** Footnotes: ***

INTERPRETIVE DATA

Performed at Mayo Medical Laboratories

Laboratory Comments Legend:
= Updated, I = Footnote

Printed Date/Time: 05/31/13 10:59 am

END OF REPORT

Page: 1

There are unique rare blood tests ordered but regular chemistry is missing in the test, which is an oddity.