

CLAIM NUMBER: 05-IA5-_____

| DATE | REMARKS | INITIALS |
|--------|--|---------------|
| 13 Apr | <p>Claimant states US Tanker was speeding around corner and rolled over into their vehicle, killing 1 person and injuring 3, and totaling vehicle. Claimant states US soldier died in accident.</p> <p>Check SIGACTS and accident reports for Feb 16 accident in Khalis.</p> | (b)(3),(b)(6) |
| 21 Apr | <p>I talked to all the LNOs about this one. None has a record of a vehicle accident. The command denied for lack of evidence.</p> <p>BSiald that -> we gave the guy \$10,000 worth of medical care.</p> | (b)(3),(b)(6) |
| 22 Apr | <p>Safety proves incident</p> <p>Recommend payout for \$7000-</p> | (b)(3),(b)(6) |
| 22 Apr | <p>Approve for \$14,000</p> <p>Safety confirmed incident and total negligence on the part of US driver, she was speeding, and took curve too fast.</p> <p>US driver was killed.</p> | (b)(3),(b)(6) |

(b)(3),(b)(6) - PFC (b)(3),(b)(6) (b)(3),(b)(6) - SSG (b)(3),(b)(6) (b)(3),(b)(6) - CPT (b)(3),(b)(6)



DEPARTMENT OF THE ARMY
Headquarters, 3rd Brigade Combat Team
3rd Infantry Division
FOB Warhorse, Iraq
APO AE 09397

REPLY TO
ATTENTION OF:

AETV-BGR-JA

27 April 2005

MEMORANDUM OF OPINION

SUBJECT: Claim of (b)(6) 05-IA5-620

1. Claimants name and address: (b)(3),(b)(6) , Iraq.
2. Incident date and place the incident occurred giving rise to the claim: Incident occurred on 16 February 2005 in (b)(6) , Iraq.
3. Amount of claim and filing date: Claimant filed a claim in the amount of \$14,000 on 14 April 2005.
4. Chapter the claim was considered under and a brief description of the incident or of the issues raised by the claimant on reconsideration: Foreign Claims Act and Chapter 10, AR 27-20; claim filed for the wrongful death.
5. Facts:
 - a. Claimant's bus was hit by a gasoline tanker that flipped over on the road. The wreck killed one person and injured three.
 - b. There were medical documents, pictures and diagrams of the area included in the submitted claim.
6. Opinion:
 - a. In order to form a basis for a claim under the FCA, the incident in question must have arisen outside the United States. In addition, the incident must be caused by either non-combat activities of the United States Armed Forces or by negligent or wrongful acts of military members or civilian employees of the Armed Forces.

CENTCOM 000795

AETV-BGR-JA

SUBJECT: Claim of

(9)(q)

05-IA5-620

- b. There is sufficient evidence to suggest that this incident arose out of the negligence and/or wrongful acts of the United States Armed Forces.
7. Recommended Action: This claim is payable under the FCA for the above mentioned reasons. Consequently this claim for \$14,000.00 is approved.

(9)(q)(e)(q)

CPT, JA
Claims Judge Advocate

| Standard Form 1034 Revised October 1987 Department of the Treasury | | PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL | | | | VOUCHER NO. |
|--|-----------------------------|---|---|---------------------------|---|--------------------|
| U.S. DEPT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY 350th FD/9TH FINANCE BATTALION FOB WARHORSE, OIF III APO AE 09397 | | | DATE VOUCHER PREPARED 28-Apr-05 | | SCHEDULE NO. | |
| | | | CONTRACT NUMBER AND DATE 05-IA5-620 | | PAID BY 350th FD/9TH FB FOB Warhorse, OIF III APO AE 09397 | |
| | | | REQUISITION NUMBER AND DATE | | DSSN(2)Hi | |
| PAYEE'S NAME AND ADDRESS <div style="text-align: center;">(b)(6) Baqubah, Iraq</div> | | | DATE INVOICE RECEIVED | | DISCOUNT TERMS | |
| SHIPPED FROM | | | TO | WEIGHT | GOVERNMENT B/L NO. | |
| NUMBER | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES <small>(Enter description, item no. of contract or Federal supply schedule, and other information deemed necessary)</small> | QUAN-TITY | UNIT PRICE | | AMOUNT |
| | | | | COST | PER | |
| 16-Feb-05 | 07-May-05 | filed for wrongful death | 1 | 14,000.00 | | \$14,000.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
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| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| TOTAL | | | | | | \$14,000.00 |
| <small>(USE CONTINUATION SHEET IF NECESSARY)</small> | | | | | | |
| PAYMENT: | | APPROVED FOR | | EXCHANGE RATE | DIFFERENCES | |
| <input type="checkbox"/> PROVISIONAL | | = \$ 14,000.00 | | CONTRACTING RAT = | | |
| <input type="checkbox"/> COMPLETE | | | | | | |
| <input type="checkbox"/> PARTIAL | | (b)(3),(b)(6) | | | Amount verified, correct for | |
| <input checked="" type="checkbox"/> FINAL | | | | | | |
| <input type="checkbox"/> PROGRESS | | Foreign Claims Comr | | | Signature or initials | |
| <input type="checkbox"/> ADVANCE | | | | | | |
| Pursuant to authority vested in me, I certify that this voucher is correct and prop: | | | | | | |
| 28-Apr-05 | | TO: (b)(3),(b)(6) LTC, FC | | DISBURSING OFFICER | | |
| <small>(Date)</small> | | <small>(Authorized Certifying Officer)</small> | | <small>(Title)</small> | | |
| ACCOUNTING CLASSIFICATION | | | | | | |
| (b)(2)High | | | | | | \$14,000.00 |
| PAID BY | CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | | CH | ON (Name of bank) | |
| | CASH | DATE | | PAY | (b)(6) | |
| | \$14,000.00 | | | | | |

PRIVACY ACT STATEMENT
 The information requested on this form is required under the provisions of 31 U.S.C 82b and 82c, for the purpose of disbursing Federal money.
 The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

CLAIMS FORM

To: United States Army Foreign Claims Commission

From: Name: _____

(b)(6)

Address: _____

I am

a. A citizen and national of: _____

b. A permanent resident of: _____

I hereby make a claim against the United States Government for damages or injuries caused by: (Name, Organization, Military Department, Address, Telephone Number)

The property damaged is owned by: _____

My claim arose at: Khalis Iraq
(Town) (City) (Country)

My claim arose on: Feb 16 2005
Month Day Year

Give a brief statement of the accident or incident on which the claim for damages to property or for personal injury is based. (Use back of this sheet if necessary.)

Claimant states, US Gasline Tanker hit their vehicle as it came around a corner in Khalis, killing the driver and injuring 3 people.

List in detail the amount of property damage and itemized expenses resulting from the property damage or personal injury: (Attach bills and receipts, if applicable.)

| <u>Item</u> | <u>Amount</u> |
|--------------------------|---------------|
| <u>Death</u> | |
| <u>Personal Injury</u> | |
| <u>Damage to vehicle</u> | |

Total: 14,000

I claim as damages: (Indicate amount in U.S. dollars and local currency)

\$ 14,000 local _____

(b)(6)

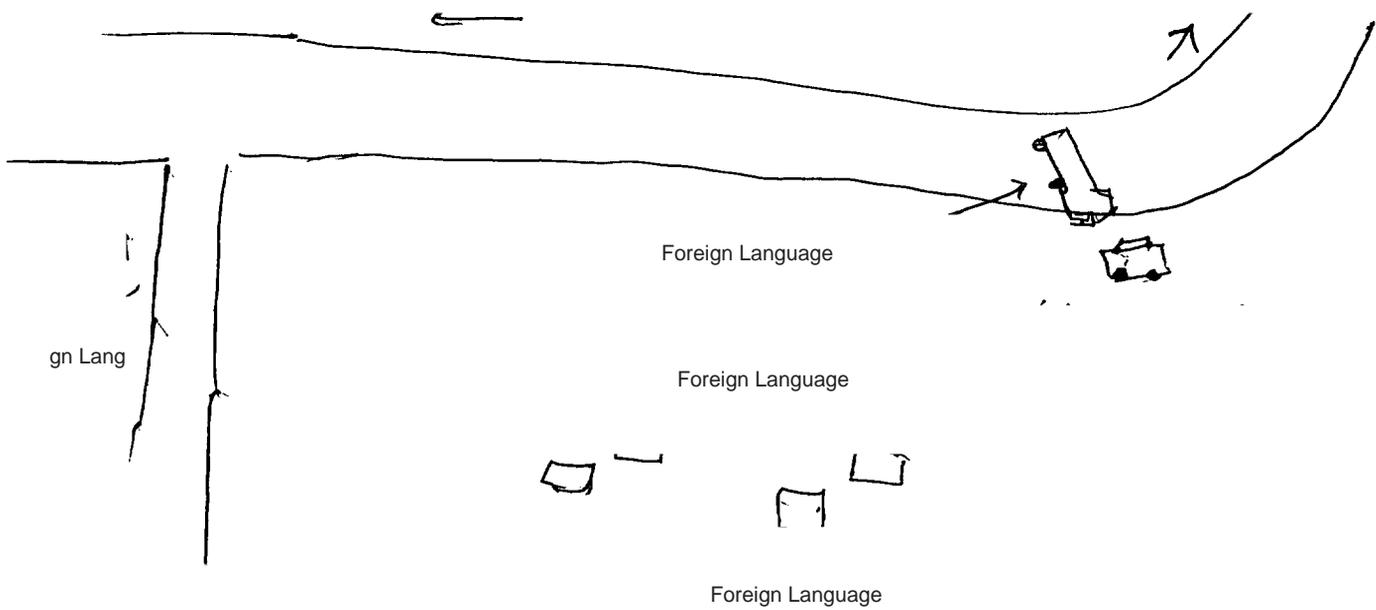
(Sign) _____ aimant proxy (b)(6)

Subscribed before me this 13 day of April, 2005.

(Pri _____ (b)(3),(b)(6)

(Signature)

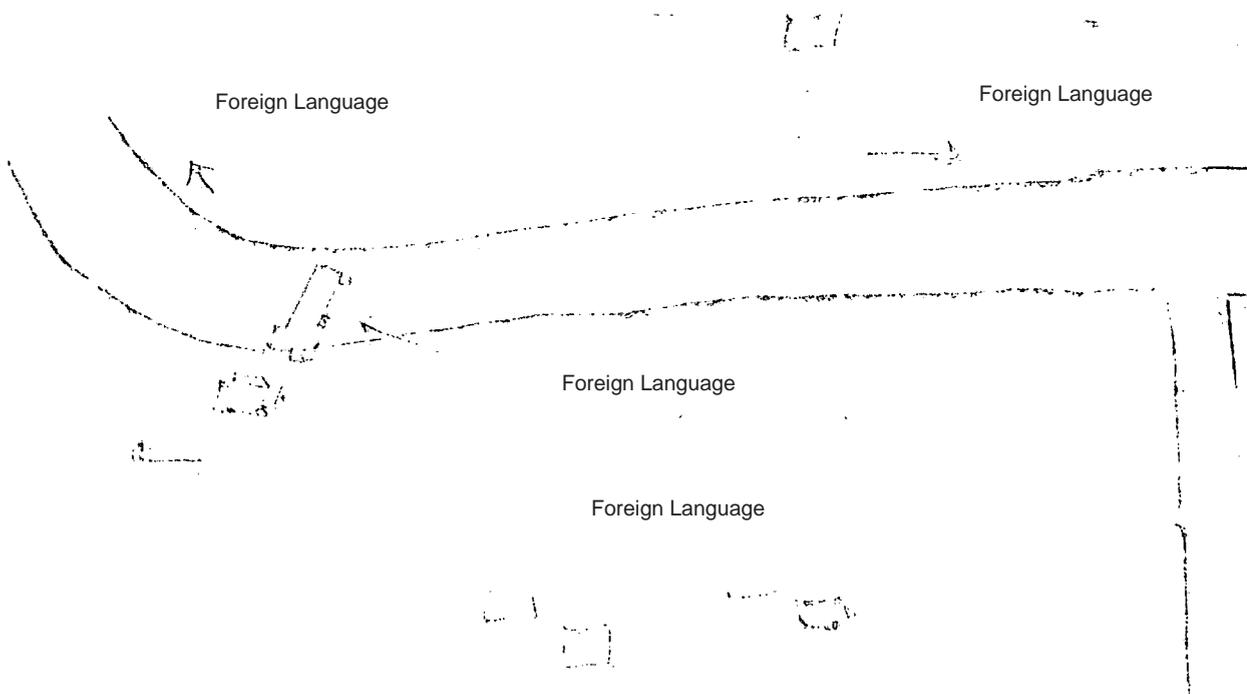
Foreign Language



(b)(6)

CENTCOM 000800

Foreign Language



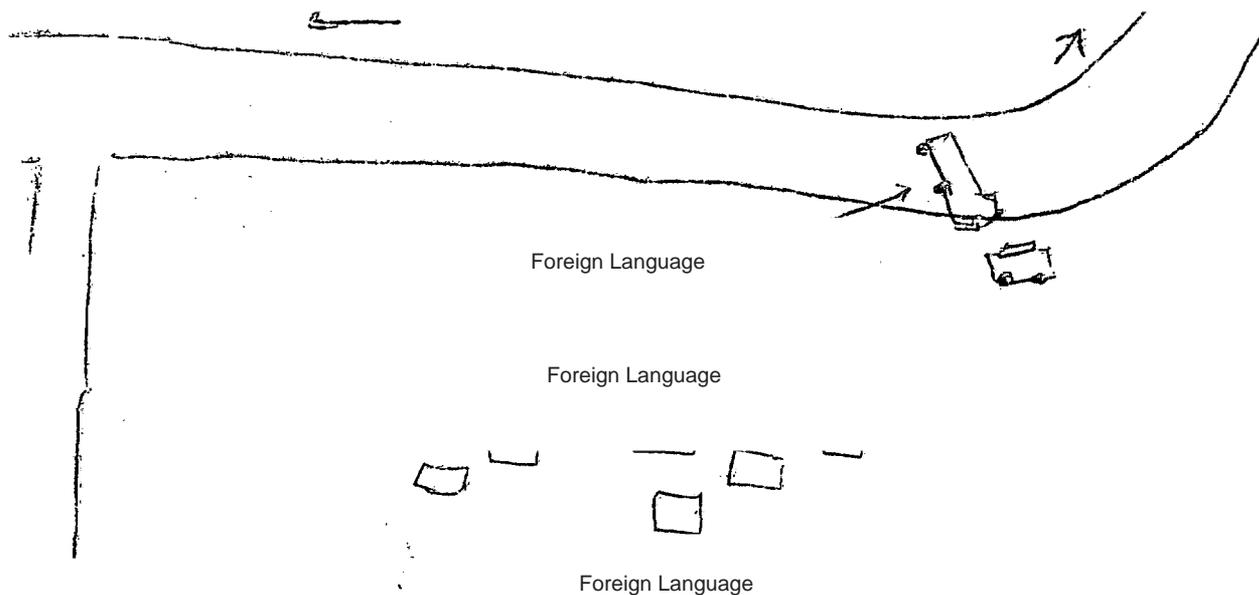
Foreign Language

Foreign Language

(b)(6)

(b)(6)

Foreign Language



(b)(6)

CENTCOM 000802

Page 11 redacted for the following reason:

Foreign Language, (b)(6)

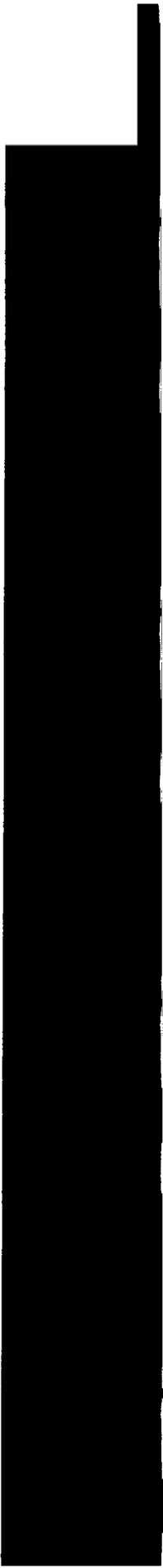
Foreign Language Text, (b)(6)

CENTCOM 000804

Foreign Language Text, (b)(6)

CENTCOM 000805

Foreign Language Text, (b)(6)



CENTCOM 000806

In the name of God

**Al-Khaliss police station
NO. / 1425
16 / 3 / 2005**

**To / the constitutional lawyer office in Baqubah
Subject / case transferring**

**Executing to the decision of Khaliss investigation judge , we send to
you the special investigating papers of the deceased victim (b)(6)
(b)(6) and the injured (b)(6) and (b)(6)
(b)(6) . we hope
that you will receive them with respects .**

LTC.

(b)(6)

**Police Station officer
16 / 3 / 2005**

**Attaches :-
Investigation papers**

CENTCOM 000807

Al-Khaliss investigation court
13 / 3 / 2005

the evidence of the injured complainant (b)(6)
(b)(6) , born in (b)(6) , his work is (b)(6) , he lives at
Al-Khaliss district - (b)(6) , he evidenced as the
following :-

in date 16 / 2 / 2005 at 7:30 A.M I was with a group of the workers
heading to Al-Hatmia village in Saladin province by the car of the
victim (b)(6) **which is** (b)(6) **- Diyala and**
when we arrived to the entry of Al-Sandia village , an American
convoy came in front us and we stopped on the soil shoulter but one of
the US vehicles came fastly and collided our car which was stopped on
the soil side and as a result of that I and all the workers who were
inside the car injured and the driver of the car (b)(6)
died because of the incident . so I demand the complaint and
compensation against the coalition forces . and this is my evidence .

the injured complainant
(b)(6)

The Judge
(b)(6)
13 / 3 / 2005

CENTCOM 000808

Al-Khaliss investigation court
13 / 3 / 2005

the evidence of the injured complainant (b)(6)
(b)(6) , born in (b)(6) , his work is (b)(6) , he lives at Al-Khaliss district – (b)(6) , he evidenced as the following :-

in date 16 / 2 / 2005 morning when we were riding the car of the victim (b)(6) heading to Al-Hatmia village in Saladin province and when we arrived to Jididatt Al-Aghwath village , an American convoy came in front us and we stopped on the soil shoulder but one of the US vehicles came fastly from the round side and collided our car which was stopped on the soil side and as a result of that I and all the workers who were inside the car injured and the driver of the car (b)(6) died because of the incident . so I demand the complaint and compensation against the coalition forces . and this is my evidence .

the injured complainant
(b)(6)

The Judge
(b)(6)
6 / 3 / 2005

CENTCOM 000809

Al-Khaliss investigation court
13 / 3 / 2005

the evidence of the injured complainant (b)(6)
(b)(6) , born in (b)(6) , his work is (b)(6) , he lives at Al-Khaliss
district – (b)(6) , he evidenced as the following :-

In the date of the accident that I do not remember exactly and the
time was morning I was sitting on the car of the victim (b)(6)
(b)(6) with (b)(6) and (b)(6) and
(b)(6) and the car is Super and we were heading to Al-
Hatmia village in Saladin province and when we arrived to Jididatt
Al-Aghwath village , an American convoy came in front us and we
stopped on the soil shoulter but one of the US vehicles came fastly
from the round side and collided our car which was stopped on the
soil side and as a result of that I and all the workers who were inside
the car injured and the driver of the car (b)(6) died
because of the incident . so I demand the complaint and compensation
against the coalition forces . and this is my evidence .

the injured complainant

(b)(6)

The Judge

(b)(6)

6 / 3 / 2005

Al-Khaliss investigation court
13 / 3 / 2005

the evidence of the injured complainant (b)(6)
(b)(6) , born in (b)(6) , his work is (b)(6) he lives
at Al-Khaliss district – (b)(6) , he evidenced as the
following :-

In the date 16 / 2 / 2005 at 7:30 A.M I and agroup of the workers
were heading to Al-Hatmia village in Saladin province by the car of
the victim (b)(6) which is (b)(6) and when we arrived to
Al-Sindia village , an American convoy came in front us and we
stopped on the soil shoulter but one of the US vehicles came fastly
from the round side and collided our car which was stopped on the
soil side and as a result of that I and all the workers who were inside
the car injured and the driver of the car (b)(6) died
because of the incident who was driving slowly . so I demand the
complaint and compensation against the coalition forces . and this is
my evidence .

the injured complainant
(b)(6)

The Judge
(b)(6)
13 / 3 / 2005

CENTCOM 000811

Al-Khaliss investigation court
2 / 3 / 2005

the evidence of the civil claimant (b)(6) , born in (b)(6) ,
his work is a (b)(6) , he lives at Al-Khaliss district – (b)(6)
(b)(6) , he evidenced as the following :-

I have no eyewitness about the incident of my husband,s death the
victim (b)(6) because of the colliding incident with his own car
(b)(6) by one of the US vehicles at Al-Sindia village . I have (b)(6) sons
from him and he was married from another wife and has (b)(6) sons and
(b)(6) daughters from her and she is dead and his mother is alive but
she is old and ill . so I demand the complaint and compensation
against the coalition forces . and this is my evidence .

the civil claimant

(b)(6)

The Judge

(b)(6)

2 / 3 / 2005

CENTCOM 000812

Al-Khaliss investigation court
28 / 2 / 2005

the evidence of the civil claimant (b)(6) , born in (b)(6) ,
his work is a (b)(6) , he lives at Al-Khaliss district – (b)(6)
(b)(6) , he evidenced as the following :-

I have no eyewitness about the incident of my fathers death the victim
because of the colliding incident with his own car (b)(6) by
one of the US vehicles at Al-Sindia village where my father was
transporting the workers to Al-Sindia bridge . my mother is dead and
my father is married to another wife (b)(6) and his mother is
alive but (b)(6) and his father is dead . so I
demand the complaint and compensation against the coalition forces .
knowing that he has (b)(6) from my mother .
and this is my evidence .

the civil claimant
(b)(6)

The Judge
(b)(6)
28 / 2 / 2005

CENTCOM 000813

Al-Khaliss investigation court
10 / 3 / 2005

the evidence of the eyewitness

, born in (b)(6) , his work is a (b)(6) , he lives at Hibhib area — (b)(6)
(b)(6) , he evidenced as the following :-

In the date of the accident that I do not remember exactly and the time was morning I was sitting in the car Super which I do not know its number and it belongs to my relative (b)(6) who was driving it and we were heading to Al-Hatmia village and when we arrived to Al-Sindia village , an American convoy came in front of us and we stopped on the soil shoulder on the right side but one of the US vehicles came fastly from the round side and overthrew and as a result of that the US overthrew vehicle deviated to our car and collided it and this incident resulted to the death of the driver of the car (b)(6) and injured the others and I have no other evidences . and this is my evidence .

the eyewitness

(b)(6)

The Judge

(b)(6)

10 / 3 / 2005

CENTCOM 000814

Al-Khaliss investigation court
10 / 3 / 2005

the evidence of the eyewitness (b)(6) , born in
(b)(6) , his work is (b)(6) , he lives (b)(6) , he
evidenced as the following :-

in 16 / 2 / 2005 at 7:15 A.M I was sitting in the car of my father
(b)(6) and agroup of persons where we were coming from Al-
Khawaylass area heading to Al-Hatmia village and when we arrived to
the entry of Al-Sindia village , an American convoy came in front of
us and we stopped on the soil shoulter on the right side but one of the
US vehicles came fastly from the round side and overthrew and as a
result of that the US overthrew vehicle deviated to our car and
collided it and this incident resulted to the death of my father (b)(6)
(b)(6) and injured the others and I have no other evidences .
and this is my evidence .

the eyewitness

(b)(6)

The Judge

(b)(6)

10 / 3 / 2005

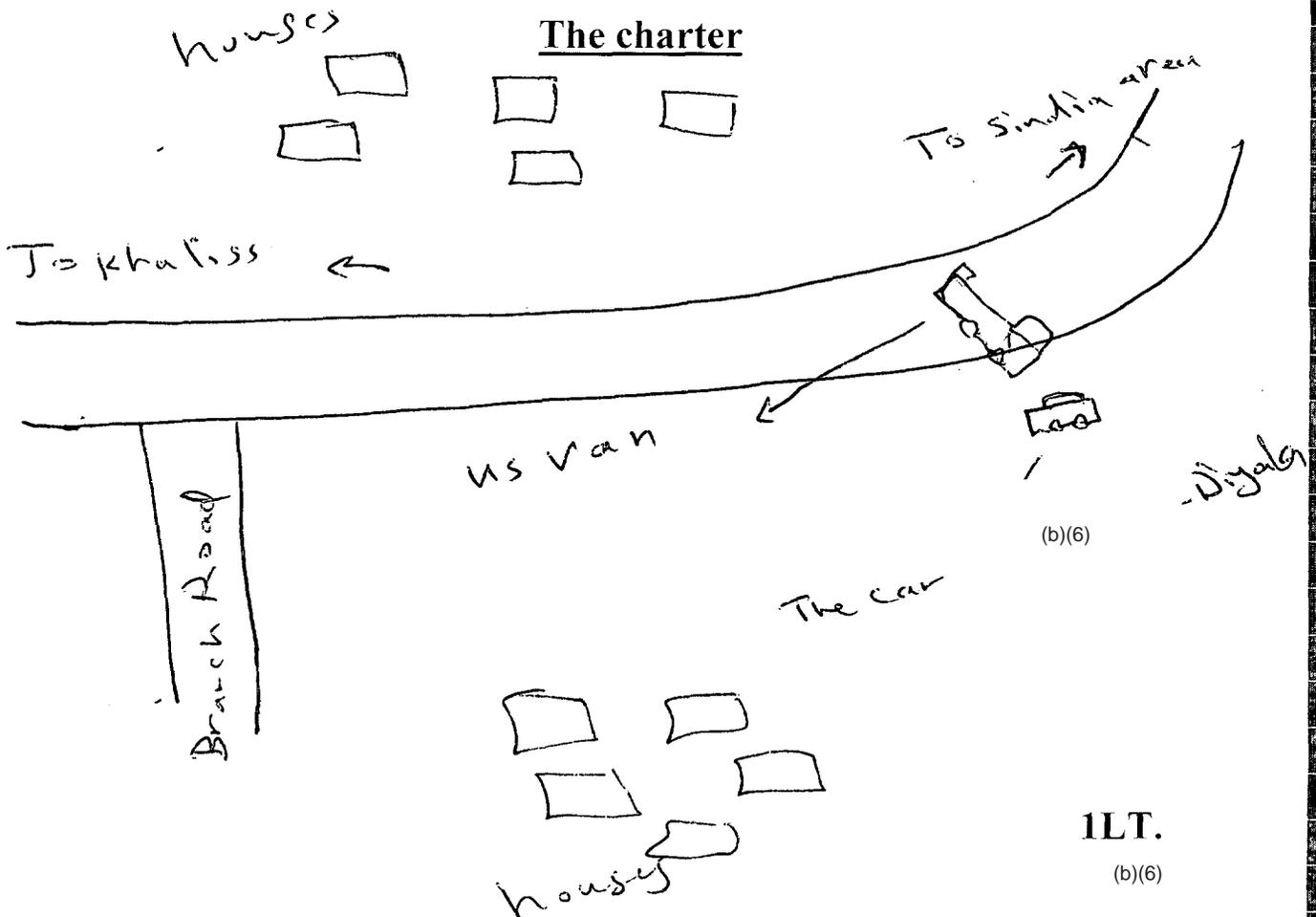
CENTCOM 000815

Al-Khaliss police station
16/2/005

the statement and the charter

according to the information came to us about the colliding incident , we went to the incident location and watched the following :-

1. the incident location is 4 K.M far from our station .
2. the incident location is located within Al-Sindia area where I watched a van (Gazoline tanker) belongs to the coalition forces which was collided with a civil car (b)(6) – Diyala – Super station .
3. I watched the van overthrew in the middle of the street heading to Al-Sindia village and it was damaged completely and there was gazoline substances in the street . and also I watched the car (b)(6) (b)(6) – Diyala – Super damaged completely and threw on the right soil shoulder .



**Al-Khaliss police station
16/ 2 / 005**

the statement of the corpse

according to the information came to us from the coalition forces about the colliding incident and the corpse , we went to the incident location and made the statement for the corpse and watched the following :-

1. the corpe belongs to the civilian (b)(6)
where I watched it when it was laid on the umbulance bed near the incident location and he was dressed Grey Dashdasha and his age is about (b)(6) years , brown skin .
2. I watched him injured largely in the head area and the face and there was blood in the nose and mouth .
3. I did not watch anything else benefit from it in the investigation .

1LT.

Inves. Officer

CENTCOM 000817

Republic of Iraq

Diyala health Office
General Hospital of Baqubah Khaliss

NO. /
Date 16 / 2 / 2005

Medical report for the police daily cases

To / Al-Khaliss police station

I am the undersigned Dr. (b)(6) , I made the medical test for the
civilian (b)(6) , age (b)(6), sex / male , in date 16 / 2 / 2005
at 8:30 A.M , and I found :-

1. the consciousness is complete at time of test.
2. The biological activities are regular at time of test .
3. There are bruises around the nose and a paint in the rib area and the chest .

All the necessary procedures were taken .

Doctor

Republic of Iraq

Diyala health Office
General Hospital of Baqubah Khaliss

NO. /
Date 16 / 2 / 2005

Medical report for the police daily cases

To / Al-Khaliss police station

I am the undersigned Dr. (b)(6), I made the medical test for the
civilian (b)(6), age (b)(6), sex / male, in date 16 /
2 / 2005 at 8:30 A.M, and I found :-

1. the consciousness is complete at time of test.
2. The biological activities are regular at time of test .
3. There are a wound in the right leg .
4. There is a tumor in right shoulder .

All the necessary procedures were taken .

Doctor

(b)(6)

Republic of Iraq

**Diyala Health Office
Forensic Medicine**

**Ref : 425
Date : 21 / 2 / 2005**

**Questionnaire of the anatomy medical report
To / Al-Khaliss police station**

I am the undersigned Dr. (b)(6), I made the medical anatomy for the corpse of the civilian (b)(6), sent the anatomy form by the police station in date 16 / 2 / 2005 and the results were as the following :-

The external damages : -

**Bleeding in the nose and mouth .
Bruises in the back and Belly**

**breaks in the skull bones .
bleeding in the brain tissues .**

conclusion :-

**the cause of the death of the civilian (b)(6) is
breaks in the skull bones and the bleeding because of a big
shock .**

Doctor

(b)(6)

Date: 21 Feb 05

LSA Anaconda and 332nd AFTH Gate Guards

Patient 2696 (ID Number _____) by the _____ Service
at the Air Force Theater Hospital. The patient needs to enter LSA Anaconda and the 332nd
AFTH for an appointment on _____.

Date of Admission: 17 Feb 05

Date of Discharge: 21 Feb 05

Operative History:

- ① ORIF, long plate @ femur 17 Feb 05
- ② APC wound @ tibia 19 Feb 05

Active Medical & Surgical Issues:

See above

X-ray studies to be performed prior to clinic visit:

N/A

Long Term Surgical Plan

- ① Follow up 1 Mar 05 1300L OT/AT clinic
- ② Take all meds as written

③ Crutches, No weight on @ leg

Please allow this patient and escort through the gate.

Thank You,

(b)(3),(b)(6)

Signa

(b)(3),(b)(6)

Capt, USAF

(b)(3)(b)(6)

Printed Name, Rank and Corps

332nd EMDG/AFTH

(b)(6)

CENTCOM 000822

(b)(6)

PROGRESS NOTES

(b)(3)(b)(6)

(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

CENTCOM 000823

Patient Identification | Date/Time of Order | Order Number

SSN: (b)(6)
Pt. ID: (b)(6)

Name:
Rank: (b)(3),(b)(6)
Deployed Unit:

Home Station:

| Nursing Unit | Room No. | Bed No. |
|--------------|----------|---------|
| | | |

(b)(3),(b)(6)

(b)(3),(b)(6)

(b)(6)

(b)(3),(b)(6)

(b)(3),(b)(6)

(b)(3),(b)(6)

DA FORM 1-Apr-79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

Subject to the Privacy Act of 1974

Page 2 of 4

(b)(6)

CENTCOM 000825

| | | |
|------------------------|--------------------|-------------|
| Patient Identification | Date/Time of Order | Order Noted |
|------------------------|--------------------|-------------|

SSN:

Pt. ID:

(b)(6)

Name:

(3),(b)

Rank:

Deployed Unit:

Home Station:

| Nursing Unit | Room No. | Bed No. |
|--------------|----------|---------|
|--------------|----------|---------|

(b)(6)

(3),(b)

b)(3),(b)(6)

(b)(3),(b)(6)

DA

1-Apr-79

4

Subject to the Privacy Act of 1974

(b)(6)

CENTCOM 000826

Patient Identification

SSN:

Pt. ID: (b)(6)

Name:

Rank:

Deployed Unit:

Home Station:

| Nursing Unit | Room No. | Bed No. |
|--------------|----------|---------|
| | | |

(b)(6)

(3),(b)(

(b)(3),(b)(6)

DA

1-Apr-79

4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

Subject to the Privacy Act of 1974

Page 3 of 4

(b)(6)

CENTCOM 000827

Patient Identification

SSN:

Pt. ID:

Name: (b)(6)

Rank:

Deployed Unit:

Home Station:

b)(6), (b)(3)

Nursing Unit Room No.

(b)(3),(b)(6)

b)(3),(b)(6)

(b)(6)

(b)(3),(b)(6)

(b)(3),(b)(6)

(b)(3),(b)(6)

(b)(3),(b)(6)

(b)(3),(b)(6)

DA

FC

1-Apr-79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED

Subject to the Disposition of the Original Document

(b)(6)

CENTCOM 000828

Page 37 redacted for the following reason:

Foreign Language, (b)(6)

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CENTCOM 000830

Page 39 redacted for the following reason:

Foreign Language, (b)(6)

CENTCOM 000832

Page 41 redacted for the following reason:

Foreign Language. (b)(6)

CENTCOM 000834

Pages 43 through 46 redacted for the following reasons:

Foreign Language
Foreign Language, (b)(6)

CENTCOM 000839

PATIENT IDENTIFICATION

(b)(6)

(b)(3),(b)(6)

(b)(3),(b)(6)

| | |
|--------------|----------|
| NURSING UNIT | ROOM NO. |
|--------------|----------|

PATIENT IDENTIFICATION

(b)(3),(b)(6)

| | |
|--------------|----------|
| NURSING UNIT | ROOM NO. |
|--------------|----------|

PATIENT IDENTIFICATION

(b)(6)

(b)(6)

(b)(3),(b)(6)

(b)(3),(b)(6)

NUR:

PATI:

(b)(3),(b)(6)

(b)(3),(b)(6)

| | |
|--------------|----------|
| NURSING UNIT | ROOM NO. |
|--------------|----------|

(b)(3),(b)(6)

AF IMT 3066-1, 19870401, V2

(b)(3),(b)(6)

DOCTOR'S ORDERS - (SIGNATURES)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION

(b)(6)

(b)(6)

(b)(3),(b)(6)

(b)(3),(b)(6)

| | | |
|--------------|----------|-----|
| NURSING UNIT | ROOM NO. | BED |
|--------------|----------|-----|

PATIENT IDENTIFICATION

DATE OF ORDER

TIME

| | | |
|--------------|----------|---------|
| NURSING UNIT | ROOM NO. | BED NO. |
|--------------|----------|---------|

PATIENT IDENTIFICATION

DATE OF ORDER

TIME

| | | |
|--------------|----------|---------|
| NURSING UNIT | ROOM NO. | BED NO. |
|--------------|----------|---------|

PATIENT IDENTIFICATION

DATE OF ORDER

TIME

| | | |
|--------------|----------|---------|
| NURSING UNIT | ROOM NO. | BED NO. |
|--------------|----------|---------|

AF IMT 3066-1, 19870401, V2

INPATIENT REC'D

CENTCOM 000843

Pt ID

Name

Rank

Deployed Unit:

Home Station:

Nursing Unit

(b)(6)

(b)(6)

(b)(3),(b)(6)

(b)(3),(b)(6)

(b)(3),(b)(6)

Patient Id

SSN:

(b)(6)

Pt. ID:

Name:

Rank:

Deployed

Home Sta:

Nursing

(b)(6)

(b)(3),(b)(6)

(b)(6)

(b)(3),(b)(6)

(b)(3),(b)(6)

U/

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION

(b)(3),(b)(6)

(b)(3),(b)(6)

N

P

(b)(6)

(b)(6)

N

P

(b)(3),(b)(6)

(b)(6)

N

P

NURSING UNIT

ROOM NO.

BED NO.

AF IMT 3066-1, 19870401, V2

INPATIENT REC

Page 55 redacted for the following reason:

(b)(6)

Pages 57 through 61 redacted for the following reasons:

(b)(6)

332D EMDG Laboratory Request Form (Subject to Privacy Act of 1974)

| | | | | |
|---------------------------------|------------------|----------------------|------------------------|-------------------------|
| Patient (Last, First MI) | Provider: | Ward/Section: | SSN/Pseudo SSN: | Sex: M F |
|---------------------------------|------------------|----------------------|------------------------|-------------------------|

| | | | |
|---|--------------|--------------|-------------|
| <input type="checkbox"/> STAT <input type="checkbox"/> Pre-op <input type="checkbox"/> Routine | Date: | Time: | DOB: |
|---|--------------|--------------|-------------|

CBC (Hematology) - Purple Top

| | | |
|--------------------------|-------|--|
| <input type="checkbox"/> | WBC | 4.4-11 x 10 ³ /μl |
| | RBC | 4.5-5.9 x 10 ⁶ /μl |
| | HGB | 14.0-17.5 g/dl (M) 12.3-15.3 g/dl (F) |
| | HCT | 41.5-50.4 % (M) 35.9-44.6 % (F) |
| | MCV | 80-96 fl (M) 81-99 fl (F) |
| | MCH | 27-33 pg (M) 27-31 pg (F) |
| | MCHC | 33-37 g/dl (M) 33-35 g/dl (F) |
| | PLT | 130-450 x 10 ³ /μl |
| | Lymp% | 21-51% |

Urinalysis (Chemistry)

| | | |
|--------------------------|---------|-------------------|
| <input type="checkbox"/> | Color | Straw, Yel, Amber |
| | Clarity | Clear |
| | Spec Gr | 1.003-1.030 |
| | pH | 4.6-8.0 |
| | LEU | Neg |
| | NIT | Neg |
| | PRO | Neg |
| | GLU | Neg |
| | KET | Neg |
| | UBG | 0.1-1.0 |
| | BIL | Neg |
| | BLD | Neg |
| | Other | |

Serology - Red Top

| | | | |
|--------------------------|-----------|--------|-----------|
| <input type="checkbox"/> | Test | Result | Ref Range |
| | Serum HCG | _____ | Neg |
| | Urine HCG | _____ | Neg |
| | Inf Mono | _____ | Neg |
| | RPR | _____ | Neg |
| | HIV | _____ | Neg |
| | Strep A | _____ | Neg |
| | Chlymdia | _____ | Neg |

Microbiology

| | | | |
|--------------------------|------------|--------|-----------|
| <input type="checkbox"/> | Test | Result | Ref Range |
| | Source: | | |
| | Gram stain | _____ | Neg |
| | Occ Blood | _____ | Neg |

Manual Differential (Hematology) - Purple

| | | | |
|--------------------------|--------|--------|-----------|
| <input type="checkbox"/> | Test | Result | Ref Range |
| | Segs | _____ | 55-70% |
| | Bands | _____ | 1-3% |
| | Lymphs | _____ | 20-40% |
| | -Atyp | _____ | None |
| | Mono | _____ | 2-8% |
| | Eos | _____ | 1-4% |
| | Baso | _____ | 0.5-1.0% |
| | Other | _____ | None |

Urinalysis (Microscopic)

| | | | |
|--------------------------|----------|--------|-----------|
| <input type="checkbox"/> | Test | Result | Ref Range |
| | WBC | _____ | 0-5/Hpf |
| | RBC | _____ | 0-3/Hpf |
| | Epi | _____ | 0-5/Hpf |
| | - Type | _____ | |
| | Bact | _____ | Neg |
| | Mucous | _____ | Neg |
| | Crystals | _____ | Neg |
| | Yeast | _____ | Neg |
| | Trich | _____ | Neg |
| | Casts | _____ | Neg |
| | - Type | _____ | |
| | Other | _____ | |

Malaria Smears - Purple Top

| | | | |
|--------------------------|-------------|--------|-----------|
| <input type="checkbox"/> | Test | Result | Ref Range |
| | Thin Smear | _____ | Neg |
| | Thick Smear | _____ | Neg |

CSF Analysis

| | | | |
|--------------------------|---------|--------|--------------------------|
| <input type="checkbox"/> | Test | Result | Ref Range |
| | Color | _____ | |
| | Clarity | _____ | |
| | RBC | _____ | None |
| | WBC | _____ | <5 Lymph/mm ³ |

Coagulation Studies - Blue Top (Full)

| | | | |
|--------------------------|---------|--------|-----------|
| <input type="checkbox"/> | Test | Result | Ref Range |
| | PT | _____ | 8-14 Sec |
| <input type="checkbox"/> | INR | _____ | |
| <input type="checkbox"/> | PTT | _____ | 20-40 Sec |
| <input type="checkbox"/> | D-dimer | _____ | Neg |
| <input type="checkbox"/> | FDP | _____ | Neg |

Blood Bank - Purple Top

Must Submit SF 518
with every unit requested

ABO/Rh

Miscellaneous Chemistry - Green

| | | | |
|--------------------------|-----------|--------|-----------|
| <input type="checkbox"/> | Test | Result | Ref Range |
| | Myoglobin | _____ | Neg |
| <input type="checkbox"/> | Troponin | _____ | Neg |
| <input type="checkbox"/> | CKMB | _____ | Neg |
| <input type="checkbox"/> | H. pylori | _____ | Neg |

| <p>I-STAT (ABG) Syringe or Green Top</p> <p><input type="checkbox"/> Na⁺ 138-146 mmol/L</p> <p><input type="checkbox"/> K⁺ 3.5-4.9 mmol/L</p> <p><input type="checkbox"/> tCO₂ 22-28</p> <p><input type="checkbox"/> iCa 1.12-1.32 mmol/L</p> <p>Temp <input type="checkbox"/> Hct 38-51%</p> <p><input type="checkbox"/> Hgb 12-17 g/dl</p> <p><input type="checkbox"/> HCO₃ 22-26 mmol/L (art) 23-28 mmol/L (ven)</p> <p>FIO₂ <input type="checkbox"/> BEecf (-) - (+3)</p> <p><input type="checkbox"/> s O₂ 95-98%</p> <p><input type="checkbox"/> pH 7.31-7.45 (art) 7.35-7.45 (ven)</p> <p><input type="checkbox"/> pCO₂ 35-45 mmHg (adult) 26-41 mmHg (<2y/o)</p> <p><input type="checkbox"/> pO₂ 80-105 mmHg (art) N/A (ven)</p> | <p>(Piccolo) Chemistry 12 Green Top</p> <p><input type="checkbox"/> ALB 3.5-5.5 g/dl</p> <p><input type="checkbox"/> ALP 36-84 u/l</p> <p><input type="checkbox"/> ALT 10-47 u/l</p> <p><input type="checkbox"/> AMY 14/97 u/l</p> <p><input type="checkbox"/> AST 11-38 u/l</p> <p><input type="checkbox"/> TBIL 0.2-1.6 u/l</p> <p><input type="checkbox"/> BUN 7-22 mg/dl</p> <p><input type="checkbox"/> CA⁺⁺ 8.0-10.3 mg/dl</p> <p><input type="checkbox"/> CHOL 100-200 mg/dl</p> <p><input type="checkbox"/> CREA 0.6-1.2 g/dl</p> <p><input type="checkbox"/> GLU 73-118 mg/dl</p> <p><input type="checkbox"/> TP 6.4-8.1 mg/dl</p> | <p>(Piccolo) Basic Metabolic Panel (Chem 7 w/lytes) - Green Top</p> <p><input type="checkbox"/> GLU 73-118 mg/dl</p> <p><input type="checkbox"/> BUN 7-22 mg/dl</p> <p><input type="checkbox"/> CA⁺⁺ 8.0-10.3 mg/dl</p> <p><input type="checkbox"/> CREA 0.6-1.2 g/dl</p> <p><input type="checkbox"/> Na⁺ 128-145 mmol/L</p> <p><input type="checkbox"/> K⁺ 3.3-4.7 mmol/L</p> <p><input type="checkbox"/> Cl⁻ 98-108 mmol/L</p> <p><input type="checkbox"/> tCO₂ 18-33 mmol/L</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-----------|------------------------------|-----------|------------------------------|--------------------------------|----------|---------------|---------------------------------|-----------|-----------------------------------|----------------------------------|-------|--|---|---|--------------------------------|------------------------------|-------|-------------------------------------|------------------------------|-------|----------|------------------------------|-------|----------|--|---|
| <p>I-STAT (Misc) Syringe or Green Top</p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> GLU</td> <td>_____</td> <td>70-105 mg/dl</td> </tr> <tr> <td><input type="checkbox"/> Creat</td> <td>_____</td> <td>0.7-1.5 mg/dl</td> </tr> <tr> <td><input type="checkbox"/> An Gap</td> <td>_____</td> <td>10-20 mmol/L</td> </tr> <tr> <td><input type="checkbox"/> Lactate</td> <td>_____</td> <td>0.36-1.25 mmol/L (art) 0.9-1.7 mmol/L (ven)</td> </tr> </tbody> </table> | Test | Result | Ref Range | <input type="checkbox"/> GLU | _____ | 70-105 mg/dl | <input type="checkbox"/> Creat | _____ | 0.7-1.5 mg/dl | <input type="checkbox"/> An Gap | _____ | 10-20 mmol/L | <input type="checkbox"/> Lactate | _____ | 0.36-1.25 mmol/L (art) 0.9-1.7 mmol/L (ven) | <p>(Piccolo) Metlyte 8 Green Top</p> <p><input type="checkbox"/> GLU 73-118 mg/dl</p> <p><input type="checkbox"/> BUN 7-22 mg/dl</p> <p><input type="checkbox"/> CREA 0.6-1.2 g/dl</p> <p><input type="checkbox"/> CK 39-380 u/l (M) 30-190 u/l (F)</p> <p><input type="checkbox"/> Na⁺ 128-145 mmol/L</p> <p><input type="checkbox"/> K⁺ 3.3-4.7 mmol/L</p> <p><input type="checkbox"/> Cl⁻ 98-108 mmol/L</p> <p><input type="checkbox"/> tCO₂ 18-33 mmol/L</p> | <p>(Piccolo) Liver Panel + - Green Top</p> <p><input type="checkbox"/> ALB 3.5-5.5 g/dl</p> <p><input type="checkbox"/> ALP 36-84 u/l</p> <p><input type="checkbox"/> ALT 10-47 u/l</p> <p><input type="checkbox"/> AMY 14/97 u/l</p> <p><input type="checkbox"/> AST 11-38 u/l</p> <p><input type="checkbox"/> TBIL 0.2-1.6 u/l</p> <p><input type="checkbox"/> GGT 5-65 u/l</p> <p><input type="checkbox"/> TP 6.4-8.1 mg/dl</p> | | | | | | | | | | | | |
| Test | Result | Ref Range | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GLU | _____ | 70-105 mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Creat | _____ | 0.7-1.5 mg/dl | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> An Gap | _____ | 10-20 mmol/L | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lactate | _____ | 0.36-1.25 mmol/L (art) 0.9-1.7 mmol/L (ven) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>DRUGS OF ABUSE - Urine</p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> PCP</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> BZO</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> COC</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> AMP</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> THC</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> OPI</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> BAR</td> <td>_____</td> <td>Negative</td> </tr> <tr> <td><input type="checkbox"/> TCA</td> <td>_____</td> <td>Negative</td> </tr> </tbody> </table> | Test | Result | Ref Range | <input type="checkbox"/> PCP | _____ | Negative | <input type="checkbox"/> BZO | _____ | Negative | <input type="checkbox"/> COC | _____ | Negative | <input type="checkbox"/> AMP | _____ | Negative | <input type="checkbox"/> THC | _____ | Negative | <input type="checkbox"/> OPI | _____ | Negative | <input type="checkbox"/> BAR | _____ | Negative | <input type="checkbox"/> TCA | _____ | Negative | <p>General Chem 7 w/o lytes - Green</p> <p><input type="checkbox"/> CA⁺⁺ 8.0-10.3 mg/dl</p> <p><input type="checkbox"/> CHOL 100-200 mg/dl</p> <p><input type="checkbox"/> CREA 0.6-1.2 g/dl</p> <p><input type="checkbox"/> GLU 73-118 mg/dl</p> <p><input type="checkbox"/> TBIL 0.2-1.6 u/l</p> <p><input type="checkbox"/> BUN 7-22 mg/dl</p> <p><input type="checkbox"/> Uric 2.2-6.6 mg/dl(F) 3.6-8.0 mg/dl(M)</p> | <p>Lipid Panel - Green Top</p> <p><input type="checkbox"/> CHOL 100-200 mg/dl</p> <p><input type="checkbox"/> HDL ≥ 60 mg/dl</p> <p><input type="checkbox"/> TRIG <150 mg/dl</p> <p><input type="checkbox"/> TC/H Male ≤5 Female ≤4.5</p> <p><input type="checkbox"/> LDL <100 mg/dl</p> <p><input type="checkbox"/> VLDL <30 mg/dl</p> |
| Test | Result | Ref Range | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> PCP | _____ | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> BZO | _____ | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> COC | _____ | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AMP | _____ | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> THC | _____ | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> OPI | _____ | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> BAR | _____ | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> TCA | _____ | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><input type="checkbox"/> ALC Negative</p> <p><input type="checkbox"/> Phenytoin -</p> | <p>Remarks: (For Lab Use Only)</p> | <p>RPR - Red Top</p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> RPR</td> <td>_____</td> <td>Negative</td> </tr> </tbody> </table> <p>Cardiac Tests - Green</p> <table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Ref Range</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Troponin</td> <td>_____</td> <td>Neg</td> </tr> <tr> <td><input type="checkbox"/> Myoglobin</td> <td>_____</td> <td>Neg</td> </tr> <tr> <td><input type="checkbox"/> CK-MB</td> <td>_____</td> <td>Neg</td> </tr> <tr> <td><input type="checkbox"/> CKMB Quant</td> <td>_____</td> <td></td> </tr> </tbody> </table> | Test | Result | Ref Range | <input type="checkbox"/> RPR | _____ | Negative | Test | Result | Ref Range | <input type="checkbox"/> Troponin | _____ | Neg | <input type="checkbox"/> Myoglobin | _____ | Neg | <input type="checkbox"/> CK-MB | _____ | Neg | <input type="checkbox"/> CKMB Quant | _____ | | | | | | | |
| Test | Result | Ref Range | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> RPR | _____ | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test | Result | Ref Range | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Troponin | _____ | Neg | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Myoglobin | _____ | Neg | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CK-MB | _____ | Neg | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CKMB Quant | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

332 EMDG-- Phone (b)(2)High

NAME

Social Security Number (omit if Mass Casualty)

• ORTHO/

Patient Origin ED ICU-1 ICU-2 Ward-1 Ward-2 Ward-3 PACU PT EMEDDS

if none of above, enter name of clinic and phone number here:

History/What are you looking for? (circle or specify)

IED Gunshot MVA

Provider who will get these results:

Exam Requested

check here if portable (ER/ICU/PACU only)

| | | |
|----|----|----------|
| RT | LT | CLAVICLE |
| RT | LT | SHOULDER |

(b)(3)(b)(6)

(b)(6)

(b)(3),(b)(6)

SYSTEM

Neurological: Alert and oriented to person, place, and time. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.

) (3), (b) (6)

) (3), (b) (6)

) (3), (b) (6)

Date & Time

Normal

YES / NO *

Initial _____

Cardiovascular: Pulse is regular and rate is within range for age. No dependent edema. Nail beds and mucous membranes pink. No calf tenderness. Calf tones normal.

b) (3), (b) (6)

b) (3), (b) (6)

) (3), (b) (6)

Normal

YES / NO *

Initial _____

3. Pulmonary: Respirations are within normal rate; quiet and regular. Depth is regular, no cough. No abnormal breathe sounds.

) (3), (b) (6)

) (3), (b) (6)

b) (3), (b) (6)

Normal

YES / NO *

Initial _____

4. GI: Abdomen soft and non distended. BS active. No N/V/pain while eating, no problems shewing or swallowing. Denies constipation, diarrhea or rectal bleeding.

) (3), (b) (6)

) (3), (b) (6)

) (3), (b) (6)

Normal

YES / NO *

Initial _____

5. GU: Reports no dysuria, retention, urgency, frequency, nocturia. Urine is clear, yellow/amber. No unusual discharge.

) (3), (b) (6)

) (3), (b) (6)

b) (3), (b) (6)

Normal

YES / NO *

Initial _____

6. Musculoskeletal: Normal muscle development & mass for age. No deformities. No assistive device needed. Normal active ROM w/o pain. No joint swelling, tenderness, weakness, or parasthesia.

) (3), (b) (6)

b) (3), (b) (6)

b) (3), (b) (6)

Normal

YES / NO *

Initial _____

7. Skin: Warm, dry, intact. Good turgor and blanching. No rashes or irritation over bony prominences. Mucous membranes moist. Implement Braden scale?

b) (3), (b) (6)

) (3), (b) (6)

b) (3), (b) (6)

Normal

YES / NO *

Initial _____

8. Pain: No complaints of pain or discomfort. Pain managed with medications appropriately. Document on nursing notes.

b) (3), (b) (6)

b) (3), (b) (6)

) (3), (b) (6)

Normal

YES / NO *

Initial _____

9. Psychosocial: Behavior is appropriate to situation. Calm and cooperative with normal affect. Interacts appropriately with others.

) (3), (b) (6)

) (3), (b) (6)

b) (3), (b) (6)

Normal

YES / NO *

Initial _____

* Note: Any abnormal findings must be documented on Nursing Notes.

(b) (6)

Pages 66 through 68 redacted for the following reasons:

(b)(6)

(b)(7)

| | | B / P | PULSE | RESP | TEMP | PAIN | O2% | ORAL | IV | Emesis | Urine | JP 1 | JP 2 | JP 3 |
|-----|------|-------|-------|------|------|------|-----|------|----|--------|-------|------|------|------|
| WT: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| TE | TIME | | | | | | | | | | | | | |
| WT: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| TE | TIME | | | | | | | | | | | | | |
| WT | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

SSN / PT #
Name:

(b)(6)

000861

2ND EMDG LABORATORY REQUEST FORM
(Subject to Privacy Act of 1974)

IF ALL GREY AREAS, OR SPECIMEN WILL NOT BE PROCESSED

| | | | | |
|--|---|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> TIME | <input checked="" type="checkbox"/> I/O | <input checked="" type="checkbox"/> STAT | <input type="checkbox"/> PRE-OP | <input type="checkbox"/> ROUTINE |
| <input type="checkbox"/> E-SSN/ <input type="checkbox"/> Local SSN | | <input type="checkbox"/> DOB | | <input type="checkbox"/> Pt. Ser. |

(b)(6)

(b)(6)

(Subject to Privacy Act of 1974)

ALL GREY AREAS OR SPECIMEN WILL NOT BE PROCESSED

(b)(6)

Updated 18 Jan 05

(b)(2)High

Page 1/2

CENTCOM 000863

G Laboratory Request Form (Subject to Privacy Act of 1974)

Provider:

Ward/Section:

SSN/Pseudo SSN:

Sex:

(b)(6)

| | Date |
|------------|------------|
| | Time |
| Piccolo | Limits |
| WBC | 4.5 - 10.5 |
| Hb | 11.0 - 18. |
| Hct | 35 - 60 |
| Platelets | 150 - 450 |
| % Lymp. | 20.5 - 51. |
| aPTT (sec) | |
| PT (sec) | |
| INR | |

| ABG iStat | |
|------------------------------------|-------------|
| Na | 138 - 146 |
| K | 3.5 - 4.9 |
| tCO ₂ | 22 - 28 |
| iCa | 1.12 - 1.3: |
| Hct | 38 - 51 |
| Hb | 12. - 17 |
| Temp | |
| FiO ₂ | 0.21 - 1.0 |
| pH | 7.31 - 7.4: |
| PCO ₂ | 35 - 45 |
| PO ₂ | 80 - 105 |
| HCO ₃ | 22 - 26 |
| BE | (-2) - (+3) |
| SaO ₂ (calc) | 95 - 98% |
| Anion Gap | 12 (+/- 4) |
| (A-a) grad | Variable |
| PaO ₂ /FiO ₂ | <300 bad |

(b)(6)

| Piccolo | |
|------------------|-----------|
| Na | 128 - 145 |
| K | 3.3 - 4.7 |
| Cl | 98 - 108 |
| tCO ₂ | 18 - 33 |
| BUN | 7.0 - 22 |
| Creatinine | 0.6 - 1.2 |

| | |
|------------|------------|
| Glucose | 73 - 118 |
| Ca | 8.0 - 10.3 |
| Albumin | 3.3 - 5.5 |
| ALP | 53 - 128 |
| ALT | 10.0 - 47 |
| AMY | 14 - 97 |
| AST | 11.0 - 38 |
| T.BILI | 0.2 - 1.6 |
| T. Protein | 6.4 - 8.1 |
| GGT | 5.0 - 65 |
| CK | 39 - 380 |
| CKMB | |
| Troponin | |
| Serum Osm | 278 - 305 |

Pages 74 through 77 redacted for the following reasons:

(b)(6)

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(b)(6)

| | | | | | | | | |
|---|---|--|---|---|--|---|--|--|
| <p style="text-align: right;">0 x 10⁷/μl</p> <p>Lymp% 21-51%</p> | | | <p style="text-align: center;">Urine</p> | | | <p style="text-align: center;">Source</p> | | |
| <p>Manual Differential (Hematology) - Purple</p> | | | <p>Urinalysis (Microscopic)</p> | | | <p><input type="checkbox"/> Wound _____ NG x 4 Days</p> <p><input type="checkbox"/> Blood _____ NG x 7 Days</p> <p><input type="checkbox"/> CSF _____ NG x 4 Days</p> | | |
| <p><input type="checkbox"/> Test Result Ref Range</p> <p>Segs _____ 55-70%</p> <p>Bands _____ 1-3%</p> <p>Lymphs _____ 20-40%</p> <p>-Atyp _____ None</p> <p>Mono _____ 2-8%</p> <p>Eos _____ 1-4%</p> <p>Baso _____ 0.5-1.0%</p> <p>Other _____ None</p> | <p><input type="checkbox"/> WBC _____ 0-5/Hpf</p> <p>RBC _____ 0-3/Hpf</p> <p>Epi _____ 0-5/Hpf</p> <p>- Type _____</p> <p>Bact _____ Neg</p> <p>Mucous _____ Neg</p> <p>Crystals _____ Neg</p> <p>Yeast _____ Neg</p> <p>Trich _____ Neg</p> <p>Casts _____ Neg</p> <p>- Type _____</p> <p>Other _____</p> | <p>Urine:</p> <p><input type="checkbox"/> CCMS _____ NG x 24 Hrs</p> <p><input type="checkbox"/> CATH _____ NG x 48 Hrs</p> <p>Comments:</p> | | | | | | |
| <p>Coagulation Studies - Blue Top (Full)</p> | | | <p>Blood Bank - Purple Top</p> | | | <p>CSF Analysis</p> | | |
| <p><input type="checkbox"/> Test Result Ref Range</p> <p><input type="checkbox"/> PT _____ 8-14 Sec</p> <p><input type="checkbox"/> INR _____</p> <p><input type="checkbox"/> PTT _____ 20-40 Sec</p> <p><input type="checkbox"/> D-dimer _____ Neg</p> <p><input type="checkbox"/> FDP _____ Neg</p> | <p>Must Submit SF 518</p> <p>with every unit requested</p> <p><input type="checkbox"/> ABO/Rh _____</p> | | | <p> <input type="checkbox"/> Test Result Ref Range Color _____ Clarity _____ RBC _____ None WBC _____ <5 Lymph/mm³ </p> | | | | |
| | | | <p>Malaria Smears - Purple Top</p> | | | <p> <input type="checkbox"/> Test Result Ref Range Thin Smear _____ Neg </p> | | |

Pages 79 through 86 redacted for the following reasons:

(b)(6)

Pages 89 through 94 redacted for the following reasons:

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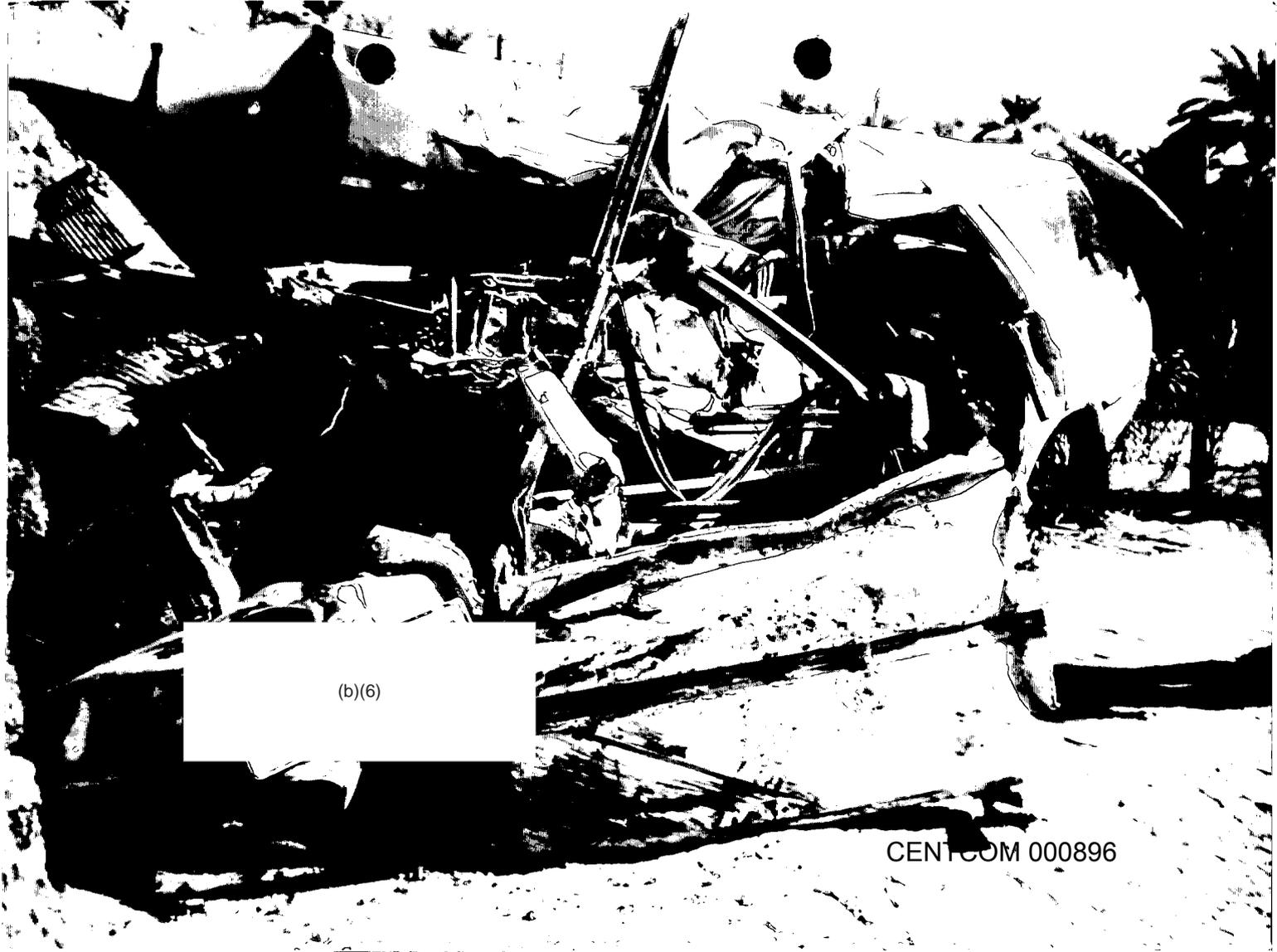
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