K

TAB K

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN).*

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Guthrie Ambulatory Health Clinic	2007 06 11	11:32	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	[redacted]

8. ORGANIZATION OR ADDRESS
11050 Mt. Belvedere Blvd. Fort Drum, NY 13602

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. *As a part of your job explain the process for identifying individuals eligible to receive laboratory services.*
Pt must order in CHCS computer system or Handwritten orders, √ Patients name & Date of Birth
2. *In the time that you have been working in the laboratory, have you witnessed Mr. Richard Blunden using laboratory services?*
No
3. *Have you ever seen lab orders in CHCS for Mr. Richard Blunden?*
No, not that I recall
4. *Have you seen lab orders where Mr. Richard Blunden appeared as the order Health Care Provider?*
No
5 *Have you ever drawn blood from Mr. Richards Blunden?*
No
6. *Have you ever processed specimens labeled with Mr. Richard Blunden's name?*
No, Not, that I recall
7. *Do you ever recall seeing lab results in CHCS for Mr. Richard Blunden?*
No, not that I recall
8. *Have you ever processed specimens labeled with Mr. Richard Blunden's name or patient identification number for shipment to an outside laboratory?*
No, not that I recall
9. *Have you ever received specimen results/reports for lab work completed on Mr. Richard Blunden from outside of this facility?*
No, not that I recall
10. *Have you ever entered lab results/reports into CHCS on specimens labeled with Mr. Richard Blunden's name or other patient identifiers?*
No, not that I recall

Nothing follows [redacted]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 3 PAGES
	[redacted]	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF _____ TAKEN AT _____ DATED _____

3. STATEMENT *(Continued)*

nothing follows

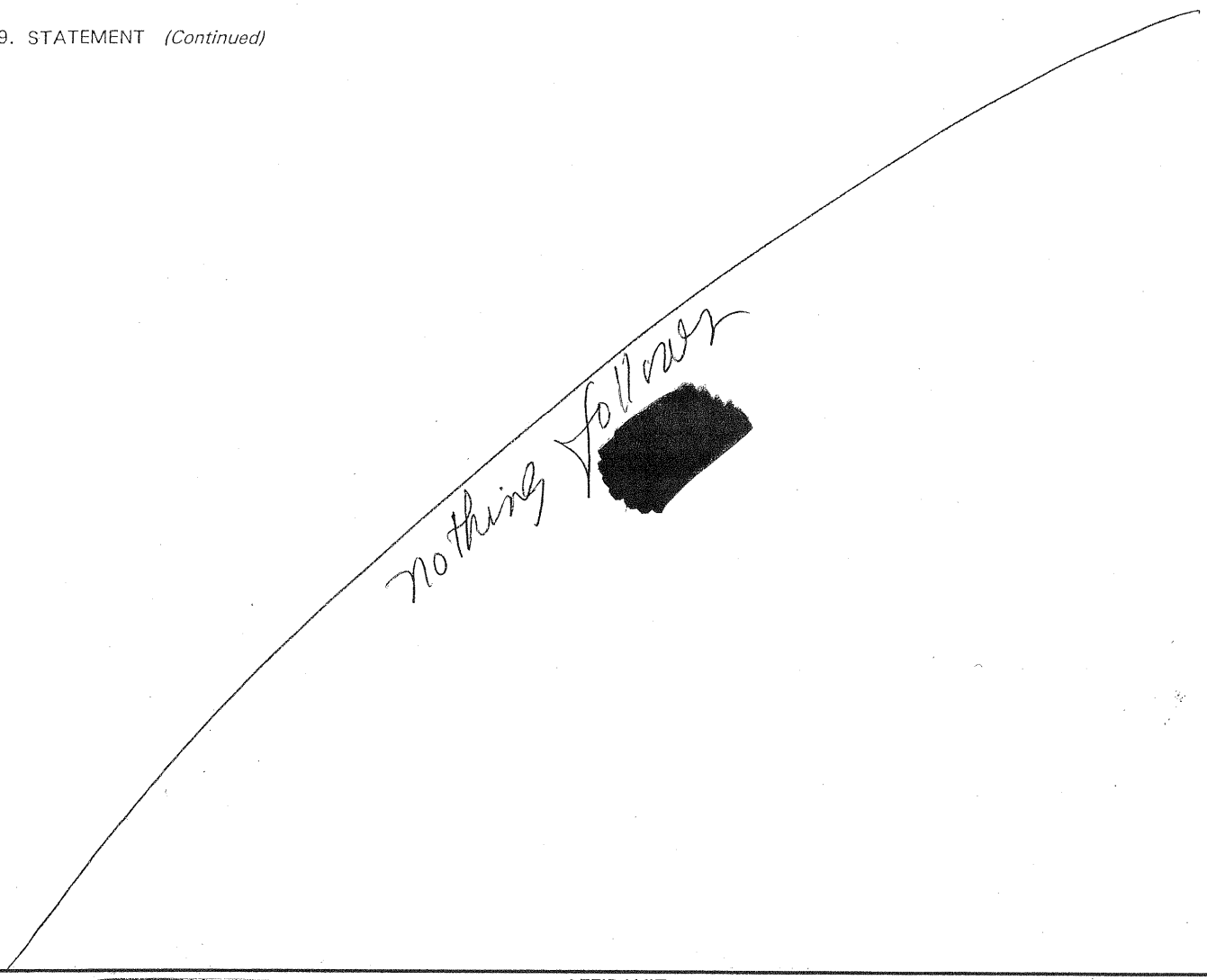
INITIALS OF PERSON MAKING STATEMENT [redacted]

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT *(Continued)*

nothing follows

[redacted]



AFFIDAVIT

I, [redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]
(Signature of Person Making Statement)

WITNESSES:

_____

_____

_____
ORGANIZATION OR ADDRESS

_____

_____

_____
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 11 day of June 2007 at Guthrie Ambulatory HC

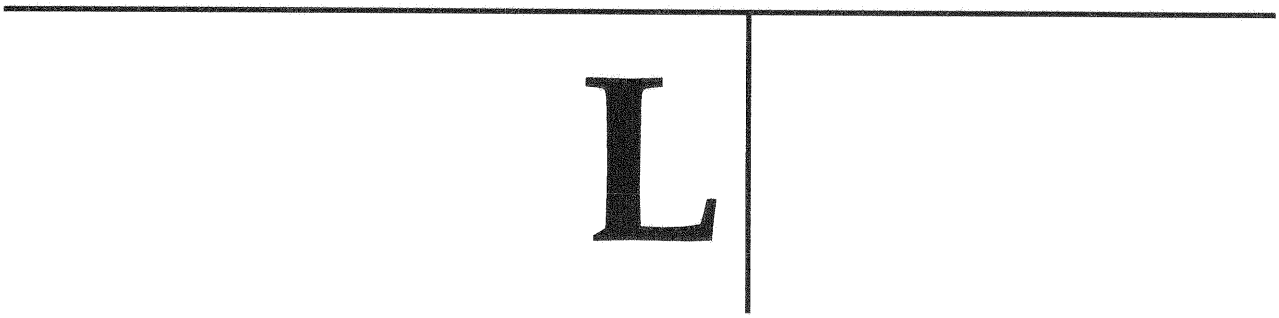
[redacted]
(Signature of Person Administering Oath)

[redacted]
(Typed Name of Person Administering Oath)

[redacted]
(Authority To Administer Oaths)

[redacted]

INITIALS OF PERSON MAKING STATEMENT



TAB L

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

'UTHORITY:	Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
INCIPAL PURPOSE:	To provide commanders and law enforcement officials with means by which information may be accurately
,OUTINE USES:	Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE:	Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Guthrie Ambulatory Health Clinic	2007/06/11	11:05	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	[redacted]

8. ORGANIZATION OR ADDRESS
11050 Mt. Belvedere Blvd. Fort Drum, NY 13602

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. *As a part of your job explain the process for identifying individuals eligible to receive laboratory services.*
-I check the patient's ID card and if patient is not in CHCS system, they are sent to PADC (medical records) for Deers verification.
2. *In the time that you have been working in the laboratory, have you witnessed Mr. Richard Blunden using laboratory services?*
I remember seeing him years ago, getting Lab work done (ordered by occupational health) -that I thought.
3. *Have you ever seen lab orders in CHCS for Mr. Richard Blunden?* NO
4. *Have you seen lab orders where Mr. Richard Blunden appeared as the order Health Care Provider?* NO
5 *Have you ever drawn blood from Mr. Richards Blunden?* NO
Have you ever processed specimens labeled with Mr. Richard Blunden's name? (Not that I can recall)
7. *Do you ever recall seeing lab results in CHCS for Mr. Richard Blunden?* (Not that I can recall)
8. *Have you ever processed specimens labeled with Mr. Richard Blunden's name or patient identification number for shipment to an outside laboratory?* (No, I can't recall)
9. *Have you ever received specimen results/reports for lab work completed on Mr. Richard Blunden from outside of this facility?* NO
10. *Have you ever entered lab results/reports into CHCS on specimens labeled with Mr. Richard Blunden's name or other patient identifiers?* No (Not that I can recall.)

Nothing follows [redacted]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 3 PAGES
	[redacted]	

'DITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

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STATEMENT OF _____ TAKEN AT _____ DATED _____

3. STATEMENT *(Continued)*

Nothing follows [redacted]

INITIALS OF PERSON MAKING STATEMENT [redacted]

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT *(Continued)*

AFFIDAVIT

I, [redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]

(Signature of Person Making Statement)

WITNESSES:

_____

_____

_____

ORGANIZATION OR ADDRESS

_____

_____

_____

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 11 day of June 2007 at Guthrie Health Center

[redacted]

(Signature of Person Administering Oath)

[redacted]

(Typed Name of Person Administering Oath)

[redacted]

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [redacted]

PAGE 3 OF 3 PAGES

DEPARTMENT OF THE ARMY
U. S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT DRUM, NEW YORK 13602-5004

REPLY TO
ATTENTION OF

MCID-AN

11 June 2007

MEMORANDUM FOR RECORD

SUBJECT: Informal Investigation Interview – [redacted]

1. During a witness interview with [redacted], senior lab technician, indicated that she remember drawing lab work on Mr. Blunden many years ago. The exact time frame for lab work drawn could not be established. [redacted] stated that she somewhat remembers that his lab work being associated with Occupational Health Screening. [redacted] does not recall seeing other orders for lab work outside of orders for Occupational Health.

2. If you have any questions, please contact the undersigned at 2-3811.

[redacted]
Investigating Officer

M

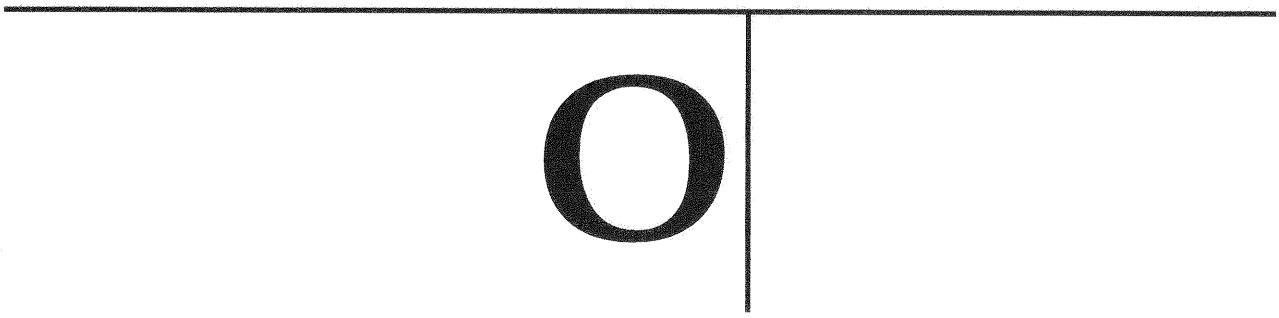
TAB

REDACTED

N

TAB

REDACTED



TAB

REDACTED

P

TAB D

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Guthrie Ambulatory Health Clinic	20070615	14:45	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	[redacted]

8. ORGANIZATION OR ADDRESS
11050 Mt. Belvedere Blvd. Fort Drum, NY

9.
I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. *Can you explain the lab's Standard Operating Procedure for identifying individuals eligible to receive laboratory services.*
When a patient presents with lab requisition (either written or electronic), if the Pt. is in CHCS registered, we consider them eligible. We don't register pts.
2. *What training does your staff receive in identifying individuals eligible for lab services?*
No training except as stated in 1. above. We don't have a way to check for eligibility
3. *In the time that you have been working in the laboratory, have you witnessed Mr. Richard Blunden using laboratory services?* Yes through occupational health
4. *Have you ever seen lab orders in CHCS for Mr. Richard Blunden?*
No not until this inquiry
5. *Have you seen lab orders where Mr. Richard Blunden appeared as the order Health Care Provider?*
No (not until this investigation when it was pointed out to me
6. *Have you ever drawn blood from Mr. Richards Blunden?*
I cannot recall a specific time. However I have been here many years and could have drawn his blood when we did Lipid screens
7. *Have you ever processed specimens labeled with Mr. Richard Blunden's name?*
Same as #6
8. *Do you ever recall seeing lab results in CHCS for Mr. Richard Blunden?*
No not until this inquiry
9. *Have you ever processed specimens labeled with Mr. Richard Blunden's name or patient identification number for shipment to an outside laboratory?*
No not that I recall
10. *Have you ever received or reviewed specimen results/reports for lab work completed on Mr. Richard Blunden from outside of this facility?* No not that I recall
11. *Have you ever entered lab results/reports into CHCS on specimens labeled with Mr. Richard Blunden's name or other patient identifiers?* As stated in # 6 and # 7 above, I do not recall anything specific but could have from occupational health orders.
12. *Have you ever seen lab orders in CHCS for Mr. Richard Blunden?*
Not until this inquiry
13. *Have you ever been told by laboratory staff members that Mr. Blunden was utilizing laboratory services?*
No

10. EXHIBIT	[redacted] INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 1 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" _____ TAKEN AT _____ DATED _____

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STATEMENT OF [redacted] TAKEN AT DJA HC DATED 15 Jun 07

9. STATEMENT *(Continued)*

Nothing Follows

INITIAL [redacted] MAKING STATEMENT

STATEMENT OF [redacted] TAKEN AT WAHC DATED 15 June 07

9. STATEMENT *(Continued)*

I wish to clarify that in previous years lab has performed correlation studies or established normal reference ranges and other quality control / quality assurance exercises. During those times we would sometimes ask for blood donations. Additionally 10 plus years ago, preventive medicine or occupational health would hold cholesterol screenings. There were also instruments in that area years ago that required correlation, QC etc. Back in ~~the 90~~ 1994 OR '95 those instruments were removed due to JCAHO standards.

To clarify the eligibility check, lab does not register patients in DEERS or CHCS. If a patient presents with orders or has orders in CHCS, we go to a lab menu either LGO or OLG to order the tests or accession the test. If the patient wasn't found in CHCS, we would have him or her go to patient administration. Patient administration is one area who does register patients in CHCS.

NOTHING FOLLOWS

AFFIDAVIT

I, [redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR UNLAWFUL INDUCEMENT.

[redacted]
(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 15 day of June 2007 at Guthrie Ambulatory Health Clinic [redacted]

[redacted]
(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

Q

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

UTHORITY:	Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
.RINCIPAL PURPOSE:	To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES:	Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE:	Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Guthrie Ambulatory Health Clinic	20070615	1100	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
BLUNDEN, RICHARD C	061-56-6240	GS-11

8. ORGANIZATION OR ADDRESS
11050 Mt. Belvedere Blvd. Fort Drum, NY 13602

9. I, Richard C. Blunden, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. *How long have you been employed at Guthrie Ambulatory Health Clinic?*

13 yrs 3 mo 3/21/94

2. *What is your current position?*

Staff Pharmacist

3. *Are you retired military?*

NO

4. *Are you a dependent of a military spouse?*

NO

5. *Are you a dependent of a retired military spouse?*

NO

6. *Are you a member of the Army Reserves or National Guard?*

NO

7. *How long have you held this current position?*

13 yrs 3 mo

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 3 PAGES
	RCB	

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STATEMENT OF Richard Blunden TAKEN AT GATTC DATED 6/15/07

9. STATEMENT *(Continued)*

8. *If you have utilized laboratory services at Guthrie or CTMC, can you tell me when or what the circumstances were surrounding that use?* Start up of a Lipid Clinic – about 3 tests. Test order by Occ Health Dr [redacted]

9. *In your role as a Pharmacist do you ever have an occasion to enter orders into CHCS I? If so please explain?*
Yes, enter orders for prescription all day -

10. *Have you ever had MEDDAC Providers enter orders for lab test or blood work in CHCS I? Can you tell me when or what the circumstances were surrounding those orders?*
Occ Health Dr ordered on a few occassions
[redacted]

11. *During the 1 January 1997 to 30 May 2006 have you ever ordered laboratory test for yourself? If so please explain.* Yes - for start up of Lipid Clinic

12. *Have you ever entered lab orders into CHCS I for patients, other employees or yourself?*
No

13. *Have you ever entered any other types of orders into CHCS I for patients, other employees or yourself?* No

4 *Do pharmacy techs have the capability to order medications under a pharmacist name?*
Yes - this is common practice, they enter as pharmacist do & these are checked by a pharmacist (Not necessarily the one whos name appears). the pharmacist whos name appers may have no knowledge that it was ordered.

15. *Have you ever ordered medication for yourself ?*
No

16. *Have you ever filled prescriptions from orders you have placed into CHCS for yourself?*
No

Have you used the lab outside of the 3 Lipid Test ordered by [redacted] and the [redacted] ordered by [redacted] to have labs drawn?
Yes

INITIALS OF PERSON MAKING STATEMENT RB

PAGE 2 OF 3 PAGES

STATEMENT OF Richard Blunden TAKEN AT Guthrie DATED 6/15/07

9. STATEMENT *(Continued)*

Nothing Follows RCB

AFFIDAVIT

I, Richard Blunden, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 15 day of June 2007 at Guthrie Ambulatory Health

[redacted]

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT RCB