State of Ohio,)
) SS:
County of Cuyahoga.)

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IN THE COURT OF COMMON PLEAS

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James Jones, et al.,	)	
	)	
Plaintiffs,	)	
	)	Case No. 469846
vs.	)	
	)	Judge O'Donnell
University Hospitals of Cleveland, et al.,	)	
	)	
Defendants.	)	

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TELEPHONIC DEPOSITION OF

ADITYANJEE, M.D.

THURSDAY, MAY 22, 2003

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The telephonic deposition of Adityanjee, M.D., a Defendant herein, called by the Plaintiffs for examination under the Ohio Rules of Civil Procedure, taken before me, Ivy J. Gantverg, Registered Professional Reporter and Notary Public in and for the State of Ohio, by agreement of counsel and without further notice or other legal formalities, at the offices of Reminger & Reminger, 1400 Midland Building, Cleveland, Ohio, commencing at 10:05 a.m., on the day and date above set forth.

APPEARANCES:

On Behalf of the Plaintiffs:

Ronald A. Margolis, Esq.
Finelli & Margolis
730 Leader Building
Cleveland, Ohio 44114

On Behalf of Defendants Henry Kaminski, M.D.; Dr. Adityanjee; Marvin Wasman, Ph.D. and Melvin Shelton, M.D.:

Kenneth P. Abbarno, Esq.
Kathleen A. Atkinson, Esq. (By Telephone)
Reminger & Reminger
1400 Midland Building
Cleveland, Ohio 44115

On Behalf of Defendants University Hospitals of Cleveland; Carol E. Lewis, M.D. and Samareh Moussavand, M.D.:

Steven J. Forbes, Esq.
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23240 Chagrin Boulevard - Suite 600
Commerce Park IV
Beachwood, Ohio 44122

ADITYANJEE, M.D.

a defendant herein, called by the plaintiffs for examination under the Rules, having been first duly sworn, as hereinafter certified, was deposed and said as follows:

CROSS EXAMINATION

BY MR. MARGOLIS:

Q. Doctor, my name is Ron Margolis. Mr. Abbarno identified me a couple of moments ago. Along with my partner, Dan Finelli, we represent the Estate of Edward Phillips in this lawsuit.

I am going to be asking you some questions today. It is important that we both give one another the opportunity to finish our sentence because we are not in the same room, we are not on video, so we are unable to read one another's body language, and we need to kind of hesitate for a moment when we are done so that we are not stepping on each other, fair enough?

A. Fair enough.

Q. All right, have you ever been deposed before, sir?

A. Once.

Q. When was that, and in what circumstance?

A. That was in the month of January, that had to do with a case at Case Western.

Q. It is a case that had to do with what, sir?

A. Case Western Reserve University.
Q. Case Western Reserve University?
A. Yes.
Q. And that was in January of '03?
A. Yes.
Q. What generally was the nature of the case? Was it a contract case, a medical malpractice case?

MR. ABBARNO: One second, Doctor.

It is a dispute with the university, Dr. Adityanjee is a plaintiff in that case.

If you want to talk about -- I prefer we don't get into the nuts and bolts of that in this deposition. He has been deposed in the context of that case. Feel free to look at his transcript in that case.

Q. (Continuing) Sir, who is representing you in that case?

THE WITNESS: Is it okay for me to give him the name of the lawyer?

MR. ABBARNO: It will be a matter of public record, sir.

A. Howard Mishler.
Q. Howard Mishkind?

MR. FORBES: Mishler.

MR. ABBARNO: Mishler.

MR. MARGOLIS: Who is he with?

MR. ABBARNO: He is out on the near west side, I think he is by himself.

BY MR. MARGOLIS:

Q. That is the only time you have been deposed, is in the case you brought against Case Western Reserve?

A. Yes, that is the only time I have ever been deposed in my entire life.

Q. All right, hopefully this won't be that difficult. R Would you please tell me your date of birth, your Social Security number?

A. D Date of birth is as follows, 7 July 1957. Social Security Number 112-78-9258.

Q. R Where did you attend undergraduate school?

A. D In India.

Q. R The name of the educational facility?

A. D You are asking about medical undergraduation or premedical studies?

Q. R Premedical, please.

A. D Premedical studies were done at Hindu College Delhi University.

Q. R Medical college?

A. D All India Institute of Medical Sciences, New Delhi, India.

Q. R After you completed medical school, what did you

do?

A. D I did residency in psychiatry at All India Institute of Medical Sciences, New Delhi, India.

Q. R How many years was your psychiatric residency in India?

A. D The junior residency was three years, the senior residency was for two and a half years.

Q. R So you did a four and a half year psychiatric residency in India?

MR. ABBARNO: Five and a half.

A. D I answered the question, three years junior residency.

Q. R Three years, I am sorry.

A. D And two and a half years senior residency.

Q. R Okay, I apologize. I misheard your junior residency as two and a half instead of three.

A. D Junior residency, three years, senior residency, two and a half years, and prior to starting residency, one year of internship.

Q. R And after you completed your residency in India, what did you do?

A. D I went to Malaysia as a lecturer in psychiatry at University of Malaya, Kuala Lumpur.

Q. R And how long were you a faculty member at that medical school?

A. Around one year and a few months.
Q. And why did you leave that position?
A. Because I got a, you know, scholarship to attend Institute of Psychiatry, London University in UK to do a specialty in drug and alcohol dependence.
Q. And did you do that specialty training in alcohol dependence?
A. Drug and alcohol dependence, diploma in addiction behavior, Institute of Psychiatry, London University, London, UK.
Q. How long were you in that position, sir?
A. That was a one year course, following which I did a registrarship training in London, UK.
Q. And what did you do after you completed that specialized training?
A. I obtained a qualification called M.R.C.Psych., membership examination of the Royal College of Psychiatrists, UK.
Q. And what did you thereafter do?
A. I left UK and came to the United States.
Q. And did you have to take the foreign equivalency exams?
A. Yes.
Q. And did you pass those on your first attempt?
A. Yes.

Q. And then what did you do?
A. I did a Fellowship in biology called psychiatry and clinical pshychopharmacology at Albert Einstein College of Medicine, Bronx, New York.
Q. How long was that Fellowship?
A. It was one and a half years.
Q. So where are we calendar-wise at this point, what year are we?
A. We finished in December of 1992.
Q. And after you completed that Fellowship at Albert Einstein in December of '92, what did you do next professionally?
A. I became assistant professor of psychiatry at Medical College of Virginia in Richmond, Virginia.
Q. How long were you an assistant professor of psychiatry at Medical College of Virginia?
A. From January, 1993 to May of 1995.
Q. And what did you do after that?
A. After that, I became director of the schizophrenia program, Dayton VA Medical Center, starting from May 14th, 1995, and associate professor of psychiatry at Wright State University, Dayton, Ohio, and I continued there until June of 1999.
Q. I apologize, I did not understand you completely. What was the position in Dayton?

A. I will repeat, director of the schizophrenia program, Dayton VA Medical Center, associate professor of psychiatry, Wright State University, Dayton, Ohio.

Q. And you left that position in 1999?

A. Yes.

Q. Where did you go?

A. I became associate professor of psychiatry at Case Western Reserve University and was director of the schizophrenia program at University Hospitals.

Q. And that was from '99 until when?

A. Until December of 2001.

Q. And where are you now?

A. I am director of the schizophrenia program at Minneapolis VA Medical Center and associate professor of psychiatry at University of Minnesota Medical School, Minneapolis, Minnesota.

Q. Why did you leave UH?

MR. FORBES: Objection to the form.

A. I think that has to do with that Case Western. It has something to do with the university.

Q. Let me ask the question this way:

Was it your decision to disassociate with CWRU and your staff privileges at University Hospital?

MR. ABBARNO: Just note an objection.

A. There were differences in opinion and I left.

Q. Was it your decision to leave, or were you asked to resign?
A. There was an issue about the contract.
Q. So would I be correct to say that the basis that led you to leave CWRU and your staff privileges at UH surrounded contractual issues, not medical care issues?
A. Yes, exactly. They were contractual issues, nothing to do with the current case.
Q. All right.
Would I be correct, sir, in saying that since 1999, your area of concentration has been in schizophrenia?
A. Yes.
Q. Would you say that you limited your psychiatric practice to concentrate in schizophrenia basically dating back to 1995 when you started at Wright State?
A. Not limited to, but specializing in.
Q. Okay.
So from 1995 to present, your area of concentration has been in schizophrenia?
A. Area of specialization.
Q. Okay.
How do you differentiate concentration of your practice versus specialization of your practice?
A. Because I do some research, some clinical trials

in the area of schizophrenia, but I see all types of patients, depending on who is admitted, et cetera.

Q. R I want to speak with you, sir, about your involvement in the inpatient hospitalization care of Edward Phillips at University Hospital from February 18th through February 22nd, okay?

A. D Okay, go ahead.

Q. R You have reviewed medical records, have you not?

A. D I had a chance to look at the records.

Q. R Would you first just tell me in general, Doctor, how it was that you came to be involved in Mr. Phillips' care?

A. D This patient was not assigned to me, he was not part of my schizophrenia team, he was admitted on the mood disorder team, which Dr. Shelton was running, and he was away for some particular reason and he had asked me to cover him for one particular day, and that's how I ended up seeing him on that particular day, covering for Dr. Shelton.

Q. R My understanding, Doctor -- and the counsel that are with me will correct me if I am wrong -- is that Dr. Shelton first evaluated Mr. Phillips on February 21st, and Mr. Phillips was admitted on February 18th.

A. D Uh-huh.

Q. R Would you have been the staff psychiatrist for

Mr. Phillips from February 18th until February 21st when Dr. Shelton saw him?

MR. FORBES: Objection to the form.

A. My assignment was to cover him only for one day, and that was February 19th.

Q. So am I correct, Doctor, that your only involvement in the care of Mr. Phillips was from February 19th until February 20th?

A. Basically the calendar day of February 19th. Dr. Shelton should have or did have some other arrangement which I am not familiar for February 20th. My coverage was only for February 19, not for February 18, not for February 20th.

Q. Okay.

So your involvement in the care of Mr. Phillips was for one day only, and that was February 19th, 2001, and you were covering him for Dr. Shelton?

A. That is correct.

Q. Are there any medical records that you authored?

A. What do you mean, any medical records I authored?

MR. ABBARNO: He just wants to know, did you write any notes in the chart.

Do you want me to find it for you?

MR. MARGOLIS: Yes, if you could, that would be great.

Hang on a second, Doc.

MR. ABBARNO: I believe this is going to be his signature.

There is a note, Doctor, 2-18-01, 1715, I believe your signature is next to Moussavand's signature.

THE WITNESS: Yes.

MR. ABBARNO: And then your note of February 19th --

THE WITNESS: Yes --

MR. ABBARNO: You don't have his 19th note. Do you know which note I am talking about?

MR. MARGOLIS: No, because I looked for it and I couldn't find it.

MR. ABBARNO: I will go make a copy of it. One second, Doctor, okay?

THE WITNESS: Okay, take your time.

(Thereupon, Mr. Abbarno left the room and reentered the room.)

BY MR. MARGOLIS:

Q. Okay, Doctor, counsel has been kind enough to make a copy. I brought my condensed portion of the chart, which did not have your note.

So I want to first make reference to a 2-18-01 note at 1715, which it appears that you countersigned for

Dr. Moussavand; do you see that, sir?
A. I see that.
Q. All right, would you read that note for me? It is an admit note.
A. Before I read that, this was countersigned by me as a prelude to writing my 2-19 note. I did not countersign this on 2-18.
Q. Why is it, then, that you didn't date it when you signed it, if your signature is of a different date than the note?
A. If you read the 2-19 note, you will know the answer.
Q. Well, I don't want to read the 2-19 note, I want you to answer me.
MR. ABBARNO: Well, it says that he is -- just give him the explanation as to what in the 2-19 note provides that information, Doctor.
A. When I wrote my note on 2-19, I said I have reviewed the chart, noted the consultation note and H and PE, and that is what I was saying, that I noted that.
Q. So would I be correct to say, sir, that although you countersigned the 2-18 1715 note of Dr. Moussavand, you would not have reviewed that note until 2-19?
A. Yes.
Q. All right.

A. That is correct.

Q. And the 2-19 attending note, that is the only note that you have written relative to your involvement in Mr. Phillips' care?

A. That is correct.

Q. All right, would you please read that note for me, sir?

A. 2-19-01, attending note, reviewed the chart, noted consultation note and H and PE, which stands for history and physical examination, and interviewed the patient. History as previously recorded in the consultation note. The patient is very much preoccupied with his psychosocial stressors, he is still grieving for loss of his muscular strength, the patient admits to having sadness but denies any SIs -- which stands for suicidal ideas -- or HIs -- which stands for homicidal ideas -- currently.

Impression: Number one, major depression. Number two, mood disorder secondary to general medical condition. Number three, bereavement. Number four, alcohol abuse or dependence. Number 5, myasthenia gravis.

Plan: Number one, start Celexa. Number two, behavior precaution. Number three, continue Desipramine. Number four, neural consult. Signed Adityanjee.

Q. Doctor, Desipramine is an antidepressant, is it

not?
A. Yes.
Q. What type of antidepressant is it?
A. It is a tricyclic antidepressant.
Q. And Celexa is an antidepressant?
A. Yes.
Q. What type of antidepressant is Celexa?
A. SSRI.
Q. And tell me what that stands for?
A. Selective serotonin reuptake inhibitor.
Q. Are you familiar with the concept of polypharmacology?
A. Yes.
Q. Tell me what that is?
A. Actually, it is polypharmacy, not polypharmacology.
Q. Okay.
A. I will correct you.
Q. Thank you.
Would you please tell me what the concept of polypharmacy is?
A. There are different versions of the polypharmacy concept. If you are specific enough, please ask me a specific question what type of polypharmacy you are asking.
Q. Please tell me what your understanding of the term polypharmacy is?

A. The term has been used differently by different people. There is polypharmacy and there is rational evidence based polypharmacy. Which one do you want me to explain?

Q. The one that you think would be most applicable to Mr. Phillips.

A. Rational evidence based polypharmacy.

MR. ABBARNO: Rational evidence based polypharmacy?

THE WITNESS: Yes.

MR. ABBARNO: Okay.

A. (Continuing) Which means using more than one medication modality for a single disorder in order to enhance improvement.

Q. Would you agree with me that one of the things you would want to be aware of when determining what medicine to prescribe to a patient such as Mr. Phillips is what medication the patient has been taking?

A. Yes.

Q. Would you agree with me that Mr. Phillips had been taking Desipramine for approximately six months prior to you seeing him on February 19th of '01?

A. Yes.

Q. Would you agree with me that the Desipramine was not doing the job for treating his depression?

A. Yes.
Q. And that would have been the reason why you would have started a second medication, specifically Celexa?
A. Yes.
Q. Would you please tell me, sir, what the criteria were that you utilized to support your impression on 2-19-01 that he was suffering from major depression?
A. He -- before I go on to the criteria, I can tell you that he had, besides possibility of major depression, mood disorder secondary to a general medical condition, and these issues, all three are in the depressive spectrum.
Q. Okay.
When you use the word, under Impression, major depressive -- major depression --
A. Yes.
Q. -- am I correct by saying that synonymous with that is major depressive disorder?
A. Yes.
Q. Please tell me the spectrums, if you will, of a depression diagnosis? We know one is a major depression.
A. Yes.
Q. What are the others, mild, moderate?
A. No, if you look in the DSM-IV, you will find other categories of depression that also include dysthymic

disorder, that include mood disorder secondary to general medical conditions, that include adjustment disorder, bereavement as adjustment reaction, there are a number of categories.

Q. R All right, would you please tell me what the criteria were in Mr. Phillips that led you to conclude on 2-19-01 he was suffering from a major depressive disorder?

A. D He had depressed mood persistently, and he was being treated. He also had, at some point in time, suicidal ideas. He had some difficulty with his sleep. He was using alcohol to sleep. He did mention that his occupational functioning was being impaired, whether that was because of loss of muscular strength or because of depression, that was debatable, so he had ongoing symptoms which were affecting his occupational performance.

All these things, and he was being treated with an antidepressant not leading to improvement.

Q. R Doc --

A. D These were the reasons --

Q. R I apologize, I violated my rule. I am sorry, please continue your answer.

A. D These are the major ones considered for the possibility of major depression.

Q. R Doctor, how long does it take for the drug Celexa

to reach a therapeutic level in a patient such as Mr. Phillips?

A. D All antidepressants take initial minimum of two to three weeks after achieving the therapeutic dose for a particular individual patient.

Q. R Doctor, I just want to ask you some questions now that I think we can get through rather quickly, and I believe I know the answer, but I need to ask it to have it on the record.

D After 2-19-01, am I correct that you had no further involvement as a physician with the care and treatment and decision-making of Mr. Phillips?

A. R None whatsoever.

Q. R Am I correct that you had no involvement in the decision to discharge Mr. Phillips on February 22nd?

A. D None whatsoever.

Q. R Did you have any discussions with Dr. Shelton relative to your one day handling of the care of Mr. Phillips?

A. D No.

Q. Did you have any discussions with Dr. Lewis relative to your one day supervision of the care of Mr. Phillips?

A. In the rounds, yes.

Q. Do you have any recollection of that discussion

you had with Dr. Lewis?
A. I am afraid it is more than two years since this has passed, and all I have is the memory of this chart. The standard procedure is when you see a patient in the rounds, you write your note with the resident concerned. So I must have done that, but I don't remember specifically the details because it has been so long.
Q. Had you had the opportunity during your time at CWRU and your staff privileges at UH to supervise Dr. Lewis?
A. Yes.
Q. How often during your time period did you have the opportunity to supervise Dr. Lewis?
A. I don't remember the exact number of days, but I can tell you that in the beginning of her residency, she was on my team, I think for a month, and I may have dealt with her in relation to on call duties and responsibilities when I was on call or she was on call. I don't have the record of that.
Q. Do you know what year she was in her training, sir, in 2001?
A. She must have been in the first or second year of her training, because as far as I can recollect, she joined the program only in July of 2000. So she was either in the first year of her training or second year

of her training. I don't know exactly.
Q. And a resident at that level of training would require the supervision of the attending?
A. Yes.
Q. The resident is learning their profession at that point?
A. Yes.
Q. And the resident's judgment cannot serve as a substitute for the attendant's judgment; would you agree with that?
A. Yes.
Q. Did you have any involvement with the treatment team for Mr. Phillips' inpatient hospitalization?
A. Except for my involvement on 2-19, I had no further involvement. This patient was admitted to the mood disorder team. I did not work on that team. I headed the schizophrenia team. And I was just providing coverage for Dr. Shelton on that very day. So apart from my involvement on 2-19, I had no further involvement.
Q. If Dr. Shelton has correctly, in his testimony, stated that he was not involved as the attending until 2-21, and you were only involved on 2-19, do you know who else was the attendant psychiatrist for Mr. Phillips?
A. I have no idea. It was not me.
Q. Okay.

Do you know Dr. Shelton professionally?

A. I have worked with him.

Q. How much of Dr. Shelton, based on what you observed of his daily time, was spent caring for inpatients in the adult psychiatric unit in 2001?

A. Can you please rephrase that question? I cannot understand.

Q. Sure.

If you know, based upon your interactions with Dr. Shelton, how much of his time was involved in treating patients that were in the adult inpatient psychiatric unit at UH?

A. I think his duties differed at different points in time, and he may be in a better position to give you that distribution.

Q. Okay.

Do you know Dr. Moussavand?

A. Yes.

Q. Do you believe her to be, based upon your experience, a competent psychiatric resident?

A. Yes.

Q. Did you have any discussions with Dr. Moussavand? I know you countersigned her note. Did you have any discussions with her?

A. No.

Q. Doctor, are you able to tell me what the predictors are as to whether a person poses danger to others?

A. The only possible predictor -- and I am saying possible, because there is no mathematical assessment for dangerousness -- is prior history for violent behavior, and perhaps current intoxication with substances. Otherwise, there is no way you can predict.

Q. So if you were assessing a patient relative to the potential of being violent to others, clearly one of the things you would want is to take as detailed of a history as possible of the patient's prior violent episodes; is that accurate?

A. Yes.

Q. And you would also want to evaluate whether the patient has an ongoing substance abuse problem?

A. Yes.

Q. What is the significance, please, of an ongoing substance abuse problem in this context?

A. Can you rephrase the question?

Q. Sure.

My understanding is, when we talked about potential predictors of violent behavior, one was the individual's prior history for violent behavior, and the other was whether the individual is suffering from a substance abuse problem?

A. I said current intoxication.

MR. ABBARNO: Current intoxication.

Q. Okay, what is it about a patient suffering from a current intoxication that would be relevant in determining the patient's propensity for future violent acts?

A. If the patient is intoxicated at the time of the act, they probably are not able to exercise full rational judgment over their actions because they are under the influence.

Q. And in determining whether a patient is going to be presently intoxicated, is one of the issues that we would want to look at whether or not the patient suffers from an alcohol abuse or dependency?

MR. FORBES: Objection to the form.

A. It may or it may not, because you can be intoxicated without having a disorder.

Q. Okay, you indicated in your impression, alcohol abuse versus alcohol dependency, under Impression.

A. Yes.

Q. Please tell me how you defined alcohol abuse in that context, and then follow up by telling me how you defined alcohol dependency?

A. In alcohol dependency, basically you have to find evidence of physiological dependence, tolerance,

increasing amount over a period of time, all these associated with all the symptoms of abuse.

Whereas in abuse, you don't have physical physiological dependence, withdrawal symptoms, but there is some either occupational problem because of ongoing use, or interpersonal problem because of ongoing use, or some kind of, you know, legal problems, you know.

So that is a difference, that in dependence, you have physiological changes which manifest like withdrawal symptoms. In abuse, that is not necessary.

Q. Doctor, what would have been the procedure in effect in February of 2001 if a patient such as Mr. Phillips was admitted to University Hospitals' inpatient psychiatric ward, as far as an attending psychiatrist becoming involved in his care?

A. If I recollect -- and this is recollection -- the patient has to be seen by an attending psychiatrist within 24 hours of being admitted.

Q. And then whose responsibility would it be after that initial attending evaluation within 24 hours is done, relative to determining what attending would follow up?

A. Patients are usually assigned to a particular team, and it is the responsibility of that particular team's attending physician to continue to follow up.

Q. And in February of 2001, Dr. Shelton was in charge

of the mood disorder team?
A. That's my understanding.
Q. So based upon your understanding, even if Dr. Shelton would have not seen Mr. Phillips until 2-21-01, assuming that Mr. Phillips was admitted under the mood disorder team, he would have been Dr. Shelton's responsibility from the date of his admission, assuming he was admitted to the mood disorder team?
A. Or his substitute.
Q. Okay.
Do you disagree with the statement that Celexa can reach a therapeutic level in a matter of days?
MR. FORBES: Objection to the form.
MR. ABBARNO: Same.
You can answer.
A. How many days? Days can be a hundred days, days can be 365 days, and days can be 15 to 21 days.
Q. Let's say three to six.
A. I would be a little conservative and say 10 to 15 days.
Q. Did you have any discussions with Dr. Lewis about her intention of probating Mr. Phillips?
MR. FORBES: Objection to the form.
A. I don't recall it offhand, but there are some policies, if a patient wants to leave against medical

advice, you go ahead and try to probate the patient.
Q. When you saw Mr. Phillips on the 19th and he denied suicidal or homicidal ideation --
A. Yes.
Q. -- did you feel he was being honest and forthright with you in that regard?
A. I cannot say that two years after, because I don't recollect everything. I am going by what I documented in the note. And the note said that he denied any suicidal ideas or homicidal ideas currently. And that situation can change from day to day, month -- hour to hour.
Q. Under the circumstances that you saw Mr. Phillips, assume that the patient denied homicidal ideation or suicidal ideation, but you felt they were not being honest in that regard. Would you chart that, or would you just say, patient denies suicidal ideation/homicidal ideation?
A. If I had very strong reasons to chart, I would chart. The fact that I did not is the stated thing here.
Q. Would you characterize Mr. Phillips' depression, at least on the date that you saw him, as a significant depression?
A. That is why he was on the inpatient unit.
Q. Doctor, would you please tell me your work address?
A. You mean current work address?

Q. Yes, sir.
A. I don't have it.
MR. ABBARNO: I will give it to you.
MR. MARGOLIS: You know what? I would rather --
MR. ABBARNO: Just give him your address at the VA.
A. (Continuing) Okay, One Veterans Drive, Minneapolis, Minnesota, 55417.
MR. MARGOLIS: Sir, thank you very much. I don't have anything further.
MR. ABBARNO: Do you have anything, Steve?
MR. FORBES: I have no questions.
MR. ABBARNO: Doctor, you have the right to read and review the transcript or you can waive that. It is up to you. I would suggest that you read it nevertheless.
THE WITNESS: I would like to read.
MR. ABBARNO: Okay, thank you.
MR. MARGOLIS: Thank you, sir.
THE WITNESS: Thank you very much.

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(DEPOSITION CONCLUDED)

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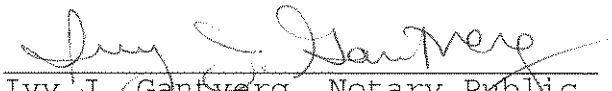
Adityanjee, M.D.

CERTIFICATE

State of Ohio,)
) SS:
County of Cuyahoga.)

I, Ivy J. Gantverg, Registered Professional Reporter and Notary Public in and for the State of Ohio, duly commissioned and qualified, do hereby certify that the above-named Adityanjee, M.D., was by me first duly sworn to testify to the truth, the whole truth, and nothing but the truth in the cause aforesaid; that the deposition as above set forth was reduced to writing by me, by means of stenotype, and was later transcribed into typewriting under my direction by computer-aided transcription; that I am not a relative or attorney of either party or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office at Cleveland, Ohio, this 6th day of June, 2003.



Ivy J. Gantverg, Notary Public
in and for the State of Ohio
Registered Professional Reporter.
My commission expires November 5, 2003.

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'92 [1] 8:11
'99 [1] 9:10
05 [1] 1:24
10 [2] 1:24 27:19
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18th [3] 11:5 11:23 12:1
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1957 [1] 5:12
1992 [1] 8:9
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