

**In The Matter Of:**

*Eric Gwynne, etc. v.  
University Hospitals of Cleveland, et al.*

---

*Derek Neilson, M.D.  
January 16, 2003*

---

*Mehler & Hagestrom  
Court Reporters  
1750 Midland Building  
101 West Prospect Avenue  
Cleveland, OH 44115  
(216) 621-4984 FAX: (216) 621-0050*

*Original File 030116DN.V1, 51 Pages  
Min-U-Script® File ID: 1389562119*

**Word Index included with this Min-U-Script®**



Page 1

[1] IN THE COURT OF COMMON PLEAS  
[2] CUYAHOGA COUNTY, OHIO  
[3] ERIC GWYNNE, ADMR., )  
E/O EMILY GWYNNE, )  
[4] Deceased, )  
[5] Plaintiff,) ) JUDGE DANIEL GAUL  
 ) CASE NO. 468327  
[6] -vs- )  
[7] UNIVERSITY HOSPITALS )  
OF CLEVELAND, et al., )  
[8] Defendants.)  
[9]  
[10]  
[11] Deposition of DEREK NEILSON, M.D.. taken as  
[12] if upon cross-examination before Susan M. Cebon,  
[13] a Notary Public within and for the State of Ohio,  
[14] at the offices of Moscarino & Treu, 630 Hanna  
[15] Building, Cleveland, Ohio, at 1:15 p.m. on  
[16] Thursday, January 16, 2003, pursuant to notice  
[17] and/or stipulations of counsel, on behalf of the  
[18] Plaintiff in this cause.  
[19]  
[20] MEHLER & HAGESTROM  
Court Reporters  
[21]  
CLEVELAND AKRON  
[22] 1750 Midland Building 1015 Key Building  
Cleveland, Ohio 44115 Akron, Ohio 44308  
[23] 216.621.4984 330.535.7300  
FAX 621.0050 FAX 535.0050  
[24] 800.822.0650 800.562.7100  
[25]

Page 2

[1] APPEARANCES:  
[2] Donna Taylor-Kolis, Esq.  
Friedman, Domiano & Smith  
[3] 600 Standard Building  
Cleveland, Ohio 44113  
[4] (216) 621-0070,  
[5] On behalf of the Plaintiff;  
[6] George M. Moscarino, Esq.  
Moscarino & Treu  
[7] 630 Hanna Building  
1422 Euclid Avenue  
[8] Cleveland, Ohio 44115  
(216) 621-1000,  
[9]  
On behalf of the Defendant  
[10] University Hospitals of  
Cleveland;  
[11] James L. Malone, Esq.  
[12] Marilena DiSilvio, Esq.  
Reminger & Reminger  
[13] 1400 Midland Building  
101 Prospect Avenue West  
[14] Cleveland, Ohio 44115  
(216) 687-1311,  
[15]  
On behalf of the Defendants  
[16] Arthur B. Zinn, M.D., Avroy A.  
Fanaroff, M.D. and Ricardo  
Rodriguez.  
[17]  
[18]  
[19]  
[20]  
[21]  
[22]  
[23]  
[24]  
[25]

1251

Page 6

[25] find out if there is anything that you know that

25] you. You should not answer the question until he

5] graduation from Johns Hopkins.

Page 7

Page 9

[1] A: I took time off and lived at home for a year to  
[2] decide whether I would go to graduate school or  
[3] medical school.

[4] Q: Okay. And I take it at the end of that year you  
[5] made a decision?

[6] A: Correct.

[7] Q: What decision did you make?

[8] A: I decided to go to medical school.

[9] Q: You began medical school in May or June of 1994?

[10] A: It would have been August of 1994.

[11] Q: Where did you go?

[12] A: Oregon Health Sciences University.

[13] Q: Is that where you completed your medical  
[14] education?

[15] A: Correct.

[16] Q: Okay. And what year was that?

[17] A: 1998.

[18] Q: Okay. What did you do upon completion of your  
[19] medical school degree?

[20] A: I entered a residency through Rainbow Hospitals  
[21] in the department of genetics, and to a combined  
[22] residency in pediatrics and genetics.

[23] Q: You began that program when?

[24] A: June of 1998.

[2] A: Five years.

Q: I don't want to do the math. Are you done, or  
[4] are you almost done?

[5] A: I am almost done.

[6] Q: You'll be done this June?

[7] A: Correct.

[8] Q: Okay. Why is it that you elected to do a  
[9] combined residency in pediatrics and genetics?

[11] typical way of becoming a geneticist was to go  
[12] through three years of pediatrics, and then two  
[13] to three years of genetics fellowship after that.  
[14] Doing a combined program allowed me to start  
[15] genetics earlier.

[16] Q: Okay. Can I gather, doctor, other than the  
[17] matter that we're here to discuss today, that you  
[18] have not been involved in any other litigation?

[19] A: Correct.

[20] Q: Okay. In anticipation of today's deposition,  
[21] what materials did you review?

[23] reviewed the paper that I included in the chart:  
[24] and I had an opportunity to look at some of the  
[25] labs today.

[2] me.

[3] You said that you reviewed your notes. Are  
[4] you talking about the notes that are recorded in  
[5] the official hospital chart?

[6] A: Correct.

[7] Q: Okay. And then you said the paper that you  
[8] included, what paper are you referring to?

[9] A: I included a journal article that described the  
[10] LCHAD, or the disorder, and its association with  
[11] acute fatty liver of pregnancy.

[2] Q: See if this is it.

[3] A: Yes, this is the article.

Q: Not to accuse you of plagiarism, but it took me a  
while, and I honestly didn't see it, but you are  
[6] telling me this is actually contained in the  
[7] hospital chart?

[8] A: Yes.

[9] MR. MOSCARINO: Objection to the

[11] MS. TAYLOR-KOLIS: I am sorry,  
[12] George. I didn't mean to imply anything.  
[13] I just have not seen it, or seen it  
[14] referenced, but I was able to find the  
[15] article anyway.

[16] MR. MOSCARINO: I am just  
[17] objecting to the form.

[18] Q: Did you review — and then you said you reviewed  
[19] labs. What labs did you review?

[20] A: I have reviewed the results of the urine  
[21] carnitine and acylcarnitine analysis of blood and

[23] our consult and in late December.

Q: What we're going to do is go through your note  
[25] and some other things, and then we'll talk,

January 16, 2083

Page 11

[1] specifically, about the labs and probably about  
[2] the journal article.

[3] Doctor, when you first were asked to consult  
[4] with Emily Gwynne, and that was by Dr. Stork, I  
[5] gather? Do you recall it to be Dr. Stork who had  
[6] called for the genetic consult?

[7] **MR. MOSCARINO:** Object. There is  
[8] more than one question in that, but go  
[9] ahead.

[10] **A:** I don't recall who was the attending of record  
[11] that we spoke to. I believe that they had either  
[12] changed, or that it was at a period of time where  
[13] we had talked to a different person than the  
[14] attending of initial record. So while —

[15] **Q:** As you sit here — go ahead.

[16] **A:** So while Dr. Stork is listed as the attending of  
[17] record on the consult note, that was because she  
[18] was the attending of record at initial admission  
[19] of the child to the intensive care unit. I can't  
[20] remember if she was actually the one we —

[21] **Q:** It's okay. Go ahead.

[22] **A:** Well, I can't quite remember if we talked to her  
[23] first, and then talked with somebody, with the  
[24] other physician, or if we had just taken her name  
[25] from the chart.

Page 12

[1] **Q:** Because at the end of your note it says, "I have  
[2] reviewed this patient's medical history and  
[3] examination and discussed with the," it looks  
[4] like "attending," but you can tell me, "the NICU  
[5] attending and staff, and helped formulate the  
[6] impression and plan," something or another,  
[7] "obtained above."

[8] Is it your testimony today under oath that  
[9] you do not know what NICU attending you spoke  
[10] with when you completed your examination and made  
[11] your recommendations?

[12] **MR. MOSCARINO:** Just before you  
[13] move on, what are you reading from?

[14] **MS. TAYLOR-KOLIS:** I am reading  
[15] from the last page of his consult note,  
[16] page 4 of 4 at the bottom, he indicates  
[17] what he did.

[18] **MR. MOSCARINO:** The part that is  
[19] in the handwriting at the bottom?

[20] **MS. TAYLOR-KOLIS:** Right.

[21] **MR. MOSCARINO:** All right.

[22] **MS. TAYLOR-KOLIS:** He can read  
[23] it.

[24] **MR. MOSCARINO:** I am just going  
[25] to object. You are saying that that is his

Page 13

1] writing, and that's what he did. I am sure

2] part of that is true and part is not. I

3] think you need to clear it up.

4] **MS. TAYLOR-KOLIS:** We will.

5] **A:** No, I can't remember which attending we spoke  
6] with initially, or if we spoke twice.

7] **Q:** Okay. There is nothing in the chart that could  
8] refresh your recollection as to who it might have  
9] been you discussed this with?

0] **A:** Well, if I can review my other note.

1] **Q:** The consult note in its entirety?

4] **A:** Not the consult note, but the initial note, the  
3] short note.

4] **Q:** Okay. The one that is in the progress notes?

5] **A:** The one that is written in the progress notes.

6] **Q:** Okay. Go ahead and do that.

7] **A:** Yes. We had discussed the case with Dr.  
8] Rodriguez. I don't recall whether Dr. Rodriguez  
9] was covering for Dr. Stork, whether they had  
10] transitioned from one attending to the other at  
11] the end of the month, or whether this was after  
12] hours and he was covering for the night.

13] **Q:** While you are on that page, why don't you for us  
14] identify the note by however you dated it or  
15] timed it, and then read the note into the record.

Page 14

1] **A:** The genetics note is dated 10/30/99. It reads,  
2] "Full note to follow. Mother with AFLP. Infant  
3] at risk for inborn error of fatty acid  
4] metabolism.

5] "Discussed case with NICU attending and team.  
6] Recommend at this time, one, plasma carnitine and  
7] acylcarnitine profile. In parentheses, two cc's  
8] purple top tube, EDTA.

9] "Two, urine carnitine and acylcarnitine  
0] profile.

1] "Three, urine organic acids.

2] "Four, repeat ammonia level.

3] It is signed by me, Derek Neilson, M.D., with  
4] my pager number below.

5] Then in Dr. Zinn's writing it says, "Five,  
6] purple top tube, two to three minutes, for  
7] mutational analysis, LCHAD mutation. Please  
8] order test. Parentheses, sample already  
9] received."

10] **Q:** Okay. Let me ask you a few questions about that  
11] note, and I will go back because I know where it  
12] is with my paper clips intact.

13] Initially, on this consult, did you do the  
14] consult by yourself, the initial? And if you  
15] don't like how I asked that question, I can reask

Page 15

[1] it.

[2] **A:** I actually don't remember if I did it by myself,  
[3] or with Dr. Zinn present. I wrote that note  
[4] myself, and then it is his habit to write  
[5] additions after what I have written.

[6] **Q:** Okay. Did he write it — is the additions that  
[7] were written by him, do they appear under where  
[8] you signed your name with your pager number, and  
[9] then it goes "five" and then there is a comment?

[10] **A:** Correct.

[11] **Q:** Is that Dr. Zinn's handwriting?

[12] **A:** That is Dr. Zinn's handwriting.

[13] **Q:** Okay. Before you saw Emily Gwynne, had you ever  
[14] seen any other children at RB&C who you thought  
[15] were at risk for having a fatty acid metabolism  
[16] problem, LCHAD?

[17] **A:** Yes.

[18] **Q:** How many times had you consulted on children of  
[19] that nature?

[20] **A:** I don't actually remember.

[21] **Q:** At the point in time when Emily presented, why  
[22] did you believe she was at risk for having LCHAD,  
[23] if you can just sort of describe it for the  
[24] record?

[25] **A:** We believed that she was at risk because her

Page 16

[1] mother had experienced a liver problem during her  
[2] pregnancy, which actually led to the premature  
[3] delivery of Emily.

[4] This disorder was believed to be acute fatty  
[5] liver of pregnancy, and there are also —  
[6] actually, I'm not sure if there was symptoms of  
[7] HELLP syndrome as well, but both of those  
[8] disorders are associated, or have been found to  
[9] be associated with prenatal defects of fatty acid  
[10] metabolism.

[11] **Q:** Okay. Now, you indicated just a few minutes ago  
[12] that within the hospital chart you did include  
[13] Dr. Ibdah's journal article, and I guess we  
[14] should go ahead and name it for purposes of the  
[15] deposition.

[16] I am not going to turn my article over just  
[17] because I have my own highlighting, but it is  
[18] entitled, "A Fetal Fatty-Acid Oxidation Disorder  
[19] as a Cause of Liver Disease in Pregnant Women."  
[20] Am I correctly —

[21] **MR. MALONE:** Why don't you make a  
[22] xerox of it?

[23] **MS. TAYLOR-KOLIS:** Sure.

[24] **MR. MALONE:** I would like to see  
[25] it.

Page 17

[1] **MS. TAYLOR-KOLIS:** It was  
[2] probably part of the hospital record.

[3] George, if you can have someone  
[4] make a copy so they can read it.

[5] **Q:** Why is it that you pulled that particular journal  
[6] article?

[7] **MR. MOSCARINO:** Well, if I am  
[8] going to go out, let's stop a minute.

[9]  
[10] (Thereupon, a recess was had.)

[11]  
[12] **Q:** Obviously, the article is being copied so we can  
[13] share it with other counsel.

[14] Did you personally pull that journal article  
[15] in relationship to this case?

[16] **A:** This article was in my personal files. It was  
[17] given to me by Dr. Zinn.

[18] **Q:** So it was an article that you were aware of prior  
[19] to Emily coming into University Hospital?

[20] **A:** Yes.

[21] **Q:** Okay. Now, you make a list of recommendations,  
[22] there are four that are in your handwriting, and  
[23] then a fifth one from Dr. Zinn?

[24] **A:** Correct.

[25] **Q:** Since I don't work at the hospital and I'm not a

Page 18

[1] pediatrician or a geneticist, I am not too sure  
[2] how it works. So this is what I need to ask you.

[3] When you make these recommendations out of  
[4] the department of genetics, do you follow through  
[5] to see that these tests are conducted?

[6] **A:** Yes, generally, we do.

[7] **Q:** So, in other words, is it your responsibility,  
[8] generally speaking, in the program which you are  
[9] participating in, to follow through on any  
[10] assessment when you think there is a metabolic  
[11] disorder?

[12] **MR. MOSCARINO:** Object to the  
[13] form.

[14] **A:** Can you rephrase that?

[15] **Q:** Sure. In other words, here is a list of  
[16] recommendations for particular tests that you  
[17] believe should be conducted to include or exclude  
[18] LCHAD. Is that a fair statement?

[19] **A:** Correct.

[20] **Q:** Does your division then, genetics, do you then  
[21] follow through to see what the test results are?

[22] **MR. MOSCARINO:** Objection.

[23] **MS. DISILVIO:** Objection,

[24] **A:** Yes, we will look for the results.

[25] **Q:** When the results are obtained, do you then do

[1] another consult to discuss the results of the  
[2] tests?

[3] **MS. DISILVIO:** Objection.

[4] **MR. MOSCARINO:** You are talking  
[5] about him as a resident?

[6] **MS. TAYLOR-KOLIS:** Yes.

[7] **MR. MOSCARINO:** Sometimes you are  
[8] saying the department. So I want to make  
[9] sure.

[10] Q: This one, just you, personally, is that part of  
[11] your responsibility as the resident?

[12] A: We do not have to write a further consult, but we  
[13] make a point to discuss it with the team.

[14] Q: And when you say the team, you have to tell me  
[15] who the team is because I don't know who they  
[16] are.

[17] A: The team would be the persons taking care of the  
[18] patient, including the attending and the  
[19] resident.

[20] Q: When you say the attending and the resident,  
[21] you're referring to the pediatric attending,  
[22] correct?

[23] A: Correct.

[24] Q: Okay. What role does Dr. Zinn, or did Dr. Zinn  
[25] have in this particular case in terms of

[1] obtaining the results and then communicating them  
[2] to the attendings, if you know?

[3] **MS. DISILVIO:** Objection.

[4] **MR. MOSCARINO:** Same objection.  
[5] Go ahead.

[6] A: Dr. Zinn's role, the test results are forwarded,  
[7] actually, to the attending of record, and then  
[8] that attending would communicate with Dr. Zinn,  
[9] although on occasion we would also attempt to  
[10] follow-up on those tests —

[11] Q: And —

[12] A: — also independently.

[13] Q: I am sorry. I didn't mean to interrupt you.

[14] To be perfectly clear for myself, which may  
[15] explain some things that are in the record, what  
[16] you are indicating is, these tests are ordered at  
[17] your suggestion, but the results do not go to the  
[18] genetics department, they go to the pediatric  
[19] attendings?

[20] A: Correct.

[21] Q: Is that what happened in this case, based upon  
[22] your review of the chart and the labs?

[23] A: I don't know.

[24] Q: Can you explain to me why you don't know?

[25] A: I was not on service at the time that those lab

[1] results came back.

[2] Q: Okay. Tell me when you were on service relative  
[3] to Emily Gwynne's admission in the hospital.

[4] A: This consult was done at the end of the month,  
[5] and I would have started a new rotation that next  
[6] month.

[7] Q: Starting November 1st?

[8] A: Correct. I'm not sure what the next workday was.

[9] Q: What rotation would you have gone on to do at  
[10] that point?

[11] A: At that point I was on another rotation in  
[12] genetics. I don't specifically remember which  
[13] one.

[14] Q: Okay. How many different kinds of rotations in  
[15] genetics are there for you to do in the program  
[16] that you're in?

[17] A: There are consult rotations in which we function  
[18] to go out into the hospital and provide these  
[19] services.

[20] There are clinical rotations, where we see  
[21] patients in our own genetics clinic that are  
[22] referred to us either from the hospital or from  
[23] outside sources.

[24] There are variations of those clinics,  
[25] including pediatric clinics, we might go to

[1] prenatal clinics, or cancer genetic clinics.

[2] Q: So the capacity in which you saw Emily on October  
[3] 30, 1999 was consultation?

[4] A: Correct.

[5] Q: Okay. And so you're indicating by your testimony  
[6] that shortly, within 48 hours or so of that  
[7] consult then, you then went on to do a rotation  
[8] in a different area of genetics?

[9] A: Correct.

[10] Q: So you had no follow-up contact with Emily Gwynne  
[11] at that point?

[12] A: That meant that it was no longer my  
[13] responsibility to follow-up in the hospital.

[14] Q: Although it was no longer your responsibility,  
[15] your answer implies that's maybe not so.

[16] Did you take it upon yourself to follow this  
[17] child, or find out what her lab results were just  
[18] because of your academic and scientific  
[19] curiosity?

[20] **MR. MOSCARINO:** Objection to the  
[21] form. Go ahead.

[22] A: We would always try and find out what kind of  
[23] result, what the results of these tests were.

[24] Q: Did you while she was still a patient at  
[25] University Hospital learn of her test results?

Page 23

[1] A: I can't specifically remember it. It seems to me  
[2] that I did.

[3] Q: Okay. If you could for me — let me ask you a  
[4] different question before I ask you about the  
[5] specifics on these labs.

[6] If a person is — first of all, do you  
[7] remember Eric Gwynne? Do you remember Emily's  
[8] dad?

[9] A: I don't particularly remember him.

[10] Q: You don't remember having a conversation with the  
[11] father of the child?

[12] A: Actually, I don't.

[13] Q: Okay. When you consult, and I am only asking  
[14] about the residents program, not what Dr. Zinn  
[15] does, when you personally consult for genetics,  
[16] do you send a consult letter to the family  
[17] discussing the results?

[18] MR. MOSCARINO: I am just  
[19] objecting to you saying he personally  
[20] consults separate from Zinn.

[21] MS. TAYLOR-KOLIS: Okay.

[22] MR. MOSCARINO: I don't think  
[23] that's a fair accurate illustration of what  
[24] his role is in the residency program  
[25] working under the physician that he was

Page 24

[1] working under.

[2] Q: Okay. Let me ask the question this way.  
[3] Is it part of your responsibility as a  
[4] resident, when you participate in a consultation  
[5] such as the one that occurred with Emily, to  
[6] write a letter to the family advising them of the  
[7] outcome of the testing that you performed?

[8] A: That is not part of the responsibility to write a  
[9] letter to the family in hospital consultation.

[10] Q: Would it be part of your responsibility when  
[11] people came to the genetics department strictly  
[12] for consultation on genetics, not on the  
[13] inpatient consultation basis?

[14] MR. MOSCARINO: Again, you are  
[15] talking about him?

[16] MS. TAYLOR-KOLIS: Yes.

[17] Q: Is that something that the residents participate  
[18] in, when people come, they are referred in from  
[19] outside services to come in for genetic testing  
[20] or counselling, do you participate in writing  
[21] letters to them as to the conclusion of the test  
[22] results?

[23] A: The letter — I'm sorry. A letter is generated  
[24] at the end of an outpatient visit. It is  
[25] generally addressed to the referring physician,

Page 25

[1] and it is sent to the referring physician.

[2] In some cases we will also send it to the  
[3] family.

[4] Q: Okay. As part of your residency program, is  
[5] there a, I will use the word handbook, and I  
[6] never know if that's it, but is there a written  
[7] protocol that indicates what happens in the  
[8] situation of genetic consultation who receives  
[9] reports, things of that nature? Is there a  
[10] written protocol about communicating that  
[11] information?

[12] A: Not that I'm aware of.

[13] Q: Okay. Going back then to your consultation  
[14] report, itself, at the time of your consultation,  
[15] it is a four-page consultation note where you go  
[16] through probably your examination, and it is  
[17] going to take a while, but I am going to ask you  
[18] to read it into the record, although your  
[19] handwriting is legible.

[20] If you would start with the specific reason  
[21] for the consultation was?

[22] A: It was because Emily's mother had had acute fatty  
[23] liver pregnancy.

[24] Q: Okay. And then if you want to read for us what  
[25] you have written, and read it slow for the court

Page 26

[1] reporter.

[2] A: "Emily Gwynne is a two-day old white female born  
[3] to a 35-year old G3P2 to 3 mother. This  
[4] pregnancy was complicated by AFLP, parentheses,  
[5] acute fatty liver of pregnancy, end parentheses.  
[6] This was noted by one week of epigastric pain  
[7] proceeding to jaundice. A liver biopsy was done  
[8] one day prior to delivery, which proved AFLP.  
[9] There was no hypoglycemia. Highest ammonia was  
[10] 60. Mother developed a coagulopathy and has  
[11] required FFP and platelet transfusions. Prenatal  
[12] studies of ultrasound and karyotype were normal.  
[13] "The baby was delivered C-section secondary  
[14] to AFLP at 25 weeks gestation. APGAR scores were  
[15] one and four. Cord blood was sent to the  
[16] genetics lab for DNA extraction."

[17] Q: Doctor, I am going to stop you right there,  
[18] because that's how I do these things, as you read  
[19] your note, sometimes it occurs to me that I would  
[20] like to ask you a question.

[21] First of all, from the knowledge that you had  
[22] at the point in time that you were in training,  
[23] was the fact that there were prenatal ultrasound  
[24] and karyotype studies, which were normal,  
[25] mitigate against this child having LCHAD, or they

Page 27

[1] just would not be relevant?  
[2] **A:** They would not be relevant.  
[3] **Q:** The last sentence that you read was that cord  
[4] blood was sent to the genetics lab for DNA, did  
[5] you say examination?  
[6] **A:** Extraction.  
[7] **Q:** Extraction. Okay.  
[8] Was there ever a report generated indicating  
[9] that the study was actually done on that cord  
[10] blood?  
[11] **A:** I'm sorry. I'm not sure about — can you  
[12] rephrase the question, because the action here is  
[13] DNA extraction.  
[14] **Q:** Correct.  
[15] **A:** Not DNA analysis.  
[16] **Q:** Correct.  
[17] **A:** And I am not sure about the report generation of  
[18] extraction.  
[19] **Q:** Clearly this report says, "Cord blood was sent to  
[20] lab for extraction." You have seen the report  
[21] that confirms that there was a DNA extraction  
[22] from the cord blood?  
[23] **A:** We don't review —  
[24] **Q:** That's fine.  
[25] Were you aware that there was a request cord

Page 28

[1] blood sent to lab for analysis of long-chain  
[2] fatty acid metabolism deficiencies? That's  
[3] different than a DNA extraction, isn't it?  
[4] **MS. DISILVIO:** Objection.  
[5] **MR. MOSCARINO:** Do you understand  
[6] what she's asking you?  
[7] **A:** Can you rephrase that, please?  
[8] **Q:** Sure. If another physician in the hospital, a  
[9] pediatrician, a neonatal specialist indicates in  
[10] their progress notes that they would like cord  
[11] blood to be sent to the lab for analysis of  
[12] long-chain fatty acid metabolism defect, that's  
[13] different than a DNA extraction, would you agree  
[14] with that?  
[15] **A:** That's correct.  
[16] **Q:** Because extraction is just extraction for storage  
[17] and perhaps future use, correct?  
[18] **A:** Correct.  
[19] **Q:** To the best of your knowledge, was DNA analysis  
[20] for LCHAD ever performed upon this baby's cord  
[21] blood?  
[22] **A:** I believe that it had been done further in the  
[23] time course. At the time that this blood was  
[24] sent there was no available test.  
[25] That is to say, Dr. Zinn was working with the

Page 29

[1] genetics lab to develop this test so that we  
[2] could more accurately make a diagnosis, but at  
[3] the time of this DNA extraction, which is why it  
[4] is extracted, not tested, is that that test did  
[5] not exist clinically.  
[6] **Q:** Okay. Let me just say, you only have to testify  
[7] to what you know, okay? I am not asking you to  
[8] like search the universe or go on a computer, but  
[9] what you're telling me is, as of the day that  
[10] this extraction occurred at University Hospital,  
[11] there was not a test, a specific genetic test  
[12] using DNA that could confirm or deny the  
[13] existence of LCHAD?  
[14] **A:** There was not a clinically available test.  
[15] **Q:** And when you say not clinically available, so  
[16] that we are speaking the same language, not  
[17] clinically available anywhere, or at UH?  
[18] **A:** I believe that it was not available anywhere.  
[19] **Q:** Okay.  
[20] **A:** It was available on a research basis, which did  
[21] not guarantee results.  
[22] **Q:** Okay. That's probably why I am confused.  
[23] **A:** That is to say, this test can be performed at  
[24] research laboratories, but if you want to have  
[25] them test the blood and give you an answer, that

Page 30

[1] was not available.  
[2] **Q:** Okay. So there was a test available, but it was  
[3] on a research basis?  
[4] **A:** Correct.  
[5] **Q:** And was University Hospital of Cleveland at that  
[6] time able to perform the test that was available  
[7] on the research basis?  
[8] **A:** There was no one at University Hospital that was  
[9] researching that, again, and there was no  
[10] protocols that would have involved Emily in that  
[11] study, or in any study at University Hospital.  
[12] **Q:** At UH, okay.  
[13] All right. We will go ahead and continue  
[14] then.  
[15] **A:** Okay. "Emily has been receiving intensive  
[16] supportive care with respiratory support and IV  
[17] fluid maintenance. She is being started on NPN,  
[18] which is parenteral nutrition, with goals to  
[19] reach three grams of protein per kilogram a day,  
[20] and three grams lipid per kilogram per day."  
[21] Next there is a diagram of the family  
[22] history —  
[23] **Q:** Okay.  
[24] **A:** — which is a family pedigree. I am not sure  
[25] how you want me to address that.

Pa90 31

[1] Q: Blow this up — I'm kidding.

[2] You know what you can do, if you want to —  
[3] first of all, how did you obtain the family  
[4] pedigree?

[5] A: I actually can't specifically remember. I can  
[6] remember at certain times when family wasn't  
[7] present, there was actually a family chart, a  
[8] family tree already on the chart, which we would  
[9] actually just incorporate, versus actually  
[10] speaking with the family, and I can't  
[11] specifically remember which I did.

[12] Q: And that's fair. You just don't record by  
[13] history from father or see other part, you just  
[14] are not sure where you got this?

[15] A: Right.

[16] Q: What's acceptable to me, and other counsel might  
[17] want you to do something differently, if you  
[18] could tell us in plain English what your nice  
[19] hieroglyphic chart says, that would be all right.

[20] A: Emily is identified with an arrow to indicate  
[21] that this is the proband. It identifies her  
[22] father as a 29-year old and her mother as a  
[23] 35-year old with acute fatty liver pregnancy.

[24] The paternal grandparents include a  
[25] grandfather who has hypertension and diabetes,

Page 32

[1] and it appears 64, although it is written on the  
[2] line, so it may be 69. The paternal grandmother  
[3] passed away from multiple sclerosis at the age of  
[4] 48.

[5] The maternal grandfather is in his Fifties  
[6] and healthy, and the grandmother is in her  
[7] Fifties and healthy.

[8] Other siblings and nephews and nieces of the  
[9] Gwynne parents are identified. The mother of  
[10] Emily Gwynne has a previous child by another  
[11] husband, who is 17-years old with attention  
[12] deficit disorder.

[13] MR. MOSCARINO: Do you want him  
[14] to go into this much detail?

[15] MS. TAYLOR-KOLIS: What?

[16] MR. MOSCARINO: Do you want him  
[17] to go into this much detail?

[18] MS. TAYLOR-KOLIS: Yes. We might  
[19] as well.

[20] A: Emily's mother has a sister who had a third  
[21] trimester pregnancy loss.

[22] Q: Okay. Did any of the information which you took  
[23] from the family history add to or assist you in  
[24] helping to make the diagnosis of LCHAD?

[25] A: No.

Pa90 33

[1] Q: Okay. Go on to the next page, then.

[2] A: The next is physical examination. "In general,  
[3] premature female on ventilator. Limited exam  
[4] without dysmorphism.

[5] "HEENT," which stands for head, eyes, ears,  
[6] nose and throat, "eyes fused nondysmorphic."

[7] "Abdominal, no hepatomegaly.

[8] "Extremities, normal hands and feet."

[9] Q: All right. The next section you describe the  
[10] labs. What labs were available to you at the  
[11] time of writing this document that would have  
[12] suggested the existence of LCHAD, if any?

[13] MR. MOSCARINO: Object do the  
[14] form. Go ahead.

[15] A: We would have been looking for symptom such as  
[16] hypoglycemia, hyperammonia, meaning high ammonia,  
[17] or anything like metabolic acidosis.

[18] Q: Okay. Now, at the time of this examination the  
[19] labs that you documented, those were the labs  
[20] that were already in the chart, is that correct?

[21] A: Correct.

[22] Q: Did any of those laboratory values suggest to  
[23] you, or increase your suspicion that perhaps the  
[24] baby had LCHAD?

[25] A: Elevated ammonia would be concerning.

Page 34

[1] Q: Okay. And nothing else at that point, as you  
[2] know, there was no hypoglycemia on day two of  
[3] life?

[4] A: Right.

[5] Q: And why would we be looking for hypoglycemia?

[6] A: That is one of the presenting symptoms of LCHAD  
[7] deficiencies.

[8] Q: And what about the metabolic acidosis?

[9] A: Also a symptom.

[10] Q: Okay. All right. If you want to go on then and  
[11] read your assessment.

[12] A: "Assessment, Emily Gwynne is a 25-week female  
[13] born to a mother with acute fatty liver  
[14] pregnancy. The concern with this maternal  
[15] condition is that it has been found to occur in  
[16] fetuses with defects in fatty acid metabolism,  
[17] such as trifunctional protein deficiencies, or  
[18] long-chain 3-hydroxy acyl-CoA dehydrogenase  
[19] deficiency. These defects are thought to  
[20] represent a toxic reaction between a child who is  
[21] homozygous and mother who is heterozygous for one  
[22] of these defects.

[23] "The risk for children with fatty acid  
[24] oxidation defects are significant. They include  
[25] nonketotic hypoglycemia during periods of fasting

Page 35

[1] which can progress to coma and death;  
[2] cardiomyopathy, skeletal myopathy and SIDS,  
[3] S-I-D-S.  
[4] "In 24 children with LCHAD deficiency, 19 had  
[5] a Glu474Gln mutation in the long-chain 3 hydroxy  
[6] acyl-CoA dehydrogenase gene."  
[7] Q: Can I interrupt you? This section that begins  
[8] here, this is the material that you related out  
[9] of the Dr. Ibdah's article?  
[10] A: Right.  
[11] Q: The sentence that we just read about the mutation  
[12] in the long-chain, is that what you could find on  
[13] the research basis had you had the cord blood  
[14] tested, is that what you're looking for?  
[15] A: That would be the mutation that you would look  
[16] for.  
[17] Q: Okay. Go ahead.  
[18] A: "79 percent of their mothers had fatty liver of  
[19] pregnancy or HELLP syndrome, H-E-L-L-P.  
[20] "It is not known the exact percentages of  
[21] mothers with AFLP or HELLP who will then have  
[22] children with these mutations. Incidences in  
[23] pregnancy are shown here for comparison."  
[24] Q: Okay. I'm not going to ask you to read the rest  
[25] of this because this is out of the article. If

Page 36

[1] we want to slip then to the next page, where the  
[2] recommendations are included.  
[3] A: "Recommendations, evaluation for fatty acid  
[4] oxidation defects include: One, plasma carnitine  
[5] and acylcarnitine profile.  
[6] "Two, urine carnitine and acylcarnitine  
[7] profile.  
[8] "Three, urine organic acids.  
[9] "Four, mutation analysis of LCHAD gene.  
[10] "Five, because of the elevated ammonia, will  
[11] repeat ammonia level.  
[12] "Six, agree with baseline EKG.  
[13] "Seven, continue with current plans for  
[14] nutritional support."  
[15] Q: Okay.  
[16] A: Then begins Dr. Zinn's writing.  
[17] "I have reviewed this patient's medical  
[18] history and examination, discussed case with NICU  
[19] attending and staff, and helped formulate the  
[20] impression and plan outlined above."  
[21] Q: Okay. Thank you.  
[22] Now, doctor, you indicated that today you  
[23] were able to review both the preliminary  
[24] laboratory results from October, or early  
[25] November, because I can't remember the dates the

Page 37

[1] lab results came in, and then the ones that were  
[2] drawn at the end of Emily's hospitalization.  
[3] Can you find wherever it is in your records  
[4] the results, and tell me what the results were  
[5] for both these different series of testing?  
[6] MS. DISILVIO: Objection to the  
[7] word "preliminary."  
[8] MR. MOSCARINO: Do you want to  
[9] reask the question?  
[10] Q: Were you able today to review two different sets  
[11] of test results taken at two different times?  
[12] A: Yes.  
[13] Q: Tell me what first set of test results you are  
[14] looking at.  
[15] A: The first test result is quantitative  
[16] acylcarnitine profile report, plasma/serum for  
[17] Gwynne girl, Christine is her designation. Date  
[18] collected is 30 October, '99, date received 02  
[19] November, '99, and test date 19 November, 99.  
[20] Q: The 19th of November?  
[21] A: Yes.  
[22] Q: Okay.  
[23] A: '99. Now —  
[24] Q: Can I ask, I would like to look at what you're  
[25] looking at, if you don't mind, because I don't

Page 38

[1] have that one.  
[2] A: This states total carnitine —  
[3] MR. MOSCARINO: She just wants to  
[4] know what you are looking at.  
[5] MS. TAYLOR-KOLIS: Could I get a  
[6] copy of this one? I have the ones from  
[7] December. This was not in my records.  
[8] MR. MOSCARINO: Okay.  
[9] Q: Okay. Your attorney is going to mark that for me  
[10] so I can get a copy before I leave.  
[11] But you go ahead and in detail tell us what  
[12] test results you are reading and what they  
[13] reflect.  
[14] MR. MOSCARINO: Object to form.  
[15] Go ahead and tell her what the results are.  
[16] A: The total carnitine for patient is 111.8.  
[17] Average is 50.9. Range, 29.1 to 73, and this is  
[18] stated to be above range high.  
[19] Free carnitine, patient is 81.5, average  
[20] 38.8, range 23.3 to 57.9, and it is stated to be  
[21] high.  
[22] Total acylcarnitines is 30.2 for the patient,  
[23] 12.0 is average, and range is 4 to 25, and it is  
[24] stated as high.  
[25] The acylcarnitines to free carnitine ratio is

Page 39

[1] 0.37 for the patient, average, 0.33, range, 0.09  
[2] to 0.85.

[3] Individual acylcarnitines show an  
[4] acetylcarnitine of 13.1 with an average of 11.8,  
[5] range 6.2 to 19.

[6] The proplonycarnitine, patient value was  
[7] 0.7, average, 0.6, range is 0 to 1.3.

[8] And at the bottom it states, "The plasma free  
[9] and total carnitine and acylcarnitine  
[10] concentrations are above the control ranges."

[11] Q: Doctor, I would like to ask you a couple of  
[12] questions and, once again, I do apologize that I  
[13] don't have the document, the second one is from  
[14] December. On that particular report, what  
[15] attending physician is that report addressed to?

[16] A: Fanaroff.

[17] Q: In relationship to establishing the diagnosis of  
[18] LCHAD, what significance is there attached to the  
[19] findings on that particular lab report?

[20] MR. MOSCARINO: Well, first of  
[21] all, I am going to object to you taking his  
[22] deposition based on him being a second year  
[23] resident in 1999.

[24] When you asked him a question  
[25] before, you said based upon what you did,

Page 40

[1] or you said based upon your level.

[2] So where are you on this question?

[3] MS. TAYLOR-KOLIS: And we will  
[4] just do this as a presumption.

[5] Q: Any question that I ask you, doctor, and I know  
[6] it's difficult because your learning curve is  
[7] exponential, I am sure, in your program, but if  
[8] you have a recollection, whenever I ask you a  
[9] medical question, it would be based upon what you  
[10] knew at that point in your career. That might be  
[11] a little hard to distinguish out.

[12] So the record is clear and for purposes of  
[13] your attorney protecting you, based upon your  
[14] level of knowledge at that time, it would have  
[15] been November 19th of 1999, would you have been  
[16] able to interpret the significance of the numbers  
[17] that you just read to me?

[18] MR. MOSCARINO: Are you going to  
[19] ask him about all — go ahead.

[20] MS. TAYLOR-KOLIS: No, I am just  
[21] going to ask him —

[22] MS. DISILVIO: Objection.

[23] MR. MOSCARINO: Objection what I  
[24] stated before. You haven't established  
[25] that he was involved in this period of

Page 41

[1] time. I think you actually established  
[2] that he was off rotation.

[3] MS. TAYLOR-KOLIS: But he also  
[4] has indicated by his testimony that he may  
[5] have followed these results, because that  
[6] would be his habit.

[7] MR. MOSCARINO: Fair enough. I  
[8] didn't instruct him not to answer the  
[9] question. I just want to make this clear.

[10] MR. MALONE: You say clear?

[11] MR. MOSCARINO: I am making the  
[12] objections clear.

[13] MS. TAYLOR-KOLIS: He is not  
[14] making the case clear, but okay.

[15] A: I would have had little confidence in my ability  
[16] to interpret these results at that time.

[17] Q: Based upon the testimony which you provided to me  
[18] earlier, you are indicating that the name Dr.  
[19] Fanaroff is at the top of the results as the  
[20] attending, correct?

[21] A: Correct.

[22] Q: And from how I interpreted the way that it works  
[23] at University Hospitals, he is the one who  
[24] obtains these results. Dr. Zinn would not  
[25] receive a copy of this report?

Page 42

[1] MR. MALONE: I am going to show an  
[2] objection. You have assumed something that  
[3] there isn't a shred of evidence to support.  
[4] Go ahead.

[5] MS. DISILVIO: Objection.

[6] MR. MOSCARINO: Objection.

[7] A: Say that again.

[8] Q: I am asking you to assume that within the  
[9] hospital setting, because Dr. Fanaroff's name is  
[10] on as the attending, the physician of record, and  
[11] it is on the top of the report, I am asking you  
[12] to assume that he would have received the report.

[13] Just so I understand it, Dr. Zinn does not  
[14] independently receive copies of these reports?

[15] MS. DISILVIO: Objection.

[16] Q: Or the genetics department?

[17] MR. MALONE: Same objection.

[18] MR. MOSCARINO: Objection.

[19] A: These are not specifically forwarded to the  
[20] genetics department as primary recipients.  
[21] However, Dr. Zinn would often obtain these  
[22] regardless shortly after their being done.

[23] MS. DISILVIO: Objection. Move  
[24] to strike.

[25] Q: How do you know that Dr. Zinn would obtain these

Page 43

[1] shortly afterwards?  
[2] **MS. DiSILVIO:** Objection.  
[3] **A:** Well, usually because the physicians who had  
[4] these lab results sent to them would bring them  
[5] to Dr. Zinn for interpretation.  
[6] **Q:** Okay. So you're not implying by your answer that  
[7] somehow you believe that these reports also get  
[8] sent directly to Dr. Zinn?  
[9] **A:** I am sorry, say again?  
[10] **MS. DiSILVIO:** Objection.  
[11] **Q:** In other words, just so I know what your  
[12] understanding is, you are saying that Dr. Zinn  
[13] may get these, but that would be by virtue of the  
[14] person that received them would bring them to his  
[15] attention, not that they independently mailed him  
[16] a report?  
[17] **MR. MOSCARINO:** Objection.  
[18] **Q:** If you know.  
[19] **A:** I'm sorry. The physicians would often bring  
[20] them, or would bring them to Dr. Zinn, but Dr.  
[21] Zinn typically would look for these results and  
[22] would communicate with the lab or with the  
[23] physicians, and would often obtain them  
[24] independently.  
[25] **MS. DiSILVIO:** Objection. Move

Page 44

[1] to strike.  
[2] **Q:** Okay. I am going to ask this question in a  
[3] different way one more time.  
[4] Based upon the information which is contained  
[5] in the quantitative acylcarnitine profile report  
[6] on November 19, 1999, would that have suggested  
[7] to you at the time that the child may, in fact,  
[8] have had LCHAD?  
[9] **MR. MOSCARINO:** Objection. You  
[10] already elicited testimony that he had  
[11] little confidence in his ability.  
[12] **MS. TAYLOR-KOLIS:** Well, it  
[13] doesn't mean that he doesn't have an  
[14] opinion, or it might not have suggested it  
[15] to him.  
[16] **MR. MOSCARINO:** Why are you  
[17] asking him both questions? It is  
[18] inconsistent. I'm objecting for the  
[19] record.  
[20] Go ahead and answer the question,  
[21] if you can, and tell her whether you have  
[22] given her evidence on what you know now or  
[23] then.  
[24] I am not going to get him into  
[25] being an expert witness in this case,

Page 45

[1] Donna, just so you are clear.  
[2] **MS. TAYLOR-KOLIS:** I understand  
[3] that.  
[4] **A:** At the time I would have looked for abnormal  
[5] acylcarnitines at the bottom, and those are,  
[6] actually, both within normal range. From further  
[7] knowledge, I would say this is not suggestive of  
[8] any defect in LCHAD.  
[9] **Q:** Okay. What other test results were — all right.  
[10] We have already been through the carnitines, and  
[11] then there weren't any other labs — first of  
[12] all, do you think that you looked at these before  
[13] Emily was discharged from the hospital and before  
[14] I filed this lawsuit?  
[15] **MR. MOSCARINO:** Object to the  
[16] form. There is two questions in there.  
[17] **Q:** Do you believe that you looked at these labs  
[18] before Emily was discharged from the hospital?  
[19] **A:** I just don't remember.  
[20] **Q:** You just don't know. Okay.  
[21] All right. There is a second test for the  
[22] quantitatives we are looking at that is dated in  
[23] December. Is that the other report that you  
[24] looked at today?  
[25] **A:** We looked at both the results from October and

Page 46

[1] December.  
[2] **MR. MOSCARINO:** Don't tell her  
[3] what we did.  
[4] What's the question?  
[5] **Q:** All right. You were able to look at the report  
[6] dated January 10th for quantitative profiles? Is  
[7] that the other report you're referring to today?  
[8] **A:** I have a report dated January 8th.  
[9] **Q:** Okay. That's the only one I have.  
[10] Let me see what you have, if you don't mind.  
[11] Okay. I am looking at — do we have the same  
[12] report?  
[13] **A:** With that signature at the bottom dated January  
[14] 10th.  
[15] **Q:** Right. I just want to make sure that we got the  
[16] same report.  
[17] Do you know whether or not you would have  
[18] looked at this other than today?  
[19] **MR. MOSCARINO:** I will object to  
[20] the form. Are you asking him if he looked  
[21] at it back in January of that year?  
[22] **MS. TAYLOR-KOLIS:** Right.  
[23] **A:** I was not available to look at this when it was  
[24] originally available.  
[25] **Q:** And why was that?

Page 47

[1] A: I was actually on rotation in pediatrics.  
[2] Q: Okay. Have you discussed this lawsuit with Dr.  
[3] Zinn?  
[4] A: No.  
[5] Q: When did you become aware that Emily Gwynne died?  
[6] A: I believe shortly after she died.  
[7] Q: Do you have a recollection what the circumstances  
[8] were that that would have been brought to your  
[9] attention?  
[10] A: I'm sorry. Can you ask that again?  
[11] Q: Sure. How is it that you came to find out that  
[12] Emily had passed away?  
[13] A: Dr. Zinn told me.  
[14] Q: Did you know why she died?  
[15] A: He told me how she died.  
[16] Q: What did he tell you?  
[17] A: He told me that she had died in the hospital, and  
[18] I believe from an arrhythmia. I can't  
[19] specifically recall, but that is what I remember.  
[20] Q: And do you know when you had that conversation  
[21] with Dr. Zinn?  
[22] A: I can't remember, specifically.  
[23] Q: Okay.  
[24] A: However, it was shortly after she had died.  
[25] Q: Did he indicate to you at the time of that

Page 48

[1] conversation that Akron Children's Hospital  
[2] advised him that Emily actually had LCHAD?  
[3] A: I believe he had been working with the geneticist  
[4] in Akron.  
[5] Q: Supplying her with some information?  
[6] A: To help establish the diagnosis.  
[7] Q: In what regard do you believe that he was working  
[8] with the geneticist at Akron Children's to help  
[9] establish the diagnosis?  
[10] A: I believe that she would call him up to ask him  
[11] questions.  
[12] Q: Okay. Have you discussed this lawsuit with  
[13] anybody in pediatrics, Dr. Rodriguez or Dr.  
[14] Fanaroff?  
[15] A: No.  
[16] Q: Have you worked on rotations in pediatrics where  
[17] Dr. Rodriguez or Dr. Fanaroff were your  
[18] attendings?  
[19] A: Yes.  
[20] Q: Okay.  
[21] MS. TAYLOR-KOLIS: Okay. Doctor,  
[22] amazingly, I have no further questions for  
[23] you. The other attorneys present may, but  
[24] I do not.  
[25] MS. DISILVIO: Doctor, I do have

Page 49

[1] a few questions.  
[2] MR. MOSCARINO: She represents  
[3] Dr. Zinn.  
[4]  
[5] CROSS-EXAMINATION OF DEREK NEILSON, M.D.  
[6] BY MS. DISILVIO:  
[7] Q: As it relates to this case, the case of Emily  
[8] Gwynne, I take it that you have no knowledge one  
[9] way or the other whether Dr. Zinn followed up,  
[10] specifically, on any of these labs, apart from  
[11] receiving information from the attending  
[12] physicians?  
[13] A: I should say I have no specific information as to  
[14] how he obtained the lab results.  
[15] MS. DISILVIO: I don't have any  
[16] further questions.  
[17] MS. TAYLOR-KOLIS: I don't have  
[18] any other questions.  
[19] Would you like him to read it?  
[20] MR. MOSCARINO: I will have it  
[21] read for several reasons. There are some  
[22] complicated terms here, it is his first  
[23] deposition, and we would ask for waive  
[24] seven days, can we have 30 days?  
[25] MS. TAYLOR-KOLIS: Waive seven,

Page 50

[1] and you will get it to me in 30? Do you  
[2] have time to do reading in the next 30  
[3] days?  
[4] THE WITNESS: Yes.  
[5] MS. TAYLOR-KOLIS: Thank you.  
[6]  
[7]  
[8] DEREK NEILSON, M.D.

[9]  
[10]  
[11]  
[12]  
[13]  
[14]  
[15]  
[16]  
[17]  
[18]  
[19]  
[20]  
[21]  
[22]  
[23]  
[24]  
[25]

[1]  
[2]  
  
[3]  
[4]  
  
[5]  
[6]  
  
[7]  
  
[8]  
  
[9]  
  
[10]  
  
[11]  
  
[12]  
  
[13]  
  
[14]  
  
[15]  
  
[16]  
  
[17]  
  
[18]  
  
[19]  
[20]  
[21]  
[22]  
[23]  
[24]  
[25]

CERTIFICATE

The State of Ohio, ) SS:  
County of Cuyahoga.)  
  
I, Susan M. Cebren, a Notary Public within  
and for the State of Ohio, authorized to  
administer oaths and to take and certify  
depositions, do hereby certify that the  
above-named witness was by me, before the giving  
of their deposition, first duly sworn to testify  
the truth, the whole truth, and nothing but the  
truth; that the deposition as above-set forth was  
reduced to writing by me by means of stenotypy,  
and was later transcribed into typewriting under  
my direction; that this is a true record of the  
testimony given by the witness; that said  
deposition was taken at the aforementioned time,  
date and place, pursuant to notice or  
stipulations of counsel; that I am not a relative  
or employee or attorney of any of the parties, or  
a relative or employee of such attorney or  
financially interested in this action; that I am  
not, nor is the court reporting firm with which I  
am affiliated, under a contract as defined in  
Civil Rule 28(D).

IN WITNESS WHEREOF, I have hereunto set my  
hand and seal of office, at Cleveland, Ohio, this  
day of. \_\_\_\_\_, A.D. 20\_\_\_\_.

Susan M. Cebren, Notary Public, State of Ohio  
1750 Midland Building, Cleveland, Ohio 44115  
My commission expires August 18, 2003

10-1-2020 10:00 AM

10-1-2020 10:00 AM



<p><b>0</b></p> <p>039:7 0.09 39:1 0.33 39:1 0.37 39:1 0.6 39:7 0.7 39:7 0.85 39:2 02 37:18</p>	<p><b>5</b></p> <p>50.9 38:17 57.9 38:20</p>	<p>add 32:23 additions 15:5, 6 address 4:11, 13; 30:25 addressed 24:25; 39:15 admission 11:18; 21:3 advised 48:2 advising 24:6 AFLP 14:2; 26:4, 8, 14; 35:21 afterwards 43:1 again 5:18; 24:14; 30:9; 39:12; 42:7; 43:9; 47:10 against 26:25 age 4:1; 32:3 ago 16:11 agree 28:13; 36:12 agreement 5:16 ahead 11:9, 15, 21; 13:16; 16:14; 20:5; 22:21; 30:13; 33:14; 35:17; 38:11, 15; 40:19; 42:4; 44:20 Akron 48:1, 4, 8 allowed 8:14 almost 8:4, 5 although 20:9; 22:14; 25:18; 32:1 always 8:10; 22:22 amazingly 48:22 ammonia 14:12; 26:9; 33:16, 25; 36:10, 11 analysis 10:21; 14:17; 27:15; 28:1, 11, 19; 36:9 anticipation 8:20 apart 49:10 APGAR 26:14 apologize 39:12 appear 15:7 appears 32:1 area 22:8 arrow 31:20 arrythmia 47:18 article 9:9, 15, 20; 10:3; 15; 11:2; 16:13, 16; 17:6; 12, 14, 16, 18; 35:9, 25 Arts 6:21 assessment 18:10; 34:11, 12 assist 32:23 associated 16:8, 9 association 9:10 assume 6:15; 42:8, 12 assumed 42:2 attached 39:18 attempt 20:9 attended 6:18, 19 attending 11:10, 14, 16; 18; 12:4, 5, 9; 13:5, 20; 14:5; 19:18, 20, 21; 20:7; 8; 36:19; 39:15; 41:20; 42:10; 49:11 attendings 20:2, 19; 48:18</p>	<p>attention 32:11; 43:15; 47:9 attorney 5:24; 38:9; 40:13 attorneys 48:23 August 7:10 available 28:24; 29:14, 15, 17, 18, 20; 30:1, 2, 6; 33:10; 46:23, 24 Avenue 4:14 Average 38:17, 19, 23; 39:1, 4, 7 aware 17:18; 25:12; 27:25; 47:5 away 32:3; 47:12</p>	<p>47:10; 49:24 cancer 22:1 capacity 22:2 cardiomyopathy 35:2 care 4:24; 11:19; 19:17; 30:16 career 6:10; 40:10 carnitine 10:21; 14:6, 9; 36:4, 6; 38:2, 16, 19, 25; 39:9 carnitines 45:10 case 13:17; 14:5; 17:15; 19:25; 20:21; 36:18; 41:14; 44:25; 49:7, 7 cases 25:2 Cause 16:19 cc's 14:7 certain 31:6 certified 4:5 changed 11:12 chart 8:23; 9:5, 15, 16, 17, 19; 10:7; 11:25; 13:7; 16:12; 20:22; 31:7, 8, 19; 33:20 child 11:19; 22:17; 23:11; 26:25; 32:10; 34:20; 44:7 children 15:14, 18; 34:23; 35:4, 22 Children's 48:1, 8 Christine 37:17 circumstances 47:7 Civil 4:4 clear 9:1; 13:3; 20:14; 40:12; 41:9, 10, 12, 14; 45:1 Clearly 27:19 Cleveland 4:14; 30:5 clinic 21:21 clinical 21:20 clinically 29:5, 14, 15, 17 clinics 21:24, 25; 22:1, 1 clips 14:22 coagulopathy 26:10 collected 37:18 college 6:16, 18 coma 35:1 combined 7:21, 25; 8:9, 14 coming 17:19 comment 15:9 communicate 20:8; 43:22 communicating 20:1; 25:10 comparison 35:23 completed 7:13; 12:10 completion 7:18 complicated 26:4; 49:22 computer 29:8 concentrations 39:10 concern 34:14 concerning 33:25 conclusion 24:21</p>
<p><b>1</b></p> <p>1.3 39:7 10/30/99 14:1 10th 46:6, 14 11.8 39:4 111.8 38:16 111004.13 12.0 38 23 13.1 39:4 1300 4:14 17-years 32:11 1935:4; 37:19; 39:5; 44:6 1989 6:13 1993 6:19, 20 1994 7:9, 10 1998 7:17, 24 1999 22:3; 39:23; 40:15; 44:6 19th 37:20; 40:15 1st 21:7</p>	<p><b>6</b></p> <p>6.2 39:5 60 26:10 64 32:1 69 32:2</p> <p><b>7</b></p> <p>73 38:17 79 35:18</p> <p><b>8</b></p> <p>81.5 38:19 8th 46:8</p> <p><b>9</b></p> <p>99 37:18, 19, 19, 23</p> <p><b>A</b></p> <p>Abdominal 33:7 ability 41:15; 44:11 able 10:14; 30:6; 36:23; 37:10; 40:16; 46:5 abnormal 45:4 above 12:7; 36:20; 38:18; 39:10 academic 22:18 acceptable 31:16 accurate 23:23 accurately 29:2 accuse 10:4 acetylcarnitine 39:4 acid 14:3; 15:15; 16:9; 28:2, 12; 34:16, 23; 36:3 acidosis 33:17; 34:8 acids 14:11; 36:8 acquiring 9:15 action 27:12 actually 4:19; 9:20; 10:6; 11:20; 15:2, 20; 16:2, 6; 20:7; 23:12; 27:9; 31:5, 7, 9, 9; 41:1; 45:6; 47:1; 48:2 acute 9:11; 16:4; 25:22; 26:5; 31:23; 34:13 acyl-CoA 34:18; 35:6 acylcarnitine 10:21; 14:7, 9; 36:5, 6; 37:16; 39:9; 44:5 acylcarnitines 38:22, 25; 39:3; 45:5</p>	<p><b>B</b></p> <p>baby 26:13; 33:24 baby's 28:20 Bachelor 6:21 back 14:21; 21:1; 25:13; 46:21 background 6:8 based 5:9; 20:21; 39:22, 25; 40:1, 9, 13; 41:17; 44:4 baseline 36:12 basis 24:13; 29:20; 30:3, 7, 35:13 become 8:10; 47:5 becoming 8:11 began 7:9, 23 begins 35:7; 36:16 below 14:14 best 28:19 biology 6:21 biopsy 26:7 bit 6:8 blood 10:21; 26:15; 27:4, 10, 19, 22; 28:1, 11, 21, 23; 29:25; 35:13 Blow 31:1 born 26:2; 34:13 both 16:7; 36:23; 37:5; 44:17; 45:6, 25 bottom 12:16, 19; 39:8; 45:5; 46:13 bring 43:4, 14, 19, 20 brought 47:8</p>	<p><b>C</b></p> <p>C-section 26:13 call 48:10 called 4:2; 11:6 came 21:1; 24:11; 37:1; 47:11 can 5:8, 16, 21; 6:11; 3:16; 12:4, 22; 13:10; 14:25; 15:23; 17:3, 4, 12; 18:14; 20:24; 27:11; 28:7; 29:23; 31:2, 5; 35:1, 7; 37:3, 24; 38:10; 44:21;</p>	<p><b>C</b></p> <p>C-section 26:13 call 48:10 called 4:2; 11:6 came 21:1; 24:11; 37:1; 47:11 can 5:8, 16, 21; 6:11; 3:16; 12:4, 22; 13:10; 14:25; 15:23; 17:3, 4, 12; 18:14; 20:24; 27:11; 28:7; 29:23; 31:2, 5; 35:1, 7; 37:3, 24; 38:10; 44:21;</p>
<p><b>2</b></p> <p>23.3 38:20 24 35:4 25 26:14; 38:23 25-week 34:12 29-year 31:22 29.1 38:17</p>	<p><b>3</b></p> <p>3 26:3; 35:5 3-hydroxy 34:18 30 22:3; 37:18; 49:24; 50:1, 2 30.2 38:22 35-year 26:3; 31:23 38.8 38:20</p>	<p><b>4</b></p> <p>4 12:16, 16; 38:23 44106 4:15 48 22:6; 32:4</p>	<p><b>5</b></p> <p>50.9 38:17 57.9 38:20</p>	<p><b>6</b></p> <p>6.2 39:5 60 26:10 64 32:1 69 32:2</p>
<p><b>3</b></p> <p>3 26:3; 35:5 3-hydroxy 34:18 30 22:3; 37:18; 49:24; 50:1, 2 30.2 38:22 35-year 26:3; 31:23 38.8 38:20</p>	<p><b>4</b></p> <p>4 12:16, 16; 38:23 44106 4:15 48 22:6; 32:4</p>	<p><b>5</b></p> <p>50.9 38:17 57.9 38:20</p>	<p><b>6</b></p> <p>6.2 39:5 60 26:10 64 32:1 69 32:2</p>	<p><b>7</b></p> <p>73 38:17 79 35:18</p>
<p><b>4</b></p> <p>4 12:16, 16; 38:23 44106 4:15 48 22:6; 32:4</p>	<p><b>5</b></p> <p>50.9 38:17 57.9 38:20</p>	<p><b>6</b></p> <p>6.2 39:5 60 26:10 64 32:1 69 32:2</p>	<p><b>7</b></p> <p>73 38:17 79 35:18</p>	<p><b>8</b></p> <p>81.5 38:19 8th 46:8</p>

condition 34:15  
 conducted 18:5, 17  
 confidence 41:15; 44:11  
 confirm 29:12  
 confirms 27:21  
 confused 29:22  
 consult 10:23; 11:3, 6,  
 17;12:15; 13:11, 12;  
 14:23, 24; 19:1, 12; 21:4,  
 17;22:7; 23:13, 15, 16  
 consultation 22:3; 24:4,  
 9, 12, 13; 25:8, 13, 14, 15,  
 21  
 consulted 15:18  
 consults 23:20  
 contact 22:10  
 contained 10:6; 44:4  
 continue 30:13; 36:13  
 control 39:10  
 conversation 23:10;  
 47:20; 48: 1  
 copied 17:12  
 copies 42:14  
**copy** 9:17, 19; 17:4; 38:6,  
 10;41:25  
 Cord 26:15; 27:3, 9, 19,  
 22, 25; 28:10, 20; 35:13  
 correctly 16:20  
 counsel 17:13; 31:16  
 counselling 24:20  
 couple 39:11  
 course 28:23  
 court 4:10; 5:12; 25:25  
 covering 13:19, 22  
 cross-examination 4:3,  
 7;49:5  
 curiosity 22:19  
 current 36:13  
 curve 40:6  
 custodian 9:13  
 customarily 6:7

## D

dad 23:8  
 Date 37:17, 18, 19  
 dated 13:24; 14:1; 45:22;  
 46:6, 8, 13  
 dates 36:25  
 day 26:8; 29:9; 30:19, 20;  
 34:2  
 days 49:24, 24; 50:3  
 death 35:1  
 December 10:23; 38:7;  
 39:14; 45:23; 46:1  
 decide 7:2  
 decided 7:8  
 decision 7:5, 7  
 defect 28:12; 45:8  
 defects 16:9; 34:16, 19,  
 22, 24; 36:4  
 deficiencies 28:2; 34:7,

17  
 deficiency 34:19; 35:4  
 deficit 32:12  
 degree 6:20; 7:19  
 dehydrogenase 34:18;  
 35:6  
 delivered 26:13  
 delivery 16:3; 26:8  
 deny 29:12  
 department 7:21; 18:4;  
 19:8; 20:18; 24:11; 42:16,  
 20  
 deposed 4:5  
 deposition 5:3; 8:20;  
 16:15; 39:22; 49:23  
 depositions 4:18; 5:7  
**DEREK** 4:1, 7, 12; 14:13;  
 49:5; 50:8  
 describe 15:23; 33:9  
 described 9:9  
 designation 37: 17  
 detail 32:14, 17; 38:11  
 develop 29: 1  
 developed 26:10  
 diabetes 31:25  
 diagnosis 29:2; 32:24;  
 39:17; 48:6, 9  
 diagram 30:21  
 died 47:5, 6, 14, 15, 17,  
 24  
 differences 6:1  
 different 11:13; 21:14;  
 22:8; 23:4; 28:3, 13; 37:5,  
 10, 11; 44:3  
 differently 31:17  
 difficult 40:6  
 directly 43:8  
 discharged 45:13, 18  
 discuss 4:23; 8:17; 19:1,  
 13  
 discussed 12:3; 13:9,  
 17; 14:5; 36:18; 47:2;  
 48:12  
 discussing 23:17  
 Disease 16:19  
**DiSILVIO** 18:23; 19:3;  
 20:3; 28:4; 37:6; 40:22;  
 42:5, 15, 23; 43:2, 10, 25;  
 48:25; 49:6, 15  
 disorder 9:10; 16:4, 18;  
 18:11; 32:12  
 disorders 16:8  
 distinguish 40:11  
 division 18:20  
**DNA** 26:16; 27:4, 13, 15,  
 21; 28:3, 13, 19; 29:3, 12  
**Doctor** 4:9, 16; 5:2; 6:7;  
 3:16; 9:12; 11:3; 26:17;  
 36:22; 39:11; 40:5; 48:21,  
 25  
**document** 33:11; 39:13  
 documented 33:19  
 done 8:3, 4, 5, 6; 21:4;  
 26:7; 27:9; 28:22; 42:22

Donna 4:21; 45:1  
 Dr 9:21; 11:4, 5, 16;  
 13:17, 18, 19; 14:15; 15:3,  
 11, 12; 16:13; 17:17, 23;  
 19:24, 24; 20:6, 8; 23:14;  
 28:25; 35:9; 36:16; 41:18,  
 24; 42:9, 13, 21, 25; 43:5,  
 8, 12, 20, 20; 47:2, 13, 21;  
 48:13, 13, 17, 17; 49:3, 9  
 drawn 10:22; 37:2  
 duly 4:4  
 during 16:1; 34:25  
 dysmorphism 33:4

## E

earlier 8:15; 41:18  
 early 36:24  
 ears 33:5  
 EDTA 14:8  
 education 7:14  
 either 11:11; 21:22  
 EKG 36:12  
 elected 8:8  
 Elevated 33:25; 36:10  
 elicited 44:10  
 else 34:1  
 Emily 4:22; 11:4; 15:13,  
 21; 16:3; 17:19; 21:3; 22:2,  
 10; 24:5; 26:2; 30:10, 15;  
 31:20; 32:10; 34:12;  
 45:13, 18; 47:5, 12; 48:2;  
 49:7  
 Emily's 23:7; 25:22;  
 32:20; 37:2  
 end 7:4; 12:1; 13:21; 21:4;  
 24:24; 26:5; 37:2  
 English 31:18  
 enough 41:7  
 entered 7:20  
 entirety 13:11  
 entitled 16:18  
 epigastric 26:6  
 Eric 23:7  
 error 14:3  
 establish 48:6, 9  
 established 40:24; 41:1  
 establishing 39:17  
 Estate 4:22  
 Euclid 4:14  
 evaluation 36:3  
 evidence 42:3; 44:22  
 exact 35:20  
 exam 33:3  
 examination 12:3, 10;  
 25:16; 27:5; 33:2, 18;  
 36:18  
 exclude 18:17  
 exist 29:5  
 existence 29:13; 33:12  
 experience 5:6  
 experienced 16:1  
 expert 44:25

explain 20:15, 24  
 exponential 40:7  
 extracted 29:4  
 extraction 26:16; 27:6, 7,  
 13, 18, 20, 21; 28:3, 13,  
 16, 16; 29:3, 10  
 Extremities 33:8  
 eyes 33:5, 6

## F

fact 26:23; 44:7  
 fair 5:20; 6:3; 18:18;  
 23:23; 31:12; 41:7  
 familiar 9:22  
 family 23:16; 24:6, 9;  
 25:3; 30:21, 24; 31:3, 6, 7,  
 8, 10; 32:23  
 Fanaroff 39:16; 41:19;  
 48:14, 17  
 Fanaroff's 42:9  
 fasting 34:25  
 father 23:11; 31:13, 22  
 fatty 9:11; 14:3; 15:15;  
 16:4, 9; 25:22; 26:5; 28:2,  
 12; 31:23; 34:13, 16, 23;  
 35:18; 36:3  
 Fatty-Acid 16:18  
 feet 33:8  
 fellowship 8:13  
 female 26:2; 33:3; 34:12  
 Fetal 16:18  
 fetuses 34:16  
 few 14:20; 16:11; 49:1  
 FFP 26: 11  
 fifth 17:23  
 Fifties 32:5, 7  
 filed 45:14  
 files 17:16  
 find 4:25; 6:8; 10:14;  
 22:17, 22; 35:12; 37:3;  
 47:11  
 findings 39:19  
 fine 27:24  
 first 4:4, 20; 11:3, 23;  
 23:6; 26:21; 31:3; 37:13,  
 15; 39:20; 45:11; 49:22  
 Five 8:2; 14:15; 15:9;  
 36:10  
 fluid 30:17  
 follow 14:2; 18:4, 9, 21;  
 22:16  
 follow-up 20:10; 22:10,  
 13  
 followed 41:5; 49:9  
 Following 6:15, 24  
 follows 4:6  
 form 10:10, 17; 18:13;  
 22:21; 33:14; 38:14;  
 45:16; 46:20  
 formulate 12:5; 36:19  
 forwarded 20:6; 42:19  
 found 16:8; 34:15

Four 14:12; 17:22; 26:15;  
 36:9  
 four-page 25:15  
 Free 38:19, 25; 39:8  
 Full 14:2  
 function 21:17  
 further 19:12; 28:22;  
 45:6; 48:22; 49:16  
 fused 33:6  
 future 28:17

## G

**G3P2** 26:3  
 gather 8:16; 11:5  
 gene 35:6; 36:9  
 general 33:2  
 generally 18:6, 8; 24:25  
 generated 24:23; 27:8  
 generation 27:17  
 genetic 11:6; 22:1; 24:19;  
 25:8; 29: 11  
 geneticist 8:10, 11; 18:1;  
 48:3, 8  
 genetics 7:21, 22; 8:9,  
 13, 15; 14:1; 18:4, 20;  
 20:18; 21:12, 15, 21; 22:8;  
 23:15; 24:11, 12; 26:16;  
 27:4; 29:1; 42:16, 20  
 George 10:12; 17:3  
 gestation 26:14  
 girl 37:17  
 given 5:10; 17:17; 44:22  
**Glu474Gln** 35:5  
 goals 30:18  
 goes 15:9  
 graduate 7:2  
 graduated 6:11, 13  
 graduation 6:25  
 grams 30:19, 20  
 grandfather 31:25; 32:5  
 grandmother 32:2, 6  
 grandparents 31:24  
 guarantee 29:21  
 guess 16:13  
 guide 4:17  
**Gwynne** 4:22; 11:4;  
 15:13; 22:10; 23:7; 26:2;  
 32:9, 10; 34:12; 37:17;  
 47:5; 49:8  
**Gwynne's** 21:3

## H

**H-E-L-L-P** 35:19  
 iabit 15:4; 41:6  
 iandbook 25:5  
 iands 33:8  
 iandwriting 12:19;  
 5:11, 12; 17:22; 25:19  
 iappen 5:23  
 iappened 20:21

happens 25:7  
hard 40 11  
head 5 11; 33 5  
Health 7 12  
healthy 32 6, 7  
HEENT 33 5  
HELLP 167; 35 19, 21  
help 48 6, 8  
helped 12 5; 36 19  
helping 32 24  
hepatomegaly 33 7  
hereinafter 4 5  
heterozygous 34 21  
hieroglyphic 31 19  
high 6 12, 13, 15; 33 16,  
38 18, 21, 24  
Highest 26 9  
highlighting 16 17  
history 12 2; 30 22,  
31 13; 32 23; 36 18  
home 7 1  
homozygous 34 21  
honestly 10 5  
Hopkins 6 19, 25  
hospital 9 5, 13, 15; 10 7,  
16 12, 17, 19, 25; 21 3,  
18, 22; 22 13, 25; 24 9,  
28 8; 29 10; 30 5, 8, 11,  
42 9, 45 13, 18; 47 17,  
48 1  
hospitalization 37 2  
Hospitals 7 20; 41 23  
hours 13 22; 22 6  
human 5 12  
husband 32 11  
hydroxy 35 5  
hyperammonia 33 16  
hypertension 31 25  
hypoglycemia 26 9,  
33 16; 34 2, 5, 25

## I

Ibdah 9:22  
Ibdah's 16:13; 35:9  
identified 31:20; 32:9  
identifies 31:21  
identify 13:24  
illustration 23:23  
immediately 6:22  
implies 22:15  
imply 10:12  
implying 43:6  
impression 12:6; 36:20  
inborn 14:3  
Incidences 35:22  
include 16:12; 18:17;  
31:24; 34:24; 36:4  
included 8:23; 9:8, 9;  
36:2  
including 19:18; 21:25  
inconsistent 44:18

incorporate 31:9  
increase 33:23  
independently 20:12;  
42:14; 43:15, 24  
indicate 5:5; 31:20; 47:25  
indicated 16:11; 36:22;  
41:4  
indicates 12:16; 25:7;  
28:9  
indicating 20:16; 22:5;  
27:8; 41:18  
Individual 39:3  
Infant 14:2  
information 5:22; 25:11;  
32:22; 44:4; 48:5; 49:11,  
13  
initial 11:14, 18; 13:12;  
14:24  
initially 4:17; 10:22; 13:6;  
14:23  
inpatient 24:13  
instruct 41:8  
intact 14:22  
intensive 11:19; 30:15  
interpret 40:16; 41:16  
interpretation 43:5  
interpreted 41:22  
interpreting 5:14  
interrupt 20:13; 35:7  
into 13:25; 17:19; 21:18;  
25:18; 32:14, 17; 44:24  
involved 8:18; 30:10;  
40:25  
involvement 4:24  
IV 30:16

## J

January 46:6, 8, 13, 21  
jaundice 26:7  
Johns 6:19, 25  
journal 9:9, 15, 20; 11:2;  
16:13; 17:5, 14  
dune 7:9, 24; 8:6

## K

karyotype 26:12, 24  
kidding 31:1  
kilogram 30:19, 20  
kind 22:22  
kinds 21:14  
knew 40:10  
knowledge 26:21; 28:19;  
40:14; 45:7; 49:8  
known 35:20  
Kolís 4:21

## L

lab 20:25; 22:17; 26:16;

27:4, 20; 28:1, 11; 29:1;  
37:1; 39:19; 43:4, 22;  
49:14  
laboratories 29:24  
laboratory 33:22; 36:24  
labs 8:25; 10:19, 19; 11:1;  
20:22; 23:5; 33:10, 10, 19,  
19; 45:11, 17; 49:10  
Lakeside 4:14  
language 29:16  
last 4:10, 12; 12:15; 27:3  
late 10:23  
lawful 4:1  
lawsuit 45:14; 47:2;  
48:12  
LCHAD 9:10; 14:17;  
15:16, 22; 18:18; 26:25;  
28:20; 29:13; 32:24;  
33:12, 24; 34:6; 35:4; 36:9;  
39:18; 44:8; 45:8; 48:2  
leads 6:9  
learn 22:25  
learning 40:6  
least 5:21  
leave 38:10  
led 16:2  
legible 25:19  
letter 23:16; 24:6, 9, 23,  
23  
letters 24:21  
level 14:12; 36:11; 40:1,  
14  
life 34:3  
Limited 33:3  
line 32:2  
lipid 30:20  
list 17:21; 18:15  
listed 11:16  
litigation 8:18  
little 6:8; 40:11; 41:15;  
44:11  
lived 7:1  
liver 9:11; 16:1, 5, 19;  
25:23; 26:5, 7; 31:23;  
34:13; 35:18  
long 7:25  
long-chain 28:1, 12;  
34:18; 35:5, 12  
longer 22:12, 14  
look 8:24; 18:24; 35:15;  
37:24; 43:21; 46:5, 23  
looked 45:4, 12, 17, 24,  
25; 46:18, 20  
looking 33:15; 34:5;  
35:14; 37:14, 25; 38:4;  
45:22; 46:11  
looks 12:3  
loss 32:21

## M

M-i-l-w-a-u-k-i-e 6:14  
M.D 4:1, 7; 14:13; 49:5;

50:8  
mailed 43:15  
maintenance 30:17  
making 41:11, 14  
MALONE 16:21, 24;  
41:10; 42:1, 17  
many 15:18; 21:14  
mark 38:9  
material 35:8  
materials 8:21  
maternal 32:5; 34:14  
math 8:3  
matter 8:17  
may 5:24; 7:9; 20:14;  
32:2; 41:4; 43:13; 44:7;  
48:23  
maybe 22:15  
mean 5:14; 10:12; 20:13;  
44:13  
meaning 33:16  
meant 22:12  
med 6:22  
medical 7:3, 8, 9, 13, 19;  
12:2; 36:17; 40:9  
meet 4:20  
metabolic 18:10; 33:17;  
34:8  
metabolism 14:4; 15:15;  
16:10; 28:2, 12; 34:16  
might 5:14; 13:8; 21:25;  
31:16; 32:18; 40:10; 44:14  
Milwaukie 6:14  
mind 37:25; 46:10  
minute 17:8  
minutes 14:16; 16:11  
mitigate 26:25  
month 13:21; 21:4, 6  
more 11:8; 29:2; 44:3  
MOSCARINO 9:24; 10:9,  
16; 11:7; 12:12, 18, 21, 24;  
17:7; 18:12, 22; 19:4, 7;  
20:4; 22:20; 23:18, 22;  
24:14; 28:5; 32:13, 16;  
33:13; 37:8; 38:3, 8, 14;  
39:20; 40:18, 23; 41:7, 11;  
42:6, 18; 43:17; 44:9, 16;  
45:15; 46:2, 19; 49:2, 20  
Mother 14:2; 16:1; 25:22;  
26:3, 10; 31:22; 32:9, 20;  
34:13, 21  
mothers 35:18, 21  
move 12:13; 42:23; 43:25  
much 32:14, 17  
multiple 32:3  
must 5:10  
nutration 14:17; 35:5, 11,  
15; 36:9  
nutritional 14:17  
nutrations 35:22  
nyopathy 35:2  
nvself 15:2, 4; 20:14

## N

N-e-i-l-s-o-n 4:13  
name 4:10, 10, 12, 12, 20;  
11:24; 15:8; 16:14; 41:18;  
42:9  
nature 15:19; 25:9  
need 5:19, 22; 6:2; 13:3;  
18:2  
NEILSON 4:1, 7, 12;  
14:13; 49:5; 50:8  
neonatal 28:9  
nephews 32:8  
new 21:5  
next 21:5, 8; 30:21; 33:1,  
2, 9; 36:1; 50:2  
nice 31:18  
NICU 12:4, 9; 14:5; 36:18  
nieces 32:8  
night 13:22  
nondysmorphophic  
33:6  
nonketonic 34:25  
normal 26:12, 24; 33:8;  
45:6  
normally 5:23  
nose 33:6  
note 10:24; 11:17; 12:1,  
15; 13:10, 11, 12, 12, 13,  
24, 25; 14:1, 2, 21; 15:3;  
25:15; 26:19  
noted 26:6  
notes 8:22; 9:3, 4; 13:14,  
15; 28:10  
notice 5:11  
November 21:7; 36:25;  
37:19, 19, 20; 40:15; 44:6  
NPN 30:17  
number 14:14; 15:8  
numbers 40:16  
nutrition 30:18  
nutritional 36:14

## O

oath 12:8  
object 5:24; 11:7; 12:25;  
18:12; 33:13; 38:14;  
39:21; 45:15; 46:19  
objecting 10:17; 23:19;  
44:18  
Objection 10:9; 18:22,  
23; 19:3; 20:3, 4; 22:20;  
28:4; 37:6; 40:22, 23; 42:2,  
5, 6, 15, 17, 18, 23; 43:2,  
10, 17, 25; 44:9  
objections 41:12  
obtain 31:3; 42:21, 25;  
43:23  
obtained 12:7; 18:25;  
49:14  
obtainina 20:1

obtains 41:24 Obviously 17:12 occasion 5:23; 20:9 occur 34:15 occurred 24:5; 29:10 occurs 26:19 October 22:2; 36:24; 37:18; 45:25 off 7:1; 41:2 official 9:5 often 42:21; 43:19, 23 Ohio 4:14 old 26:2, 3; 31:22, 23; 32:11 Once 5:18; 39:12 one 9:21; 11:8, 20; 13:14, 15, 20; 14:6; 17:23; 19:10; 21:13; 24:5; 26:6, 8, 15; 30:8; 34:6, 21; 36:4; 38:1, 6; 39:13; 41:23; 44:3; 46:9; 49:8 ones 37:1; 38:6 only 23:13; 29:6; 46:9 opinion 44:14 opportunity 5:2; 8:24 orally 5:10, 15 order 14:18 ordered 20:16 Oregon 6:14; 7:12 organic 14:11; 36:8 originally 46:24 out 4:25; 6:8; 17:8; 18:3; 21:18; 22:17, 22; 35:8, 25; 40:11; 47:11 outcome 24:7 outlined 36:20 outpatient 24:24 outside 21:23; 24:19 over 16:16 own 16:17; 21:21 Oxidation 16:18; 34:24; 36:4	passed 32:3; 47:12 paternal 31:24; 32:2 patient 19:18; 22:24; 38:16, 19, 22; 39:1, 6 patient's 12:2; 36:17 patients 21:21 pediatric 19:21; 20:18; 21:25 pediatrician 18:1; 28:9 pediatrics 7:22; 8:9, 12; 47:1; 48:13, 16 pedigree 30:24; 31:4 people 24:11, 18 per 30:19, 20, 20 percent 35:18 percentages 35:20 perfectly 20:14 perform 30:6 performed 24:7; 28:20; 29:23 perhaps 28:17; 33:23 period 11:12; 40:25 periods 34:25 person 11:13; 23:6; 43:14 personal 17:16 personally 17:14; 19:10; 23:15, 19 persons 19:17 phrased 5:9 physical 33:2 physician 11:24; 23:25; 24:25; 25:1; 28:8; 39:15; 42:10 physicians 43:3, 19, 23; 49:12 plagiarism 10:4 plain 31:18 Plaintiff 4:2 plan 12:6; 36:20 plans 36:13 plasma 14:6; 36:4; 39:8 plasma/serum 37:16 platelet 26:11 Please 14:17; 28:7 point 15:21; 19:13; 21:10, 11; 22:11; 26:22; 34:1; 40:10 position 5:13 pregnancy 9:11; 16:2, 5; 25:23; 26:4, 5; 31:23; 32:21; 34:14; 35:19, 23 Pregnant 16:19 preliminary 36:23; 37:7 premature 16:2; 33:3 prenatal 16:9; 22:1; 26:11, 23 present 15:3; 31:7; 48:23 presented 15:21 presenting 34:6 presumption 40:4 pretty 5:7, 12 previous 32:10	primary 42:20 prior 17:18; 26:8 probably 11:1; 17:2; 25:16; 29:22 proband 31:21 problem 15:16; 16:1 Procedure 4:4 proceeding 26:7 process 9:14 professional 4:11, 13; 6:10 profile 14:7, 10; 36:5, 7; 37:16; 44:5 profiles 46:6 program 7:23, 25; 8:14; 18:8; 21:15; 23:14, 24; 25:4; 40:7 progress 13:14, 15; 28:10; 35:1 proprionylcarnitine 39:6 protecting 40:13 protein 30:19; 34:17 protocol 25:7, 10 protocols 30:10 proved 26:8 provide 21:18 provided 4:3; 41:17 pull 17:14 pulled 17:5 purple 14:8, 16 purpose 4:2, 23 purposes 16:14; 40:12 Putnam 6:13	recall 11:5, 10; 13:18; 47:19 receive 6:20; 41:25; 42:14 received 14:19; 37:18; 42:12; 43:14 receives 25:8 receiving 30:15; 49:11 recess 17:10 recipients 42:20 recollection 13:8; 40:8; 47:7 Recommend 14:6 recommendations 12:11; 17:21; 18:3, 16; 36:2, 3 record 4:9, 16; 11:10, 14, 17, 18; 13:25; 15:24; 17:2; 20:7, 15; 25:18; 31:12; 40:12; 42:10; 44:19 recorded 9:4 records 5:1; 9:13; 37:3; 38:7 referenced 10:14 referred 9:21; 21:22; 24:18 referring 9:8; 19:21; 24:25; 25:1; 46:7 reflect 38:13 refresh 13:8 regard 48:7 regardless 42:22 related 35:8 relates 49:7 relationship 17:15; 39:17 relative 21:2 relevant 27:1, 2 remember 9:23; 11:20, 22; 13:5; 15:2, 20; 21:12; 23:1, 7, 7, 9, 10; 31:5, 6, 11; 36:25; 45:19; 47:19, 22 repeat 14:12; 36:11 rephrase 5:21; 18:14; 27:12; 28:7 report 25:14; 27:8, 17, 19, 20; 37:16; 39:14, 15, 19; 41:25; 42:11, 12; 43:16; 44:5; 45:23; 46:5, 7, 8, 12, 16 reporter 4:11; 5:13; 26:1 reports 25:9; 42:14; 43:7 represent 4:22; 9:14; 34:20 represents 49:2 request 27:25 required 26:11 research 29:20, 24; 30:3, 7; 35:13 researching 30:9 residency 7:20, 22; 8:1, 3; 23:24; 25:4 resident 19:5, 11, 19, 20; 24:4; 39:23	residents 23:14; 24:17 resolve 6:1 respiratory 30:16 responsibility 18:7; 19:11; 22:13, 14; 24:3, 8, 10 rest 35:24 result 22:23; 37:15 results 10:20; 18:21, 24, 25; 19:1; 20:1, 6, 17; 21:1; 22:17, 23, 25; 23:17; 24:22; 29:21; 36:24; 37:1, 4, 4, 11, 13; 38:12, 15; 41:5, 16, 19, 24; 43:4, 21; 45:9, 25; 49:14 retained 4:21 review 8:21; 10:18, 19; 13:10; 20:22; 27:23; 36:23; 37:10 reviewed 8:22, 23; 9:3; 10:18, 20; 12:2; 36:17 Rex 6:13 Right 12:20, 21; 26:17; 30:13; 31:15, 19; 33:9; 34:4, 10; 35:10; 45:9, 21; 46:5, 15, 22 risk 14:3; 15:15, 22, 25; 34:23 Rodriguez 13:18, 18; 48:13, 17 role 19:24; 20:6; 23:24 rotation 21:5, 9, 11; 22:7; 41:2; 47:1 rotations 21:14, 17, 20; 48:16 Rules 4:3, 17; 5:7
<b>P</b>  page 12:15, 16; 13:23; 33:1; 36:1 pager 14:14; 15:8 pain 26:6 paper 8:23; 9:7, 8; 14:22 parenteral 30:18 parentheses 14:7, 18; 26:4, 5 parents 32:9 part 12:18; 13:2, 2; 17:2; 19:10; 24:3, 8, 10; 25:4; 31:13 participate 24:4, 17, 20 participating 18:9 particular 17:5; 18:16; 19:25; 39:14, 19 particularly 23:9	<b>Q</b>  quantitative 37:15; 44:5; 46:6 quantitatives 45:22 quite 11:22	<b>R</b>  Rainbow 7:20 Range 38:17, 18, 20, 23; 39:1, 5, 7; 45:6 ranges 39:10 ratio 38:25 RB&C 15:14 reach 30:19 reaction 34:20 read 12:22; 13:25; 17:4; 25:18, 24, 25; 26:18; 27:3; 34:11; 35:11, 24; 40:17; 49:19, 21 reading 12:13, 14; 38:12; 50:2 reads 14:1 ready 6:5 ask 14:25; 37:9 reason 25:20 reasons 49:21	<b>S</b>  S-I-D-S 35:3 Same 20:4; 29:16; 42:17; 46:11, 16 sample 14:18 saw 15:13; 22:2 saying 12:25; 19:8; 23:19; 43:12 school 6:12, 13, 15, 22; 7:2, 3, 8, 9, 19 Sciences 7:12 scientific 22:18 sclerosis 32:3 scores 26:14 search 29:8 second 39:13, 22; 45:21 secondary 26:13 section 33:9; 35:7 secure 5:16 seems 23:1 send 23:16; 25:2 sent 25:1; 26:15; 27:4, 19; 28:1, 11, 24; 43:4, 8 sentence 27:3; 35:11 separate 23:20	

series 37:5 service 20:25; 21:2 services 21:19; 24:19 set 37:13 sets 37:10 setting 42:9 Seven 36:13; 49:24, 25 several 49:21 shaking 5:11 share 17:13 shed 42:3 short 13:13 shortly 22:6; 42:22; 43:1; 47:6, 24 show 9:25; 39:3; 42:1 shown 35:23 siblings 32:8 SIDS 35:2 signature 46:13 signed 14:13; 15:8 significance 39:18; 40:16 significant 34:24 simple 5:8 sister 32:20 sit 11:15 situation 25:8 Six 36:12 skeletal 35:2 slip 36:1 slow 25:25 somebody 11:23 somehow 43:7 someone 17:3 Sometimes 19:7; 26:19 sorry 10:11; 20:13; 24:23; 27:11; 43:9, 19; 47:10 sort 4:16; 15:23 sound 9:22 sources 21:23 speak 5:1 speaking 18:8; 29:16; 31:10 specialist 28:9 specific 25:20; 29:11; 49:13 specifically 11:1; 21:12; 23:1; 31:5, 11; 42:19; 47:19, 22; 49:10 specifics 23:5 spell 4:10 spoke 11:11; 12:9; 13:5, 6 staff 12:5; 36:19 stands 33:5 start 4:19; 8:14; 25:20 started 21:5; 30:17 Starting 21:7 state 4:9 stated 38:18, 20, 24; 40:24	statement 18:18 states 38:2; 39:8 still 22:24 stop 17:8; 26:17 storage 28:16 Stork 11:4, 5, 16; 13:19 strictly 24:11 strike 42:24; 44:1 studies 26:12, 24 study 27:9; 30:11, 11 suggest 33:22 suggested 33:12; 44:6, 14 suggestion 20:17 suggestive 45:7 Supplying 48:5 support 30:16; 36:14; 42:3 supportive 30:16 Sure 10:1; 13:1; 16:6, 23; 18:1, 15; 19:9; 21:8; 27:11, 17; 28:8; 30:24; 31:14; 40:7; 46:15; 47:11 suspicion 33:23 sworn 4:4 symptom 34:9 symptoms 16:6; 33:15; 34:6 syndrome 16:7; 35:19	throat 33:6 timed 13:25 times 15:18; 31:6; 37:11 today 4:23; 5:3; 8:17, 25; 12:8; 36:22; 37:10; 45:24; 46:7, 18 today's 8:20 told 9:1; 47:13, 15, 17 took 7:1; 10:4; 32:22 top 14:8, 16; 41:19; 42:11 total 38:2, 16, 22; 39:9 toxic 34:20 training 26:22 trait 5:12 transfusions 26:11 transitioned 13:20 treatment 4:24 tree 31:8 trifunctional 34:17 trimester 32:21 true 13:2 try 5:6, 21; 22:22 tube 14:8, 16 turn 16:16 twice 13:6 two 8:12; 14:7, 9, 16; 34:2; 36:6; 37:10, 11; 45:16 two-day 26:2 typical 5:12; 8:11 typically 43:21	virtue 43:13 visit 24:24
	<b>T</b>	<b>U</b>	<b>W</b>
	talk 10:25 talked 11:13, 22, 23 talking 9:4; 19:4; 24:15 TAYLOR-KOLIS 4:8; 10:1, 11; 12:14, 20, 22; 13:4; 16:23; 17:1; 19:6; 23:21; 24:16; 32:15, 18; 38:5; 40:3, 20; 41:3, 13; 44:12; 45:2; 46:22; 48:21; 49:17, 25; 50:5 team 14:5; 19:13, 14, 15, 17 telling 10:6; 29:9 terms 19:25; 49:22 test 14:18; 18:21; 20:6; 22:25; 24:21; 28:24; 29:1, 4, 11, 11, 14, 23, 25; 30:2, 6; 37:11, 13, 15, 19; 38:12; 45:9, 21 tested 29:4; 35:14 testify 29:6 testimony 12:8; 22:5; 41:4, 17; 44:10 testing 24:7, 19; 37:5 tests 18:5, 16; 19:2; 20:10, 16; 22:23 Thereupon 17:10 third 32:20 thought 15:14; 34:19 three 8:12, 13; 14:11, 16; 30:19, 20; 36:8	UH 29:17; 30:12 ultrasound 26:12, 23 under 12:8; 15:7; 23:25; 24:1 unit 11:19 universe 29:8 University 6:19; 7:12; 9:13; 17:19; 22:25; 29:10; 30:5, 8, 11; 41:23 unpleasant 5:6 up 13:3; 31:1; 48:10; 49:9 upon 5:9, 23; 7:18; 20:21; 22:16; 28:20; 39:25; 40:1, 9, 13; 41:17; 44:4 urine 10:20, 22; 14:9, 11; 36:6, 8 use 25:5; 28:17 using 29:12 usually 43:3	waive 49:23, 25 wants 38:3 way 5:9; 8:11; 24:2; 41:22; 44:3; 49:9 week 26:6 weeks 26:14 weren't 45:11 What's 31:16; 46:4 whenever 40:8 wherever 6:9; 37:3 white 26:2 within 16:12; 22:6; 42:8; 45:6 without 33:4 witness 44:25; 50:4 Women 16:19 word 25:5; 37:7 words 18:7, 15; 43:11 work 17:25 workday 21:8 worked 48:16 working 23:25; 24:1; 28:25; 48:3, 7 works 18:2; 41:22 write 15:4, 6; 19:12; 24:6, 8 writing 13:1; 14:15; 24:20; 33:11; 36:16 written 8:22; 9:21; 13:15; 15:5, 7; 25:6, 10, 25; 32:1 wrote 15:3
		<b>V</b>	<b>X</b>
		value 39:6 values 33:22 variations 21:24 ventilator 33:3 versus 31:9	kerox 16:22
			<b>Y</b>
			{ear 6:11; 7:1, 4, 16; 39:22; 46:21 {ears 8:2, 12, 13
			<b>Z</b>
			Zinn 15:3; 17:17, 23; 19:24, 24; 20:8; 23:14, 20; 28:25; 41:24; 42:13, 21, 5; 43:5, 8, 12, 20, 21; 47:3, 13, 21; 49:3, 9 Zinn's 14:15; 15:11, 12; 20:6; 36:16

## Lawyer's Notes

---

IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

ERIC GWYNNE, ADMR., )  
 E/O EMILY GWYNNE, )  
 Deceased, )  
 )  
 Plaintiff, )

-vs-

JUDGE DANIEL GAUL  
CASE NO. 468327

UNIVERSITY HOSPITALS )  
 OF CLEVELAND, et al., )  
 )  
 Defendants.)

- - - - -

Deposition of DEREK NEILSON, M.D., taken as  
 if upon cross-examination before Susan M. Ceburon,  
 a Notary Public within and for the State of Ohio,  
 at the offices of Moscarino & Treu, 630 Hanna  
 Building, Cleveland, Ohio, at 1:15 p.m. on  
 Thursday, January 16, 2003, pursuant to notice  
 and/or stipulations of counsel, on behalf of the  
 Plaintiff in this cause.

- - - - -

MEHLER & HAGESTROM  
 Court Reporters

CLEVELAND  
 1750 Midland Building  
 Cleveland, Ohio 44115  
 216.621.4984  
 FAX 621.0050  
 800.822.0650

AKRON  
 1015 Key Building  
 Akron, Ohio 44308  
 330.535.7300  
 FAX 535.0050  
 800.562.7100



RECEIVED  
 MAR 10 2003



**3/4/03**

Susan M. Cebon  
Mehler & Hagestrom  
1750 Midland Building  
Cleveland, OH 44115

Dear Ms. Cebon,

As you may already know, the transcribed address in the deposition was incorrect and I did not receive the deposition and enclosed forms. I was not aware of this until last week. I have since been able to locate the material and am sending it with minor corrections.

Sincerely,

A handwritten signature in cursive script that reads "Derek Neilson" followed by a stylized flourish.

Derek Neilson, MD  
11100 Euclid Ave  
1500 Lakeside  
Cleveland, OH 44106



**TO THE REPORTER:** I have read the entire transcript of my deposition taken on the 16th day of January, 2003 or the same has been read to me. I request that the following changes be entered upon the record for the reasons indicated. I have signed my name to the signature page, and I authorize you to attach the following changes to the original transcript:

[illegible]

3/3/03  
Today's date

Derek E. Nelson MD  
Signature of Deponent



1 and you will get it to me in 30? Do you  
2 have time to do reading in the next 30  
3 days?

4 THE WITNESS: Yes.

5 MS. TAYLOR-KOLIS: Thank you  
6  
7

8 DEREK NEILSON, M.D.  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

