

Last Name	PATEL
First Name	KANAKYALAL
Specialty	PATHOLOGIST
Party	Plaintiff <input checked="" type="checkbox"/> D.
Date (format =99/99/9999)	1/29/05
Type of Document	Articles <input checked="" type="checkbox"/> Depo
Type of Injury	Miscellaneous Cancer
Type of Case	Miscellaneous
eDocument Name	(d/does011501.pdf)

Submit Page

Hosted by The Nuremberg, Plevin Law Firm
 Copyright © 1999-2001 CATA



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

IN THE COURT OF COMMON PLEAS

JOYCE LEE,)
)
Plaintiff,)
)
vs.) Case No. CV-04-528736
)
UNIVERSITY HOSPITALS)
HEALTH SYSTEM, et al.,)
)
Defendants.)

THE VIDEOTAPED DEPOSITION OF KANALYALAL PATEL, M.D.
SATURDAY, JANUARY 29, 2005

The deposition of KANALYALAL PATEL, M.D., called by the Plaintiff for examination pursuant to the Ohio Rules of Civil Procedure, taken before me, the undersigned, Darlene Vance, a Registered Professional Reporter and Notary Public within and for the State of Ohio, taken at the offices of Ulmer & Berne, 1300 East Ninth Street, Cleveland, Ohio, commencing at 10:19 a.m. the day and date above set forth.

KANALYALAL PATEL, M.D. DEPOSITION INDEX

EXAMINATION BY:	PAGE NO.
MR. PESKIN	4
MR. NORCHI	74
MR. WALTERS	81
MR. POLING	88
MR. PESKIN	89
EXHIBIT NO.	PAGE NO.
1	5
2	13
3	23
4	29

2

APPEARANCES:

On behalf of the Plaintiff:

Larry F. Peskin, Esq.
Becker & Mishkind
1660 W. 2nd Street, Suite 660
Cleveland, Ohio 44113

On behalf of Defendant Dr. Patel:

Murray K. Lenson, Esq.
Ulmer & Berne, LLP
1300 East 9th Street, Suite 900
Cleveland, Ohio 44114

On behalf of Defendant University Hospitals Health System:

Kevin M. Norchi, Esq.
Norchi, Barrett & Forbes
23240 Chagrin Boulevard, Suite 600
Beachwood, Ohio 44122

On behalf of Defendant Dr. Ghumrawi:

Stephen E. Walters, Esq.
Reminger & Reminger
1400 Midland Building
Cleveland, Ohio 44114

On behalf of Defendant Dr. Denhom:

Brant E. Poling, Esq.
Sutter, O'Connell, Mannion & Farchione
3600 Erieview Tower
1301 East Ninth Street
Cleveland, Ohio 44114

4

1 VIDEO TECHNICIAN: We're on the
2 record at 10:19 a.m.
3 KANALYALAL PATEL, M.D.
4 of lawful age, called by the Plaintiff for
5 examination pursuant to the Ohio Rules of Civil
6 Procedure, having been first duly sworn, as
7 hereinafter certified, was examined and
8 testified as follows:
9 EXAMINATION OF KANALYALAL PATEL, M.D.
10 BY MR. PESKIN:
11 Q Would you state your full name?
12 A Kanalyalal M. Patel.
13 Q Dr. Patel, my name is Larry Peskin. We met
14 before the deposition. I represent Joyce Lee.
15 Have you had your deposition taken before?
16 A No, sir.
17 Q No? Okay. I'm sure Mr. Lenson had an
18 opportunity to speak with you and explain what
19 this process was all about. Essentially, it's a
20 question and answer session. And you're under
21 oath. The most important thing for you to be
22 concerned about is that you understand the
23 questions I ask you. If for any reason I'm
24 unclear, which I can be at times, or you're
25 confused about my question, please ask me to

5

7

1 restate it or rephrase it. Okay?

2 A I will.

3 Q The other thing that's important for purposes of
4 making sure we have a good record is to make
5 sure you verbalize your responses, so avoid
6 gestures, or nodding your head or uh-huh and
7 uh-uh. Okay?

8 A Correct.

9 -----

10 (Plaintiff's Exhibit No. 1 was marked.)

11 -----

12 Q Let me hand you what has been marked Plaintiff's
13 Exhibit 1. Mr. Lenson gave this to me before
14 the deposition. This is a copy of your
15 curriculum vitae, correct?

16 A Correct.

17 Q Is this up-to-date and accurate?

18 A It is accurate and up-to-date.

19 Q Okay. Do you have any publications?

20 A No.

21 Q Okay. Have you presented any papers at
22 professional conferences or anything of that
23 nature that would be on part of a CV?

24 A No.

25 Q Okay.

1 Q Okay. What was the outcome of that lawsuit?

2 A I was dismissed after my slides were reviewed by
3 the plaintiff's expert --

4 Q Okay.

5 A -- a couple months later.

6 Q Was your -- your deposition was not taken, then,
7 even in the case?

8 A No, sir.

9 Q Other than that, up until now, you've not been a
10 defendant in any medical negligence actions?

11 A No, sir.

12 Q I wanted to ask you some questions about the
13 laboratory procedures at UHHS Bedford --

14 A Yes.

15 Q -- particularly with regard to frozen sections.
16 Okay?

17 A Okay.

18 Q Is there a quality assurance process -- do you
19 know what I mean by quality assurance?

20 A Yes.

21 Q -- within your department, where you look at, as
22 a department, frozen sectioned diagnoses and
23 final pathology diagnoses to see if there's any
24 discordance between the two?

25 A Yes.

6

8

1 MR. PESKIN: Just for the record,
2 we're here on Saturday morning and this
3 deposition was noticed, and Mr. Walters, who
4 represents Dr. Ghumrawi is not present and we
5 have not heard from him. I wanted to make sure
6 that was part of the record.

7 Q Okay. How long have you been affiliated with
8 UHH Bedford? It says here from 1982 until now?

9 A Since 1982.

10 Q And have you for the entire time since 1982 been
11 the medical director of the Department of
12 Pathology at UHHS Bedford Medical Center?

13 A Yes.

14 Q Okay. Have you ever been a defendant in a
15 medical negligence lawsuit?

16 A Yes.

17 Q Okay. How many times?

18 A Once.

19 Q Tell me when that was to the best of your
20 recollection.

21 A It was sometime in 1992.

22 Q Okay. Can you tell me what the case was about?

23 A The case concerned with me a woman with cervical
24 cancer where the complaint was that the Pap
25 smears -- or Pap smear was misread.

1 Q Okay. And can you tell me how that works at
2 your facility?

3 A I will. What happens is that at the end of
4 every month, two or three months, we look -- I
5 look at the report of the frozen section and the
6 final pathology diagnosis, and I compare for any
7 discrepancy.

8 Q Okay. And how many -- other than yourself, how
9 many other pathologists work are you reviewing
10 when you do those reviews?

11 A Usually alone, myself. I'm the only pathologist
12 at Bedford.

13 Q So is there anybody other than you that's
14 involved in reviewing your work?

15 A No.

16 Q Okay. And when you -- when you conduct those
17 reviews, do you prepare any sort of report?

18 A Yes.

19 Q Okay. And is there -- what's the title of that
20 report, or is there a title of that report?

21 A Title would be that -- the report is designated
22 diagnostic concordance or discrepancy, and I
23 present this at the quality assurance meeting.

24 Q Okay. What quality assurance meeting are we
25 talking about, is this the general hospital

9

11

1 quality assurance meeting ?

2 A That's usually the surgical procedure committee .

3 Q Okay. Was the discrepancy between the frozen
4 section diagnosis of -- in this case and the
5 final pathology report included in one of those
6 reports that you prepared ?

7 MR. LENSON: Objection. You may
8 answer.

9 MR. NORCHI: Objection.

10 MR. LENSON: You may answer,
11 Doctor.

12 A I don't recall at this time.

13 Q Do you recall whether there was any presentation
14 of this case at any hospital meeting ?

15 MR. LENSON: Objection.

16 MR. NORCHI: Objection.

17 MR. POLING: Objection.

18 MR. LENSON: You may answer.

19 A There was no -- as far as I know, there was no
20 discussion or presentation of this case in a
21 meeting.

22 Q Dr. Patel, are you a member of the College of
23 American Pathologists?

24 A At this time, no.

25 Q Why not?

1 Q Is it -- do you endeavor to follow those
2 guidelines in your practice ?

3 A As best as I can.

4 Q Okay. With regard to frozen sections, I want
5 you to describe for me the procedure by which
6 you receive specimens from operating rooms at
7 Bedford.

8 A When there is a frozen section, requisitioned by
9 surgeon or, in fact, anybody, the specimen is
10 brought down to the laboratory by either a
11 courier or a nurse.

12 Q Okay.

13 A They're brought in a container with a label or
14 an address of the person on the container.
15 They're usually logged in in a book outside the
16 laboratory. This is not always so. Then the
17 specimen is transported in the histology
18 laboratory, which is very close by. The
19 histology technician, or technologist, will call
20 me in my office -- or if I am not in my office,
21 will page me overhead -- and tell me that there
22 is a frozen section.

23 In that case, I would go down from my
24 office, which is on the ground floor, to the
25 laboratory, to do frozen section.

10

12

1 A Expensive.

2 Q How expensive is it?

3 A With the -- somewhat -- I do not know the dues
4 at this time. It's, I think, \$400; and with the
5 dues with other associations, it gets expensive
6 for me.

7 Q Okay. What professional organizations do you
8 belong to?

9 A At this time?

10 Q Yes.

11 A None.

12 Q Okay. Are there other national professional
13 organizations for pathologists, other than the
14 College of American Pathologists?

15 A Yes.

16 Q Can you name some of them for me ?

17 A International Academy of Pathology and American
18 Society of Clinical Pathology .

19 Q Okay. And at this time you're not a member of
20 any of those groups?

21 A No.

22 Q Are you familiar with any guidelines or
23 standards that are promulgated by the College of
24 American Pathologists?

25 A Yes.

1 Q Let me stop you for a second . Do you have
2 advance notice of patients who are scheduled for
3 surgery where there's likely to be a frozen
4 section?

5 A Not always.

6 Q Do you have access to a surgery schedule ?

7 A Yes.

8 Q And if there is a patient, for example, that's
9 going to undergo an open thoracotomy and biopsy,
10 would you be told in advance that that's on the
11 schedule?

12 A Sometimes they will write FS, meaning frozen
13 section, or possible FS, meaning possible frozen
14 section, on the surgery schedule and sometimes
15 they would not.

16 Q Okay. As you sit here today, do you recall or
17 know whether you had knowledge ahead of time of
18 the planned procedure for Joyce Lee on May 30th,
19 2003?

20 A Concerning the frozen section?

21 Q Yes.

22 A I do not recall, sir.

23 Q You don't know one way or the other?

24 A I do not know if the frozen section was
25 scheduled on the surgery schedule or I was

13

15

1 called by the technologist when the frozen
 2 section arrived in the laboratory.
 3 -----
 4 (Plaintiff's Exhibit No. 2 was marked.)
 5 -----
 6 Q Let me show you what has been marked Plaintiff's
 7 Exhibit 2. Can you identify that document?
 8 A I can, although I do not --
 9 MR. LENSON: Doctor, let me see
 10 for a second.
 11 A I do not see the name clearly. But I see the
 12 name -- but I do see our laboratory's number on
 13 one side of the requisition, yes.
 14 Q For the benefit of counsel, I've handed one of
 15 three requisition forms that I've marked as an
 16 exhibit. I don't believe you've got a copy of
 17 this one.
 18 MR. NORCHI: This is Dr. Denhom's
 19 pathology specimen?
 20 MR. PESKIN: Yes.
 21 A Yes.
 22 MR. LENSON: You have a copy of
 23 that, right?
 24 Q Is that a copy of a requisition form you
 25 received related to a bronchoscopy performed by

1 would have been generated by you, a cytology
 2 report and a surgical pathology report; is that
 3 correct?
 4 A That's correct.
 5 Q Would you have generated any other written
 6 documentation related to your analysis of the
 7 samples from the bronchoscopy on May 28th, 2003?
 8 A Apart from these two reports?
 9 Q Apart from those two reports?
 10 A No. The only report generated on the specimen
 11 on cytology and the biopsy were these two
 12 reports.
 13 Q Okay. Now, first, let's look at the cytology
 14 report. First, can you tell me what your
 15 interpretation was of the cytology?
 16 A Okay. Essentially it says what I see, and what
 17 I see is there was a cell block and there was a
 18 cellular study which showed blood, mucous and
 19 benign bronchial epithelial cells with
 20 macrophages of histiocytes.
 21 MR. LENSON: Off the record.
 22 (Discussion held off the record.)
 23 A And on the brushing, it says essentially,
 24 "showing benign bronchial epithelial cells with
 25 blood," and then I made a comment, "clinical

14

16

1 Dr. Denhom?
 2 A Yes.
 3 Q And what was the date of that procedure?
 4 A The date written on the requisition is 5-28-03.
 5 Q Okay. So on May 28th, 2003, Joyce Lee underwent
 6 a procedure, a bronchoscopy and tissue -- a
 7 tissue sample was provided to you following that
 8 procedure?
 9 A Yes, along also with cytology.
 10 Q Okay. And so -- just tell me what your
 11 interpretation was, and I'm not going to limit
 12 you to this requisition. You have a report as
 13 well.
 14 MR. LENSON: Do you want to see
 15 your report, Doctor?
 16 A If you want an exact report, I need the copy.
 17 Q That's fine.
 18 A Or I can tell you what I recall.
 19 Q I want you to look at the record.
 20 MR. LENSON: No, look at the
 21 record.
 22 A Okay. I have the report in front of me.
 23 Q Okay. Let me see if I'm correct here. It's my
 24 understanding that as a result of receiving
 25 these samples from the bronchoscopy, two reports

1 correlation is recommended."
 2 Q Okay. Now, just so I'm clear, if I'm looking on
 3 this report, it says, "date of procedure
 4 5-28-03." That would be the date the
 5 bronchoscopy was performed, correct?
 6 A Correct.
 7 Q And then it says, "date received 5-28-03,"
 8 meaning that you received the samples on the
 9 same date -- soon after the procedure, I would
 10 assume?
 11 A I would make a correction. I did not receive
 12 the specimen in cytology. The technologist
 13 receive them directly, they process the sample,
 14 they stain, and I receive the slides.
 15 Q Okay. And when would you have gotten the
 16 slides?
 17 A Usually, they do it on the following day. So
 18 usually it would be 29, but I cannot tell you
 19 the exact date when I received the slides on
 20 this particular sample.
 21 Q Now, when you -- the date reported here says,
 22 "5-30-2003," is that the date that you would
 23 have dictated this report or prepared this
 24 report?
 25 A Not necessarily. Meaning that I could have

1 dictated the report on 5-29 --
 2 Q Okay.
 3 A -- but would not have been typed until 5-30,
 4 because the typing is done by the medical
 5 transcriber in the Medical Records Department.
 6 Q When you're reviewing the cytology slides, is it
 7 your practice to take notes yourself, to write
 8 things down?
 9 A No, sir.
 10 Q Okay. How do you go about preparing one of
 11 these reports, then? Do you immediately dictate
 12 something as you're looking at the slides?
 13 A I look at the slides, I review them, I make up
 14 my mind; and after it is final, I would dictate
 15 on the microphone the report.
 16 Q Just so I'm clear, then, you soon after making
 17 your own judgment as to what the slides show,
 18 you have a microphone nearby you and you dictate
 19 your findings?
 20 A Yes.
 21 Q Okay. There's no handwritten notes that you
 22 make out?
 23 A No.
 24 Q All right. Now, let's look at the surgical
 25 pathology report.

1 A The -- it show --
 2 MR. LENSON: There's no question,
 3 Doctor.
 4 Q Just turning to -- first of all, there's a gross
 5 description. You received two segments of tan
 6 tissue, each was about two millimeters?
 7 A Correct.
 8 Q Tell me what your analysis was of those tissue
 9 samples.
 10 A It said what my analysis show a mildly inflamed
 11 bronchial mucosa; I saw them to referral to
 12 cytology report. Then I said because -- I made
 13 a comment because the clinical information given
 14 to me was right lung mass. So I said, "because
 15 of the plain film mass on clinical and all
 16 radiologic evaluation, a needle aspiration
 17 biopsy from the site of the lesion is
 18 recommended."
 19 Q Okay. Why did you make that recommendation ?
 20 A Because when I see a history of a mass, but I
 21 see kind of a normal tissue with slight
 22 inflammation, then there's very reasonable
 23 possibility that the biopsy was not actually
 24 performed from the mass, or that the physician
 25 performing the biopsy was not able to reach the

1 lesion through the bronchoscope .
 2 Q Okay. And when you recommended a needle
 3 aspiration biopsies, you did so without knowing
 4 the location of this mass, I assume ?
 5 A I did not know the location or the size except
 6 the only history is right -- history is right
 7 lung mass.
 8 Q Okay. And I assume that you would have no
 9 knowledge at this point whether it was feasible
 10 to do a needle biopsy of this mass?
 11 A No, I would have no knowledge .
 12 Q Okay. Now, in terms of your analysis of this
 13 tissue sample, would you have followed the same
 14 procedure that you did with cytology; in other
 15 words, as soon as you reached a conclusion, you
 16 would have dictated into a microphone what your
 17 findings were ?
 18 A The cytology report?
 19 Q The surgical pathology report.
 20 A The same thing, yes.
 21 Q Is it -- am I correct, then, that it is not your
 22 practice to keep any handwritten notes --
 23 A It is my practice not to keep any handwritten
 24 notes.
 25 Q Okay. So on May 28th, you were aware that there

1 was a patient named Joyce Lee who was in the
 2 hospital, there was some concern about a right
 3 lung mass for this patient, correct?
 4 A Correct.
 5 Q You had received -- you had conducted a cytology
 6 evaluation and an analysis of two pieces of
 7 tissue from a bronchoscopy, correct?
 8 A Correct.
 9 Q And fair to say that you were not able to make a
 10 definitive diagnosis based on those samples?
 11 A Correct.
 12 Q Okay. Now, on May 30th, I believe you've
 13 already said that you can't recall whether or
 14 not you were given advance notice of Joyce Lee's
 15 thoracotomy and open biopsy, correct?
 16 MR. LENSON: Larry, are you
 17 making these exhibits?
 18 MR. PESKIN: No.
 19 MR. LENSON: Okay.
 20 A I didn't understand the question. Will you
 21 please rephrase your question?
 22 Q I was asking you, you said that sometimes you
 23 know -- the surgery schedule is provided to you
 24 and you're aware of patients that are scheduled
 25 for procedures where you would be receiving a

21

23

1 frozen section.
 2 A What I said was if the surgery schedule shows or
 3 it is written there FS, then I will have advance
 4 knowledge that I would soon get frozen section.
 5 Q And as you sit here today, you don't recall
 6 whether the surgery schedule for Joyce Lee had
 7 FS on it?
 8 A I don't recall at all, sir.
 9 Q Okay. When the sample came down -- in this
 10 situation the sample came down on May 30th, the
 11 frozen section came down to your laboratory,
 12 correct?
 13 A Correct.
 14 Q And if it's a patient that you had already done
 15 some studies on, like Joyce Lee, because two
 16 days earlier you had some tissue samples from a
 17 bronchoscopy --
 18 A Correct.
 19 Q -- would it be your practice to get the entire
 20 file in front of you as you're doing the frozen
 21 section analysis?
 22 MR. LENSON: What do you mean by
 23 the entire file?
 24 Q Well, your entire file. In other words, would
 25 you have had access to and -- your earlier

1 Mr. Peskin.
 2 -----
 3 (Plaintiff's Exhibit No. 3 was marked.)
 4 -----
 5 Q Maybe this would help. Let's go with
 6 Plaintiff's Exhibit 3. That's the first
 7 requisition form.
 8 A Okay.
 9 Q Can you identify that document for me?
 10 A Yeah, it's a document on Lee, Joyce, and the
 11 surgical path number is 03-1377, which is on the
 12 top. And there are two specimens on this one,
 13 the first one says, "right bronchial lymph node
 14 for frozen section."
 15 Q And then the second specimen?
 16 A Says, "trocar needle biopsy of mass of right
 17 upper lobe for FS."
 18 Q Okay. Now, this is a Bedford Medical Center
 19 form, it's a requisition form, correct?
 20 A That is correct.
 21 Q And on the bottom it indicates that this is a
 22 form that exists in triplicate, there are three
 23 parts to it?
 24 A That is true.
 25 Q There's a white copy, a canary copy and a pink

22

24

1 analysis of tissue samples from Joyce Lee?
 2 A I would not have this report in front of me when
 3 I'm doing a frozen section.
 4 Q Okay. Do you know, as you sit here today,
 5 whether you knew that this was a patient who --
 6 that you already analyzed some tissue from?
 7 A To be honest, I really do not recall at this
 8 time whether I thought about whether this was
 9 the patient or not. I did not.
 10 Q Okay. Now, getting back to what happens -- what
 11 happened in this case. At some point, you
 12 received from a courier, or from a nurse, tissue
 13 samples?
 14 A Correct.
 15 Q For frozen section?
 16 A Correct.
 17 Q You also received a lymph node. Maybe it would
 18 be helpful to look at the surgical pathology
 19 report.
 20 MR. LENSON: Make sure you go in
 21 chronological order.
 22 THE WITNESS: Can I give this
 23 back?
 24 MR. PESKIN: Yes, please do.
 25 MR. LENSON: Give that to

1 copy, correct?
 2 A That is correct.
 3 Q When the -- when this form comes down to you, is
 4 it still in three parts?
 5 A That is correct.
 6 Q So all three parts come to you, correct?
 7 A Correct.
 8 Q And this isn't a question specific to this case,
 9 I want to ask you generally.
 10 A Generally, okay.
 11 Q What happens to this form, how is it treated in
 12 your department?
 13 A What happens to this form in general, not
 14 specifically to this case, is that when it comes
 15 down, then for any case, if it is for a frozen
 16 section, or for a permanent sections, the
 17 technologist will give an accession number,
 18 which is here as you see. After that, what they
 19 will do is separate these copies and take the
 20 pink copy, which I -- we call it a dirty copy.
 21 The pink copy is left on my gross dictation
 22 table, if I may say. And that's dirty copy
 23 because when I'm examining gross specimens, as
 24 an example, curettages, a breast biopsy or any
 25 specimen, I wear gloves and the gloves are

25

27

1 dirty.

2 So the way I would dictate a gross
3 specimen is will take the pink copy with my
4 gloves, which are often blood tinged, and I
5 identify -- dictate the name or the path number
6 on the microphone, and then I will match the
7 data on the pink requisition on the specimen
8 container to make sure that the name and the
9 specimen corresponds with the requisition.

10 After it is done, I dictate a gross
11 description of the specimen in the microphone.
12 After the dictation is done, the pink copy is
13 given to the technologist. On the pink copy,
14 they write the number of blocks and number of
15 pieces. As an example, for any given case, if I
16 have a breast biopsy with six blocks, they would
17 write one, two, three, four, five, six on the
18 pink copy, and then each block they will write
19 the number pieces. Each block is one, two,
20 multiple, et cetera.

21 Then after that, the pink copy -- after
22 that, what happens is the white copy goes to the
23 medical records as a permanent record on the
24 patient. The yellow copy is given to me for my
25 own billing. And the pink copy is find -- is

1 Q Okay. It's been represented to me by counsel
2 that the copy that you have in front of you was
3 taken from the white lab slip.

4 A Taken from the white slip from the medical
5 records, correct.

6 Q My question to you was: If we had a copy taken
7 from the pink copy of this requisition form --

8 A Okay.

9 Q -- is it likely that we would see writing on it
10 or notations on it that do not appear on this
11 white one?

12 A The only notation would be for the blocks and
13 pieces of tissue, no other notation.

14 Q Okay.

15 A Am I explaining it --

16 Q I think I understand now.

17 MR. LENSON: You're fine, Doctor.

18 Q I think I understand that. Okay.

19 Now, when you received this requisition,
20 it came down with a lymph node and how many
21 pieces of tissue?

22 A I need to see my gross report but if I recall
23 right --

24 MR. LENSON: No, no. I'll show
25 you your report, Doctor.

26

28

1 filed in the laboratory for a period of couple
2 weeks to months and then discarded.

3 Q Just so I'm clear, when you get that pink copy
4 -- when the pink copy is sitting there at your
5 dictation table, it's been separated from the
6 other two, correct?

7 A Correct.

8 Q And if I understand you correctly, for any
9 tissue sample that's sent down with a
10 requisition sheet like this one, like Exhibit 2,
11 there will be some sort of notation on the pink
12 copy that has been separated from the white and
13 yellow copies, correct?

14 A I didn't say that. I said that there's no
15 notation of written that it's separated. It's a
16 practice that they're separated and the pink
17 copy is left on the gross dictation table for me
18 to dictate; and after the dictation is
19 completed, the pink copy is taken by the
20 technologist to enter the number of pieces and
21 blocks in the computer. And then the pink copy
22 is filed in the laboratory for some time,
23 usually a couple of weeks to couple of months,
24 and then discarded. But the white copy does go
25 to the medical records.

1 A I'm talking about the Specimen A now at this
2 time.

3 MR. LENSON: Right. Right.

4 A Specimen A. I don't have the second page.

5 MR. LENSON: Here you go.

6 A Specimen I got -- Specimen A I got a nodule
7 roughly 0.4 centimeters, and what I did is -- it
8 was sent for frozen section. I took half the
9 piece and sent for frozen section for Specimen
10 A.

11 MR. LENSON: You're referring
12 only now to A, right?

13 MR. PESKIN: Well, let's start
14 with A.

15 Q What about B?

16 A And the B, I have three tiny segments of tissue,
17 two to four millimeters, and they were about two
18 to three pieces were sent for frozen section.

19 MR. LENSON: Just so the record
20 is clear, though, you understand there is a
21 lapse between the two?

22 MR. PESKIN: Between receiving
23 Specimen A and Specimen B?

24 A Yes. Specimen A came first.

25 Q Okay. Can you explain why you have a

29

31

1 requisition form that indicates -- that suggests
2 that there were two samples provided to you at
3 once?
4 A I can't answer if there is another requisition.
5 I think somewhere which does shows A sent, B
6 sent. A and B did not come at the same time.
7 Q How do you know that?
8 A Because I know they did not come at the same
9 time. Specimen A came first.
10 Q Okay. What I'm asking is, how do you know that?
11 Is that because that's the way it always is when
12 there's a procedure like this, or do you have a
13 specific recollection of this case?
14 A A specific recollection that it did not come at
15 the same time.
16 Q Well, would you agree with me if they did not
17 come at the same time, that somewhere there
18 should be a requisition that has only specimen A
19 on it?
20 A As far as I can think about it, yes.
21 Q And have you seen that requisition form lately?
22 A No.
23 -----
24 (Plaintiff's Exhibit No. 4 was marked.)
25 -----

30

1 Q All right. Let's look at No. 4, Plaintiff's
2 Exhibit No. 4. This is the second -- another
3 requisition form. This one is -- would you
4 identify this for me?
5 A Yeah, this requisition belongs to Lee, Joyce,
6 path accession No. BS03-1377, then it says, I
7 think, C and D.
8 Q Okay. Would this -- this would be the right
9 lung and the mediastinal lymph nodes that you
10 received after the procedure, correct?
11 A Correct.
12 Q Now, if you look at this form, you see it says
13 Specimen A sent --
14 A Sent.
15 Q -- Specimen B sent.
16 A Correct.
17 Q This form was filled out so that whoever looked
18 at it would know that there were two samples
19 that were sent prior to this one?
20 A That is true.
21 Q Look back at Plaintiff's Exhibit 3.
22 A All right.
23 Q If, as you say, there was these two tissue
24 samples came down at different times --
25 A Okay.

1 Q -- am I correct that there should be a
2 requisition form that shows Specimen A with a
3 parentheses saying sent, and then only Specimen
4 B filled in?
5 A I think so.
6 Q Do you have any explanation for why -- for how
7 it is that this requisition form has --
8 indicates that two samples are being sent
9 together?
10 A I have no explanation at this time, sir.
11 Q Okay. And you have -- and you can't point me to
12 any document that would confirm what your
13 recollection is of the order in which these
14 samples were sent, or the timing?
15 A If I can give it a thought for a second. As I
16 mentioned to you earlier, that when the
17 specimens are brought down in the laboratory,
18 they usually logged in a book. It's kind of a
19 black book in the laboratory.
20 Q Okay.
21 A And that, I would imagine, would have when the
22 specimens were brought down.
23 Q All right. Who, at the hospital, is responsible
24 for maintaining that log?
25 A The laboratory may have it.

32

1 Q Okay. Have you inquired of anyone as to where
2 that log is?
3 A No.
4 Q Do you know how long those records are retained?
5 A They'll be kept for at least two or more than
6 two years.
7 Q Is that book or log book something that's within
8 your control; in other words, you can go back to
9 the hospital and say I want to see the log book
10 for May of 2003?
11 A Yes.
12 Q Okay. And you've not done that yet?
13 A No.
14 Q And if your recollection as to the order in
15 which these samples were received is correct,
16 then that log book should corroborate your
17 testimony?
18 A Correct. If the specimens were logged in by the
19 nurse or whoever -- who brought the specimen in.
20 Q I'm going to ask you, and I will follow up with
21 Mr. Lenson with a letter to -- I'm not sure who
22 I'm going to follow up with --
23 MR. LENSON: I think you have to
24 follow up with both of us. It's still hospital
25 property.

33

35

1 MR. PESKIN: That you take some
2 steps to try to secure that log, get the
3 appropriate page of the log from May 30th, 2003,
4 have it copied so that it can be sent to me.
5 Okay?
6 A Fine.
7 MR. LENSON: Just so the record
8 is clear, while he may have some jurisdiction
9 over the book, it's still the hospital's book.
10 MR. PESKIN: Gotcha.
11 MR. NORCHI: I'm not testifying
12 today, I'm not under oath, because I don't know.
13 MR. LENSON: Send me a letter.
14 MR. PESKIN: We'll send a letter.
15 I'll send you a letter. I'll write you a
16 letter. Okay.
17 Q Would you have reported on the results of -- is
18 it your recollection that you called into the
19 operating room and reported to Dr. Ghumrawi the
20 results of your analysis of the lymph node prior
21 to reporting on the analysis of the tissue
22 samples?
23 MR. LENSON: For the record to be
24 clear, why don't you refer to it as A and B.
25 Q Did you have -- did you make two separate calls

1 node that you received from the right bronchus
2 -- pardon me. I apologize.
3 (Record was read.)
4 Q The frozen section from the --
5 A From the lymph node I think you said.
6 Q -- of the lymph node that you received from the
7 right bronchial lymph node --
8 A And you asked me whether I see --
9 Q I'm asking you would that -- would this
10 diagnosis that you arrived at be consistent with
11 a patient who had histoplasmosis?
12 A It is consistent with histoplasmosis and other
13 conditions, too.
14 Q In patients that have carcinomas of the lung,
15 would you expect to see necrotic granulomas in
16 lymph nodes?
17 A Sometimes we do. Sometimes the two conditions
18 co-exist, or sometimes we see a necrotic
19 granuloma which is nonspecific.
20 Q Okay. You have a copy of your surgical
21 pathology report?
22 A Yes.
23 Q I want you to look at the first page of it. It
24 says, "Date of procedure: 5-30-03." Do you see
25 that?

34

36

1 into the operating room?
2 A Yes.
3 Q Okay. Was the first call with regard to
4 Specimen A?
5 A Yes.
6 Q Okay. Tell me -- tell me, what did you tell
7 Dr. Ghumrawi about your analysis of Specimen A,
8 which was the right bronchial lymph node?
9 A What I said to Dr. Ghumrawi is what I see is a
10 necrotic granuloma.
11 Q Okay. Dr. Patel, have you ever prior to this
12 case done tissue analysis from a patient that
13 had histoplasmosis?
14 A Can you please rephrase the question?
15 Q Were you familiar with, from your own clinical
16 experience, analyzing tissue samples from
17 patients that had histoplasmosis? Had you ever
18 seen one before?
19 A Yes.
20 Q Is granulomatous tissue something you see in
21 patients with histoplasmosis?
22 A Yes. I will correct it to say, I see granuloma
23 and not granulomatous process, but essentially
24 it's the same thing.
25 Q Would the frozen section diagnosis of the lymph

1 A Yes. First page.
2 Q It says, "Date received, 5-30-03."
3 A Correct.
4 Q It says, "Date reported, 6-4-03."
5 A Correct.
6 Q So 6-4-03 would be the date that you dictated
7 this report?
8 MR. LENSON: Objection. You can
9 answer.
10 A The date 6-4, the date I finalized and signed
11 off this report after reviewing all the slides.
12 Q This report combines the impressions you had
13 during the -- from the frozen section?
14 A Correct.
15 Q From the lymph node?
16 A Correct.
17 Q And from the final pathology, the full tissue
18 sample from the procedure?
19 A Correct. It is a complete report.
20 Q Can you explain to me why there is no report on
21 just the frozen section?
22 A There is a report on frozen section dictated on
23 prominent sections.
24 MR. LENSON: He's asking why
25 there is not --

37

39

1 Q Why do you not have a separate report --
 2 A Oh, okay.
 3 Q -- on the frozen section diagnosis?
 4 A What happens is at Bedford for 20, 25 years,
 5 after the frozen section is done, I go down and
 6 dictate the report right away in the machine
 7 Q Okay. What do you dictate right away?
 8 A The frozen section report.
 9 Q Okay. And so where is the report from that
 10 frozen section?
 11 A That's here.
 12 Q All right. Do you see at the bottom of the
 13 second page it says "DLK" --
 14 A Yes.
 15 Q -- 5-30-03?
 16 A Yes.
 17 Q What does that mean?
 18 A That is the transcriber who types this gross
 19 dictation. The transcriber. That is the
 20 transcriber.
 21 Q Look at the gross description for -- we'll stick
 22 with the lymph node for now.
 23 A All right.
 24 Q After you say, "a small piece is sent for frozen
 25 section," you write, "the frozen section

1 say I have a report. And then I'll read -- or I
 2 will call the report over the phone. And after
 3 the report is given, I'll hang up the phone, and
 4 then I'll go down in the laboratory and dictate
 5 the report of the frozen section in the
 6 microphone.
 7 Q Okay. You pick up the mi -- let's look back at
 8 this one. You've got the lymph node. You've
 9 looked at it. You've made a determination that
 10 it's a necrotic granuloma. Are you with me?
 11 A Correct.
 12 Q You pick up the phone, you call Dr. Ghumrawi
 13 in the operating room and you say this is a
 14 necrotic granuloma, or words to that effect,
 15 correct?
 16 A Correct.
 17 Q Then you put down the phone, you walk over to a
 18 microphone and you dictate -- would you have
 19 dictated exactly what's under Item A under gross
 20 description?
 21 A Necrotic granuloma.
 22 MR. LENSEN: The question is did
 23 you dictate exactly?
 24 A Yes.
 25 Q You would have dictated a nodule about .4

38

40

1 diagnosis is 'necrotic granuloma'.
 2 Does the portion of this dictation that
 3 appears in quotations, "necrotic granuloma," is
 4 that what you would have reported to
 5 Dr. Ghumrawi?
 6 A That is true.
 7 Q That is a direct quote from you?
 8 A That is direct quote from me.
 9 Q As to what was said to Dr. Ghumrawi over the
 10 telephone?
 11 A Over the telephone.
 12 Q Okay. Explain to me how you go about reporting
 13 your results of frozen sections.
 14 A To Dr. Ghumrawi or any surgeon?
 15 Q To any surgeon.
 16 A After the reports -- sorry, after the slides are
 17 looked at in my office, which is on the ground
 18 floor, then I'll pick up the phone and call a
 19 specific OR, where the surgeon is operating.
 20 Then I would call the surgeon and say, This is
 21 Dr. Patel. I have a report on Mrs. Jones or
 22 Mr. Smith. And then I will say that is
 23 Dr. Mendelsohn, or whoever is in the surgery,
 24 and I then I will get a, Yes, this is
 25 Dr. Mendelsohn or Dr. Smith or whatever and I'll

1 centimeters in --
 2 A No, no, no. That is a gross description. I
 3 would have dictated the report, which is
 4 necrotic granuloma.
 5 Maybe I didn't get the question. I would
 6 have dictated the gross, correct, but the report
 7 will be necrotic granuloma of the frozen
 8 section.
 9 Q Well, somebody at some point transcribes this
 10 report, correct?
 11 A Correct.
 12 Q And if -- what I'm trying to understand is, how
 13 is it that they would know to organize this
 14 gross description in a manner that this report
 15 is set up, if you're dictating it in pieces?
 16 A I've got the question. When I go down to
 17 dictate the frozen section, then I will describe
 18 the gross description of the specimen, too,
 19 which was the dark nodule --
 20 Q Yes.
 21 A -- and then I'll say one-half was sent for
 22 frozen section, and the frozen section diagnosis
 23 is so and so. So the whole paragraph -- whole
 24 Specimen A will be dictated when I go --
 25

41

43

1 VIDEO TECHNICIAN: Off the record.

2 (Recess taken.)

3 MR. PESKIN: I'm going to
4 withdraw the last question. Let me start over
5 again.

6 Q Forgive, I'm a little confused about this
7 process and I want to understand. It's very
8 important I understand.

9 A I understand.

10 Q As you dictate, do you dictate -- and we're
11 going to talk about the lymph node first. Do
12 you say A, just as it is on the final report,
13 here --

14 A Yes.

15 Q -- "the nodule about point four centimeters"?

16 A Yes. When I dictate the frozen section report
17 on Specimen A, I'll go down, as I told you
18 earlier, and then I will dictate the whole of A.
19 That mean that I will dictate that I see a
20 nodule about 0.4 centimeter, then I will dictate
21 a small piece was sent for frozen section, as
22 you read on No. A. Then I dictate the frozen
23 section diagnosis is, quote, necrotic granuloma.

24 Q Go ahead.

25 A Necrotic granuloma. And then I will say this

1 if I go to any one of the exhibits, Specimen A,

2 these are entered by the technologist --

3 Q Okay.

4 A -- "specimen submitted."

5 Q All right. After the gross -- on the first page
6 of this report, under final diagnosis, there's
7 another A.

8 A Yes.

9 Q And it is again a --

10 A Final diagnosis.

11 Q It says, "right bronchial lymph node for frozen
12 section. Lymph nodes with granulomatous
13 inflammation with central necrosis."

14 A That's my diagnosis.

15 Q That's your diagnosis. Would you agree with me
16 that that diagnosis is essentially the same as
17 the diagnosis in the gross description?

18 A Yes.

19 Q Okay. Now, does that mean that you look at the
20 slide again or do you -- is it just your
21 practice to include in the final diagnosis the
22 same information that you put in your gross
23 description under frozen section?

24 A I look the slide again in the way that -- what
25 happens is after the frozen section is cut, any

42

44

1 is Specimen A FS-1, that's the number on the
2 block. And then I will say the rest of the
3 piece which is left over, then I will say the
4 rest is submitted as A to completely. Meaning
5 that the whole piece was examined and this whole
6 thing is dictated at the time of frozen section
7 when I go down.

8 Q Okay. Do you dictate -- above the gross
9 description, there's a section that says,
10 "Specimen submitted as A, B, C, D," do you
11 dictate that?

12 A Yeah, but as they come. Specimen B, as it
13 comes; C, as it comes. You see, when the first
14 frozen came, I'm dictating A. When the second
15 frozen came, I'm dictating B.

16 Q Okay. So --

17 A Sequence.

18 Q So you would have received the lymph node, you
19 would have dictated A, right bronchial lymph
20 node for frozen section," as it's under the
21 "specimen submitted as"?

22 A That will be entered by the technologist, the
23 right bronchial lymph node. I do not enter
24 that. I dictate the gross description, which is
25 A. This is the specimen. The technologist --

1 remaining tissue is admitted for permanent
2 sections which come on the following day, and
3 then the rest of the tissue left over is also
4 processed, which comes out on the following day.
5 So what -- on the following day, I would look at
6 these -- these piece of the frozen section,
7 which comes out on the following day, and I will
8 also look at the left over piece from the
9 particular specimen on the following day.

10 Q Okay.

11 A Am I making sense?

12 Q Yes. I want to get to B now. Before I get to
13 B, you understood, as these samples are coming
14 down, that there was a patient in the operating
15 room with a right lung mass that Dr. Ghumrawi
16 was operating on?

17 A Correct.

18 Q And, certainly, after you got the lymph node,
19 you had more information because you were aware
20 there was a mass in the right lung, correct?

21 A Correct.

22 Q And there was a concern as to whether or not
23 this patient had cancer?

24 MR. LENSEN: Well, I'll object,
25 because that's not -- there's nowhere that

45

1 there's a differential or anything.
 2 Q Well, when a patient is getting an open lung
 3 biopsy for a right lung mass, fair to say that
 4 you understand that one of the concerns that
 5 surgeon has is whether or not this patient has
 6 cancer?
 7 A One of the concerns.
 8 Q Okay. And you understand that the surgeon,
 9 under those circumstances, is relying on you,
 10 the pathologist, to make a diagnosis as to
 11 whether or not the mass in this patient's lung
 12 is cancer?
 13 A Yes.
 14 Q And you understand that important decisions are
 15 going to be made by the surgeon based on your
 16 diagnosis, correct?
 17 A Yes.
 18 Q And that it is very important for you to be as
 19 accurate as you possibly can in making those
 20 diagnoses, you understand that?
 21 A Yes.
 22 Q And that there would be serious consequences to
 23 a patient if you made a mistake?
 24 MR. LENSON: Objection.
 25 Q Do you understand that?

46

1 A Yes.
 2 Q Now, am I to understand that it is not your
 3 practice to make any sort of documentation in
 4 writing contemporaneous with the time in which
 5 -- at the time where you are examining tissue
 6 for frozen section as to what you are reporting
 7 to the surgeon in the operating room?
 8 A In writing with my own hands, no.
 9 Q Right. You have a requisition form in front of
 10 you, correct?
 11 A Correct.
 12 Q And you would agree with me that you have the
 13 capability, should you choose to, to make a
 14 notation on the requisition form as to what the
 15 frozen section diagnosis is?
 16 A There's the capability, but the question will be
 17 this requisition goes in the medical records and
 18 the requisition information is given to me by
 19 the surgeon. So my practice has been to dictate
 20 the report on the dictation machine rather than
 21 write anything on the -- on the requisition, and
 22 for the last 20 or 25 years, that has been same
 23 practice. Nothing has been changed.
 24 Q You understand that a surgeon who is sitting in
 25 an operating room waiting to hear your

47

1 diagnosis, wants to hear your diagnosis with
 2 certainty, correct?
 3 A Correct.
 4 Q I mean, they want to hear this is cancer or this
 5 is not cancer or I can't tell?
 6 A Correct.
 7 Q Would you agree?
 8 A Yes.
 9 Q And if your -- and I'm not talking about this
 10 case specifically now, but if you are given a
 11 piece of tissue for the purpose of making a
 12 diagnosis as to whether a mass in a patient's
 13 lung was cancer, would you agree with me that
 14 you should either tell that surgeon, yes this is
 15 cancer, no this is not cancer, or I can't tell?
 16 A I don't agree quite because there are times
 17 where you give them a suspicion, but tell them
 18 to -- that I cannot be sure and do something
 19 more than that.
 20 Q Have you ever --
 21 A When I look at a slide, it does not always that
 22 clear-cut, yes and no. There are borderline
 23 cases.
 24 Q Okay. Well, you understand that a surgeon wants
 25 it to be yes or no, correct?

48

1 A Correct.
 2 Q In order to make a decision, correct?
 3 A The surgeon wants it on the frozen section or on
 4 permanent sections, and there are cases even
 5 after reviewing slides on permanent sections
 6 which are borderline. There's not -- it is not
 7 always possible on any given case whether the
 8 frozen or on permanent section a yes or no.
 9 Q Okay. Would you -- based on your experience,
 10 would you -- do you understand that a surgeon
 11 would not be in a position to make a decision
 12 about removing a patient's lung, for example, if
 13 a pathology report comes back to them as
 14 probably?
 15 MR. LENSON: Well, I'm going to
 16 object because you're asking him to get into the
 17 mind of a surgeon. All he can tell you is what
 18 he tells the surgeon.
 19 A Should I answer?
 20 MR. LENSON: Yeah, go ahead.
 21 A Can you rephrase the question? I didn't get it.
 22 Q I think we already talked about this to some
 23 extent. I just want to be clear. You
 24 understand that it's your role to provide a
 25 definitive diagnosis, if you're able to?

49

1 A Correct.
 2 Q And if you're not able to, what you need to tell
 3 the surgeon is I can't tell you whether or not
 4 this is cancer based on the information or the
 5 tissue that you've given me?
 6 MR. LENSON: Or -- objection, or
 7 he can give -- he can give an index of
 8 suspicion, like he said before, with a
 9 suggestion for further proceeding, so you're
 10 leaving out something. But go ahead, objection.
 11 A As I said if, I suspect something, I can give
 12 him a hint that, yes, there's the suspicion, can
 13 you do something more.
 14 Q Do you know whether -- do you recall whether in
 15 this case, or can you tell whether when you made
 16 the phone call into the operating room with the
 17 report on the frozen section of the --
 18 A Yes.
 19 Q -- tissue samples taken with the trocar --
 20 MR. LENSON: The B?
 21 A B.
 22 Q B. -- whether or not you were on a speaker
 23 phone?
 24 A I do not recall. I know -- I know one thing
 25 when I call the OR, somebody usually picks up

50

1 the phone. In this particular case, I do not
 2 recall who picked up the phone.
 3 Q Do you have a specific recollection of speaking
 4 with Dr. Ghumrawi over the telephone during this
 5 operation with regard to Specimen B?
 6 A I do not have specific recollection of talking
 7 to Dr. Ghumrawi over the telephone.
 8 Q Do you know who you talked to?
 9 A I give the report, as far as I recall, that --
 10 to the best of my recollection at this time,
 11 that Dr. Ghumrawi was in surgery at that time,
 12 in the OR, and I always say that this is the
 13 frozen section report, and whether Dr. Ghumrawi
 14 took it over the phone or the speaker phone, I
 15 don't remember.
 16 Q Do you know whether or not you spoke directly to
 17 Dr. Ghumrawi?
 18 A I do not recall.
 19 Q Well, isn't it your practice to make sure you
 20 speak to the surgeon?
 21 A Yes.
 22 MR. NORCHI: You haven't asked
 23 him specifically. Objection.
 24 MR. LENSON: He's telling you
 25 generally.

51

1 Q It is your practice to speak to the surgeon?
 2 A It is my practice with the surgeon.
 3 Q Now, under B, you write the frozen section
 4 diagnosis is, quote, "probable bronchial
 5 alveolar" --
 6 A Adenocarcinoma.
 7 Q "-- adenocarcinoma. Need more tissue for
 8 diagnosis." Is that exactly what you said on
 9 the telephone?
 10 A What I said it is probably bronchial alveolar
 11 adenocarcinoma, and then I told him I'm having
 12 some difficulty because the specimen is so tiny,
 13 so can you get me more tissue.
 14 MR. PESKIN: Let the record
 15 reflect that Mr. Walters has arrived.
 16 Q So it's your testimony that you told
 17 Dr. Ghumrawi, I can't make the diagnosis
 18 definitively without tissue?
 19 A Without additional tissue.
 20 Q Okay. And it was your expectation that you
 21 would be provided with additional tissue?
 22 A It is an expectation, based on what he would
 23 find leaving surgery. If he -- if he -- if the
 24 surgeon was planning to do additional surgery,
 25 then my expectation will be he will supply me

52

1 with additional tissue.
 2 Q Well, did you call back up to the operating room
 3 at any point and say where is the additional
 4 tissue?
 5 A No, I did not.
 6 Q Why not?
 7 A Well, I got busy with my work after doing
 8 frozen, and I thought if he -- if he's planning
 9 to do more surgery, then he'll send more tissue.
 10 Q So you expected if he was going to proceed to --
 11 A Additional surgery.
 12 Q -- to resect this mass or remove Ms. Lee's lung,
 13 that you would be seeing some more tissue before
 14 that happened?
 15 A Yes.
 16 Q And so is it your testimony that you assumed
 17 because no more tissue came down, that
 18 Dr. Ghumrawi decided to stop the procedure?
 19 A Stop or sometimes -- sometimes in a given case,
 20 sometime they decide to take additional tissue
 21 and send for permanent sections. Sometimes
 22 during surgery they might find -- and not in
 23 this particular case -- that the tumor, where
 24 the location is, is not operable and they close.
 25 Now, I have no real judging what the

53

1 surgeon would find at the time of surgery.
 2 Q Well, then, looking at Exhibit 4 --
 3 MR. LENSON: Which is?
 4 MR. PESKIN: Which is the final
 5 requisition form.
 6 Q Can you tell what time that came down? I'm
 7 looking for times on these, I should say.
 8 A What time Specimen C came down?
 9 Q Specimen C and D.
 10 A I couldn't -- from this requisition, I couldn't
 11 tell you from what time they came down.
 12 Q Can you tell what time Specimens A and B came
 13 down from any of the documents in front of you?
 14 A From this requisition, I cannot tell.
 15 MR. LENSON: He's asking from the
 16 other --
 17 MR. PESKIN: From any documents.
 18 Q Is there any way from knowing from any of these
 19 documents?
 20 A No, usually when they bring this requisition,
 21 they're supposed to punch it in a clock outside
 22 the laboratory. The person who brought this
 23 specimens down, maybe she or he did not punch in
 24 this.
 25 Q Well, let's -- is it fair to assume that there

54

1 would have been some passage of time, maybe
 2 hours?
 3 MR. LENSON: Let me show the
 4 doctor something that Kevin gave me. See if it
 5 helps you, Doctor, at the top.
 6 A Yes, it helps. May 30, 3:54.
 7 Q 15:54?
 8 A Yeah, it is not here.
 9 MR. LENSON: It didn't copy.
 10 MR. PESKIN: It's on this one.
 11 A It's not here on this one.
 12 Q At 15 --
 13 A 15:54.
 14 Q Does it indicate that at approximately 3:54 p.m.
 15 you received Specimen C and D?
 16 A Most likely, I would imagine that, yes.
 17 Q And we don't have any documents here that
 18 indicate when you received Specimens A and B?
 19 A No, because apparently they were not punched in
 20 the clock as far as I can see from these
 21 requisitions.
 22 Q And I don't see it either on the operative
 23 report.
 24 Is it fair to assume that there would have
 25 been some significant period of time that

55

1 passed, more than just a few minutes, between
 2 your receiving Specimens A and B and receiving
 3 Specimen C and D?
 4 A This is fair to assume.
 5 Q So when you were handed a requisition form,
 6 along with Joyce Lee's right lung and
 7 mediastinal lymph nodes, I assume you were quite
 8 surprised to see them?
 9 MR. LENSON: Objection.
 10 Objection.
 11 A I was not surprised. I was concerned that there
 12 is a lung, but I was not surprised because
 13 sometimes there are second days where -- based
 14 on what the clinical impression is at that time.
 15 Q Have you, in your experience, seen a surgeon
 16 resect a lung or an organ of a patient when your
 17 frozen section report was inconclusive?
 18 A I don't recall exactly at this time in my
 19 practice, but I have seen resections of
 20 collapsed non-functioning lung because of
 21 enlarged lymph node and without any -- to
 22 prevent, I think, pneumonia or some sort of
 23 complication. So the collapsed non-functioning
 24 lung, I have seen resections.
 25 Q Okay. Well, I'm asking about a patient where

56

1 there's a concern about a mass and whether a
 2 mass is cancer or not. Have you seen a surgeon
 3 resect an organ from a patient based on an
 4 inconclusive frozen section diagnosis?
 5 MR. LENSON: Objection. If you
 6 have, Doctor.
 7 A Pardon me?
 8 MR. LENSON: If you have. If you
 9 know.
 10 A I haven't, no.
 11 Q Okay. So in this case, when you received that
 12 lung, and the nodes, I assume you were
 13 concerned, you just testified that you were
 14 concerned?
 15 MR. LENSON: Objection.
 16 A Correct.
 17 Q Did you pick up the phone at that point and call
 18 Dr. Ramone (sic)?
 19 A No, I did not.
 20 Q Look at the first page of your surgical
 21 pathology report under final diagnosis.
 22 A All right.
 23 Q Would you agree with me that B under final
 24 diagnosis does not correspond to the frozen
 25 section diagnosis?

57

59

1 A Yes.

2 Q Okay. When did you change your mind as to what

3 the diagnosis was of the tissue samples you

4 received in the frozen section, the following

5 day?

6 A I don't recall exactly, because this was done on

7 Friday, so the following day would be Saturday.

8 So it has to be either Saturday or Monday, one

9 of the days. But I don't recall the exact date.

10 Q Well, in B you write, "trocar" -- on the final

11 diagnosis, you wrote, "trocar needle biopsy of

12 mass, right upper lobe for frozen section." And

13 then it says, "Biopsy of lung showing necrotic

14 granuloma with associated bronchial" --

15 A Metaplasia.

16 Q -- "metaplasia." Would you agree with me that

17 whenever it was that you looked at --

18 A Specimen B.

19 Q -- this Specimen B again, you concluded that

20 this was not cancer?

21 A On specimen B, yes.

22 Q Okay. So how is it that you weren't able to

23 reach that conclusion initially?

24 A Because initially on the frozen sections, there

25 were atypical cells lining the alveolar at that

58

1 time on the frozen section. So because there

2 were atypical cells lining the alveolar, I can

3 read the message to Dr. Ghumrawi as probable

4 bronchial adenocarcinoma. On the permanent

5 sections, I saw a granuloma in addition to those

6 atypical cells. Okay.

7 Q Is it your testimony that you were not -- you

8 would not have been able to see the granuloma on

9 the original frozen section?

10 A On the original frozen section, I did not see

11 it.

12 Q Well, you didn't need any additional tissue to

13 make the diagnosis -- the final diagnosis that

14 you made the next day, or the following day with

15 regard to Section B, you did that without any

16 additional tissue, didn't you?

17 A Yes.

18 Q So I guess what I'm trying to understand is,

19 Dr. Patel, why weren't you able to make that

20 diagnosis in the first place?

21 A Diagnosis of granuloma?

22 Q Yes.

23 A Well, on the frozen section there was a small

24 granuloma which I did not see initially.

25 Q Okay. And you saw it sometime later?

1 A On the -- when I reviewed the slides on the

2 following day, that's when I saw the granuloma.

3 Q And you're looking at the same slide that you

4 were looking at when you were doing the frozen

5 section?

6 A When I reviewed the slides again, yes.

7 Q So your initial frozen section diagnosis, you

8 were mistaken?

9 MR. LENSON: Objection.

10 A I wouldn't say mistaken. What I will say is

11 that because there was a granuloma on the second

12 Specimen B, my index of suspicion will go lower

13 because there's a granuloma; however, there was

14 still atypical alveolar cells. So I set out

15 with careful of saying that, well, there are

16 still atypical cells and I can't exclude

17 malignancy, but my diagnosis in that particular

18 scenario on B would have been that I see a

19 granuloma, and I see some atypical cells lining

20 the bronchial alveolar, so can you get me some

21 more tissue. Remember, that I did already show

22 a granuloma in Specimen A and that was already

23 conveyed to Dr. Ghumrawi. So I do not know how

24 much addition to make on Specimen B. And as I

25 said in Specimen B, I did see granuloma when the

60

1 slides were reviewed again.

2 Q The same slide that you had looked at

3 intraoperatively?

4 A Yes.

5 Q So what you're saying is that there was a

6 finding that you noticed when you looked at the

7 slide a second time?

8 A Yes.

9 Q Okay. So I guess that takes me back to the

10 question that I asked you before, isn't it fair

11 to say, then, that since you were able to see

12 the granuloma the second time --

13 A Yes.

14 Q -- you, in fact, didn't need additional tissue

15 to make the diagnosis?

16 A I would need because there are atypical cells on

17 one side of the biopsy. And, remember, the

18 conditions can co-exist. So just because I see

19 a granuloma, mean that I disregard any other

20 more other finding will be not true.

21 Q When you say the conditions co-exist, what

22 you're saying is a patient could have

23 histoplasmosis and cancer?

24 A I didn't say histo; I said granuloma and cancer

25 because the histoplasmosis diagnosis comes in

61

63

1 retrospect, after the slides were -- multiple
 2 cuts were made and the stains may turn. In the
 3 frozen section, you cannot see this is
 4 histoplasma because you won't see the organisms.
 5 Q Okay. Have you had an opportunity to review
 6 Dr. Ghumrawi's operative report?
 7 A Yes.
 8 Q Okay. And when is the first time you saw that
 9 operative report? Did you have an opportunity
 10 to look at it?
 11 A I looked at the report when Mr. -- my legal
 12 counsel sent me the copy of the chart.
 13 Q Okay. Do you recall having looked at this
 14 operative report at any time prior to this
 15 lawsuit being filed?
 16 A No.
 17 Q Do you have a copy of it in front of you now, or
 18 can you have a copy in front of you?
 19 MR. LENSON: Yep. The op note?
 20 MR. PESKIN: Yes.
 21 MR. LENSON: What number is it,
 22 Larry?
 23 MR. PESKIN: 68, 68 and 69.
 24 Q Under the section that says "procedure," do you
 25 see that? It says, "indications," and then it

1 A Correct.
 2 Q Now, would you agree with me that what's
 3 reported in this operative report, as to the
 4 results of that frozen section, is quite
 5 different from what your final pathology report
 6 showed?
 7 A Correct.
 8 Q Did you have an opportunity to review
 9 Dr. Ghumrawi's deposition transcript?
 10 A I scanned most of it, but I did review the
 11 section where I was involved in the case, where
 12 the frozen sections where the report was made.
 13 That portion. I did not review the initial
 14 deposition.
 15 Q You're aware that Dr. Ghumrawi testified, when
 16 he was under oath, that he -- his recollection
 17 is that when you called him in the operating
 18 room, that you said to him exactly what it says
 19 in this operative report, that this is a
 20 malignancy, most likely adenocarcinoma?
 21 A Correct.
 22 Q Do you believe Dr. Ghumrawi is mistaken?
 23 A Well, personally, I think he is. He may not
 24 understand the word probable, and he might say,
 25 well, he just looked at the word adenocarcinoma

62

64

1 says "procedure."
 2 A It says, "pre-op/post-op operation."
 3 Q And then there's a procedure with a colon.
 4 A I don't see it. It says, "pre-op/post-op
 5 operation." Where is the procedure?
 6 MR. LENSON: Here.
 7 Q Do you see procedure? I want you to look at the
 8 second paragraph of that.
 9 A Okay.
 10 Q You see there's a blank there with a line,
 11 there's an area that wasn't filled in.
 12 A Yes.
 13 Q Look at the sentence, it says, "the superior
 14 vena cava was not involved and the azygos vein
 15 was not involved." Do you see that, do you
 16 follow me?
 17 A Yes.
 18 Q "To assess the exposure better, the right main
 19 stem bronchus was clamped," do you see that?
 20 A Yes.
 21 Q And then it says, "and subsequently a true cut
 22 needle biopsy of the actual mass showed
 23 malignancy" --
 24 A I see.
 25 Q -- "most likely adenocarcinoma."

1 and said it's adenocarcinoma. I can't say what
 2 -- what he thought about it.
 3 Q Do you know where -- what Dr. Ghumrawi's country
 4 of origin is?
 5 A Lebanon.
 6 Q Okay. And your country of origin is?
 7 A India.
 8 Q And so both of your English is not your first
 9 language, fair statement?
 10 A Correct. Mine is for sure; I don't know about
 11 Dr. Ghumrawi, but I assume yes.
 12 Q Have you spoke with Dr. Ghumrawi?
 13 A Yes.
 14 Q Does he speak English with an accent?
 15 A Yes.
 16 Q Okay. Would you agree with me that when you
 17 have two physicians, neither of whom have
 18 English as their first language, who are
 19 communicating over a telephone, there's a real
 20 danger of some misunderstanding?
 21 MR. LENSON: Objection.
 22 MR. NORCHI: Objection.
 23 A There is a possibility.
 24 Q I want to ask you about your choice of words
 25 here. Would you agree with me that when you are

65

67

1 not certain of a diagnosis, that it would be
 2 more prudent for you to communicate that you
 3 can't be certain as opposed to this is probably
 4 this or this probably that?
 5 A In retrospect, I would say that I could have
 6 said that, well, no diagnosis, just send me more
 7 tissue.
 8 Q Could have said diagnosis deferred or no
 9 diagnosis, send me more tissue?
 10 A Yes.
 11 Q By using the word "probably," if that's what you
 12 were communicating on the telephone, there's a
 13 real danger that, if it's on a speaker phone,
 14 the word "probably" could be get cut out; or you
 15 have an accent, Dr. Ghumrawi has an accent, he
 16 may not understand you?
 17 A Yeah.

18 MR. LENSON: Well, I'm going to
 19 object to that assumption, because there's no
 20 indication that anybody didn't understand what
 21 was communicated, so --
 22 Q Well, would you agree with me that either
 23 Dr. Ghumrawi didn't hear you, or you didn't say
 24 probably?
 25 MR. LENSON: Objection.

1 didn't come down to the laboratory?
 2 A Yeah, but, you see, I wouldn't know that until
 3 later, because I -- after doing frozen sections,
 4 I just don't sit and do nothing, I just go on
 5 with my day-to-day work.
 6 Q You also have already testified that when you
 7 did receive Specimen C and D, that you were
 8 concerned. I want to talk to you more about
 9 your concerns.
 10 Can you tell me, and your final report it
 11 says it wasn't -- that it wasn't reported until
 12 June 4th, 2003.
 13 A Okay.
 14 Q But what was the date when you realized that
 15 Joyce Lee's lung had no malignancy?
 16 A It's very difficult to answer because the first
 17 time I found -- looked at slides, if I recall
 18 right, was on Monday. That's the best I recall.
 19 Monday was, I think, 2nd or 3rd. The initial
 20 sections on the -- it was a big mass. The way I
 21 measured it, if I recall right, is about more
 22 than three centimeters. So in the initial
 23 sections showed granuloma. I went back to the
 24 specimen and took more specimens, because I just
 25 wanted to make sure I didn't miss a malignancy

66

68

1 A Well, I did say that. Whether he heard me or
 2 not is always a possibility. But my feeling
 3 would be that if something was not clear, he
 4 could have called me and says can you repeat
 5 again, or they say give me something in writing.
 6 Either way.
 7 Q I mean, isn't your responsibility as the
 8 pathologist to make sure that your diagnosis is
 9 understood?
 10 MR. LENSON: Objection.
 11 A Yes.
 12 Q And communicated clearly?
 13 A Yes.
 14 Q Okay. And you've already -- you just said to me
 15 that in retrospect, a better way to communicate
 16 uncertainty is to say I can't be certain, send
 17 me more tissue?
 18 A No. That was the better way of saying. What I
 19 said when you asked me that, did he understand
 20 or not, and what I'm saying is that when I
 21 communicated, if he didn't understand, he could
 22 have let me know that I don't understand the
 23 report. Well, he didn't call me back.
 24 Q And I think we've already talked about this, you
 25 didn't call him back either when more tissue

1 or cancer in big mass somewhere at the
 2 periphery.
 3 So I went back on Monday and put more
 4 sections through on Monday; and Tuesday, if I
 5 recall right, put more sections through from the
 6 circular lesion. From the main mass, there was
 7 some small nodular lesion away from the main
 8 mass. So I put those sections also through.
 9 And during this two days, I also requested
 10 stains for TB and fungi. So after all the
 11 operation was done, then it was determined that
 12 there was no cancer. That must be on 3rd or
 13 4th, one of those days. And at that time the
 14 stains also came back, and we saw fungi only in
 15 some of the granulomas. Remember, there were
 16 multiple granulomas. The fungi were not seen in
 17 all granulomas.
 18 Q Well, you had, even before the 4th, you had
 19 determined that your frozen -- your initial
 20 frozen section diagnosis was not accurate,
 21 correct?
 22 A Correct. But the mass was still there.
 23 Q Okay. Now, when you -- you had an opportunity
 24 to observe grossly the entire mass?
 25 A Correct.

69

71

1 Q You have seen, I assume in your career, lots of
2 different --
3 A Tumors.
4 Q -- malignant tumors of the lung?
5 A Yes.
6 Q Did this mass look to you like grossly --
7 A Yeah.
8 Q -- like a malignancy?
9 A You can't say. Mass is a mass, especially if
10 the way the bronchial alveolar carcinoma looks
11 like. It looks like a pneumonic carcinoma
12 grossly. So it looks like it to you like a
13 pneumonia, but actually it's not a pneumonia,
14 it's cancer. So, grossly, you cannot be certain
15 that this mass is it solid, hard, soft little
16 bit. You can't say is it cancer or not. The
17 gold standard being you have to see either
18 cancer or not cancer on the slides. Apart from
19 that, when there's a big mass, as I explained to
20 you earlier, there's always a possibility of a
21 mass being -- a portion of the mass being not
22 cancerous and you find a small cancer in other
23 portion. So it is not -- it is -- I have to be
24 careful in giving a preliminary diagnosis.
25 I can't say today, based on initial

1 Mrs. Joyce Lee did not show cancer; however, it
2 did show granuloma. I said I'll be doing
3 special stains on this granuloma, at the same
4 time I'll be putting some more cuts through, the
5 larger mass, and the circular lesions to see if
6 anything else I see. And I said, this is only a
7 preliminary report because I did not have
8 anything solid on the special stains.
9 Q So during this conversation, while you were
10 getting a cup of coffee, you told Dr. Ghumrawi
11 that the frozen section diagnosis did not show
12 cancer?
13 A In the frozen section and initial -- let me
14 correct myself. I do not know if I said frozen
15 section. I said the initial sections on the
16 mass showed no cancer.
17 Q Okay. Did you say anything to him about the
18 frozen sections?
19 A No, I did not.
20 Q Did he say anything to you at that point? What
21 was his response?
22 A He didn't say anything.
23 Q Did he seem upset?
24 A No.
25 Q Okay. Did you have any subsequent conversations

70

72

1 evaluation, that I don't see the cancer and two
2 days later I examine the rest of the tissue and
3 I say, oh, sorry, I have cancer now. So I
4 examine all the tissue thoroughly before I say
5 now I'm certain.
6 VIDEO TECHNICIAN: Five minutes
7 left on the tape.
8 Q When did you tell somebody -- or did you tell
9 somebody prior to the final report being issued
10 in this case, that Joyce Lee did not have a
11 malignancy in her right lung?
12 A Yes, I met Dr. Ghumrawi when I was going for a
13 cup of coffee in the library. My office is very
14 close to the library.
15 Q When was this?
16 A And that was -- I think it was on Tuesday, as
17 best as I recall.
18 MR. LENSEN: What date, though?
19 What date would it be?
20 A The 3rd, I think. The 2nd or 3rd, one of the
21 days.
22 Q Okay.
23 A This is the best as I recall. And in the
24 library, I went for cup of coffee, I told him
25 that the initial sections on the -- on

1 with Dr. Ghumrawi about this case?
2 A I do vaguely recall, but I'm not sure that I did
3 tell this, that maybe the -- we should only
4 resected the mass only, and he did say two
5 things, which are clear in my mind at this time.
6 He said that he has talked to the patient and
7 the patient is very happy that -- happy that she
8 doesn't have cancer. And he also said that in
9 general, resections are done for other things,
10 other than cancer.
11 Q I don't get -- can you repeat that?
12 A The resections are done other than cancer for
13 lung, too. Meaning that what I'm saying is a
14 lung resection can be done -- has been done
15 because of other conditions; for example, an
16 abscess or a non-functioning lung.
17 Q Okay.
18 A He didn't say this, but I'm just saying as an
19 example.
20 Q Is your understanding he was saying to you that
21 there were reasons other than cancer to take out
22 a lung?
23 A Resections, he didn't say lung.
24 Q Did you understand at this time that there was
25 no resection of the mass, but that Joyce Lee's

73

75

1 entire lung had been removed ?
 2 A Sure.
 3 Q Did Dr. Ghumrawi tell you that that was
 4 necessary?
 5 A He didn't tell me that. He didn't tell me that
 6 at all.
 7 MR. PESKIN: Go off the record to
 8 change the tape.
 9 VIDEO TECHNICIAN: Off the record
 10 at 11:51.
 11 (Recess taken.)
 12 VIDEO TECHNICIAN: We're back on
 13 the record at 11:54.
 14 Q We were talking about a conversation that you
 15 had with Dr. Ghumrawi.
 16 A Okay.
 17 Q And -- actually two conversations. Do you
 18 remember any other discussion with Dr. Ghumrawi
 19 about this case?
 20 A No.
 21 Q How about anybody else in the hospital?
 22 MR. LENSON: About this case?
 23 Q About this case.
 24 A You mean discussions about this case?
 25 Q Did Dr. Denhom ever talk with you about this

74

1 case?
 2 A De. Denhom didn't, but I talked to him sometime
 3 after the complaint was filed .
 4 Q Okay. What did you talk about?
 5 A I just said I got some papers in the mail, did
 6 you get something. That's all.
 7 Q Okay. Did he indicate that he had ?
 8 A I think he said yeah, and that's all.
 9 Q Any discussion about this case during a surgery
 10 conference or anything else that you attended ?
 11 A I don't attend department of surgery meetings.
 12 Q Are there any tumor conferences ever that you've
 13 attended?
 14 A Yes.
 15 Q Any discussion about this case at a tumor
 16 conference?
 17 A No. Because it was not cancer, it is not
 18 discussed.
 19 MR. PESKIN: I don't have any
 20 other questions at this time.
 21 MR. NORCHI: I have some.
 22 BY MR. NORCHI:
 23 Q Doctor, my name is Kevin Norchi; I represent
 24 Bedford Medical Center.
 25 In May and June of 2003, who was your

1 employer?
 2 A My corporation, Kanalyalal Patel, M.D., Inc.
 3 Q Okay. The requisition forms which have been
 4 identified as Exhibits 2 and 3 indicate on the
 5 bottom of the form the different colored copies
 6 and, apparently, where they are supposed to go
 7 to.
 8 A Correct.
 9 Q Do you see that?
 10 A Yes.
 11 Q It says the canary copy goes to the pathologist?
 12 A Correct.
 13 Q And you told us earlier that you use the canary
 14 copy for billing ?
 15 A Correct.
 16 Q And is that billing on behalf of your
 17 incorporation --
 18 A Yes.
 19 Q -- or your corporation ?
 20 A Yes.
 21 Q Okay. Now, I understand that you no longer are
 22 a member of the American College of
 23 Pathologists; is that correct?
 24 A No.
 25 Q Are you Board certified ?

76

1 A Yes.
 2 Q And what's the name of the board certifying body
 3 for pathologists?
 4 A In U.S. it is American Board of Pathology .
 5 Q Are you a member of the American Board of
 6 Pathology?
 7 A I don't think there's any membership, there's a
 8 certification and that's it.
 9 Q And are you -- I'm sorry, you're right. Are you
 10 certified by the American Board of Pathologists?
 11 A Yes.
 12 Q Now, you've had an opportunity to go back and
 13 look at all of the slides and materials that are
 14 the subject matter of this litigation, correct?
 15 A I reviewed back only the frozen section slides.
 16 I did not read the slides on C and D at this
 17 time.
 18 Q Do you have any concerns or criticisms of the
 19 preparation and staining of the frozen section
 20 -- well, the preparation of the frozen section
 21 slide that you reviewed?
 22 A The frozen section slide preparations? No, I
 23 don't, really.
 24 Q Okay. Was there adequate tissue for you to take
 25 a look at and was it prepared properly for you

77

79

1 to be able to review it and come to some
 2 diagnosis, or at least interpret the tissue that
 3 you had?
 4 A The second specimen in question, the specimens
 5 were very tiny. So normally we cut two sections
 6 on the frozen section. In the second case we
 7 had to cut four, because I had to tell the tech
 8 to cut more, so the tech had to cut two
 9 additional levels.
 10 Q You're talking about Specimen B?
 11 A Yes.
 12 Q And so, then, you asked the tech to provide you
 13 more tissue, correct?
 14 A Correct.
 15 Q And you did look at it, correct?
 16 A Yes.
 17 Q And so there came a point, though, when you felt
 18 comfortable with the amount of tissue that you
 19 had to make an interpretation?
 20 A Yes, yes.
 21 Q There's some questions asked earlier about
 22 whether you had knowledge that there would be a
 23 frozen section before it actually took place.
 24 Do you remember those discussions --
 25 A Yes.

78

1 Q -- those questions?
 2 And I think you responded that sometimes
 3 if it's listed on the surgery schedule as FS,
 4 frozen section, you'll know that -- to
 5 anticipate a frozen section coming to you?
 6 A To anticipate, but not necessarily I'll get it.
 7 Q Whether you know in advance that there will be a
 8 frozen section that day or not, does that have
 9 any bearing at all on what you do; that is,
 10 whether you receive it, receive a specimen and
 11 interpret it properly?
 12 A No. Normally it would not have any bearing,
 13 except that if it is not scheduled, then they
 14 will have to hunt me down because I may be in
 15 the hospital somewhere. Otherwise, if I
 16 anticipate a frozen, I know, then I will be
 17 waiting for it.
 18 Q Okay. Do you know if anybody had to hunt you
 19 down to do this --
 20 A No. No, I don't recall.
 21 Q -- frozen section interpretation?
 22 A I don't recall at this time.
 23 Q And you may have answered this, but you said
 24 there's a black book, it's the log-in for the
 25 lab, correct?

1 A Yes.
 2 Q And you told us that you did not review that
 3 black book or the log-in book for the lab at any
 4 time regarding this case?
 5 A No.
 6 Q That's correct?
 7 A Correct.
 8 Q In the sheet that we've apparently not marked,
 9 but it's page 2 of 2 from the surgical pathology
 10 report --
 11 A Yes.
 12 Q -- where we have the gross description dictated,
 13 you told us that you dictated specimen A first,
 14 correct?
 15 A Correct.
 16 Q And then some time passed, and then you received
 17 the frozen section?
 18 A On Specimen B.
 19 Q On Specimen B. And then you looked at that and
 20 then went to your dictaphone and then dictated
 21 on Specimen B?
 22 A Correct.
 23 Q And then when you do that, is it true that you
 24 refer to the patient's accession number or
 25 patient number?

80

1 A Yes.
 2 Q So that the transcriptionist knows to put your
 3 descriptions A, B, C, D or whatever --
 4 A Correct.
 5 Q -- all together in the same form?
 6 A Yes.
 7 Q Okay. Do you have a specific memory that you
 8 dictated Specimen A and Specimen B at two
 9 different times?
 10 A Yes.
 11 Q You do recall that?
 12 A I do recall that.
 13 Q And not during the same sitting?
 14 A No.
 15 Q You do not have -- do you have a memory, as you
 16 sit here today, of the words you used when you
 17 spoke to Dr. Ghumrawi over the phone?
 18 A About?
 19 MR. LENSON: Either --
 20 A About frozen sections?
 21 Q Yes.
 22 A Both of them?
 23 Q Yes, on either occasion.
 24 A You see, I wouldn't have memory, really, that's
 25 why I dictate the report.

81

83

1 Q But you don't have a memory of what you said to
 2 Dr. Ghumrawi, correct, specifically?
 3 A At this time, no, but that's why I dictate the
 4 report to make sure whatever I say is on the
 5 report.
 6 Q I understand that, Doctor. And you do not know
 7 whether you were on a speaker phone or whether
 8 the phone was being held to Dr. Ghumrawi's ear
 9 or whether he was holding it, correct?
 10 A I do not recall.
 11 MR. NORCHI: I have no further
 12 questions, Doctor. Thanks.
 13 MR. WALTERS: Doctor, I just have
 14 a few.
 15 BY MR. WALTERS:
 16 Q I represent Dr. Ghumrawi, and I just have a --
 17 probably a few questions.
 18 When you do frozen sections as a
 19 pathologist, you understand, certainly, that the
 20 surgeon is relying on whatever information you
 21 give to him or her for purposes of going further
 22 with their surgery, at least to some extent,
 23 correct?
 24 A Yes.
 25 Q And in this case, in Joyce Lee's case, you would

1 tissue, that would -- that calls for some type
 2 of response, that is I'll get you more tissue, I
 3 won't get you more tissue, or hang up on you. I
 4 guess there's three choices there. Do you
 5 remember which he chose?
 6 A No, I don't remember.
 7 Q Okay. Have you ever had a situation where you
 8 asked Dr. Ghumrawi for more tissue and he said
 9 no?
 10 A I don't recall that situation with Dr. Ghumrawi,
 11 but I do recall with some other surgeons whereas
 12 I testified before, that when I said, Well, I
 13 don't see anything or I need something more, and
 14 based on their impression, they might just close
 15 up the patient. For discussion sake, not
 16 particularly this case, if they are doing
 17 abdominal exploration and they send me some
 18 tissue and I find that I cannot make a diagnosis
 19 or the diagnosis too local, but they under
 20 clinical suspicion figure out that there's a
 21 tumor spread all over, they decide to close it.
 22 Q How do you know that? How do you ultimately
 23 find that out?
 24 A I will know. I will find out the following day.
 25 Or the surgeon will say -- when I don't get the

82

84

1 have certainly understood that the frozen
 2 sections that you were being sent from her lung
 3 were with a consideration as to whether or not
 4 she had cancer, correct?
 5 A Yes.
 6 Q And it is your testimony, as I understand it,
 7 that you told Dr. Ghumrawi that you needed more
 8 tissue to make a more definitive diagnosis,
 9 correct?
 10 A Correct.
 11 Q And knowing Dr. Ghumrawi, I assume he's a
 12 reasonable man, he would have said, If you need
 13 more tissue, I'll send it to you. Did he say
 14 that?
 15 A He didn't tell me that.
 16 Q Did he just hang up on you?
 17 A He didn't hang up. As I said, I do not recall
 18 whether I was in speaker phone or on the phone.
 19 I gave the report and waited and there was no
 20 response and then I hang up the phone.
 21 Q And I just want to understand this as two adults
 22 communicate.
 23 A Correct.
 24 Q If -- I'm assuming when you communicate to a
 25 surgeon, being a pathologist, that you need more

1 tissue, the surgeon will say well, there's tumor
 2 all over.
 3 Q Well, have you ever had a situation where
 4 there's been a request for more tissue by you
 5 and the surgeon, in spite of that request,
 6 ignored it and simply took out a lung or took
 7 out an organ of some kind and then sent you the
 8 organ?
 9 A I don't recall at this time.
 10 Q Okay. That would seem unreasonable, correct?
 11 MR. LENSON: Well, objection.
 12 MR. PESKIN: Objection.
 13 Q If you know.
 14 A The surgeon will decide what he has to do.
 15 Q Okay.
 16 A The surgeon decides that he doesn't want to send
 17 more tissue, then it will be surgeon's choice.
 18 I can't speak on behalf of a surgeon.
 19 Q Do you have any knowledge how long it would take
 20 to get more tissue for purposes of a frozen
 21 section?
 22 A No. It depends upon, I'm guessing, the mass --
 23 MR. LENSON: Don't guess, Doctor.
 24 Q That's fine, I don't want you to guess.
 25 Now, as it relates to -- Doctor, do you

85

87

1 dictate right in the pathology department?
 2 A Can you rephrase, dictate what?
 3 Q I'm going to try to understand this. I came in
 4 late and I apologize.
 5 A I understand, yes.
 6 Q I assume -- I'm looking at page 2 of your
 7 report. You dictated A and B at different
 8 times, Mr. Norchi just established that,
 9 correct?
 10 A Yes, yes.
 11 Q And where did you do those dictations? Was it
 12 in your department, was it in your office, was
 13 it on the way to the office?
 14 A No, the dictation was done in the laboratory.
 15 There's a stand, gross cutting table, if I may
 16 say, where there is a microphone. So when I go
 17 down, I dictate in the -- it's a machine or
 18 system where I dictate that, it is in the
 19 laboratory, in the histology laboratory.
 20 Q Okay.
 21 A The gross cutting area.
 22 Q And then who types your dictation?
 23 A The Medical Records Department.
 24 Q And I'm assuming you dictated A and B -- it's
 25 your testimony that you dictated those on May

1 department, Doctor?
 2 A Not normally unless I am on vacation or
 3 otherwise, no.
 4 Q Okay. So you are the sole pathologist for the
 5 Bedford facility; is that correct?
 6 A Correct.
 7 Q Are there several techs in the department?
 8 A No.
 9 Q So are you the only person?
 10 A I'm the only pathologist. There are
 11 histotechnologists and they cut, do stains, et
 12 cetera.
 13 Q Do you deal with them on a daily basis?
 14 A Yes.
 15 Q Who are some of those? Can you give me some of
 16 their names?
 17 A One during this incident, there was a girl
 18 called Mary. There's a girl called Marty.
 19 Q Mary and Marty?
 20 A Yes.
 21 Q Did you talk to Mary and Marty about this case?
 22 A No.
 23 Q Do you know if they have any knowledge of what
 24 was said to you -- said by you to Dr. Ghumrawi
 25 regarding this frozen section?

86

88

1 30th; is that correct?
 2 A Correct. Whole A, B, C and D was dictated on
 3 May 30th.
 4 Q Okay.
 5 A That's the gross description.
 6 Q Gotcha. And the final diagnosis, when was that
 7 dictated?
 8 A That was -- as it says, it was finalized on 4th
 9 of -- if I recall right, but let me just check.
 10 I think it was on the 4th.
 11 Q On the 4th, you would have the ability as well
 12 when you dictate the final diagnosis to re-look
 13 at the previous dictation --
 14 A Correct.
 15 Q -- to make any changes or corrections, correct?
 16 A Correct.
 17 Q And that's what you do; is that correct?
 18 A That's what I do.
 19 Q So that it is finalized?
 20 A It is finalized.
 21 Q And then after that -- those corrections are
 22 made, that final pathology report is put in the
 23 chart; is that correct?
 24 A Correct, it's signed off.
 25 Q Are there any other pathologists in your

1 A You see, normally they won't because I read the
 2 frozen section in my office which is on the
 3 ground floor.
 4 Q I'm sorry. I didn't understand you. I
 5 apologize.
 6 A The frozen sections are done in the histology
 7 lab, which is in the basement. My office is on
 8 the ground floor. So the sections, after they
 9 are stained and -- they're cut and stained,
 10 they're brought to my office to be read. So I
 11 read in my office. Most of my work is done in
 12 my office when I read the slides. The gross
 13 specimen cuttings, staining, et cetera, is done
 14 in the histology lab, which is the basement.
 15 Q So if I understand correctly, they would have no
 16 knowledge about the conversation?
 17 A They would not, no, unless they are standing
 18 right there.
 19 MR. WALTERS: Okay. That's all
 20 the questions I have. Thank you.
 21 BY MR. POLING:
 22 Q Doctor, I just have one question. My name is
 23 Brant Poling, and I represent Dr. Denhom.
 24 Do you have any problems or criticisms of
 25 the specimens that Dr. Denhom submitted to you?

89

91

1 A No criticisms about the specimens he submitted,
 2 no.
 3 MR. POLING: Thank you. No more
 4 questions.
 5 MR. PESKIN: I have just a few
 6 more following up on what Mr. Walters was
 7 asking.
 8 BY MR. PESKIN:
 9 Q Forgive me, I'm still a little confused about
 10 the generation of this report.
 11 A That's all right.
 12 Q As I understand what you said so far, is that
 13 you -- as you're sort of on the fly, as you're
 14 getting them, you're dictating the gross
 15 descriptions, correct?
 16 A Correct.
 17 Q You dictated A, followed by B, and then I think
 18 you've already testified that in connection with
 19 why you didn't call and ask where is the extra
 20 tissue, that you were probably doing other
 21 things?
 22 A Yes. I was in the office, correct.
 23 Q So you're looking at other tissue samples,
 24 correct?
 25 A Slides or whatever.

90

1 Q Fair to assume you're picking up your microphone
 2 and dictating on other cases at that point,
 3 correct?
 4 A No. I didn't say that. What I'm saying is
 5 after the frozen section report is given, I do
 6 not know where I would be. I would be in the
 7 gross cutting room dictating specimens which
 8 come down later in the afternoon, or I may be in
 9 my office reading slides, or I may be just
 10 drinking coffee. I don't know where I was.
 11 Q Okay. Well, C and D under the gross description
 12 section of this report were dictated --
 13 A Later in the afternoon.
 14 Q -- sometime later, probably hours, a couple of
 15 hours after A and B?
 16 A Correct, later in the afternoon. Correct.
 17 Q How does the transcription department put all
 18 this together when you're dictating these parts
 19 at different times? That's what I'm not
 20 understanding.
 21 A The dictation is in the machine, so she types it
 22 whenever. You see, she doesn't dictate one case
 23 at a time -- pardon me. She doesn't type one
 24 case at a time. I dictate all the gross
 25 specimens, everything, in the late afternoon or

1 early afternoon. So she starts typing as time
 2 permits for typing these reports.
 3 MR. LENSON: Just to make it
 4 easier, it's all one number.
 5 MR. PESKIN: Okay.
 6 Q I mean, are you saying there's somebody there
 7 who is assembling these reports from dictation
 8 that is done at different times?
 9 A No, no. What I'm saying is, just talking with
 10 what you said, when -- there's one patient, any
 11 number of specimens come down, either -- on the
 12 same day, either early or later, go only under
 13 one accession number. So if this -- for
 14 discussion sake, not particularly this case. If
 15 one specimen came at 10:00 in the morning and
 16 one came at 2:00, they'll have the same
 17 accession number.
 18 For discussion sake, if one came at 10:00
 19 in the morning, I dictated it; and some came at
 20 2:00, the accession number will be the same, but
 21 the number of specimen will be A, B, C, D, et
 22 cetera. And I'll dictate the later specimen in
 23 the later afternoon, or whenever it came.
 24 Q The first page of this, under the final
 25 diagnosis, you've already talked about this, you

92

1 got this information -- or you prepared this
 2 information at least the next day if not even
 3 days later, correct?
 4 A The first page is the final report.
 5 Q Right.
 6 A Correct.
 7 Q Now, when you prepared the final report, did you
 8 have -- or would you have had the transcription
 9 of the gross description?
 10 A Yes.
 11 Q So there is an interim -- so I'm clear here,
 12 before this final report is generated or
 13 finalized --
 14 A Yes.
 15 Q -- there are parts of this that have already
 16 been transcribed that you have in front of you?
 17 MR. LENSON: Not parts, the
 18 frozen section.
 19 Q Well, the whole gross description.
 20 A I'm sorry. The gross description is in front of
 21 me.
 22 MR. LENSON: Right.
 23 A The second page, if I recall right. The final
 24 report, the first page, diagnosis typed after I
 25 have reviewed all the slides.

93

95

1 Q Okay. So when you have -- when you're arriving
2 at the final diagnosis and preparing to dictate
3 this final diagnosis --
4 A Yes.
5 Q -- you already have in front of you the
6 transcription of the gross description?
7 A Yes. I have it because I don't have that one
8 and the past history, if any, on this patient.
9 Q Okay. At some point, then, there existed a
10 document that was the transcription of your
11 dictation of just the gross description in this
12 case, correct?
13 A That's the one you have.
14 Q Well, I don't know if that's the one I have.
15 A Okay.
16 Q You have an opportunity, as Mr. Walters just
17 said, when you are dictating your final
18 diagnosis, to review the transcription of the
19 gross description, correct?
20 A Correct.
21 Q And you can make changes then, correct?
22 A Yes, correct. Correct.
23 Q So if there's something you feel is inaccurate
24 on the gross description, you can make that
25 change and that change will be incorporated in

1 Q I didn't ask you --
2 A I'm just telling you, nobody in the city does.
3 Q Do you know if there are pathologists that make
4 -- have you ever -- do you know whether there
5 are pathologists --
6 A Yes.
7 Q -- whose practice is to contemporaneously record
8 what their frozen section diagnosis is, either
9 in handwriting or typed?
10 MR. LENSEN: When they call the
11 physician?
12 MR. PESKIN: Yes. Write it down
13 as they're saying it to the physician on the
14 requisition form.
15 A There are ways -- what you're asking me --
16 MR. LENSEN: Do you know as of
17 then, in 2003, whether or not another
18 pathologist has a way of, or a procedure of
19 writing down.
20 A No.
21 Q Okay. I mean, would you agree with me that if
22 you were to engage in that procedure, you would
23 have a record --
24 A Yes.
25 Q -- a contemporaneous record --

94

96

1 the final report, correct?
2 A That's correct.
3 Q So there -- is it fair to say there may be, and
4 may have been, a document that is the
5 transcription of the gross description, in this
6 case, that is different from this one?
7 A You know, it's a possibility always, as you say,
8 but the question will be when the transcriber
9 types the gross, sometimes there are errors and
10 sometimes they leave blanks because of our
11 accent. So if there are blanks, I have to
12 correct it. There are spelling errors.
13 Sometimes they don't understand. So, you know,
14 I have to review the gross. I have to also
15 review the microscopic, because sometimes they
16 make errors in microscopic. Sometimes they
17 don't understand languages.
18 Q What happens to the document that you're
19 reviewing and making corrections on?
20 A The original document is not there once I make
21 corrections.
22 Q Well, do you retain a copy in your file of what
23 the raw transcription is of your gross
24 description?
25 A No. No, nobody in the city does.

1 A Yes.
2 Q -- exactly of what you said to the surgeon on
3 the telephone?
4 MR. LENSEN: Well, I don't think
5 that anybody can take issue with that, Larry,
6 but I'll object to the relevance of it.
7 A Yes.
8 Q Have you adopted that practice since this case?
9 MR. LENSEN: Objection.
10 MR. NORCHI: Objection.
11 A Now, what I do is I -- they send me, how do you
12 call it, a progress note of the patient. Now I
13 write it down. I write it down, date it, time
14 it, write it down, send it back.
15 MR. LENSEN: Okay. I'm going to
16 ask that any reference to subsequent changes in
17 the procedure be stricken from the record.
18 Q Why do you do that?
19 A Pardon me? Just want to make sure there's no
20 miscommunication, nothing. Clear. The surgeon,
21 like you said, although I didn't think about it
22 initially, that you have an accent, it's
23 possible they may not hear, it's possible they
24 don't understand. I don't know that. So I have
25 to write it down, give it to them.

1 Q Okay. Now, let me ask you this: Given that you
2 have an accent, have you had experience when you
3 are doing dictation, that when you receive the
4 transcription back, that you have to make
5 changes because the transcriptionist didn't
6 understand you?

7 A The transcriptionist sometimes don't understand,
8 correct.

9 Q Do you know -- can you say with certainty, that
10 you did not make changes in Section B of this
11 final report?

12 A On the -- for Section B.

13 Q Section B of the gross description.

14 MR. LENSON: From the standpoint
15 of what he said, probable --

16 Q Well you said --

17 MR. WALTERS: Let him ask the
18 question?

19 MR. LENSON: No, no, no. Hold
20 on. Are you saying anywhere or are you talking
21 about his diagnosis?

22 Q Let be clear. Let me be clear.

23 We know now, as I think I'm understanding
24 this, that you had an interim --

25 MR. LENSON: Opinion.

1 Q Well, you'll also fill in a blank, won't you?

2 A If there is a fill-in, but in this case I
3 remember there was no fill in the blanks.

4 Q You remember there was no fill in the blanks.

5 MR. PESKIN: Okay. I have no
6 other questions.

7 MR. LENSON: Gentlemen, ladies?

8 No. Tell the court report you'll read your
9 transcript.

10 THE WITNESS: Pardon me?

11 MR. LENSON: Tell the court
12 reporter you'll read your transcript.

13 THE WITNESS: I'll read my
14 transcript.

15 VIDEO TECHNICIAN: We're off the
16 record at 2:21.

17

18

19

20

21

22

23

24

25

THE STATE OF OHIO,) SS:
COUNTY OF CUYAHOGA.)

I, Darlene Vance, a Notary Public within
and for the State of Ohio, duly commissioned and
qualified, do hereby certify that KANALYALAL PATEL,
M.D., was first duly sworn to testify the truth,
the whole truth and nothing but the truth in the
cause aforesaid; that the testimony then given by
him was by me reduced to stenotypy in the presence
of said witness, afterwards transcribed on a
computer/printer, and that the foregoing is a true
and correct transcript of the testimony so given by
him as aforesaid.

I do further certify that this deposition was
taken at the time and place in the foregoing
caption specified. I do further certify that I am
not a relative, counsel or attorney of either
party, or otherwise interested in the event of this
action.

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed my seal of office at Cleveland,
Ohio, on this 9th day of February 2005.

Darlene Vance, Notary Public
within and for the State of Ohio
My Commission expires March 25, 2007.

1 Q -- an interim transcription of whatever you
2 dictated under the gross description before you
3 completed the final diagnosis section of this?

4 A That's correct.

5 Q Okay. As you sit here today, can you say with
6 certainty that you did not make any changes --

7 MR. LENSON: Are you -- Doctor,
8 you've got to wait until he finishes the
9 question.

10 Q -- in Section B of the gross description of this
11 report?

12 A In Section B of the gross description, I did not
13 make any changes.

14 Q How do you know that?

15 A Pardon me?

16 Q How do you know that?

17 A We don't make changes on frozen section report.

18 Q Well, what if the transcriptionist wrote the
19 frozen section diagnosis is quote blank
20 bronchial alveolar adenocarcinoma, she didn't
21 hear the word probable?

22 A Well, as far as I recall, no changes were made.
23 But if there's a spelling error -- if there's a
24 spelling error, that's the only time I would
25 make a change.

THE STATE OF _____)
COUNTY OF _____) SS:

Before me, a Notary Public in and for said state and county, personally appeared the above-named KANALYALAL PATEL, M.D., who acknowledged that he did sign the foregoing transcript and that the same is a true and correct transcript of the testimony so given.

IN TESTIMONY WHEREOF, I have hereunto affixed my name and official seal at _____ this _____ day of _____, 2005.

KANALYALAL PATEL, M.D.

Notary Public

My Commission expires: _____

DV

\$	2:5 67:19 70:20	9th	16 56:23 57:16 63:2 64:16 64:25 65:22 95:21
\$400	3	2:9 100:22	Ahead
10:4	3	A	12:17 41:24 48:20 49:10
,	3:13 23:3 23:6 30:21 75:4	A.m.	Al
'necrotic	30	1:20 4:2	1:8
38:1	54:6	Abdominal	Alone
0	30th	83:17	8:11
0.4	12:18 20:12 21:10 33:3 86:1 86:3	Ability	Alveolar
28:7 41:20	3600	86:11	51:5 51:10 57:25 58:2 59:14 59: 20 69:10 98:20
03-1377	2:21	Able	American
23:11	3:54	18:25 20:9 48:25 49:2 57:22 58:8 58:19 60:11 77:1	9:23 10:14 10:17 10:24 75:22 76: 4 76:5 76:10
1	54:6 54:14	Above-named	Amount
1	3rd	101:6	77:18
3:11 5:10 5:13	67:19 68:12 70:20 70:20	Abscess	Analysis
10:00	4	72:16	15:6 18:8 18:10 19:12 20:6 21:21 22:1 33:20 33:21 34:7 34:12
91:15 91:18	4	Academy	Analyzed
10:19	3:4 3:14 29:24 30:1 30:2 39:25	10:17	22:6
1:20 4:2	53:2	Accent	Analyzing
11:51	44113	64:14 65:15 65:15 94:11 96:22	34:16
73:10	2:5	97:2	Answer
11:54	44114	Access	4:20 9:8 9:10 9:18 29:4 36:9 48: 19 67:16
73:13	2:9 2:18 2:22	12:6 21:25	Answered
13	44122	Accession	78:23
3:12	2:14	24:17 30:6 79:24 91:13 91:17 91: 20	Anticipate
1300	4th	Accurate	78:5 78:6 78:16
1:19 2:9	67:12 68:13 68:18 86:8 86:10 86: 11	5:17 5:18 45:19 68:20	Apart
1301	5	Acknowledged	15:8 15:9 69:18
2:22	5	101:7	Apologize
1400	3:11	Action	35:2 85:4 88:5
2:17	5-28-03	100:19	Appear
15	14:4 16:4 16:7	Actions	27:10
54:12	5-29	7:10	APPEARANCES
15:54	17:1	Actual	2:1
54:7 54:13	5-30	62:22	Appeared
1660	17:3	Addition	101:5
2:5	5-30-03	58:5 59:24	Appropriate
1982	35:24 36:2 37:15	Additional	33:3
6:8 6:9 6:10	5-30-2003	51:19 51:21 51:24 52:1 52:3 52: 11 52:20 58:12 58:16 60:14 77:9	Area
1992	16:22	Address	62:11 85:21
6:21	6	11:14	Arrived
2	6-4	Adenocarcinoma	13:2 35:10 51:15
2	36:10	51:6 51:7 51:11 58:4 62:25 63:20	Arriving
3:12 13:4 13:7 26:10 75:4 79:9	6-4-03	63:25 64:1 98:20	93:1
79:9 85:6	36:4 36:6	Adequate	Aspiration
20	600	76:24	18:16 19:3
37:4 46:22	2:13	Admitted	Assembling
2003	660	44:1	91:7
12:19 14:5 15:7 32:10 33:3 67:12	2:5	Adopted	Assess
74:25 95:17	68	96:8	62:18
2005	61:23 61:23	Adults	Associated
1:11 100:22 101:13	69	82:21	57:14
2007	61:23	Advance	Associations
100:25	7	12:2 12:10 20:14 21:3 78:7	10:5
23	74	Affiliated	Assume
3:13	3:5	6:7	16:10 19:4 19:8 53:25 54:24 55:4 55:7 56:12 64:11 69:1 82:11 85:6 90:1
23240	8	Affixed	Assumed
2:13	81	100:21 101:11	52:16
25	3:6	Aforesaid	Assuming
37:4 46:22 100:25	88	100:8 100:13	82:24 85:24
28th	3:7	Afternoon	Assumption
14:5 15:7 19:25	89	90:8 90:13 90:16 90:25 91:1 91: 23	65:19
29	3:8	Afterwards	Assurance
1:11 3:14 16:18	9	100:10	7:18 7:19 8:23 8:24 9:1
2:00	900	Age	Attend
91:16 91:20	2:9	4:4	74:11
2:21		Agree	
99:16		29:16 43:15 46:12 47:7 47:13 47:	
2nd			

Attended 74:10 74:13 Attorney 100:17 Atypical 57:25 58:2 58:6 59:14 59:16 59:19 60:16 Avoid 5:5 Aware 19:25 20:24 44:19 63:15 Azygos 62:14	15:17 25:18 25:19 42:2 Blocks 25:14 25:16 26:21 27:12 Blood 15:18 15:25 25:4 Board 75:25 76:2 76:4 76:5 76:10 Body 76:2 Book 11:15 31:18 31:19 32:7 32:7 32:9 32:16 33:9 33:9 78:24 79:3 79:3 Borderline 47:22 48:6 Bottom 23:21 37:12 75:5 Boulevard 2:13 Brant 2:20 88:23 Breast 24:24 25:16 Bring 53:20 Bronchial 15:19 15:24 18:11 23:13 34:8 35:7 42:19 42:23 43:11 51:4 51:10 57:14 58:4 59:20 69:10 98:20 Bronchoscope 19:1 Bronchoscopy 13:25 14:6 14:25 15:7 16:5 20:7 21:17 Bronchus 35:1 62:19 Brought 11:10 11:13 31:17 31:22 32:19 53:22 88:10 Brushing 15:23 BS03-1377 30:6 Building 2:17 Busy 52:7	59:15 69:24 Case 1:6 6:22 6:23 7:7 9:4 9:14 9:20 11:23 22:11 24:8 24:14 24:15 25:15 29:13 34:12 47:10 48:7 49:15 50:1 52:19 52:23 56:11 63:11 70:10 72:1 73:19 73:22 73:23 73:24 74:1 74:9 74:15 77:6 79:4 81:25 81:25 83:16 87:21 90:22 90:24 91:14 93:12 94:6 96:8 99:2 Cases 47:23 48:4 90:2 Cava 62:14 Cell 15:17 Cells 15:19 15:24 57:25 58:2 58:6 59:14 59:16 59:19 60:16 Cellular 15:18 Center 6:12 23:18 74:24 Centimeter 41:20 Centimeters 28:7 40:1 41:15 67:22 Central 43:13 Certain 65:1 65:3 66:16 69:14 70:5 Certainly 44:18 81:19 82:1 Certainty 47:2 97:9 98:6 Certification 76:8 Certified 4:7 75:25 76:10 Certify 100:5 100:14 100:16 Certifying 76:2 Cervical 6:23 Cetera 25:20 87:12 88:13 91:22 Chagrin 2:13 Change 57:2 73:8 93:25 93:25 98:25 Changed 46:23 Changes 86:15 93:21 96:16 97:5 97:10 98:6 98:13 98:17 98:22 Chart 61:12 86:23 Check 86:9 Choice 64:24 84:17 Choices 83:4 Choose 46:13 Chose 83:5 Chronological 22:21 Circular 68:6 71:5	Circumstances 45:9 City 94:25 95:2 Civil 1:15 4:5 Clamped 62:19 Clear 16:2 17:16 26:3 28:20 33:8 33:24 47:22 48:23 66:3 72:5 92:11 96:20 97:22 97:22 Clear-cut 47:22 Clearly 13:11 66:12 Cleveland 1:19 2:5 2:9 2:18 2:22 100:21 Clinical 10:18 15:25 18:13 18:15 34:15 55:14 83:20 Clock 53:21 54:20 Close 11:18 52:24 70:14 83:14 83:21 Co 35:18 60:18 60:21 Co-exist 35:18 60:18 60:21 Coffee 70:13 70:24 71:10 90:10 Collapsed 55:20 55:23 College 9:22 10:14 10:23 75:22 Colon 62:3 Colored 75:5 Combines 36:12 Comfortable 77:18 Coming 44:13 78:5 Commencing 1:20 Comment 15:25 18:13 Commission 100:25 101:20 Commissioned 100:4 Committee 9:2 COMMON 1:3 Communicate 65:2 66:15 82:22 82:24 Communicated 65:21 66:12 66:21 Communicating 64:19 65:12 Compare 8:6 Complaint 6:24 74:3 Complete 36:19 Completed 26:19 98:3 Completely
B			
Barrett 2:13 Based 20:10 45:15 48:9 49:4 51:22 55:13 56:3 69:25 83:14 Basement 88:7 88:14 Basis 87:13 Beachwood 2:14 Bearing 78:9 78:12 Becker 2:4 Bedford 6:8 6:12 7:13 8:12 11:7 23:18 37:4 74:24 87:5 Behalf 2:3 2:7 2:11 2:15 2:19 75:16 84:18 Belong 10:8 Belongs 30:5 Benefit 13:14 Benign 15:19 15:24 Berne 1:19 2:8 Best 6:19 11:3 50:10 67:18 70:17 70:23 Better 62:18 66:15 66:18 Between 7:24 9:3 28:21 28:22 55:1 Big 67:20 68:1 69:19 Billing 25:25 75:14 75:16 Biopsies 19:3 Biopsy 12:9 15:11 18:17 18:23 18:25 19:10 20:15 23:16 24:24 25:16 45:3 57:11 57:13 60:17 62:22 Bit 69:16 Black 31:19 78:24 79:3 Blank 62:10 98:19 99:1 Blanks 94:10 94:11 99:3 99:4 Block	Canary 23:25 75:11 75:13 Cancer 6:24 44:23 45:6 45:12 47:4 47:5 47:13 47:15 47:15 49:4 56:2 57:20 60:23 60:24 68:1 68:12 69:14 69:16 69:18 69:18 69:22 70:1 70:3 71:1 71:12 71:16 72:8 72:10 72:12 72:21 74:17 82:4 Cancerous 69:22 Cannot 16:18 47:18 53:14 61:3 69:14 83:18 Capability 46:13 46:16 Caption 100:16 Carcinoma 69:10 69:11 Carcinomas 35:14 Career 69:1 Careful		
C			
	Canary 23:25 75:11 75:13 Cancer 6:24 44:23 45:6 45:12 47:4 47:5 47:13 47:15 47:15 49:4 56:2 57:20 60:23 60:24 68:1 68:12 69:14 69:16 69:18 69:18 69:22 70:1 70:3 71:1 71:12 71:16 72:8 72:10 72:12 72:21 74:17 82:4 Cancerous 69:22 Cannot 16:18 47:18 53:14 61:3 69:14 83:18 Capability 46:13 46:16 Caption 100:16 Carcinoma 69:10 69:11 Carcinomas 35:14 Career 69:1 Careful		

42:4	20:8 20:11 20:15 21:12 21:13 21:18 22:14 22:16 23:19 23:20 24:1	D	Diagnoses
Complication	24:2 24:5 24:6 24:7 26:6 26:7 26:13 27:5 30:10 30:11 30:16 31:1	Daily	7:22 7:23 45:20
55:23	32:15 32:18 34:22 36:3 36:5 36:14 36:16 36:19 39:11 39:15 39:16 40:6 40:10 40:11 44:17 44:20	Danger	Diagnosis
Computer	44:21 45:16 46:10 46:11 47:2 47:3 47:6 47:25 48:1 48:2 49:1 56:16 63:1 63:7 63:21 64:10 68:21	64:20 65:13	8:6 9:4 20:10 34:25 35:10 37:3
26:21	68:22 68:25 71:14 75:8 75:12 75:15 75:23 76:14 77:13 77:14 77:15 78:25 79:6 79:7 79:14 79:15	Dark	38:1 40:22 41:23 43:6 43:10 43:14 43:15 43:16 43:17 43:21 45:10 45:16 46:15 47:1 47:1 47:12
Concern	79:22 80:4 81:2 81:9 81:23 82:4 82:9 82:10 82:23 84:10 85:9 86:1 86:2 86:14 86:15 86:16 86:17 86:23 86:24 87:5 87:6 89:15 89:16 89:22 89:24 90:3 90:16 90:16 92:3 92:6 93:12 93:19 93:20 93:21 93:22 93:22 94:1 94:2 94:12 97:8 98:4 100:12 101:8	40:19	48:25 51:4 51:8 51:17 56:4 56:21 56:24 56:25 57:3 57:11 58:13 58:13 58:20 58:21 59:7 59:17 60:15 60:25 65:1 65:6 65:8 65:9 66:8 68:20 69:24 71:11 77:2 82:8 83:18 83:19 86:6 86:12 91:25 92:24 93:2 93:3 93:18 95:8 97:21 98:3 98:19
20:2 44:22 56:1	Correction	Darlene	Diagnostic
Concerned	16:11	1:16 100:3 100:24	8:22
4:22 6:23 55:11 56:13 56:14 67:8	Corrections	Data	Dictaphone
Concerning	86:15 86:21 94:19 94:21	25:7	79:20
12:20	Correctly	Date	Dictate
Concerns	26:8 88:15	1:20 5:18 14:3 14:4 16:3 16:4 16:7 16:9 16:19 16:21 16:22 35:24 36:2 36:4 36:6 36:10 36:10 57:9 67:14 70:18 70:19 96:13	17:11 17:14 17:18 25:2 25:5 25:10 26:18 37:6 37:7 39:4 39:18 39:23 40:17 41:10 41:10 41:16 41:18 41:19 41:20 41:22 42:8 42:11 42:24 46:19 80:25 81:3 85:1 85:2 85:17 85:18 86:12 90:22 90:24 91:22 93:2
45:4 45:7 67:9 76:18	Correlation	Day-to-day	Dictated
Concluded	16:1	67:5	16:23 17:1 19:16 36:6 36:22 39:19 39:25 40:3 40:6 40:24 42:6 42:19 79:12 79:13 79:20 80:8 85:7 85:24 85:25 86:2 86:7 89:17 90:12 91:19 98:2
57:19	Correspond	Days	Dictating
Conclusion	56:24	21:16 55:13 57:9 68:9 68:13 70:2 70:21 92:3	40:15 42:14 42:15 89:14 90:2 90:7 90:18 93:17
19:15 57:23	Corresponds	De	Dictation
Concordance	25:9	74:2	24:21 25:12 26:5 26:17 26:18 37:19 38:2 46:20 85:14 85:22 86:13 90:21 91:7 93:11 97:3
8:22	Corroborate	Deal	Dictations
Conditions	32:16	87:13	85:11
35:13 35:17 60:18 60:21 72:15	Counsel	Decide	Different
Conduct	13:14 27:1 61:12 100:17	52:20 83:21 84:14	30:24 63:5 69:2 75:5 80:9 85:7 90:19 91:8 94:6
8:16	Country	Decided	Differential
Conducted	64:3 64:6	52:18	45:1
20:5	County	Decides	Difficult
Conference	1:1 100:1 101:2 101:5	84:16	67:16
74:10 74:16	Couple	Decision	Difficulty
Conferences	7:5 26:1 26:23 26:23 90:14	48:2 48:11	51:12
5:22 74:12	Courier	Decisions	Direct
Confirm	11:11 22:12	45:14	38:7 38:8
31:12	Court	Defendant	Directly
Confused	1:3 99:8 99:11	2:7 2:11 2:15 2:19 6:14 7:10	16:13 50:16
4:25 41:6 89:9	Criticisms	Defendants	Director
Connection	76:18 88:24 89:1	1:9	6:11
89:18	Cup	Deferred	Dirty
Consequences	70:13 70:24 71:10	65:8	24:20 24:22 25:1
45:22	Curettages	Definitive	Discarded
Consideration	24:24	20:10 48:25 82:8	26:2 26:24
82:3	Curriculum	Definitively	Discordance
Consistent	5:15	51:18	7:24
35:10 35:12	Cut	Denhom	Discrepancy
Container	43:25 47:22 62:21 65:14 77:5 77:7 77:8 77:8 87:11 88:9	2:19 14:1 73:25 74:2 88:23 88:25 13:18	8:7 8:22 9:3
11:13 11:14 25:8	Cuts	Denhom's	Discussed
Contemporaneous	61:2 71:4	13:18	74:18
46:4 95:25	Cutting	Department	Discussion
Contemporaneously	85:15 85:21 90:7	6:11 7:21 7:22 17:5 24:12 74:11 85:1 85:12 85:23 87:1 87:7 90:17	9:20 15:22 73:18 74:9 74:15 83:15 91:14 91:18
95:7	Cuttings	Deposition	Discussions
Control	88:13	1:10 1:13 3:1 4:14 4:15 5:14 6:3 7:6 63:9 63:14 100:14	73:24 77:24
32:8	Cuyahoga	Describe	Dismissed
Conversation	1:1 100:1	11:5 40:17	7:2
71:9 73:14 88:16	CV	Description	
Conversations	5:23	18:5 25:11 37:21 39:20 40:2 40:14 40:18 42:9 42:24 43:17 43:23 79:12 86:5 90:11 92:9 92:19 92:20 93:6 93:11 93:19 93:24 94:5 94:24 97:13 98:2 98:10 98:12	
71:25 73:17	CV-04-528736	Designated	
Conveyed	1:6	8:21	
59:23	Cytology	Determination	
Copied	14:9 15:1 15:11 15:13 15:15 16:12 17:6 18:12 19:14 19:18 20:5	39:9	
33:4		Determined	
Copies		68:11 68:19	
24:19 26:13 75:5			
Copy			
5:14 13:16 13:22 13:24 14:16 23:25 23:25 24:1 24:20 24:20 24:21 24:22 25:3 25:12 25:13 25:18 25:21 25:22 25:24 25:25 26:3 26:4 26:12 26:17 26:19 26:21 26:24 27:2 27:6 27:7 35:20 54:9 61:12 61:17 61:18 75:11 75:14 94:22			
Corporation			
75:2 75:19			
Correct			
5:8 5:15 5:16 14:23 15:3 15:4 16:5 16:6 18:7 19:21 20:3 20:4 20:7			

<div>Disregard 60:19 DLK 37:13 Doctor 9:11 13:9 14:15 18:3 27:17 27:25 54:4 54:5 56:6 74:23 81:6 81:12 81:13 84:23 84:25 87:1 88:22 98: 7 Document 13:7 23:9 23:10 31:12 93:10 94:4 94:18 94:20 Documentation 15:6 46:3 Documents 53:13 53:17 53:19 54:17 Done 17:4 21:14 25:10 25:12 32:12 34: 12 37:5 57:6 68:11 72:9 72:12 72: 14 72:14 85:14 88:6 88:11 88:13 91:8 Down 11:10 11:23 17:8 21:9 21:10 21: 11 24:3 24:15 26:9 27:20 30:24 31:17 31:22 37:5 39:4 39:17 40: 16 41:17 42:7 44:14 52:17 53:6 53:8 53:11 53:13 53:23 67:1 78: 14 78:19 85:17 90:8 91:11 95:12 95:19 96:13 96:13 96:14 96:25 Dr 2:7 2:15 2:19 4:13 6:4 9:22 13:18 14:1 33:19 34:7 34:9 34:11 38:5 38:9 38:14 38:21 38:23 38:25 38: 25 39:12 44:15 50:4 50:7 50:11 50:13 50:17 51:17 52:18 56:18 58:3 58:19 59:23 61:6 63:9 63:15 63:22 64:3 64:11 64:12 65:15 65: 23 70:12 71:10 72:1 73:3 73:15 73:18 73:25 80:17 81:2 81:8 81: 16 82:7 82:11 83:8 83:10 87:24 88:23 88:25 Drinking 90:10 Dues 10:3 10:5 Duly 4:6 100:4 100:6 During 36:13 50:4 52:22 68:9 71:9 74:9 80:13 87:17 DV 101:25</div>	<div>Engage 95:22 English 64:8 64:14 64:18 Enlarged 55:21 Enter 26:20 42:23 Entered 42:22 43:2 Entire 6:10 21:19 21:23 21:24 68:24 73: 1 Epithelial 15:19 15:24 Erievew 2:21 Error 98:23 98:24 Errors 94:9 94:12 94:16 Especially 69:9 Esq 2:4 2:8 2:12 2:16 2:20 Essentially 4:19 15:16 15:23 34:23 43:16 Established 85:8 Et 1:8 25:20 87:11 88:13 91:21 Evaluation 18:16 20:6 70:1 Event 100:18 Exact 14:16 16:19 57:9 Exactly 39:19 39:23 51:8 55:18 57:6 63: 18 96:2 Examination 1:14 3:3 4:5 4:9 Examine 70:2 70:4 Examined 4:7 42:5 Examining 24:23 46:5 Example 12:8 24:24 25:15 48:12 72:15 72: 19 Except 19:5 78:13 Exclude 59:16 Exhibit 3:10 5:10 5:13 13:4 13:7 13:16 23:3 23:6 26:10 29:24 30:2 30:21 53:2 Exhibits 20:17 43:1 75:4 Exist 35:18 60:18 60:21 Existed 93:9 Exists 23:22 Expect 35:15 Expectation 51:20 51:22 51:25 Expected</div>	<div>52:10 Expensive 10:1 10:2 10:5 Experience 34:16 48:9 55:15 97:2 Expert 7:3 Expires 100:25 101:20 Explain 4:18 28:25 36:20 38:12 Explained 69:19 Explaining 27:15 Explanation 31:6 31:10 Exploration 83:17 Exposure 62:18 Extent 48:23 81:22 Extra 89:19</div>	<div>Findings 17:19 19:17 Fine 14:17 27:17 33:6 84:24 Finishes 98:8 First 4:6 15:13 15:14 18:4 23:6 23:13 28:24 29:9 34:3 35:23 36:1 41:11 42:13 43:5 56:20 58:20 61:8 64:8 64:18 67:16 79:13 91:24 92:4 92: 24 100:6 Five 25:17 70:6 Floor 11:24 38:18 88:3 88:8 Fly 89:13 Follow 11:1 32:20 32:22 32:24 62:16 Followed 19:13 89:17 Following 14:7 16:17 44:2 44:4 44:5 44:7 44:9 57:4 57:7 58:14 59:2 83:24 89:6 Follows 4:8 Forbes 2:13 Foregoing 100:11 100:15 101:7 Forgive 41:6 89:9 Form 13:24 23:7 23:19 23:19 23:22 24: 3 24:11 24:13 27:7 29:1 29:21 30: 3 30:12 30:17 31:2 31:7 46:9 46: 14 53:5 55:5 75:5 80:5 95:14 Forms 13:15 75:3 Forth 1:21 Four 25:17 28:17 41:15 77:7 Friday 57:7 Front 14:22 21:20 22:2 27:2 46:9 53:13 61:17 61:18 92:16 92:20 93:5 Frozen 7:15 7:22 8:5 9:3 11:4 11:8 11:22 11:25 12:3 12:12 12:13 12:20 12: 24 13:1 21:1 21:4 21:11 21:20 22: 3 22:15 23:14 24:15 28:8 28:9 28: 18 34:25 35:4 36:13 36:21 36:22 37:3 37:5 37:8 37:10 37:24 37:25 38:13 39:5 40:7 40:17 40:22 40: 22 41:16 41:21 41:22 42:6 42:14 42:15 42:20 43:11 43:23 43:25 44:6 46:6 46:15 48:3 48:8 49:17 50:13 51:3 52:8 55:17 56:4 56:24 57:4 57:12 57:24 58:1 58:9 58:10 58:23 59:4 59:7 61:3 63:4 63:12 67:3 68:19 68:20 71:11 71:13 71: 14 71:18 76:15 76:19 76:20 76: 22 77:6 77:23 78:4 78:5 78:8 78: 16 78:21 79:17 80:20 81:18 82:1 84:20 87:25 88:2 88:6 90:5 92:18 95:8 98:17 98:19 FS 12:12 12:13 21:3 21:7 23:17 78:3 FS-1 42:1</div>
F			
<div>Facility 8:2 87:5 Fact 11:9 60:14 Fair 20:9 45:3 53:25 54:24 55:4 60:10 64:9 90:1 94:3 Familiar 10:22 34:15 Far 9:19 29:20 50:9 54:20 89:12 98: 22 Farchione 2:21 Feasible 19:9 February 100:22 Felt 77:17 Few 55:1 81:14 81:17 89:5 Figure 83:20 File 21:20 21:23 21:24 94:22 Filed 26:1 26:22 61:15 74:3 Fill 99:1 99:2 99:3 99:4 Fill-in 99:2 Filled 30:17 31:4 62:11 Film 18:15 Final 7:23 8:6 9:5 17:14 36:17 41:12 43:6 43:10 43:21 53:4 56:21 56: 23 57:10 58:13 63:5 67:10 70:9 86:6 86:12 86:22 91:24 92:4 92:7 92:12 92:23 93:2 93:3 93:17 94:1 97:11 98:3 Finalized 36:10 86:8 86:19 86:20 92:13</div>			
E			
<div>Ear 81:8 Early 91:1 91:12 Easier 91:4 East 1:19 2:9 2:22 Effect 39:14 Either 11:10 47:14 54:22 57:8 65:22 66: 6 66:25 69:17 80:19 80:23 91:11 91:12 95:8 100:17 Employer 75:1 End 8:3 Endeavor 11:1</div>			

Full 4:11 36:17	10:22 11:2	Hospitals 1:7 2:11	Interpretation 14:11 15:15 77:19 78:21
Fungi 68:10 68:14 68:16	H	Hours 54:2 90:14 90:15	Intraoperatively 60:3
G	Half 28:8	Hunt 78:14 78:18	Involved 8:14 62:14 62:15 63:11
General 8:25 24:13 72:9	Hand 5:12 100:21	I	Issue 96:5
Generally 24:9 24:10 50:25	Handed 13:14 55:5	Identified 75:4	Issued 70:9
Generated 15:1 15:5 15:10 92:12	Hands 46:8	Identify 13:7 23:9 25:5 30:4	Item 39:19
Generation 89:10	Handwriting 95:9	Ignored 84:6	J
Gentlemen 99:7	Handwritten 17:21 19:22 19:23	Imagine 31:21 54:16	JANUARY 1:11
Gestures 5:6	Hang 39:3 82:16 82:17 82:20 83:3	Immediately 17:11	Jones 38:21
Ghumrawi 2:15 6:4 33:19 34:7 34:9 38:5 38: 9 38:14 39:12 44:15 50:4 50:7 50: 11 50:13 50:17 51:17 52:18 58:3 59:23 63:15 63:22 64:11 64:12 65:15 65:23 70:12 71:10 72:1 73: 3 73:15 73:18 80:17 81:2 81:16 82:7 82:11 83:8 83:10 87:24	Happy 72:7 72:7	Important 4:21 5:3 41:8 45:14 45:18	Joyce 1:4 4:14 12:18 14:5 20:1 20:14 21:6 21:15 22:1 23:10 30:5 55:6 67:15 70:10 71:1 72:25 81:25
Ghumrawi's 61:6 63:9 64:3 81:8	Hard 69:15	Impression 55:14 83:14	Judging 52:25
Girl 87:17 87:18	Head 5:6	Impressions 36:12	Judgment 17:17
Given 18:13 20:14 25:13 25:15 25:24 39:3 46:18 47:10 48:7 49:5 52:19 90:5 97:1 100:8 100:12 101:9	Health 1:8 2:11	Inaccurate 93:23	June 67:12 74:25
Gloves 24:25 24:25 25:4	Hear 46:25 47:1 47:4 65:23 96:23 98: 21	Inc 75:2	Jurisdiction 33:8
Gold 69:17	Heard 6:5 66:1	Incident 87:17	K
Gotcha 33:10 86:6	Held 15:22 81:8	Include 43:21	Kanalyalal 1:10 1:13 3:1 4:3 4:9 4:12 75:2 100:5 101:6 101:16
Granuloma 34:10 34:22 35:19 38:3 39:10 39: 14 39:21 40:4 40:7 41:23 41:25 57:14 58:5 58:8 58:21 58:24 59:2 59:11 59:13 59:19 59:22 59:25 60:12 60:19 60:24 67:23 71:2 71: 3	Help 23:5	Included 9:5	Keep 19:22 19:23
Granuloma' 38:1	Helpful 22:18	Inconclusive 55:17 56:4	Kept 32:5
Granulomas 35:15 68:15 68:16 68:17	Helps 54:5 54:6	Incorporated 93:25	Kevin 2:12 54:4 74:23
Granulomatous 34:20 34:23 43:12	Hereby 100:5	Incorporation 75:17	Kind 18:21 31:18 84:7
Gross 18:4 24:21 24:23 25:2 25:10 26: 17 27:22 37:18 37:21 39:19 40:2 40:6 40:14 40:18 42:8 42:24 43:5 43:17 43:22 79:12 85:15 85:21 86:5 88:12 89:14 90:7 90:11 90: 24 92:9 92:19 92:20 93:6 93:11 93:19 93:24 94:5 94:9 94:14 94: 23 97:13 98:2 98:10 98:12	Hereinafter 4:7	Index 3:1 49:7 59:12	Knowing 19:3 53:18 82:11
Grossly 68:24 69:6 69:12 69:14	Hereunto 100:20 101:10	India 64:7	Knowledge 12:17 19:9 19:11 21:4 77:22 84: 19 87:23 88:16
Ground 11:24 38:17 88:3 88:8	Hint 49:12	Indicate 54:14 54:18 74:7 75:4	Knows 80:2
Groups 10:20	Histiocytes 15:20	Indicates 23:21 29:1 31:8	L
Guess 58:18 60:9 83:4 84:23 84:24	Histo 60:24	Indication 65:20	Lab 27:3 78:25 79:3 88:7 88:14
Guessing 84:22	Histology 11:17 11:19 85:19 88:6 88:14	Indications 61:25	Label 11:13
Guidelines	Histoplasma 61:4	Inflamed 18:10	Laboratory 7:13 11:10 11:16 11:18 11:25 13: 2 21:11 26:1 26:22 31:17 31:19 31:25 39:4 53:22 67:1 85:14 85: 19 85:19
	Histoplasmosis 34:13 34:17 34:21 35:11 35:12 60:23 60:25	Inflammation 18:22 43:13	Laboratory's 13:12
	History 18:20 19:6 19:6 93:8	Information 18:13 43:22 44:19 46:18 49:4 81: 20 92:1 92:2	Ladies 99:7
	Histotechnologists 87:11	Initial 59:7 63:13 67:19 67:22 68:19 69: 25 70:25 71:13 71:15	Language 64:9 64:18
	Hold 97:19	Inquired 32:1	Languages 94:17
	Holding 81:9	Interested 100:18	Lapse 28:21
	Honest 22:7	Interim 92:11 97:24 98:1	Larger 71:5
	Hospital 8:25 9:14 20:2 31:23 32:9 32:24 73:21 78:15	International 10:17	
	Hospital's 33:9	Interpret 77:2 78:11	

CADY REPORTING SERVICES, INC.

1:19 2:22 Nobody 94:25 95:2 Node 22:17 23:13 27:20 33:20 34:8 35:1 1 35:5 35:6 35:7 36:15 37:22 39:8 41:11 42:18 42:20 42:23 43:11 44:18 55:21 Nodes 30:9 35:16 43:12 55:7 56:12 Nodular 68:7 Nodule 28:6 39:25 40:19 41:15 41:20 Non-functioning 55:20 55:23 72:16 None 10:11 Nonspecific 35:19 Norchi 2:12 2:13 3:5 9:9 9:16 13:18 33:11 50:22 64:22 74:21 74:22 74:23 81:11 85:8 96:10 Normal 18:21 Normally 77:5 78:12 87:2 88:1 Notary 1:17 100:3 100:24 101:4 101:19 Notation 26:11 26:15 27:12 27:13 46:14 Notations 27:10 Note 61:19 96:12 Notes 17:7 17:21 19:22 19:24 Nothing 46:23 67:4 96:20 100:7 Notice 12:2 20:14 Noticed 6:3 60:6 Nowhere 44:25 Number 13:12 23:11 24:17 25:5 25:14 25:14 25:19 26:20 42:1 61:21 79:24 79:25 91:4 91:11 91:13 91:17 91:20 91:21 Nurse 11:11 22:12 32:19	11 88:12 89:22 90:9 100:21 Offices 1:18 Official 101:11 Often 25:4 Ohio 1:1 1:15 1:18 1:20 2:5 2:9 2:14 2:18 2:22 4:5 100:1 100:4 100:22 100:24 Once 6:18 29:3 94:20 One 9:5 12:23 13:13 13:14 13:17 17:10 23:12 23:13 25:17 25:19 26:10 27:11 30:3 30:19 34:18 39:8 43:1 45:4 45:7 49:24 54:10 54:11 57:8 60:17 68:13 70:20 87:17 88:22 90:22 90:23 91:4 91:10 91:13 91:15 91:16 91:18 93:7 93:13 93:14 94:6 One-half 40:21 Op 61:19 62:2 62:4 Op/post 62:2 62:4 Open 12:9 20:15 45:2 Operable 52:24 Operating 11:6 33:19 34:1 38:19 39:13 44:14 44:16 46:7 46:25 49:16 52:2 63:17 Operation 50:5 62:2 62:5 68:11 Operative 54:22 61:6 61:9 61:14 63:3 63:19 Opinion 97:25 Opportunity 4:18 61:5 61:9 63:8 68:23 76:12 93:16 Opposed 65:3 Order 22:21 31:13 32:14 48:2 Organ 55:16 56:3 84:7 84:8 Organisms 61:4 Organizations 10:7 10:13 Organize 40:13 Origin 64:4 64:6 Original 58:9 58:10 94:20 Otherwise 78:15 87:3 100:18 Outcome 7:1 Outside 11:15 53:21 Overhead 11:21 Own 17:17 25:25 34:15 46:8	P P.m. 54:14 Page 3:3 3:10 11:21 28:4 33:3 35:23 36:1 37:13 43:5 56:20 79:9 85:6 91:24 92:4 92:23 92:24 Pap 6:24 6:25 Papers 5:21 74:5 Paragraph 40:23 62:8 Pardon 35:2 56:7 90:23 96:19 98:15 99:10 Parentheses 31:3 Part 5:23 6:6 Particular 16:20 44:9 50:1 52:23 59:17 Particularly 7:15 83:16 91:14 Parts 23:23 24:4 24:6 90:18 92:15 92:17 Party 100:18 Passage 54:1 Passed 55:1 79:16 Past 93:8 Patel 1:10 1:13 2:7 3:1 4:3 4:9 4:12 4:13 9:22 34:11 38:21 58:19 75:2 100:5 101:6 101:16 Path 23:11 25:5 30:6 Pathologist 8:11 45:10 66:8 75:11 81:19 82:25 87:4 87:10 95:18 Pathologists 8:9 9:23 10:13 10:14 10:24 75:23 76:3 76:10 86:25 95:3 95:5 Pathology 6:12 7:23 8:6 9:5 10:17 10:18 13:19 15:2 17:25 19:19 22:18 35:21 36:17 48:13 56:21 63:5 76:4 76:6 79:9 85:1 86:22 Patient 12:8 20:1 20:3 21:14 22:5 22:9 25:24 34:12 35:11 44:14 44:23 45:2 45:5 45:23 55:16 55:25 56:3 60:22 72:6 72:7 79:25 83:15 91:10 93:8 96:12 Patient's 45:11 47:12 48:12 79:24 Patients 12:2 20:24 34:17 34:21 35:14 Performed 13:25 16:5 18:24 Performing 18:25 Period 26:1 54:25 Periphery 68:2 Permanent 24:16 25:23 44:1 48:4 48:5 48:8	52:21 58:4 Permits 91:2 Person 11:14 53:22 87:9 Personally 63:23 101:5 Peskin 2:4 3:4 3:8 4:10 4:13 6:1 13:20 20:18 22:24 23:1 28:13 28:22 33:1 33:10 33:14 41:3 51:14 53:4 53:17 54:10 61:20 61:23 73:7 74:19 84:12 89:5 89:8 91:5 95:12 99:5 Phone 38:18 39:2 39:3 39:12 39:17 49:16 49:23 50:1 50:2 50:14 50:14 56:17 65:13 80:17 81:7 81:8 82:18 82:18 82:20 Physician 18:24 95:11 95:13 Physicians 64:17 Pick 38:18 39:7 39:12 56:17 Picked 50:2 Picking 90:1 Picks 49:25 Piece 28:9 37:24 41:21 42:3 42:5 44:6 44:8 47:11 Pieces 20:6 25:15 25:19 26:20 27:13 27:21 28:18 40:15 Pink 23:25 24:20 24:21 25:3 25:7 25:12 25:13 25:18 25:21 25:25 26:3 26:4 26:11 26:16 26:19 26:21 27:7 Place 58:20 77:23 100:15 Plain 18:15 Plaintiff 1:5 1:14 2:3 4:4 Plaintiffs 5:10 5:12 7:3 13:4 13:6 23:3 23:6 29:24 30:1 30:21 Planned 12:18 Planning 51:24 52:8 PLEAS 1:3 Pneumonia 55:22 69:13 69:13 Pneumonic 69:11 Point 19:9 22:11 31:11 40:9 41:15 52:3 56:17 71:20 77:17 90:2 93:9 Poling 2:20 3:7 9:17 88:21 88:23 89:3 Portion 38:2 63:13 69:21 69:23 Position 48:11 Possibility 18:23 64:23 66:2 69:20 94:7 Possible 12:13 12:13 48:7 96:23 96:23
---	---	--	--

Possibly 45:19 Practice 11:2 17:7 19:22 19:23 21:19 26: 16 43:21 46:3 46:19 46:23 50:19 51:1 51:2 55:19 95:7 96:8 Pre 62:2 62:4 Pre-op/post-op 62:2 62:4 Preliminary 69:24 71:7 Preparation 76:19 76:20 Preparations 76:22 Prepare 8:17 Prepared 9:6 16:23 76:25 92:1 92:7 Preparing 17:10 93:2 Presence 100:9 Present 6:4 8:23 Presentation 9:13 9:20 Presented 5:21 Prevent 55:22 Previous 86:13 Probable 51:4 58:3 63:24 97:15 98:21 Problems 88:24 Procedure 1:15 4:6 9:2 11:5 12:18 14:3 14:6 14:8 16:3 16:9 19:14 29:12 30:10 35:24 36:18 52:18 61:24 62:1 62: 3 62:5 62:7 95:18 95:22 96:17 Procedures 7:13 20:25 Proceed 52:10 Proceeding 49:9 Process 4:19 7:18 16:13 34:23 41:7 Processed 44:4 Professional 1:17 5:22 10:7 10:12 Progress 96:12 Prominent 36:23 Promulgated 10:23 Properly 76:25 78:11 Property 32:25 Provide 48:24 77:12 Provided 14:7 20:23 29:2 51:21 Prudent 65:2 Public	1:17 100:3 100:24 101:4 101:19 Publications 5:19 Punch 53:21 53:23 Punched 54:19 Purpose 47:11 Purposes 5:3 81:21 84:20 Pursuant 1:14 4:5 Put 39:17 43:22 68:3 68:5 68:8 80:2 86:22 90:17 Putting 71:4 Q Qualified 100:5 Quality 7:18 7:19 8:23 8:24 9:1 Questions 4:23 7:12 74:20 77:21 78:1 81:12 81:17 88:20 89:4 99:6 Quite 47:16 55:7 63:4 Quotations 38:3 Quote 38:7 38:8 41:23 51:4 98:19 R Radiologic 18:16 Ramone 56:18 Rather 46:20 Raw 94:23 Re 86:12 Re-look 86:12 Reach 18:25 57:23 Reached 19:15 Read 35:3 39:1 41:22 58:3 76:16 88:1 88:10 88:11 88:12 99:8 99:12 99: 13 Reading 90:9 Real 52:25 64:19 65:13 Realized 67:14 Really 22:7 76:23 80:24 Reason 4:23 Reasonable 18:22 82:12 Reasons 72:21 Receive 11:6 16:11 16:13 16:14 67:7 78: 10 78:10 97:3	Received 13:25 16:7 16:8 16:19 18:5 20:5 22:12 22:17 27:19 30:10 32:15 35:1 35:6 36:2 42:18 54:15 54:18 56:11 57:4 79:16 Receiving 14:24 20:25 28:22 55:2 55:2 Recess 41:2 73:11 Recollection 6:20 29:13 29:14 31:13 32:14 33: 18 50:3 50:6 50:10 63:16 Recommendation 18:19 Recommended 16:1 18:18 19:2 Record 4:2 5:4 6:1 6:6 14:19 14:21 15:21 15:22 25:23 28:19 33:7 33:23 35: 3 41:1 51:14 73:7 73:9 73:13 95: 7 95:23 95:25 96:17 99:16 Records 17:5 25:23 26:25 27:5 32:4 46:17 85:23 Reduced 100:9 Refer 33:24 79:24 Reference 96:16 Referral 18:11 Referring 28:11 Reflect 51:15 Regard 7:15 11:4 34:3 50:5 58:15 Regarding 79:4 87:25 Registered 1:16 Related 13:25 15:6 Relates 84:25 Relative 100:17 Relevance 96:6 Relying 45:9 81:20 Remaining 44:1 Remember 50:15 59:21 60:17 68:15 73:18 77:24 83:5 83:6 99:3 99:4 Reminger 2:17 2:17 Remove 52:12 Removed 73:1 Removing 48:12 Repeat 66:4 72:11 Rephrase 5:1 20:21 34:14 48:21 85:2 Report 8:5 8:17 8:20 8:20 8:21 9:5 14:12 14:15 14:16 14:22 15:2 15:2 15:	10 15:14 16:3 16:23 16:24 17:1 17:15 17:25 18:12 19:18 19:19 22:2 22:19 27:22 27:25 35:21 36: 7 36:11 36:12 36:19 36:20 36:22 37:1 37:6 37:8 37:9 38:21 39:1 39:2 39:3 39:5 40:3 40:6 40:10 40:14 41:12 41:16 43:6 46:20 48: 13 49:17 50:9 50:13 54:23 55:17 56:21 61:6 61:9 61:11 61:14 63:3 63:5 63:12 63:19 66:23 67:10 70: 9 71:7 79:10 80:25 81:4 81:5 82: 19 85:7 86:22 89:10 90:5 90:12 92:4 92:7 92:12 92:24 94:1 97:11 98:11 98:17 99:8 Reported 16:21 33:17 33:19 36:4 38:4 63:3 67:11 Reporter 1:17 99:12 Reporting 33:21 38:12 46:6 Reports 9:6 14:25 15:8 15:9 15:12 17:11 38:16 91:2 91:7 Represent 4:14 74:23 81:16 88:23 Represented 27:1 Represents 6:4 Request 84:4 84:5 Requested 68:9 Requisition 13:13 13:15 13:24 14:4 14:12 23: 7 23:19 25:7 25:9 26:10 27:7 27: 19 29:1 29:4 29:18 29:21 30:3 30: 5 31:2 31:7 46:9 46:14 46:17 46: 18 46:21 53:5 53:10 53:14 53:20 55:5 75:3 95:14 Requisitioned 11:8 Requisitions 54:21 Resect 52:12 55:16 56:3 Resected 72:4 Resection 72:14 72:25 Resections 55:19 55:24 72:9 72:12 72:23 Responded 78:2 Response 71:21 82:20 83:2 Responses 5:5 Responsibility 66:7 Responsible 31:23 Rest 42:2 42:4 44:3 70:2 Restate 5:1 Result 14:24 Results 33:17 33:20 38:13 63:4 Retain 94:22
---	---	---	---

Retained 32:4 Retrospect 61:1 65:5 66:15 Review 17:13 61:5 63:8 63:10 63:13 77:1 79:2 93:18 94:14 94:15 Reviewed 7:2 59:1 59:6 60:1 76:15 76:21 92:25 Reviewing 8:9 8:14 17:6 36:11 48:5 94:19 Reviews 8:10 8:17 Role 48:24 Room 33:19 34:1 39:13 44:15 46:7 46: 25 49:16 52:2 63:18 90:7 Rooms 11:6 Roughly 28:7 Rules 1:15 4:5	10 98:12 98:17 98:19 Sectioned 7:22 Sections 7:15 11:4 24:16 36:23 38:13 44:2 48:4 48:5 52:21 57:24 58:5 63:12 67:3 67:20 67:23 68:4 68:5 68:8 70:25 71:15 71:18 77:5 80:20 81: 18 82:2 88:6 88:8 Secure 33:2 See 7:23 13:9 13:11 13:11 13:12 14: 14 14:23 15:16 15:17 18:20 18: 21 24:18 27:9 27:22 30:12 32:9 34:9 34:20 34:22 35:8 35:15 35: 18 35:24 37:12 41:19 42:13 54:4 54:20 54:22 55:8 58:8 58:10 58: 24 59:18 59:19 59:25 60:11 60: 18 61:3 61:4 61:25 62:4 62:7 62: 10 62:15 62:19 62:24 67:2 69:17 70:1 71:5 71:6 75:9 80:24 83:13 88:1 90:22 Seeing 52:13 Seem 71:23 84:10 Segments 18:5 28:16 Send 33:13 33:14 33:15 52:9 52:21 65: 6 65:9 66:16 82:13 83:17 84:16 96:11 96:14 Sense 44:11 Sent 26:9 28:8 28:9 28:18 29:5 29:6 30:13 30:14 30:15 30:19 31:3 31: 8 31:14 33:4 37:24 40:21 41:21 61:12 82:2 84:7 Sentence 62:13 Separate 24:19 33:25 37:1 Separated 26:5 26:12 26:15 26:16 Sequence 42:17 Serious 45:22 Session 4:20 Set 1:21 40:15 59:14 100:20 Several 87:7 Sheet 26:10 79:8 Show 13:6 17:17 18:1 18:10 27:24 54:3 59:21 71:1 71:2 71:11 Showed 15:18 62:22 63:6 67:23 71:16 Showing 15:24 57:13 Shows 21:2 29:5 31:2 Sic 56:18 Side 13:13 60:17 Sign 101:7	Signed 36:10 86:24 Significant 54:25 Simply 84:6 Sit 12:16 21:5 22:4 67:4 80:16 98:5 Site 18:17 Sitting 26:4 46:24 80:13 Situation 21:10 83:7 83:10 84:3 Six 25:16 25:17 Size 19:5 Slide 43:20 43:24 47:21 59:3 60:2 60:7 76:21 76:22 Slides 7:2 16:14 16:16 16:19 17:6 17:12 17:13 17:17 36:11 38:16 48:5 59: 1 59:6 60:1 61:1 67:17 69:18 76: 13 76:15 76:16 88:12 89:25 90:9 92:25 Slight 18:21 Slip 27:3 27:4 Small 37:24 41:21 58:23 68:7 69:22 Smear 6:25 Smears 6:25 Smith 38:22 38:25 Society 10:18 Soft 69:15 Sole 87:4 Solid 69:15 71:8 Sometime 6:21 52:20 58:25 74:2 90:14 Sometimes 12:12 12:14 20:22 35:17 35:17 35:18 52:19 52:19 52:21 55:13 78:2 94:9 94:10 94:13 94:15 94: 16 97:7 Somewhat 10:3 Somewhere 29:5 29:17 68:1 78:15 Soon 16:9 17:16 19:15 21:4 Sorry 38:16 70:3 76:9 88:4 92:20 Sort 8:17 26:11 46:3 55:22 89:13 Speaker 49:22 50:14 65:13 81:7 82:18 Speaking 50:3 Special 71:3 71:8 Specific 24:8 29:13 29:14 38:19 50:3 50:6	80:7 Specifically 24:14 47:10 50:23 81:2 Specified 100:16 Specimen 11:9 11:17 13:19 15:10 16:12 23: 15 24:25 25:3 25:7 25:9 25:11 28: 1 28:4 28:6 28:6 28:9 28:23 28: 23 28:24 29:9 29:18 30:13 30:15 31:2 31:3 32:19 34:4 34:7 40:18 40:24 41:17 42:1 42:10 42:12 42: 21 42:25 43:1 43:4 44:9 50:5 51: 12 53:8 53:9 54:15 55:3 57:18 57: 19 57:21 59:12 59:22 59:24 59: 25 67:7 67:24 77:4 77:10 78:10 79:13 79:18 79:19 79:21 80:8 80: 8 88:13 91:15 91:21 91:22 Specimens 11:6 23:12 24:23 31:17 31:22 32: 18 53:12 53:23 54:18 55:2 67:24 77:4 88:25 89:1 90:7 90:25 91:11 Spelling 94:12 98:23 98:24 Spite 84:5 Spread 83:21 SS 1:1 100:1 101:2 Stain 16:14 Stained 88:9 88:9 Staining 76:19 88:13 Stains 61:2 68:10 68:14 71:3 71:8 87:11 Stand 85:15 Standard 69:17 Standards 10:23 Standing 88:17 Standpoint 97:14 Start 28:13 41:4 Starts 91:1 State 1:1 1:18 4:11 100:1 100:4 100:24 101:1 101:5 Statement 64:9 Stem 62:19 Stenotypy 100:9 Stephen 2:16 Steps 33:2 Stick 37:21 Still 24:4 32:24 33:9 59:14 59:16 68: 22 89:9 Stop 12:1 52:18 52:19 Street
---	--	---	--

1:19 2:5 2:9 2:22 Stricken 96:17 Studies 21:15 Study 15:18 Subject 76:14 Submitted 42:4 42:10 42:21 43:4 88:25 89:1 Subsequent 71:25 96:16 Subsequently 62:21 Suggestion 49:9 Suggests 29:1 Suite 2:5 2:9 2:13 Superior 62:13 Supply 51:25 Supposed 53:21 75:6 Surgeon 11:9 38:14 38:15 38:19 38:20 45: 5 45:8 45:15 46:7 46:19 46:24 47: 14 47:24 48:3 48:10 48:17 48:18 49:3 50:20 51:1 51:2 51:24 53:1 55:15 56:2 81:20 82:25 83:25 84: 1 84:5 84:14 84:16 84:18 96:2 96: 20 Surgeon's 84:17 Surgeons 83:11 Surgery 12:3 12:6 12:14 12:25 20:23 21:2 21:6 38:23 50:11 51:23 51:24 52: 9 52:11 52:22 53:1 74:9 74:11 78: 3 81:22 Surgical 9:2 15:2 17:24 19:19 22:18 23:11 35:20 56:20 79:9 Surprised 55:8 55:11 55:12 Suspect 49:11 Suspicion 47:17 49:8 49:12 59:12 83:20 Sutter 2:21 Sworn 4:6 100:6 System 1:8 2:11 85:18	4:1 11:19 41:1 70:6 73:9 73:12 99:15 Technologist 11:19 13:1 16:12 24:17 25:13 26: 20 42:22 42:25 43:2 Techs 87:7 Telephone 38:10 38:11 50:4 50:7 51:9 64:19 65:12 96:3 Terms 19:12 Testified 4:8 56:13 63:15 67:6 83:12 89:18 Testify 100:6 Testifying 33:11 Testimony 32:17 51:16 52:16 58:7 82:6 85: 25 100:8 100:12 101:9 101:10 Thoracotomy 12:9 20:15 Thoroughly 70:4 Three 8:4 13:15 23:22 24:4 24:6 25:17 28:16 28:18 67:22 83:4 Timing 31:14 Tinged 25:4 Tiny 28:16 51:12 77:5 Tissue 14:6 14:7 18:6 18:8 18:21 19:13 20:7 21:16 22:1 22:6 22:12 26:9 27:13 27:21 28:16 30:23 33:21 34:12 34:16 34:20 36:17 44:1 44: 3 46:5 47:11 49:5 49:19 51:7 51: 13 51:18 51:19 51:21 52:1 52:4 52:9 52:13 52:17 52:20 57:3 58: 12 58:16 59:21 60:14 65:7 65:9 66:17 66:25 70:2 70:4 76:24 77:2 77:13 77:18 82:8 82:13 83:1 83:2 83:3 83:8 83:18 84:1 84:4 84:17 84:20 89:20 89:23 Title 8:19 8:20 8:21 Today 12:16 21:5 22:4 33:12 69:25 80: 16 98:5 Together 31:9 80:5 90:18 Took 28:8 50:14 67:24 77:23 84:6 84:6 Top 23:12 54:5 Tower 2:21 Transcribed 92:16 100:10 Transcriber 17:5 37:18 37:19 37:20 94:8 Transcribes 40:9 Transcript 63:9 99:9 99:12 99:14 100:12 101:8 101:9 Transcription 90:17 92:8 93:6 93:10 93:18 94:5 94:23 97:4 98:1 Transcriptionist	80:2 97:5 97:7 98:18 Transported 11:17 Treated 24:11 Triplicate 23:22 Trocar 23:16 49:19 57:10 57:11 True 23:24 30:20 38:6 60:20 62:21 79: 23 100:11 101:8 Truth 100:6 100:7 100:7 Try 33:2 85:3 Trying 40:12 58:18 Tuesday 68:4 70:16 Tumor 52:23 74:12 74:15 83:21 84:1 Tumors 69:3 69:4 Turn 61:2 Turning 18:4 Two 7:24 8:4 14:25 15:8 15:9 15:11 18:5 18:6 20:6 21:15 23:12 25:17 25:19 26:6 28:17 28:17 28:21 29: 2 30:18 30:23 31:8 32:5 32:6 33: 25 35:17 64:17 68:9 70:1 72:4 73: 17 77:5 77:8 80:8 82:21 Type 83:1 90:23 Typed 17:3 92:24 95:9 Types 37:18 85:22 90:21 94:9 Typing 17:4 91:1 91:2	University 1:7 2:11 Unless 87:2 88:17 Unreasonable 84:10 Up 5:18 7:9 17:13 32:20 32:22 32:24 38:18 39:3 39:7 39:12 40:15 49: 25 50:2 52:2 56:17 82:16 82:17 82:20 83:3 83:15 89:6 90:1 Up-to-date 5:17 5:18 Upper 23:17 57:12 Upset 71:23
V			
Vacation 87:2 Vaguely 72:2 Vance 1:16 100:3 100:24 Vein 62:14 Vena 62:14 Verbalize 5:5 VIDEO 4:1 41:1 70:6 73:9 73:12 99:15 VIDEOTAPED 1:10 Vitae 5:15 Vs 1:6			
W			
Wait 98:8 Waited 82:19 Waiting 46:25 78:17 Walk 39:17 Walters 2:16 3:6 6:3 51:15 81:13 81:15 88:19 89:6 93:16 97:17 Wants 47:1 47:24 48:3 Ways 95:15 Wear 24:25 Weeks 26:2 26:23 Whereas 83:11 WHEREOF 100:20 101:10 White 23:25 25:22 26:12 26:24 27:3 27: 4 27:11 Whole 40:23 40:23 41:18 42:5 42:5 86:2 92:19 100:7 Withdraw 41:4			
U			
U.S. 76:4 UHH 6:8 UHHS 6:12 7:13 Ulmer 1:19 2:8 Ultimately 83:22 Uncertainty 66:16 Unclear 4:24 Under 4:20 33:12 39:19 39:19 42:20 43: 6 43:23 45:9 51:3 56:21 56:23 61: 24 63:16 83:19 90:11 91:12 91: 24 98:2 Undergo 12:9 Undersigned 1:16 Understood 44:13 66:9 82:1 Underwent 14:5			
T			
Table 24:22 26:5 26:17 85:15 Tan 18:5 Tape 70:7 73:8 TB 68:10 Tech 77:7 77:8 77:12 Technician			

Witness

22:22 99:10 99:13 100:10 100:20

Woman

6:23

Word

63:24 63:25 65:11 65:14 98:21

Words

19:15 21:24 32:8 39:14 64:24 80:
16

Works

8:1

Write

12:12 17:7 25:14 25:17 25:18 33:
15 37:25 46:21 51:3 57:10 95:12
96:13 96:13 96:14 96:25

Writing

27:9 46:4 46:8 66:5 95:19

Written

14:4 15:5 21:3 26:15

Wrote

57:11 98:18

Y

Years

32:6 37:4 46:22

Yellow

25:24 26:13

Yourself

8:8 17:7