M.D. Anderson Cancer Center
Jeffreys # 744 652

Dr. Merrick Ross (713) 792-6800
mross@mdanderson.org (713) 563-9724
Lane Read, P.A. fax: (713) 745-3811 for Dr. Ross *
(713) 745-6858, fax (713) 792-0722, page operator
(713) 792-7090

Brian Rivers, P.A.
(713) 794-5618

Tamme Ford, RN

Agerico Palaypay
Scheduler
(713) 792-6800

Dr. C. Herzog (713) 745-0157
Child/Adolescent Center fax #(713) 745-5400 *

Dr Moore - psych. evaluation (713) 792-2454
Bernadette Aylor, test prator, etc.
(paige her when finished w/ Ross & Herzog)

(eye apt. every
3 months)

NOTE BOOK

at&t

[Print] [Close]

From: "Ernest S Chiu" <eschiu@gmail.com>
To: "mljscomp@bellsouth.net" <mljscomp@bellsouth.net>, r106casey@mac.com
Cc: mross@mdanderson.org, cscott@mdanderson.org
Subject: *** NEW PATIENT - JEFFREY BODIN ***
Date: Tue, 18 Mar 2008 14:01:05 +0000

Merrick:

Ms Laura Bodin, Jeffrey's mother, is very interested in consultation/surgery next week if possible. Her cell phone number is 985-264-5277 or 985-845-0969.

We faxed the path report to 713-792-4689 yesterday.

If I can help in any way, let me know. Best wishes to all.

Ernie

--
Ernest S. Chiu, MD
Associate Professor of Surgery
Director of Plastic Surgical Research
Division of Plastic & Reconstructive Surgery
Tulane University Health Sciences Center
1430 Tulane Avenue, SL22
New Orleans, LA 70112
504-988-5500, Office
504-988-3740, Fascimile

Rick Casey
fax # (866) 228-8723

LSU Health Sciences Center NEW ORLEANS

1/15/2015

CHILDREN'S HOSPITAL

SUMMARY OF CANCER TREATMENT

Demographics		
Name: Jeffrey Bodin	Sex: Male	Date of Birth: 05/22/1997
PCP:		

Cancer Diagnosis		
Diagnosis: Melanoma of left ankle	Sites involved/stage: Stage IIIA/T2aN2a	
Date of Diagnosis: 03/2008	Age at Diagnosis: 10yrs. 9 months	Date Therapy Completed: 10/02/2008
Relapse(s):		

Treatment Center : MD Anderson Cancer Center; LSUHSC, Children's Hospital New Orleans, 200 Henry Clay Avenue, New Orleans, LA 70118 Primary Oncologist: Dr. Cynthia Herzog (MD Anderson Cancer Center) Dr. Jaime Morales (Children's Hospital of New Orleans) Surgeon: MD Anderson Cancer Center Radiation Oncologist: n/a Transplant Physician: n/a Long Term Follow-Up: Dr. Pinki Prasad (504) 896-9740	Medical Record #: MD Anderson 074-46-52 CHNOLA: 0445573
Family History Cancer:	Other Family History:

CANCER TREATMENT SUMMARY

Protocol/Treatment:	On Study: NO

Chemotherapy

Drug Name	Route	Selected Cumulative Dose (units or mg/m^2) when Applicable
Interferon alpha 2B	IV	400 million units/m2
Interferon alpha 2B	SQ	155 million units/m2

Surgery :

Surgery	Date	Surgeon
Primary excision of melanoma on left ankle with sentinel node mapping	03/15/2008	MD Anderson Cancer Center
Appendectomy	05/13/2008	MD Anderson Cancer Center
PICC Line Insertion	06/09/2008	Children's Hospital of New Orleans

Radiation: n/a

Transplant: n/a

Treatment Complications/Late Effects

Problem	Status
Neurologic: Seizures while on interferon	
Neurologic: Peripheral neuropathy	

Potential Late Effects		
Potential Late Effect	**Exposure**	**Screening Recommendations**
Any Cancer History		Annual Physical Exam with PCP Annual Cancer Screening by age Regular exercise Avoid cigarette smoking, excess alcohol consumption or illicit drugs Eat a well balanced, low fat diet
Any Cancer History	Biologics Interferon Alpha 2B	Insufficient information currently available regarding late effects of biological agents
Dental Problems	Any chemotherapy exposure	Regular Dental Exams
General Recommendations:		
Immunizations	Any cancer experience	Recommend annual Flu shot Recommend (HPV vaccination or Gardasil) series
Summary prepared by: Pinki Prasad, MD, MPH		**Date prepared:** 01/15/2015

Interferon Alfa
Intron A® (Interferon-alfa 2b)

Interferon alfa is a synthetic (man-made) protein. It is very similar to natural interferons, substances produced by cells in the body that help the immune system fight infections and certain cancer growths. Interferon alfa is used to treat AIDS-related Kaposi's sarcoma and certain types of hepatitis, leukemia, or other cancers. It is given intravenously (into a vein), subcutaneously (under the skin), or into the muscle several times weekly.

Special Instructions

Before you take this drug, tell your doctor if:

- You are pregnant or think you are pregnant, or if you are breastfeeding
- You have ever had any unusual reaction to interferon alfa or any other form of protein, or if you have an allergy to benzyl alcohol
- You have any sort of infection (especially chicken pox, herpes, or hepatitis), or any form of heart, liver, lung or kidney disease
- You have any type of immune system disorder, mental problems or history of seizures
- You have any type of blood or bleeding disorder, diabetes, or thyroid disease

Tell your doctor about any medications you are taking, including non-prescription medicines, nutritional supplements, vitamins, minerals, or herbal products.

Do not drink any alcohol beverages (beer, wine, liquor) or take any new medicines (such as antihistamines, pain relievers, sleeping medicine) while you are taking this medication, unless your doctor says it is okay.

Different brands of interferon can act differently in your body. Check with your pharmacist if your refills do not look like your original product.

Your nurse will teach you how to give yourself injections. Make sure to rotate the site of your alfa interferon injections. For further instructions on how to give yourself injections, ask your nurse for a copy of "Administration of a Subcutaneous Injection" and "Disposal Tips for Home Health Care."

Make sure your medication is clear and colorless. If your medicine becomes cloudy or changes color, **do not** use it. **Do not** shake the medicine container.

Store your medicine in a refrigerator until used. Protect it from light. Throw away any medication that has an expiration date that has passed. If you are given a powder form of

interferon alfa, you will be given bacteriostatic water to add to the powder for injection. After the water is added to the powder, the medicine **must** be used within one month.

Side Effects

- Fever
  - There is a possibility that you may develop a fever (100.4°F/38°C or higher) within 24 hours of receiving your injection, this is normal. *However, if you develop a fever 24 hours after the injection, please contact your nurse, immediately, because your fever will need to be investigated. A fever, after 24 hours of the injection, should not be considered related to the injection, but as a new concern.*
- Flu-like symptoms
  - Flu-like symptoms may begin around 4 hours after the injection. Symptoms include muscle, joint, or bone pain, headaches, fatigue, flushing of the skin (redness), and/or chills. Symptoms may decrease with time.
  - You may take acetaminophen (Tylenol®) to reduce your temperature. Should fever or chills continue, call your doctor **immediately**. Do not take any aspirin or other pain relievers such as ibuprofen (Advil® or Motrin®), Naproxen (Naprosyn® or Aleve®) unless your doctor says it is okay.
  - Giving our injection before bedtime may help decrease your experience of lu-like symptoms.
- Fatigue, lethargy, or sluggishness
  - You may feel sluggish or tire more easily while taking this medication. Tell your doctor or nurse if fatigue interferes with your daily activities.
- Nausea, vomiting, and/or appetite loss
  - Ask your doctor about medicines to relieve nausea.
  - Tell your doctor or nurse **immediately** if you experience severe nausea or vomiting and cannot keep food or water in your stomach.
  - Drink 8 to 12 eight-ounce glasses (2 to 3 liters) of non-alcoholic, non-caffeinated fluids each day to avoid becoming dehydrated.
  - Eat when you are hungry. Try eating several small meals or snacks throughout the day. Small meals are easier to handle than large meals and will help you get the nutrients your body needs.
  - For more information, please ask for a copy of "Keeping Nausea Under Control." For additional help in coping with nausea and/or appetite and weight loss, ask your doctor to make an appointment with a dietitian for you.
- Swelling at the site of injection
  - If swelling occurs, alternate the site you inject. Between treatments, put warm, moist towels on the swollen area several times a day.
- Taste changes
  - Some foods may taste different while you are taking this medicine. This is not permanent.

- Hair thinning
  - The hair on your head or on your entire body may thin.
- Diarrhea
  - You may take a non-prescription medication (e.g., Imodium® or Kaopectate®) to control diarrhea **only** if you do not have a fever.
  - Tell your doctor if you have diarrhea during or after your treatment.
  - Drink 8 to 12 eight-ounce glasses (2 to 3 liters) of non-alcoholic, non-caffeinated fluids each day to avoid becoming dehydrated.
  - If you experience severe diarrhea while taking this medicine at home (more than 4 loose bowel movements in one day or diarrhea at night), call your doctor or nurse. If it is after regular clinical hours, go to the emergency room.
- Low white blood cell count
  - Your chance of getting an infection may increase. Avoid contact with persons who have colds, flu, shingles, chicken pox, or any type of infection. Bathe daily and practice good mouth care. For more information, please ask for a copy of "Mouth Care for Chemotherapy Patients."
  - Go to the emergency room **immediately** if you have fever of 101°F (38.3°C) or higher, chills, sore throat and/or cough, lower back or side pain, or painful or difficult urination.
- Low platelet count
  - You may bruise and bleed more easily. Avoid cutting or injuring yourself. If you shave, always use an electric shaver. Do not take any aspirin or other pain relievers such as ibuprofen (Advil® or Motrin®) or Naproxen (Naprosyn® or Aleve®) unless your doctor says it is okay.
  - Tell your doctor or nurse **immediately** if you notice tiny red spots under your skin, bruising, or unusual bleeding (e.g., blood in urine or stools, black tarry stools). Go to the nearest emergency room if you cough up blood or if you have bleeding that will not stop.
- Low red blood cell count
  - You may tire easily or become short of breath. Take naps and rest often. Go to the nearest emergency room **immediately** if you have chest pain, sudden shortness of breath, or increased shortness of breath.
- Skin rash, itching
  - Tell your doctor or nurse about any rash, blisters, itching, redness, drying, or peeling of your skin. Ask your doctor about medicines to relieve itching. Over-the-counter antihistamines such as diphenhydramine (e.g., Benadryl®) may help to relieve the itching. A bath with mild soap, such as Dove®, Tone®, Basis®, Lubriderm Body Bar®, Lowila®, Oilatum®, or Emulave®, may be soothing.
- Neurological effects
  - If you take high doses of this medicine you may have neurological effects.
  - Tell your doctor or nurse if you have mood changes, depression, confusion, hallucinations, nervousness, difficulty sleeping, dizziness, drowsiness, clumsiness, difficulty walking, or restlessness.

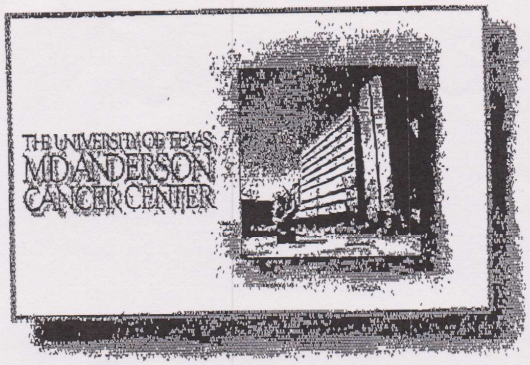
- Tell your doctor or nurse if you are more sleepy or drowsy than usual. Do not drive or operate heavy machinery until you know how this medicine affects you. Do not drink alcoholic beverages (beer, wine, liquor) while you are taking this medicine.

Notify your doctor as soon as possible if you:

- Have trouble breathing or have chest pain
- Have numbness or tingling of the fingers, toes, or face
- Become very depressed or think about suicide
- Have yellowing of the eyes or skin
- Have changes in your vision
- Have a fast or irregular heartbeat
- Have severe stomach or low back pain
- Have bleeding with a bowel movement
- Start having seizures

These are the most common side effects; other side effects may occur and should be reported to your doctor. Do not change your dose or schedule unless you are told to do so by your doctor. Please report any problems to your doctor, nurse, or pharmacist.

THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER
Making Cancer History®



- **Date** Tuesday, April 08, 2008
- **To** Mark Bodin
- **Company**
- **Fax Number** 504) 596-2861
- **Total Number of Pages** (4) FOUR

Lane Read, MPAS, PA-C

Department of Surgical Oncology
1400 Holcombe Blvd, Box 301402, Unit 444
Houston, Texas 77230-1402

Telephone: 713-745-6858
Fax: 713-792-0722

NOTES:

Attached is pathology on Patient Jeffrey Bodin.

Please contact me if further information is needed.

Sincerely,

Lane Read, PA-C

Lane Read, PA-C for Merrick I Ross, MD

FAX TRANSMISSION

UT M.D. Anderson Cancer Center
Tamtron Print by 10964 at 4/8/2008 11:42:51 AM

744652 - BODIN, JEFFREY T 10yo M 05/22/1997 (135.0cm 28.9kg BSA: 1.04m² 03/26/08)

Accession: S-08-017604
Specimen Date/Time: 03/26/2008

******* MODIFIED REPORT - REVIEW ADDENDUM SECTION *******

DIAGNOSIS

(A) LEFT INGUINAL SENTINEL LYMPH NODE #1, BLUE COUNT 1300:
METASTATIC MELANOMA TO ONE OF ONE LYMPH NODE (1/1)
2.7 X 1.6 MM (SUBCAPSULAR)
EXTRACAPSULAR EXTENSION NOT IDENTIFIED.

(B) LEFT INGUINAL SENTINEL LYMPH NODE #2, BLUE COUNT 2800:
One lymph node, see addendum report.

(C) LEFT INGUINAL SENTINEL LYMPH NODE #3, COUNT 5600, BLUE:
One lymph node, see addendum report.

(D) LEFT INGUINAL SENTINEL LYMPH NODE #4, LIGHT BLUE, COUNT 980:
One lymph node, see addendum report.

(E) WIDE EXCISION, LEFT ANKLE:
SKIN AND SUBCUTANEOUS TISSUE WITH SCAR, AND FOCAL INVASIVE MELANOMA.
CLARK LEVEL IV.
BRESLOW THICKNESS 1.40 MM
Margins of resection are free of melanoma.

(F) ADDITIONAL PROXIMAL TISSUE, LEFT ANKLE:
Skin and subcutaneous tissue, no melanoma is identified.

(G) ADDITIONAL DISTAL TISSUE, LEFT ANKLE:
Skin and subcutaneous tissue, no melanoma is identified.

(H) BIOPSY, LESION LEFT KNEE:
Verruca vulgaris.

(I) PUNCH BIOPSY, RIGHT FACE:
Scar. See addendum report after examination of step sections.

(J) LEFT POPLITEAL FOSSA SENTINEL LYMPH NODE #1, NOT BLUE, COUNT 1028:
One lymph node, see addendum report.

(K) LEFT POPLITEAL SENTINEL LYMPH NODE #2, NOT BLUE, COUNT 2200:
One lymph node, see addendum report.

VGP:ZZ/elk
DD: 3/28/08
3/28/2008 7:37 AM

GROSS DESCRIPTION

(A) LEFT INGUINAL SENTINEL LYMPH NODE #1, BLUE COUNT 1300 - A single possible lymph node measuring 1.8 cm in its greatest dimension. Sectioned and entirely submitted in cassette A. AM1/elk
(B) LEFT INGUINAL SENTINEL LYMPH NODE #2, BLUE COUNT 2800 - A single possible lymph node measuring 0.5 cm in its greatest dimension. Entirely submitted in cassette B. AM1/elk

744652 - BODIN, JEFFREY T 10yo M 05/22/1997 (135.0cm 28.9kg BSA: 1.04m² 03/26/08)
Accession: S-08-017604
Specimen Date/Time: 03/26/2008

(C) LEFT INGUINAL SENTINEL LYMPH NODE #3, COUNT 5600, BLUE - A single possible lymph node measuring 0.6 cm in its greatest dimension. Entirely submitted in cassette C. AM1/elk
(D) LEFT INGUINAL SENTINEL LYMPH NODE #4, LIGHT BLUE, COUNT 980 - A single possible lymph node measuring 0.5 cm in its greatest dimension. Entirely submitted in cassette D. AM1/elk
(E) WIDE EXCISION OF MELANOMA, LEFT ANKLE, SHORT PROXIMAL, LONG POSTERIOR - An ellipse of tan skin measuring 2.5 x 2.5 x 0.3 cm. Surgical margin is inked. The skin surface contains slightly elevated well demarcated, centrally ulcerated tan lesion measuring 0.5 x 0.4 cm and it is 1.1 cm away from the proximal surgical margin, 1.0 cm from the distal surgical margin, 1.0 cm from the posterior surgical margin and 1.1 cm from the anterior surgical margin. Entirely submitted.
INK CODE: Proximal - blue; distal - yellow. Entire specimen is submitted in sequential order from posterior toward the anterior aspect.
SECTION CODE: E1, posterior tip; E2, anterior tip; E3, E4, the rest of the skin. AM1/elk
(F) ADDITIONAL PROXIMAL TISSUE, LEFT ANKLE - A triangular shaped fragment of tan, grossly unremarkable skin measuring 1.2 x 1.0 cm. Representative sections submitted in cassette F. AM1/elk
(G) ADDITIONAL DISTAL TISSUE, LEFT ANKLE - A triangular shaped fragment of grossly unremarkable skin measuring 1.0 x 0.8 cm. Surgical margin is inked. Bisected and entirely submitted in cassette G. AM1/elk
(H) BIOPSY, LESION LEFT KNEE - A fragment of a tan, shaved unoriented skin measuring 0.6 x 0.4 cm. The skin surface contains a fairly well demarcated light gray elevated lesion measuring 0.3 x 0.3 cm grossly approach the surgical margin. The surgical margin is inked blue. Bisected and entirely submitted in cassette H. AM1/elk
(I) PUNCH BIOPSY, RIGHT FACE - A shallow skin punch biopsy measuring 0.4 x 0.4 cm. Surgical margin is inked blue. Entirely submitted in cassette I. AM1/elk
(J) LEFT POPLITEAL FOSSA SENTINEL LYMPH NODE #1, NOT BLUE, COUNT 1028 - A single possible lymph node measuring 0.8 cm in its greatest dimension. Entirely submitted in cassette J. AM1/elk
(K) LEFT POPLITEAL SENTINEL LYMPH NODE #2, NOT BLUE, COUNT 2200 - A single possible lymph node measuring 0.7 cm in its greatest dimension. Bisected and entirely submitted in cassette K. AM1/elk

CLINICAL HISTORY

Melanoma.

SNOMED CODES

T-02840, T-02120, T-C4800, T-C4810, M-87203, M-80703, M-78060, M-72750

Entire report and diagnosis completed by: Victor Prieto MD Mar 28, 2008

744652 - BODIN, JEFFREY T 10yo M 05/22/1997 (135.0cm 28.9kg BSA: 1.04m² 03/26/08)
Accession: S-08-017604
Specimen Date/Time: 03/26/2008

ADDENDUM

This modified report is being issued to provide additional information/results for specimens A, B, C, D. J and K.

Addendum completed by Diwan, A. Hafeez MD.
Apr 01, 2008 at 11:22 AM

DIAGNOSIS

(A) Examination of additional tissue levels and an immunohistochemical study on paraffin sections with an anti-melanocytic cocktail (HMB-45, anti-MART 1 and anti-tyrosinase) confirms METASTATIC MELANOMA as previously indicated (1/1). In addition to the information already given, please note that there is an intraparenchymal component as well.

(B) Examination of additional tissue levels and an immunohistochemical study on paraffin sections with an anti-melanocytic cocktail (HMB-45, anti-MART 1 and anti-tyrosinase) fails to reveal metastatic melanoma.

(C) Examination of additional tissue levels and an immunohistochemical study on paraffin sections with an anti-melanocytic cocktail (HMB-45, anti-MART 1 and anti-tyrosinase) is positive for METASTATIC MELANOMA (1/1).

(D, J, K) Examination of additional tissue levels and an immunohistochemical study on paraffin sections with an anti-melanocytic cocktail (HMB-45, anti-MART 1 and anti-tyrosinase) fails to reveal metastatic melanoma

AHD:ZZ/elk
DD: 3/31/08
4/1/2008 11:26 AM

Entire report and diagnosis completed by: A. Hafeez Diwan MD Apr 01, 2008

------END OF REPORT------

Division of Pathology and Laboratory Medicine
U.T.M.D. Anderson Cancer Center
1515 Holcombe Boulevard
Houston, Texas 77030

UT M.D. Anderson Cancer Center
Tamtron Print by 10964 at 5/1/2008 2:19:27 PM

744652 - BODIN, JEFFREY T 10yo M 05/22/1997 (135.0cm 28.0kg BSA: 1.02m² 04/23/08)

Accession: S-08-023559
Specimen Date/Time: 04/23/2008

DIAGNOSIS

(A) LEFT INGUINAL SUPERFICIAL LYMPH NODES:
Eight lymph nodes, no tumor present (0/8).
Skin and subcutaneous tissue with scar, granulation tissue and fat necrosis.
(B) LEFT CLOQUET LYMPH NODE:
One lymph node, no tumor present in frozen and permanent H&E sections (0/1).

DI:LP/elk
DD: 4/24/08
4/25/2008 8:37 AM

GROSS DESCRIPTION

(A) LEFT INGUINAL SUPERFICIAL LYMPH NODE - Received is a strip of white-tan skin with incision scar (6.0 x 1.1 cm) and underlying soft tissue (8.5 x 3.8 x 3.0 cm). Eight lymph nodes are identified ranging from 0.4 x 0.2 x 0.2 cm to 1.0 x 0.5 x 0.3 cm.
SECTION CODE: A1, skin and scar tissue; A2, four lymph nodes; A3, four lymph nodes. PX/amf
(B) LEFT CLOQUET NODE, RULE OUT METASTATIC MELANOMA - A tan possible lymph node (0.9 x 0.3 x 0.3 cm). Serially sectioned and entirely submitted for frozen section in FSB. DO/amf
Frozen section block is submitted for permanent sections. MJ/amf
*FS/DX: LYMPH NODE, NO TUMOR PRESENT. AR/amf

CLINICAL HISTORY

Melanoma.

SNOMED CODES

T-C4810, M-00110

"Some tests reported here may have been developed and performance characteristics determined by UT MD Anderson Pathology and Laboratory Medicine. These tests have not been specifically cleared or approved by the U.S. Food and Drug Administration."

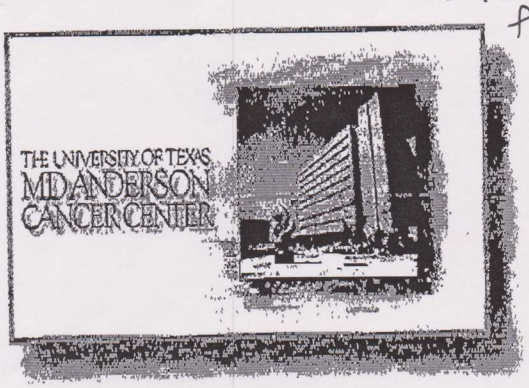
Entire report and diagnosis completed by: Doina Ivan MD Apr 25, 2008

------END OF REPORT------

Division of Pathology and Laboratory Medicine
U.T.M.D. Anderson Cancer Center
1515 Holcombe Boulevard
Houston, Texas 77030

phone 985 624 3470 fax #

646 888-2315 Jeanie



- **Date** Thursday, May 01, 2008
- **To** Mark Bodin
- **Company**
- **Fax Number** 504) 596-2861
- **Total Number of Pages** (2) Two

Re: Jeffrey Bodin

Lane Read, MPAS, PA-C

Department of Surgical Oncology
1400 Holcombe Blvd, Box 301402, Unit 444
Houston, Texas 77230-1402

Telephone: 713-745-6858
Fax: 713-792-0722

NOTES:

Mr Bodin,

attached is final Pathology on Jeffrey's last Surgery. Linda requested that I send this to you.

Lane Read, PA-C

FAX TRANSMISSION

5/6/2008

Re: BODIN, JEFFREY
Age: 10 Sex: M

1: LEFT INGUINAL SENTINAL LYMPH NODE, LEFT ANKLE, LEFT KNEE, RIGHT FACE, LEFT POPLITEAL, MD ANDERSON CANCER CENTER. S08-17604 (12 SLIDES) (jb)

Casey,Sherri
Sherri Casey, M.D.
71107 Highway 21, Sute 1
Covington, LA 70433
TEL: 985-871-9418
FAX: 985-893-2580

Dear Dr. Casey.

Dr. Alan Houghton has asked me to review the slides of Jeffrey Bodin's melanocytic tumor. Unfortunately, so far I have not received the slide of the initial biopsy. What I have been able to review is the re-excision of the melanocytic tumor from the left ankle. It shows a proliferation of plump fusiform melanocytes in nests and intersecting fascicles in the dermis in association with a scar. The lesion shows Spitzoid features, a nevoid growth pattern, but only limited "maturation". A rare mitotic figure is seen. The margins are benign. The left inguinal sentinel lymph node shows small clusters of melanocytes in the lymph node parenchyma and focally within fibrous tissue. These melanocytes are similar in appearance to the primary tumor cells, and need to be considered derivatives thereof.
Descriptively, one may summarize the findings as "atypical Spitzoid melanocytic proliferation with microscopic deposits in one sentinel lymph node". I acknowledge that on the one hand, the constellation of findings is compatible with a diagnosis of "melanoma with sentinel node micrometastasis". However, alternatively, one may also consider an "atypical Spitz nevus/tumor with lymph node involvement" (via mechanical transport) that is different in its biology from (conventional) metastatic melanoma.
I believe that Jeffrey's prognosis is likely more favorable than for a child with a "conventional" melanoma. I have seen a number of similar lesions and clinical scenarios which fortunately so far have not been associated with adverse outcome to the patient, but these are preliminary and anecdotal data.
Since I did not see the top part of the lesion, I cannot be more definitive at the current time. I would appreciate the opportunity to review the initial biopsy of the lesion, since its features may help diagnostically. In attempt to further classify the primary tumor, we have requested additional material to study the tumor for possible chromosomal aberrations. Once results from those studies are available, we will issue a final assessment of the lesion.

Sincerely,

Klaus J Busam, M.D.
Attending Pathologist

MH#: S08-18392

ST. TAMMANY
PARISH HOSPITAL
1202 S. Tyler Street Covington, Louisiana 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Patient: BODIN, JEFFREY

Med. Rec. No.: (0000)0000-280719
Account No: 0376424008
DOB: 05/22/1997 *Age/Sex:* 10 YRS M
Physician: HEINTZ, LUDWIG C
Admit Date: 05/13/08 *Loc:* PED

Copy to: HEINTZ, LUDWIG C

Clinical Diagnosis:

Specimen Recd: 05/14/08

SURGICAL PATHOLOGY

Accession: ST-08-02269 Surgery: 05/13/08

SPECIMEN SOURCE:
Appendix

CLINICAL INFORMATION:
Appendicitis

PROCEDURE: Appendectomy

GROSS DESCRIPTION:
Received in formalin is a vermiform appendix 5.5 x 1.0 cm. Attached is a small amount of epiploic fat. The serosa is covered by a thin tan dull fibrinous exudate through which prominent serosal vascular markings are seen. Gross perforation is not seen. Gross discoloration is not seen. The wall measures up to 2 - 3 mm thick. The mucosa is grossly edematous, the lumen is filled with a cheesy green material. Routine sections.

DLF:TTE

DIAGNOSIS:
Appendix coli: Acute suppurative appendicitis.

PATHOLOGIST COMMENT:
P88304

DLF:DLF:TTE By: Daniel L. Ferguson, M.D.
05/15/08 (Electronic Signature)

cc:

PREPRINTED DISCHARGE EDUCATION

☐ Congestive Heart Failure — Others: ☐
☐ Smoking Cessation ☐
☐ Post-op ☐

ACTIVITIES / RESTRICTIONS

☐ Gradual return to previous activities
☐ Rest/relaxation for _____ hours / days
☐ No driving motor vehicles, no operating machinery or making major decisions for 24 hours
☐ Avoid heavy lifting (_____ lbs) for _____ days
☐ Avoid climbing stairs for _____ days
☐ Avoid sexual activity for _____ days/weeks
☐ Avoid tub bath for _____ days/weeks
☐ May shower
☐ Equipment _____ ☐ Instructions given
_____ ☐ Instructions given
☐ Other:

WOUND CARE

☐ Keep incision clean and dry
☐ Keep dressing on and dry
☐ Remove dressing _____
☐ Ice pack to _____ for _____ hours/days
☐ Elevate _____ for _____ hours/days
☐ Avoid tampon/douching for _____ days/weeks
☐ IV site instructions given
☑ Other: leave dressing intact; he may shower

EMERGENCY

If you experience any serious problems and you are unable to contact your doctor; go to your nearest emergency department for help.

Call your doctor if:

* Fever of 101 or above
* Bright red bloody drainage
* Redness/tenderness at surgical site
* Coughing / vomiting blood
* Excessive nausea and vomiting
* Pain not relieved by medication
* Shortness of breath
* Difficulty urinating
* Chest Pain
* Rectal Bleeding
* Abdominal Pain
* Excessive swelling
* Any questions regarding instructions or medications
* Other:

DIET

☐ No dietary restrictions
☐ Progress to regular diet
☐ Other:
☐ Special diet
☐ Drink plenty of fluids
☐ Instructions given

Questions about your special diet? Call our Dietary Department (985) 898-4063.

FOLLOW-UP

Physician's Name: Doctor Heintz
☐ Appointment Date: 5-29-08
☑ Physician's phone number: 892-3766
☐ Call office to schedule
Physician's Name:
☐ Appointment Date:
☐ Physician's phone number:
☐ Call office to schedule
☐ Referrals
☐ Community Resources
☐ Diagnostic studies scheduled

DISPOSITION

Discharged at 0915 by Dr. Heintz
☑ Home ☐ Against medical advice
☐ Home Health Agency
☐ Discharge Instructions sent to agency
Discharge per ☐ Wheelchair ☐ Stretcher ☐ Arms of adult ☐ Walking with assistance
Accompanied by
Transportation: ☐ Private vehicle ☐ Ambulance ☐ Transport Service
Patient / Significant other able to restate instructions ☐ Yes ☐ No If NO, why
Copy of instructions given to:
Patient/Significant other signature: Linda D. Bodin
Nurse giving instructions: J Christensen RN
Date: 5-15-08 Time: 0915

05/12/08 09:42 AM

St. Tammany PARISH HOSPITAL
Excellence In Healthcare... Close To Home

BODIN, JEFFREY MED
280719
M 05/22/1997 10 BC 376424008
HEINTZ, LUDWIG 05/13/08

INPATIENT DISCHARGE INSTRUCTION SHEET

FORM NO. 65855-45709 (Rev. 6/04)

PATIENT COPY

INPATIENT DISCHARGE INSTRUCTIONS: MEDICATIONS

PRINT ALL INFORMATION					TAKE MEDICATIONS AT THE FOLLOWING TIMES			
NEW RX	HOME MED.	MEDICATION(S)	DOSE	FREQUENCY (PER DAY)	ON AN EMPTY STOMACH	WITH MEALS	AT BEDTIME	REASON ORDERED
		Mortab Elixir					1-2 teaspoons every 4 hours as needed for pain.	
		Bactroban ointment					Apply twice a day	

PATIENT COPY

St. Tammany PARISH HOSPITAL
World-class healthcare... Close to home

Date: 5-15-08

Nurse giving instructions: J Chustainer RN

Patient/Significant other: Bodin Jr

Printed/Verbal Instructions given on medications

BODIN, JEFFREY
MED
M 05/22/1997 10 BC 376424008
280719
HEINTZ, LUDWIG
05/13/08

FORM 45712 (Rev. 1/05)

FOR INFORMATION ON FILING A GRIEVANCE OR FOR ANY QUESTIONS ABOUT ANY OF THE RIGHTS LISTED BELOW, CONTACT GUEST SERVICES AT 898-4669 OR THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS AT (225) 342-6429.

AS A PATIENT, YOU HAVE THE RIGHT TO:

- **Access care and services** based upon need and according to the Hospital's mission and vision, admission policies, and capability to provide needed services regardless of race, gender, religion, national origin, age, physical ability or financial status.
- **Receive considerate care** that respects psychosocial, spiritual, and cultural values.
- **Wear personal and religious or symbolic items** provided the items do not interfere with medical therapy or diagnostic procedures. Have a family member or representative of your choice and your physician notified of your admission.
- **Receive appropriate pain management** and information about pain relief measures. This includes having health professionals who respond quickly to reports of pain and staff who are committed to pain control.
- **Make informed decisions** about your care and any proposed procedure or treatment. This includes being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatments. This right is not a mechanism to demand medically unnecessary or inappropriate treatment or services.
- **Have an advance directive** concerning end of life care and treatment, for example a living will, or to designate a surrogate decision-maker with the expectation that Hospital staff and practitioners will honor the intent of the directive(s) to the extent permitted by law and Hospital policy.
- **Know the identity of the physician** who has primary responsibility for your care and the identity and professional status of individuals responsible for authorizing or performing procedures or treatments.
- **Be informed of outcomes of care**, including any unanticipated outcomes, and be informed if the Hospital proposes to engage in investigational, experimental, research or educational activity and have the right to refuse to participate in such activity.
- **Voice complaints or submit a written grievance** about the Hospital's care and services and receive a response to the complaint or grievance. *Submitting a complaint or grievance will not compromise your future access to care.*
- **Participate** in the consideration of the **ethical issue**s that may arise in the course of your care.
  Expect personal privacy and be interviewed, examined and treated with reasonable visual and auditory privacy.
- **Receive care in a safe setting;** be free from all forms of abuse, neglect, or harassment; be free from restraints of any form that are not medically necessary; and be free from seclusion and restraints of any form imposed for behavior management unless clinically necessary.
- **Expect confidentiality of health information and clinical records;** have that information provided only to those involved in your care, to those monitoring its quality, or to those otherwise legally authorized to receive such information; and access information contained in your clinical record within a reasonable time frame.
- **Request and receive an itemized explanation of total charge**s for services rendered by the Hospital regardless of the source of payment.

YOUR PATIENT RESPONSIBILITIES INCLUDE:

- Providing correct, accurate and complete information about your health.
- Following the treatment plan ordered by your physician, including working with your doctor(s) and nurse(s) to develop a pain management plan, helping measure your pain, and reporting any unrelieved pain.
- Considering the rights of other patients and Hospital personnel.
- Ensuring that the Hospital has a copy of your written advance directive (if you have one).
- Following Hospital rules and regulations that apply to patient conduct.
- Taking responsibility for your actions if you refuse treatment or do not follow instructions given by your physician.
- Making sure that the financial obligations of your health care are met as soon as possible.
- Asking questions when you do not understand what you have been told about your care.
- Contacting your nurse, physician, or other staff member if you perceive any safety risk relating to your environment or care.

If the patient is unable to exercise any of the rights set forth in this document, surrogates in the order provided by Louisiana statute may do so.

By signing this form, the patient (or his/her designated representative) acknowledges that he/she has been given a copy of patient rights and responsibilities for review.

X **Patient Signature:** Linda P. Bodin **Date:** 5/13/08

Hospital Representative: K Nia **Date:** 5/13/08

PATIENT RIGHTS AND RESPONSIBILITIES

St. Tammany PARISH HOSPITAL
Excellence In Healthcare... Close To Home

BODIN ,JEFFREY
376424008 05/13/08 MED
M 05/22/1997 10 C B 280719
HEINTZ, LUDWIG

MR.00019

sleep mask
cat book (backpack)
-? Prozac
change of clothes 4 Jeff
PJ's for Jeff
toothbrush for Jeff

me ← PJ top, underwear, Tylenol PM
makeup stuff

Children's Hospital

Patient Name	BODIN,JEFFREY	**Patient ID**	0445573
Birth Date	05/22/1997	**Sex**	M
Age	11 Year	**Exam Status**	APPROVED
Exam Procedure	CHEST - AP & LAT	**Modality**	CR
Study Time	09/15/2008 12:16:24	**Image Count**	2

Diagnostic Report(Radiologists : WARD, KENNETH)

A.P. LATERAL CHEST: There is no focal consolidation or atelectasis. The cardiovascular silhouette and mediastinal structures are within normal limits. The musculoskeletal structures are normal in appearance.
IMPRESSION: Normal chest.

THOMAS NICOTRI, JR., M.D., LLC
DERMATOPATHOLOGY SERVICES
P.O. Box 1713 Mandeville, LA 70470
1305 W Causeway Approach, Ste. 209 Mandeville, LA 70471
Reports/Lab: (504) 361-3757
Billing: (877) 626-0312

Name: Jeffrey Bodin
Address: 528 Beau Chene Drive
Mandeville,LA 70471

Number: N08-12618
Doctor: Dr. Rhonda Baldone
Clinic: Baldone
Clinic Number:
Social Security #:

Date of Biopsy: 12/01/2008
Date Received: 12/02/2008
Date Reported: 12/03/2008
Age: Sex: M
Date of Birth: 05/22/1997

BIOPSY SITE:
L LOWER ABDOMEN, 4 MM PUNCH

PATHOLOGY REPORT

CLINICAL DIAGNOSIS AND HISTORY:
3 mm dark brown papule
Atypical nevus - History of melanoma

GROSS EXAMINATION: Received is a 4 mm punch biopsy of skin extending to a depth of 0.4 cm. Entirely submitted. (fg)

MICROSCOPIC DESCRIPTION:
The skin is slightly elevated. In some areas the rete ridges are elongated. There is an increased number of melanocytes along the basal layer of the epidermis where they are distributed both diffusely and in nests. These nests are located not only at the tips of rete, but also along the sides of rete and between rete ridges. Within the dermis are orderly nests, cords and strands of nevus cells which tend to mature at the deeper aspect of the lesion. The junctional component of this nevus extends some distance lateral to the intradermal component and within this junctional component, occasional melanocytes exhibit cytologic atypia. There is stromal fibroplasia beneath this lateral area of involvement and a mild mononuclear cell infiltrate is present.

DIAGNOSIS:
SKIN, L LOWER ABDOMEN, 4 MM PUNCH
-Compound dysplastic nevus, mild atypia (Clark's nevus). GK RB

Comment: Margins are clear in this plane of section.

Thomas Nicotri, Jr., MD
Thomas Nicotri, Jr., MD

PATIENT INFORMED
DATE: 12-4-08
BY: RB

ST TAMMANY PARISH HOSPITAL
1202 SOUTH TYLER STREET, COVINGTON, LA 70433

NAME:	BODIN, JEFFREY	PT PHONE:	985-845-0969
SEX:	M	DATE OF BIRTH:	05/22/1997
LOCATION:		AGE:	11Y
MR#:	28-07-19	DATE OF EXAM:	02/16/2009
PHYSICIAN:	SHERRI CASEY	ORD# / FC:	90002 / B
	71107 Hwy 21 Suite 1	ADM NO:	000377557483
	Covington, LA 70433	PT CLASS / TYPE:	O / P
	(985) 893-2580	ADM DATE:	02/16/2009

Final Report

ACCESSION #: 1791895

Clinical History: 172.9 - SKIN MAL MELANOMA NOS

MRI BRAIN W/WO CONTRAST - 02/16/2009 metastatic melanoma

RESULT: MRI of the brain

70553

Indication: Headaches, malignant melanoma, rule out metastases

Technique: Sequences performed included axial and sagittal T1 weighted, axial T2 weighted, axial FLAIR, axial proton density, and axial ADC and diffusion weighted images.

Findings:
There is no abnormal enhancement or focal brain parenchymal abnormality evident. Normal enhancement of the pituitary is incidentally noted. Diffusion images demonstrate no acute ischemia. The ventricles and sulci are not enlarged. There is no intracranial hemorrhage, mass or mass effect. The posterior fossa is unremarkable. There is no abnormality of the cerebellum, brainstem or cerebellopontine angles. The sella and optic chiasm are within normal limits. The paranasal sinuses and mastoid air cells are clear.

IMPRESSION:
1. No focal brain parenchymal abnormality or abnormal enhancement.

Interpreting Physician: JOSEPH PERDIGAO M.D.
Transcribed by / Date: PSC on Feb 16 2009 3:23P
Approved Electronically by / Date: PERDIGAO M.D., JOSEPH Feb 16 2009 3:23P
Distribution: SHERRI CASEY
SHERRI CASEY

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.669.6605

SPECIMEN INFORMATION
SPECIMEN: HU111925F
REQUISITION: 0050069

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M

ID: BODIN,JEFFREY
PHONE: 985.845.0969

REPORT STATUS FAX COPY

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

CLIENT INFORMATION
L82333 MT99MT12
CHILDREN'S INT'L MED GROUP
1430 LINDBERG DR
SLIDELL, LA 70458-8056

COLLECTED: 03/06/2009 10:11 CT
RECEIVED: 03/06/2009 10:09 CT
REPORTED: 03/13/2009 06:37 CT

COMMENTS: FASTING

Test Name	In Range	Out of Range	Reference Range		Lab
HELICOBACTER PYLORI ANTIBODIES (IGG,IGA,IGM)					
HELICOBACTER PYLORI ANTIBODY (IGG)					E2
H. PYLORI AB IGG	NEGATIVE		Reference Range: NEGATIVE		

H. pylori serology testing measures antibodies to H.pylori and is not recommended for the diagnosis of active infection. The American College of Gastroenterology and the American Gastroenterological Association recommend either the urea breath test (test code #14839X) or the fecal antigen test (test code# 34838X) for diagnosis and confirmation of eradication in cases of suspected or proven Helicobacter pylori infection.

HELICOBACTER PYLORI ANTIBODY (IGA)					E2
H. PYLORI AB IGA	NEGATIVE		Reference Range: NEGATIVE		
HELICOBACTER PYLORI ANTIBODY (IGM)					E2
H. PYLORI AB IGM	NEGATIVE		Reference Range: NEGATIVE		
FSH/LH, PEDIATRICS					
LH, PEDIATRICS	0.86			mIU/mL	E2
			Reference Range: < OR = 6.64		

Male Reference Ranges for LH (Luteinizing Hormone), Pediatric:

Males:

3-7 years	< or = 0.26 mIU/mL
8-9 years	< or = 1.40 mIU/mL
10-11 years	< or = 6.64 mIU/mL
12-14 years	0.85-6.87 mIU/mL
15-17 years	0.90-7.82 mIU/mL

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/13/2009 06:37 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FAX COPY

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

Test Name	In Range	Out of Range	Reference Range	Lab
18-20 years	0.95-8.44 mIU/mL			
Tanner Stage				
I	< or = 0.50 mIU/mL			
II	< or = 1.73 mIU/mL			
III	0.09-4.09 mIU/mL			
IV-V	0.18-10.43 mIU/mL			
FSH (FOLLICLE STIMULATING HORMONE), PEDIATRICS				EZ
FSH, PEDIATRICS	0.81		mIU/mL	
			Reference Range: EARLY PREPUBERTAL: 0.30-4.00	

Male Pediatric Reference Ranges for FSH:

0-9 years/prepubertal*:	<3.00 mIU/mL
10-13 years/early pubertal:	0.30-4.00 mIU/mL
14-17 years:	0.40-7.40 mIU/mL

*FSH peaks (typically 3.00-6.00 mIU/mL for this assay) in male infants at 4 months of age, falling to prepubertal levels by 1 year of age. (Forest MG, Ducharme JR, Gonadotropic and gonadal hormones. Ch8, in: Bertrand et al, eds. Pediatric Endocrinology, 2nd Ed. Baltimore: Williams & Wilkins, 1993).

Test Name	In Range	Out of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL W/EGFR				RGA
GLUCOSE	75		65-99 mg/dL FASTING REFERENCE INTERVAL	
UREA NITROGEN (BUN)	13		7-20 mg/dL	
CREATININE	0.67		0.50-1.30 mg/dL	
PATIENT IS <18 YEARS OLD. UNABLE TO CALCULATE EGFR.				
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
BUN/CREATININE RATIO IS NOT REPORTED WHEN THE BUN AND CREATININE VALUES ARE WITHIN NORMAL LIMITS.				
SODIUM	138		135-146 mmol/L	
POTASSIUM		3.7 L	3.8-5.1 mmol/L	
CHLORIDE	104		98-110 mmol/L	
CARBON DIOXIDE	22		21-33 mmol/L	

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/13/2009 06:37 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FAX COPY

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

Test Name	In Range	Out of Range	Reference Range	Lab
CALCIUM	9.7		8.9-10.4 mg/dL	
PROTEIN, TOTAL	7.4		6.3-8.2 g/dL	
ALBUMIN	5.1		3.6-5.1 g/dL	
GLOBULIN	2.3		2.1-3.5 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO		2.2 H	1.0-2.1 (calc)	
BILIRUBIN, TOTAL	0.3		0.2-1.1 mg/dL	
ALKALINE PHOSPHATASE	126		91-476 U/L	
AST	19		12-32 U/L	
ALT	10		8-30 U/L	
IGF-I	122		ng/mL	EZ

Reference Range:
80-723

Pediatric Male Reference Ranges for IGF-I:

1-7 days	< or = 31 ng/mL
8-14 days	< or = 43 ng/mL
15 days-1 year	25-265 ng/mL
1-2 years	45-222 ng/mL
3-4 years	36-202 ng/mL
5-6 years	32-259 ng/mL
7-8 years	65-278 ng/mL
9-10 years	52-330 ng/mL
11-12 years	80-723 ng/mL
13-14 years	142-855 ng/mL
15-16 years	176-845 ng/mL
17-18 years	152-668 ng/mL

Tanner Stages (7-17 years)

Tanner I	59-296 ng/mL
Tanner II	56-432 ng/mL
Tanner III	135-778 ng/mL
Tanner IV	230-855 ng/mL
Tanner V	181-789 ng/mL

TESTOSTERONE, FREE AND TOTAL, LC/MS/MS	PENDING			
IGF BINDING PROTEIN 3 (IGFBP 3)	3.7		mg/L	EZ

Reference Range:
2.4-8.4

Pediatric Reference Ranges (mg/L) for IGF Binding Protein-3 (IGFBP-3):

Age	Units

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/13/2009 06:37 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FAX COPY

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

Test Name	In Range	Out of Range	Reference Range	Lab
1-7 days	<0.7			
8-15 days	0.5-1.4			
16 days-1 year	0.7-3.6			
2 years	0.8-3.9			
3 years	0.9-4.3			
4 years	1.0-4.7			
5 years	1.1-5.2			
6 years	1.3-5.6			
7 years	1.4-6.1			
8 years	1.6-6.5			
9 years	1.8-7.1			
10 years	2.1-7.7			
11 years	2.4-8.4			
12 years	2.7-8.9			
13 years	3.1-9.5			
14 years	3.3-10.0			
15 years	3.5-10.0			
16 years	3.4-9.5			
17 years	3.2-8.7			

Male Reference Ranges (ng/L) for IGF Binding Protein-3 (IGFBP-3) by Pubertal (Tanner) Stage:

Males

Tanner I	1.4-5.2
Tanner II	2.3-6.3
Tanner III	3.1-8.9
Tanner IV	3.7-8.7
Tanner V	2.6-8.6

T4, FREE	1.3		0.9-1.4 ng/dL	RGA
TSH, 3RD GENERATION	3.84		0.50-4.30 mIU/L	RGA

HARD COPY TO FOLLOW

PATIENT RESULTS CONTAINED IN A FACSIMILE OR ELECTRONIC MEDICAL REPORT ARE PROVIDED ONLY UPON THE REQUEST OF THE PHYSICIAN OR AUTHORIZED PERSON. FACSIMILE OR ELECTRONIC MEDICAL REPORTS THAT ARE CREATED BEFORE FINAL RESULTS ARE REPORTED ARE CONSIDERED TO BE INTERIM RESULTS ONLY AND ARE SUBJECT TO CHANGE BY THE LABORATORY.

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FAX COPY

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/13/2009 06:37 CT

PERFORMING LABORATORY INFORMATION

E2 QUEST DIAGNOSTICS/SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675
Laboratory Director: R.E. REITZ,MD, CLIA: 05D0643352

RGA QUEST DIAGNOSTICS HOUSTON, 5850 ROGERDALE ROAD, HOUSTON, TX 77072-1602
Laboratory Director: JOHN G BUCK,MD, CLIA: 45D0660150

ST. TAMMANY PARISH HOSPITAL
Covington, Louisiana
Peds: (985) 871-5966

PHYSICIAN'S ORDERS
USE BALL POINT PEN ONLY!

ALLERGIES: NKDA

BSA: 1.06 m^2.

Height: 53.65" Weight: 30.2kg.

BODIN, Jeffrey
DOB: 5/22/'97
M.cell: (985) 264-5277.

DATE & TIME ORDERED 8/3/2009

1/ Admit to Pediatrics */ service Dr. Victor Pous / Narumanchi for "Growth Hormone Stimulation Test" on:

2/ Dx: Growth Failure (ICD-9: 783.43).

3/ Cond: good

4/ Diet: water only until test is finished; then, regular as tolerated.

5/ IV: saline locks for blood sampling.

FAXED

NOTED BY

DATE & TIME ORDERED

6/ Meds: Clonidine: 0.15 mg PO x1 / after baseline labs

Glucagon: 1.0 mg IM x1

Zofran 4 mg IV Q4hrs PRN nausea/vomiting.

7/ Labs: ① baseline: Growth Hormone; IGF-1; Accuchek; Insulin

② T=30' = " ; " ; "

③ T=60' = " ; " ; "

④ T=90' = " ; " ; " ; Insulin; Cortisol

⑤ T=120' = " ; " ; "

DATE & TIME ORDERED ⑥ T=180' = " ; " ; " ; Cortisol

FAXED

NOTED BY

8/ May discharge to home at the end of the test if stable

9/ Please notify Dr Pous (pager: 504/464-2000) if problems.

10/ F/U: Dr Pous 3-4 wks after test.

*/ 23hrs observation.

FAXED

NOTED BY

Humatrope®
somatropin (rDNA origin)
for injection

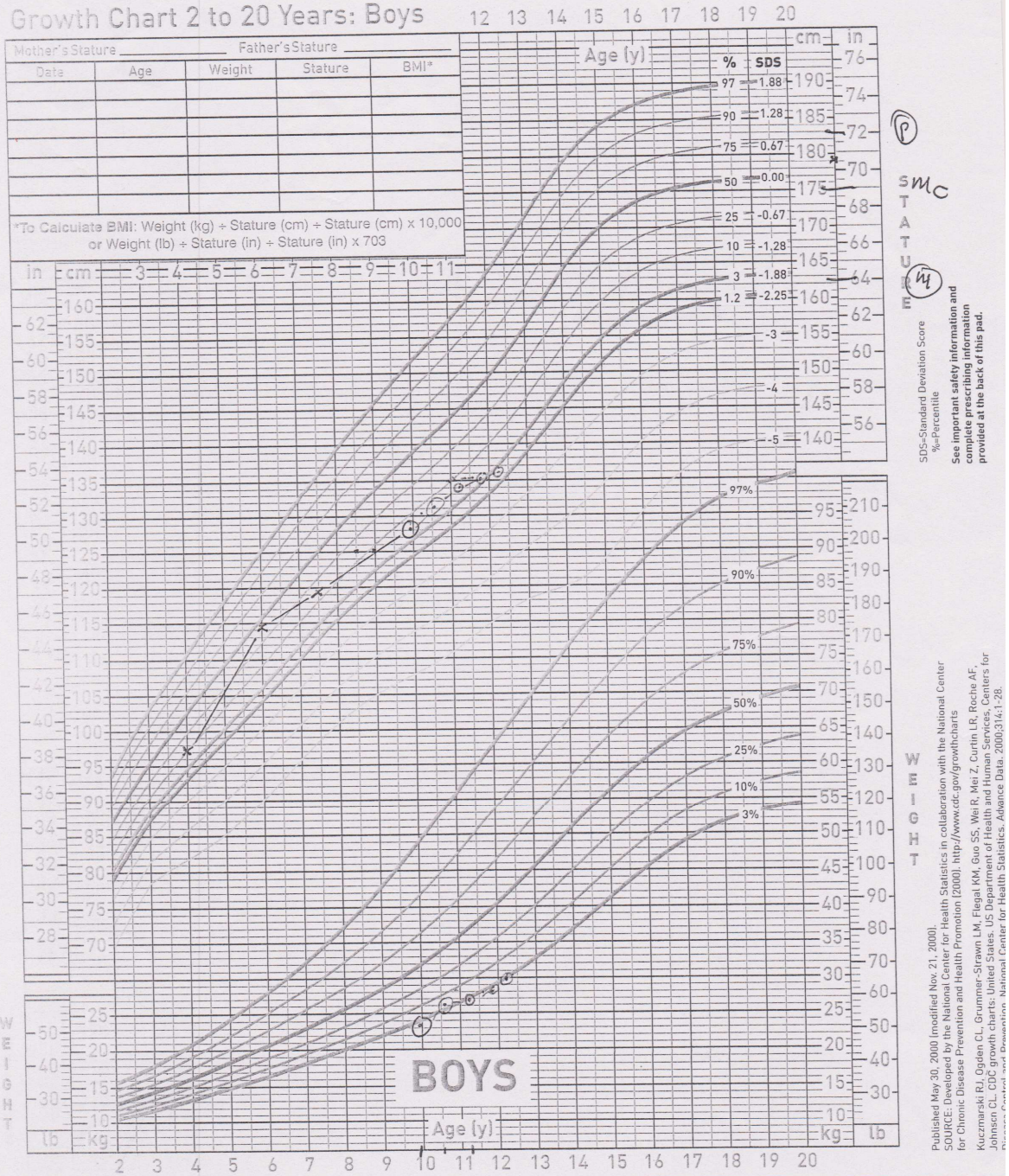
Name: Jeffrey Bodin ID#: _____ DOB: 5/22/1997

Growth Chart 2 to 20 Years: Boys

Mother's Stature _____ Father's Stature _____

Date	Age	Weight	Stature	BMI*

*To Calculate BMI: Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703



SDS=Standard Deviation Score
%=Percentile

See important safety information and complete prescribing information provided at the back of this pad.

Published May 30, 2000 [modified Nov. 21, 2000].
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion [2000]. http://www.cdc.gov/growthcharts

Kuczmarski RJ, Ogden CL, Grummer-Strawn LM, Flegal KM, Guo SS, Wei R, Mei Z, Curtin LR, Roche AF, Johnson CL. CDC growth charts: United States. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Advance Data. 2000;314:1-28.

Lilly

FOR INFORMATION ON FILING A GRIEVANCE OR FOR ANY QUESTIONS ABOUT ANY OF THE RIGHTS LISTED BELOW, CONTACT GUEST SERVICES AT 898-4669 OR THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS AT (225) 342-6429.

AS A PATIENT, YOU HAVE THE RIGHT TO:

- **Access care and services** based upon need and according to the Hospital's mission and vision, admission policies, and capability to provide needed services regardless of race, gender, religion, national origin, age, physical ability or financial status.
- **Receive considerate care** that respects psychosocial, spiritual, and cultural values.
- **Wear personal and religious or symbolic items** provided the items do not interfere with medical therapy or diagnostic procedures. Have a family member or representative of your choice and your physician notified of your admission.
- **Receive appropriate pain management** and information about pain relief measures. This includes having health professionals who respond quickly to reports of pain and staff who are committed to pain control.
- **Make informed decisions** about your care and any proposed procedure or treatment. This includes being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatments. This right is not a mechanism to demand medically unnecessary or inappropriate treatment or services.
- **Have an advance directive** concerning end of life care and treatment, for example a living will, or to designate a surrogate decision-maker with the expectation that Hospital staff and practitioners will honor the intent of the directive(s) to the extent permitted by law and Hospital policy.
- **Know the identity of the physician** who has primary responsibility for your care and the identity and professional status of individuals responsible for authorizing or performing procedures or treatments.
- **Be informed of outcomes of care**, including any unanticipated outcomes, and be informed if the Hospital proposes to engage in investigational, experimental, research or educational activity and have the right to refuse to participate in such activity.
- **Voice complaints or submit a written grievance** about the Hospital's care and services and receive a response to the complaint or grievance. *Submitting a complaint or grievance will not compromise your future access to care.*
- **Participate** in the consideration of the **ethical issue**s that may arise in the course of your care.
  Expect personal privacy and be interviewed, examined and treated with reasonable visual and auditory privacy.
- **Receive care in a safe setting;** be free from all forms of abuse, neglect, or harassment; be free from restraints of any form that are not medically necessary; and be free from seclusion and restraints of any form imposed for behavior management unless clinically necessary.
- **Expect confidentiality of health information and clinical records;** have that information provided only to those involved in your care, to those monitoring its quality, or to those otherwise legally authorized to receive such information; and access information contained in your clinical record within a reasonable time frame.
- **Request and receive an itemized explanation of total charge**s for services rendered by the Hospital regardless of the source of payment.

YOUR PATIENT RESPONSIBILITIES INCLUDE:

- Providing correct, accurate and complete information about your health.
- Following the treatment plan ordered by your physician, including working with your doctor(s) and nurse(s) to develop a pain management plan, helping measure your pain, and reporting any unrelieved pain.
- Considering the rights of other patients and Hospital personnel.
- Ensuring that the Hospital has a copy of your written advance directive (if you have one).
- Following Hospital rules and regulations that apply to patient conduct.
- Taking responsibility for your actions if you refuse treatment or do not follow instructions given by your physician.
- Making sure that the financial obligations of your health care are met as soon as possible.
- Asking questions when you do not understand what you have been told about your care.
- Contacting your nurse, physician, or other staff member if you perceive any safety risk relating to your environment or care.

If the patient is unable to exercise any of the rights set forth in this document, surrogates in the order provided by Louisiana statute may do so.

By signing this form, the patient (or his/her designated representative) acknowledges that he/she has been given a copy of patient rights and responsibilities for review.

Patient Signature: Yolanda D. Bodin, mother **Date:** 8/5/09

Hospital Representative: [signature] **Date:** 8/5/09

PATIENT RIGHTS AND RESPONSIBILITIES

St. Tammany PARISH HOSPITAL
Excellence In Healthcare... Close To Home

BODIN ,JEFFREY
378286843 08/05/09 PED
M 05/22/1997 12 O B 280719
POUW, I.S. VICTOR

MR.00019

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Laboratory Results — Chemistry

	[redacted]	08/05/09 12:02	08/05/09 11:02	08/05/09 10:32	08/05/09 10:08	08/05/09 09:41	08/05/09 08:50
		0000921700710	0000921700687	0000921700625	0000921700598	0000921700583	0000921700434
Growth Hormone, 0 Minutes	0.03-14.90 ng/mL						0.18 [*f*]
Growth Hormone, 30 Minutes	ng/mL					0.32 [*f*]	
Growth Hormone, 60 Minutes	ng/mL				7.92 [*f*]		
Growth Hormone, 90 Minutes	ng/mL			1.82 [*f*]			
Growth Hormone, 120 Minutes	ng/mL		9.45 [*f*]				
Growth Hormone Minutes	min	180					
Growth Hormone, Other Minutes	ng/mL	2.62 [*f*]					
Insulin-Like Growth Factor I	108-558 ng/mL	139 [*f*]	138 [*f*]	144 [*f*]	139 [*f*]	150 [*f*]	153 [*f*]
Cortisol, Serum	ug/dL	28.0 [*f*]		9.0 [*f*]			

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 12:02	Growth Hormone, Other Minutes	ng/mL

Result: 2.62

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 12:02	Growth Hormone, Other Minutes	ng/mL

Comment: TEST INFORMATION: Growth Hormone, Other
Growth Hormone Stimulation tests should induce a peak of greater than 7 ng/mL in children and greater than 5 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 7-10 ng/mL equivocal and only peak values of greater than 10 ng/mL truly normal.
For suppression testing, normal subjects have growth hormone concentrations of less than 1 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.

Collected DT	Finding Name	Normal(s)
8/5/09 12:02	Insulin-Like Growth Factor I	108-558 ng/mL

Result: 139

Comment: Tanner Stage Reference Intervals

Tanner Stage	Female	Male
I	70-397 ng/mL	50-278 ng/mL
II	165-665 ng/mL	79-392 ng/mL
III	201-695 ng/mL	119-577 ng/mL
IV-V	160-609 ng/mL	184-580 ng/mL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 12:02	Cortisol, Serum	ug/dL

Result: 28.0

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY
Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

MRN: 280719
Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Comments and Long Results Section

Laboratory Results

Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 12:02	Cortisol, Serum	ug/dL

Comment: REFERENCE INTERVAL: Cortisol, Serum or Plasma
0800 hrs: 6-23 ug/dL
2000 hrs: 0-9 ug/dL
8 hrs post 1 mg dexamethasone given at midnight: 0-5 ug/dL
30-60 min post 25 units Cosyntropin I.V.: greater than 20 ug/dL
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 11:02	Growth Hormone, 120 Minutes	ng/mL

Result: 9.45

Comment: TEST INFORMATION: Growth Hormone 120 Minutes
Growth Hormone Stimulation tests s hould induce a peak of greater than 7 ng/mL in children and greater than 5 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 7-10 ng/mL equivocal and only peak values of greater than 10 ng/mL as truly normal.
For suppression testing, normal subjects have growth hormone concentrations of less than 1 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 11:02	Insulin-Like Growth Factor I	108-558 ng/mL

Result: 138

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name:	BODIN , JEFFREY	**MRN:**	280719
Pt ID:	2008006301	Acct No:	
DOB:	05/22/1997	Age/Sex:	12Y/M
Adm DTime:		Atn Dr:	
Nurs Sta:		Rm/Bed:	
Dx:			
Alrg:			

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 11:02	Insulin-Like Growth Factor I	108-558 ng/mL

Comment: Tanner Stage Reference Intervals

Tanner Stage	Female	Male
I	70-397 ng/mL	50-278 ng/mL
II	165-665 ng/mL	79-392 ng/mL
III	201-695 ng/mL	119-577 ng/mL
IV-V	160-609 ng/mL	184-580 ng/mL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 10:32	Growth Hormone, 90 Minutes	ng/mL

Result: 1.62

Comment: TEST INFORMATION: Growth Hormone 90 Minutes
Growth Hormone Stimulation tests should induce a peak of greater than 7 ng/mL in children and greater than 5 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 7-10 ng/mL equivocal and only peak values of greater than 10 ng/mL as truly normal.
For suppression testing, normal subjects have growth hormone concentrations of less than 1 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 10:32	Insulin-Like Growth Factor I	108-558 ng/mL

Result: 144

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 10:32	Insulin-Like Growth Factor I	108-558 ng/mL

Comment: Tanner Stage Reference Intervals

Tanner Stage	Female	Male
I	70-397 ng/mL	50-278 ng/mL
II	165-665 ng/mL	79-392 ng/mL
III	201-695 ng/mL	119-577 ng/mL
IV-V	160-609 ng/mL	184-580 ng/mL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 10:32	Cortisol, Serum	ug/dL

Result: 9.0

Comment: REFERENCE INTERVAL: Cortisol, Serum or Plasma
0800 hrs: 6-23 ug/dL
2000 hrs: 0-9 ug/dL
8 hrs post 1 mg dexamethasone given at midnight: 0-5 ug/dL
30-60 min post 25 units Cosyntropin I.V.: greater than 20 ug/dL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 10:08	Growth Hormone, 60 Minutes	ng/mL

Result: 7.92

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 10:08	Growth Hormone, 60 Minutes	ng/mL

Comment: TEST INFORMATION: Growth Hormone 60 Minutes
Growth Hormone Stimulation tests sh ould induce a peak of greater than 7 ng/mL in children and greater than 5 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 7-10 ng/mL equivocal and only peak values of greater than 10 ng/mL as truly normal.
For suppression testing, normal subjects have growth hormone concentrations of less than 1 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 10:08	Insulin-Like Growth Factor I	108-558 ng/mL

Result: 139

Comment: Tanner Stage Reference Intervals

Tanner Stage	Female	Male
I	70-397 ng/mL	50-278 ng/mL
II	165-665 ng/mL	79-392 ng/mL
III	201-695 ng/mL	119-577 ng/mL
IV-V	160-609 ng/mL	184-580 ng/mL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 9:41	Growth Hormone, 30 Minutes	ng/mL

Result: 0.32

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 9:41	Growth Hormone, 30 Minutes	ng/mL

Comment: TEST INFORMATION: Growth Hormone 30 Minutes
Growth Hormone Stimulation tests sh ould induce a peak of greater than 7 ng/mL in children and greater than 5 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 7-10 ng/mL equivocal and only peak values of greater than 10 ng/mL as truly normal.
For suppression testing, normal subjects have growth hormone concentrations of less than 1 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 9:41	Insulin-Like Growth Factor I	108-558 ng/mL

Result: 150

Comment: Tanner Stage Reference Intervals

Tanner Stage	Female	Male
I	70-397 ng/mL	50-278 ng/mL
II	165-665 ng/mL	79-392 ng/mL
III	201-695 ng/mL	119-577 ng/mL
IV-V	160-609 ng/mL	184-580 ng/mL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 8:50	Growth Hormone, 0 Minutes	0.03-14.90 ng/mL

Result: 0.18

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 8:50	Growth Hormone, 0 Minutes	0.03-14.90 ng/mL

Comment: TEST INFORMATION: Growth Hormone 0 Minutes
Growth Hormone Stimulation tests sho uld induce a peak of greater than 7 ng/mL in children and greater than 5 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 7-10 ng/mL equivocal and only peak values of greater than 10 ng/mL as truly normal.
For suppression testing, normal subjects have growth hormone concentrations of less than 1 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 8:50	Insulin-Like Growth Factor I	108-558 ng/mL

Result: 153

Comment: Tanner Stage Reference Intervals

Tanner Stage	Female	Male
I	70-397 ng/mL	50-278 ng/mL
II	165-665 ng/mL	79-392 ng/mL
III	201-695 ng/mL	119-577 ng/mL
IV-V	160-609 ng/mL	184-580 ng/mL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Laboratory Results — Chem Tox

	08/05/09 10:32	08/05/09 08:50
[redacted]	0000921700625	0000921700434

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Laboratory Results — Chem Tox

	[redacted]	08/05/09 10:32	08/05/09 08:50
		0000921700625	0000921700434
Insulin, Fasting	3-19 uIU/mL		5 [*f*]
Insulin, 90 Minutes	26-84 uIU/mL	41 [*f*]	

Comments and Long Results Section

Laboratory Results — Chem Tox

Collected DT	Finding Name	Normal(s)
8/5/09 10:32	Insulin, 90 Minutes	26-84 uIU/mL

Result: 41

Comment: TEST INFORMATION: Insulin 90 Minutes
This assay reacts on a nearly equimolar bas is with the analogs insulin aspart, insulin glargine, and insulin lispro. The reference interval is based on a 75 g. glucose challenge.
To convert to pmol/L, multiply uIU/mL by 6.0.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 8:50	Insulin, Fasting	3-19 uIU/mL

Result: 5

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name:	BODIN , JEFFREY	**MRN:**	280719
Pt ID:	2008006301	Acct No:	
DOB:	05/22/1997	Age/Sex:	12Y/M
Adm DTime:		Atn Dr:	
Nurs Sta:		Rm/Bed:	
Dx:			
Alrg:			

Comments and Long Results Section

Laboratory Results — Chem Tox

Collected DT	Finding Name	Normal(s)
8/5/09 8:50	Insulin, Fasting	3-19 uIU/mL

Comment: TEST INFORMATION: Insulin, Fasting
This assay reacts on a nearly equimolar basis with the analogs insulin aspart, insulin glargine, and insulin lispro.
To convert to pmol/L, multiply uIU/mL by 6.0.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

THOMAS NICOTRI, JR., M.D., LLC
DERMATOPATHOLOGY SERVICES
P.O. Box 1713 Mandeville, LA 70470
Reports/Lab: (504) 361-3757
Billing: (877) 626-0312

Name: Jeffrey Bodin
Address: 528 Beau Chene Drive
Mandeville,LA 70471

Number: N08-02365
Doctor: Dr. Rhonda Baldone
Clinic: Baldone
Clinic Number:
Social Security #:

Date of Biopsy: 03/06/2008
Date Received: 03/07/2008
Date Reported: 03/13/2008
Age: Sex: M
Date of Birth: 05/22/1997

BIOPSY SITE:
1. R CHEEK
2. L ANKLE

PATHOLOGY REPORT

CLINICAL DIAGNOSIS AND HISTORY:
1. 3 mm crusted pink papule
2. 7 mm pink crusted papule
Nevi; R/O atypia

GROSS EXAMINATION:
1. Received is a 0.3 cm shave biopsy of skin containing a 0.2 cm hyperpigmented papule. Entirely submitted.

2. Received is a 0.5 cm shave biopsy of skin containing a 0.5 cm hyperpigmetned crusted papule; bisected and entirely submitted.

MICROSCOPIC DESCRIPTION:
1. There is prominent scale crust with fibrin beneath the epidermis. There is a lymphohistiocytic inflammatory cell infiltrate. There are a few nests of melanocytic cells that stain with Melan-A in the dermis. An appropriate control is examined.

2. There are nests of melanocytic cells in the epidermis. The cells have oval to spindle-shaped nuclei. There are similar nests present throughout the dermis without evidence of maturation. There is no evidence of a host response. The cells have enlarged nuclei. There are scattered mitotic figures present at all levels of the dermis even to the base of the specimen. S100 and the repeat Melan-A stain revealed dense diffuse labeling. HMB45 only labels superficially. Ki-67 reveals a large number of cells throughout the proliferation. At least 1 out of 10 cells labels and in some areas there is even more significant labeling. Appropriate controls are examined.

DIAGNOSIS:
1. SKIN, R CHEEK
-Melanocytic proliferation in the dermis with inflammation and prominent scale crust. See note.

NOTE: I favor that this represents the superior portion of an irritated and inflamed dermal nevus. The base of the specimen is not present to evaluate for maturation. Therefore if the lesion is

Patient Name: Jeffrey Bodin Acct No. N08-02365

concerning clinically, an additional deeper biopsy might be considered.

2. SKIN, L ANKLE
-Malignant melanoma, amelanotic type.
-Breslow thickness at least 1.3 mm in thickness (the tumor extends to the base of the specimen).
-At least Clark's level IV.
-Absent host response.
-Non ulcerated.
-No evidence of regression.
-No convincing evidence of lymphovascular invasion. Six mitoses per 10/hpf.
-The tumor extends to the base of the specimen.

Case was reviewed by Dr. Paul Long who agrees with the diagnosis. The case will also be shown to Dr. Alun Wang and an additional report will follow.

Thomas Nicotri, Jr., MD
Thomas Nicotri, Jr., MD

PATIENT INFORMED
DATE: _____
BY: _____

Pathology Report

JEFFREY BODIN 744652

Procedure Name: Surgical Case

Procedure Date: 03/26/2008

Accession Number: S-08-017604

******* MODIFIED REPORT - REVIEW ADDENDUM SECTION *******

DIAGNOSIS

(A) LEFT INGUINAL SENTINEL LYMPH NODE #1, BLUE COUNT 1300:
METASTATIC MELANOMA TO ONE OF ONE LYMPH NODE (1/1)
2.7 X 1.6 MM (SUBCAPSULAR)
EXTRACAPSULAR EXTENSION NOT IDENTIFIED.

(B) LEFT INGUINAL SENTINEL LYMPH NODE #2, BLUE COUNT 2800:
One lymph node, see addendum report.

(C) LEFT INGUINAL SENTINEL LYMPH NODE #3, COUNT 5600, BLUE:
One lymph node, see addendum report.

(D) LEFT INGUINAL SENTINEL LYMPH NODE #4, LIGHT BLUE, COUNT 980:
One lymph node, see addendum report.

(E) WIDE EXCISION, LEFT ANKLE:
SKIN AND SUBCUTANEOUS TISSUE WITH SCAR, AND FOCAL INVASIVE MELANOMA.
CLARK LEVEL IV.
BRESLOW THICKNESS 1.40 MM
Margins of resection are free of melanoma.

(F) ADDITIONAL PROXIMAL TISSUE, LEFT ANKLE:
Skin and subcutaneous tissue, no melanoma is identified.

(G) ADDITIONAL DISTAL TISSUE, LEFT ANKLE:
Skin and subcutaneous tissue, no melanoma is identified.

(H) BIOPSY, LESION LEFT KNEE:
Verruca vulgaris.

(I) PUNCH BIOPSY, RIGHT FACE:
Scar. See addendum report after examination of step sections.

(J) LEFT POPLITEAL FOSSA SENTINEL LYMPH NODE #1, NOT BLUE, COUNT 1028:
One lymph node, see addendum report.

(K) LEFT POPLITEAL SENTINEL LYMPH NODE #2, NOT BLUE, COUNT 2200:
One lymph node, see addendum report.

VGP:ZZ/elk
DD: 3/28/08
3/28/2008 7:37 AM

GROSS DESCRIPTION

(A) LEFT INGUINAL SENTINEL LYMPH NODE #1, BLUE COUNT 1300 - A single possible lymph node measuring 1.8 cm in its greatest dimension. Sectioned and entirely submitted in cassette A. AM1/elk
(B) LEFT INGUINAL SENTINEL LYMPH NODE #2, BLUE COUNT 2800 - A single possible lymph node measuring 0.5 cm in its greatest dimension. Entirely submitted in cassette B. AM1/elk
(C) LEFT INGUINAL SENTINEL LYMPH NODE #3, COUNT 5600, BLUE - A single possible lymph node measuring 0.6 cm in its greatest dimension. Entirely submitted in cassette C. AM1/elk
(D) LEFT INGUINAL SENTINEL LYMPH NODE #4, LIGHT BLUE, COUNT 980 - A single possible lymph node measuring 0.5 cm in its greatest dimension. Entirely submitted in cassette D. AM1/elk
(E) WIDE EXCISION OF MELANOMA, LEFT ANKLE, SHORT PROXIMAL, LONG POSTERIOR - An ellipse of tan skin measuring 2.5 x

2.5 x 0.3 cm. Surgical margin is inked. The skin surface contains slightly elevated well demarcated, centrally ulcerated tan lesion measuring 0.5 x 0.4 cm and it is 1.1 cm away from the proximal surgical margin, 1.0 cm from the distal surgical margin, 1.0 cm from the posterior surgical margin and 1.1 cm from the anterior surgical margin. Entirely submitted.

INK CODE: Proximal - blue; distal - yellow. Entire specimen is submitted in sequential order from posterior toward the anterior aspect.

SECTION CODE: E1, posterior tip; E2, anterior tip; E3, E4, the rest of the skin. AM1/elk

(F) ADDITIONAL PROXIMAL TISSUE, LEFT ANKLE - A triangular shaped fragment of tan, grossly unremarkable skin measuring 1.2 x 1.0 cm. Representative sections submitted in cassette F. AM1/elk

(G) ADDITIONAL DISTAL TISSUE, LEFT ANKLE - A triangular shaped fragment of grossly unremarkable skin measuring 1.0 x 0.8 cm. Surgical margin is inked. Bisected and entirely submitted in cassette G. AM1/elk

(H) BIOPSY, LESION LEFT KNEE - A fragment of a tan, shaved unoriented skin measuring 0.6 x 0.4 cm. The skin surface contains a fairly well demarcated light gray elevated lesion measuring 0.3 x 0.3 cm grossly approach the surgical margin. The surgical margin is inked blue. Bisected and entirely submitted in cassette H. AM1/elk

(I) PUNCH BIOPSY, RIGHT FACE - A shallow skin punch biopsy measuring 0.4 x 0.4 cm. Surgical margin is inked blue. Entirely submitted in cassette I. AM1/elk

(J) LEFT POPLITEAL FOSSA SENTINEL LYMPH NODE #1, NOT BLUE, COUNT 1028 - A single possible lymph node measuring 0.8 cm in its greatest dimension. Entirely submitted in cassette J. AM1/elk

(K) LEFT POPLITEAL SENTINEL LYMPH NODE #2, NOT BLUE, COUNT 2200 - A single possible lymph node measuring 0.7 cm in its greatest dimension. Bisected and entirely submitted in cassette K. AM1/elk

CLINICAL HISTORY

Melanoma.

SNOMED CODES

T-02840, T-02120, T-C4800, T-C4810, M-87203, M-80703, M-78060, M-72750

Entire report and diagnosis completed by: Victor Prieto MD Mar 28, 2008

ADDENDUM

This modified report is being issued to provide additional information/results for specimens A, B, C, D. J and K.

Addendum completed by Diwan, A. Hafeez MD.
Apr 01, 2008 at 11:22 AM

DIAGNOSIS

(A) Examination of additional tissue levels and an immunohistochemical study on paraffin sections with an anti-melanocytic cocktail (HMB-45, anti-MART 1 and anti-tyrosinase) confirms METASTATIC MELANOMA as previously indicated (1/1). In addition to the information already given, please note that there is an intraparenchymal component as well.

(B) Examination of additional tissue levels and an immunohistochemical study on paraffin sections with an anti-melanocytic cocktail (HMB-45, anti-MART 1 and anti-tyrosinase) fails to reveal metastatic melanoma.

(C) Examination of additional tissue levels and an immunohistochemical study on paraffin sections with an anti-melanocytic cocktail (HMB-45, anti-MART 1 and anti-tyrosinase) is positive for METASTATIC MELANOMA (1/1).

(D, J, K) Examination of additional tissue levels and an immunohistochemical study on paraffin sections with an anti-melanocytic cocktail (HMB-45, anti-MART 1 and anti-tyrosinase) fails to reveal metastatic melanoma

AHD:ZZ/elk
DD: 3/31/08
4/1/2008 11:26 AM

Entire report and diagnosis completed by: A. Hafeez Diwan MD Apr 01, 2008

Pathology Report

JEFFREY BODIN 744652

ADDENDUM #2

Addendum completed by Diwan, A. Hafeez MD.

This modified report is being issued to provide additional information/results for specimen I.

DIAGNOSIS

(I) Multiple deeper sections are examined. The diagnosis is:

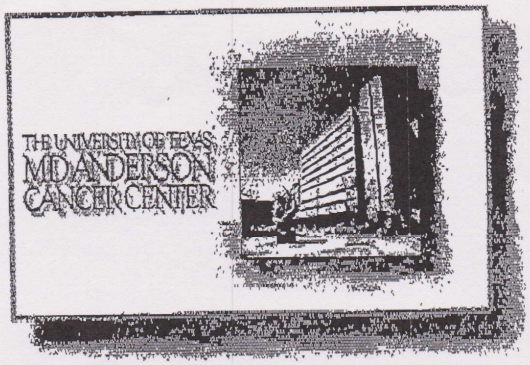
Scar and biopsy site changes with pseudoepitheliomatous hyperplasia. Tumor not identified.

Entire report and diagnosis completed by: A. Hafeez Diwan MD Apr 23, 2008

------END OF REPORT------

Division of Pathology and Laboratory Medicine
U.T.M.D. Anderson Cancer Center
1515 Holcombe Boulevard
Houston, Texas 77030

The display and printing format in this system may not match the formatting of the original laboratory report.



- **Date** Tuesday, April 08, 2008
- **To** Mark Bodin
- **Company**
- **Fax Number** 504) 596-2861
- **Total Number of Pages** (4) FOUR

Lane Read, MPAS, PA-C

Department of Surgical Oncology
1400 Holcombe Blvd, Box 301402, Unit 444
Houston, Texas 77230-1402

Telephone: 713-745-6858
Fax: 713-792-0722

NOTES:

Attached is pathology on Patient Jeffrey Bodin.

Please contact me if further information is needed.

Sincerely,

Lane Read, PA-C

Lane Read, PA-C for Merrick I Ross, MD

FAX TRANSMISSION

UT M.D. Anderson Cancer Center
Tamtron Print by 10964 at 4/8/2008 11:42:51 AM

744652 - BODIN, JEFFREY T 10yo M 05/22/1997 (135.0cm 28.9kg BSA: 1.04m² 03/26/08)

Accession: S-08-017604
Specimen Date/Time: 03/26/2008

******* MODIFIED REPORT - REVIEW ADDENDUM SECTION *******

DIAGNOSIS

(A) LEFT INGUINAL SENTINEL LYMPH NODE #1, BLUE COUNT 1300:
METASTATIC MELANOMA TO ONE OF ONE LYMPH NODE (1/1)
2.7 X 1.6 MM (SUBCAPSULAR)
EXTRACAPSULAR EXTENSION NOT IDENTIFIED.

(B) LEFT INGUINAL SENTINEL LYMPH NODE #2, BLUE COUNT 2800:
One lymph node, see addendum report.

(C) LEFT INGUINAL SENTINEL LYMPH NODE #3, COUNT 5600, BLUE:
One lymph node, see addendum report.

(D) LEFT INGUINAL SENTINEL LYMPH NODE #4, LIGHT BLUE, COUNT 980:
One lymph node, see addendum report.

(E) WIDE EXCISION, LEFT ANKLE:
SKIN AND SUBCUTANEOUS TISSUE WITH SCAR, AND FOCAL INVASIVE MELANOMA.
CLARK LEVEL IV.
BRESLOW THICKNESS 1.40 MM
Margins of resection are free of melanoma.

(F) ADDITIONAL PROXIMAL TISSUE, LEFT ANKLE:
Skin and subcutaneous tissue, no melanoma is identified.

(G) ADDITIONAL DISTAL TISSUE, LEFT ANKLE:
Skin and subcutaneous tissue, no melanoma is identified.

(H) BIOPSY, LESION LEFT KNEE:
Verruca vulgaris.

(I) PUNCH BIOPSY, RIGHT FACE:
Scar. See addendum report after examination of step sections.

(J) LEFT POPLITEAL FOSSA SENTINEL LYMPH NODE #1, NOT BLUE, COUNT 1028:
One lymph node, see addendum report.

(K) LEFT POPLITEAL SENTINEL LYMPH NODE #2, NOT BLUE, COUNT 2200:
One lymph node, see addendum report.

VGP:ZZ/elk
DD: 3/28/08
3/28/2008 7:37 AM

GROSS DESCRIPTION

(A) LEFT INGUINAL SENTINEL LYMPH NODE #1, BLUE COUNT 1300 - A single possible lymph node measuring 1.8 cm in its greatest dimension. Sectioned and entirely submitted in cassette A. AM1/elk
(B) LEFT INGUINAL SENTINEL LYMPH NODE #2, BLUE COUNT 2800 - A single possible lymph node measuring 0.5 cm in its greatest dimension. Entirely submitted in cassette B. AM1/elk

744652 - BODIN, JEFFREY T 10yo M 05/22/1997 (135.0cm 28.9kg BSA: 1.04m² 03/26/08)
Accession: S-08-017604
Specimen Date/Time: 03/26/2008

(C) LEFT INGUINAL SENTINEL LYMPH NODE #3, COUNT 5600, BLUE - A single possible lymph node measuring 0.6 cm in its greatest dimension. Entirely submitted in cassette C. AM1/elk
(D) LEFT INGUINAL SENTINEL LYMPH NODE #4, LIGHT BLUE, COUNT 980 - A single possible lymph node measuring 0.5 cm in its greatest dimension. Entirely submitted in cassette D. AM1/elk
(E) WIDE EXCISION OF MELANOMA, LEFT ANKLE, SHORT PROXIMAL, LONG POSTERIOR - An ellipse of tan skin measuring 2.5 x 2.5 x 0.3 cm. Surgical margin is inked. The skin surface contains slightly elevated well demarcated, centrally ulcerated tan lesion measuring 0.5 x 0.4 cm and it is 1.1 cm away from the proximal surgical margin, 1.0 cm from the distal surgical margin, 1.0 cm from the posterior surgical margin and 1.1 cm from the anterior surgical margin. Entirely submitted.
INK CODE: Proximal - blue; distal - yellow. Entire specimen is submitted in sequential order from posterior toward the anterior aspect.
SECTION CODE: E1, posterior tip; E2, anterior tip; E3, E4, the rest of the skin. AM1/elk
(F) ADDITIONAL PROXIMAL TISSUE, LEFT ANKLE - A triangular shaped fragment of tan, grossly unremarkable skin measuring 1.2 x 1.0 cm. Representative sections submitted in cassette F. AM1/elk
(G) ADDITIONAL DISTAL TISSUE, LEFT ANKLE - A triangular shaped fragment of grossly unremarkable skin measuring 1.0 x 0.8 cm. Surgical margin is inked. Bisected and entirely submitted in cassette G. AM1/elk
(H) BIOPSY, LESION LEFT KNEE - A fragment of a tan, shaved unoriented skin measuring 0.6 x 0.4 cm. The skin surface contains a fairly well demarcated light gray elevated lesion measuring 0.3 x 0.3 cm grossly approach the surgical margin. The surgical margin is inked blue. Bisected and entirely submitted in cassette H. AM1/elk
(I) PUNCH BIOPSY, RIGHT FACE - A shallow skin punch biopsy measuring 0.4 x 0.4 cm. Surgical margin is inked blue. Entirely submitted in cassette I. AM1/elk
(J) LEFT POPLITEAL FOSSA SENTINEL LYMPH NODE #1, NOT BLUE, COUNT 1028 - A single possible lymph node measuring 0.8 cm in its greatest dimension. Entirely submitted in cassette J. AM1/elk
(K) LEFT POPLITEAL SENTINEL LYMPH NODE #2, NOT BLUE, COUNT 2200 - A single possible lymph node measuring 0.7 cm in its greatest dimension. Bisected and entirely submitted in cassette K. AM1/elk

CLINICAL HISTORY

Melanoma.

SNOMED CODES

T-02840, T-02120, T-C4800, T-C4810, M-87203, M-80703, M-78060, M-72750

Entire report and diagnosis completed by: Victor Prieto MD Mar 28, 2008

744652 - BODIN, JEFFREY T 10yo M 05/22/1997 (135.0cm 28.9kg BSA: 1.04m² 03/26/08)
Accession: S-08-017604
Specimen Date/Time: 03/26/2008

ADDENDUM

This modified report is being issued to provide additional information/results for specimens A, B, C, D. J and K.

Addendum completed by Diwan, A. Hafeez MD.
Apr 01, 2008 at 11:22 AM

DIAGNOSIS

(A) Examination of additional tissue levels and an immunohistochemical study on paraffin sections with an anti-melanocytic cocktail (HMB-45, anti-MART 1 and anti-tyrosinase) confirms METASTATIC MELANOMA as previously indicated (1/1). In addition to the information already given, please note that there is an intraparenchymal component as well.

(B) Examination of additional tissue levels and an immunohistochemical study on paraffin sections with an anti-melanocytic cocktail (HMB-45, anti-MART 1 and anti-tyrosinase) fails to reveal metastatic melanoma.

(C) Examination of additional tissue levels and an immunohistochemical study on paraffin sections with an anti-melanocytic cocktail (HMB-45, anti-MART 1 and anti-tyrosinase) is positive for METASTATIC MELANOMA (1/1).

(D, J, K) Examination of additional tissue levels and an immunohistochemical study on paraffin sections with an anti-melanocytic cocktail (HMB-45, anti-MART 1 and anti-tyrosinase) fails to reveal metastatic melanoma

AHD:ZZ/elk
DD: 3/31/08
4/1/2008 11:26 AM

Entire report and diagnosis completed by: A. Hafeez Diwan MD Apr 01, 2008

------END OF REPORT------

Division of Pathology and Laboratory Medicine
U.T.M.D. Anderson Cancer Center
1515 Holcombe Boulevard
Houston, Texas 77030

UT M.D. Anderson Cancer Center
Tamtron Print by 10964 at 5/1/2008 2:19:27 PM

744652 - BODIN, JEFFREY T 10yo M 05/22/1997 (135.0cm 28.0kg BSA: 1.02m² 04/23/08)

Accession: S-08-023559
Specimen Date/Time: 04/23/2008

DIAGNOSIS

(A) LEFT INGUINAL SUPERFICIAL LYMPH NODES:
Eight lymph nodes, no tumor present (0/8).
Skin and subcutaneous tissue with scar, granulation tissue and fat necrosis.
(B) LEFT CLOQUET LYMPH NODE:
One lymph node, no tumor present in frozen and permanent H&E sections (0/1).

DI:LP/elk
DD: 4/24/08
4/25/2008 8:37 AM

GROSS DESCRIPTION

(A) LEFT INGUINAL SUPERFICIAL LYMPH NODE - Received is a strip of white-tan skin with incision scar (6.0 x 1.1 cm) and underlying soft tissue (8.5 x 3.8 x 3.0 cm). Eight lymph nodes are identified ranging from 0.4 x 0.2 x 0.2 cm to 1.0 x 0.5 x 0.3 cm.
SECTION CODE: A1, skin and scar tissue; A2, four lymph nodes; A3, four lymph nodes. PX/amf
(B) LEFT CLOQUET NODE, RULE OUT METASTATIC MELANOMA - A tan possible lymph node (0.9 x 0.3 x 0.3 cm). Serially sectioned and entirely submitted for frozen section in FSB. DO/amf
Frozen section block is submitted for permanent sections. MJ/amf
*FS/DX: LYMPH NODE, NO TUMOR PRESENT. AR/amf

CLINICAL HISTORY

Melanoma.

SNOMED CODES

T-C4810, M-00110

"Some tests reported here may have been developed and performance characteristics determined by UT MD Anderson Pathology and Laboratory Medicine. These tests have not been specifically cleared or approved by the U.S. Food and Drug Administration."

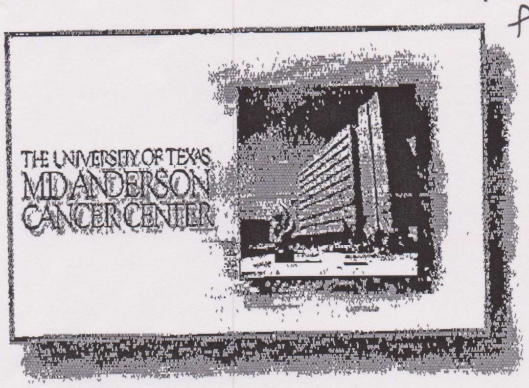
Entire report and diagnosis completed by: Doina Ivan MD Apr 25, 2008

------END OF REPORT------

Division of Pathology and Laboratory Medicine
U.T.M.D. Anderson Cancer Center
1515 Holcombe Boulevard
Houston, Texas 77030

phone 985 624 3470 fax #

646 888-2315 Jeanie



- **Date** Thursday, May 01, 2008
- **To** Mark Bodin
- **Company**
- **Fax Number** 504) 596-2861
- **Total Number of Pages** (2) Two

Re: Jeffrey Bodin

Lane Read, MPAS, PA-C

Department of Surgical Oncology
1400 Holcombe Blvd, Box 301402, Unit 444
Houston, Texas 77230-1402

Telephone: 713-745-6858
Fax: 713-792-0722

NOTES:

Mr Bodin,

attached is final Pathology on Jeffrey's last Surgery. Linda requested that I send this to you.

Lane Read, PA-C

FAX TRANSMISSION

5/6/2008

Re: BODIN, JEFFREY
Age: 10 Sex: M

1: LEFT INGUINAL SENTINAL LYMPH NODE, LEFT ANKLE, LEFT KNEE, RIGHT FACE, LEFT POPLITEAL, MD ANDERSON CANCER CENTER. S08-17604 (12 SLIDES) (jb)

Casey,Sherri
Sherri Casey, M.D.
71107 Highway 21, Sute 1
Covington, LA 70433
TEL: 985-871-9418
FAX: 985-893-2580

Dear Dr. Casey.

Dr. Alan Houghton has asked me to review the slides of Jeffrey Bodin's melanocytic tumor. Unfortunately, so far I have not received the slide of the initial biopsy. What I have been able to review is the re-excision of the melanocytic tumor from the left ankle. It shows a proliferation of plump fusiform melanocytes in nests and intersecting fascicles in the dermis in association with a scar. The lesion shows Spitzoid features, a nevoid growth pattern, but only limited "maturation". A rare mitotic figure is seen. The margins are benign. The left inguinal sentinel lymph node shows small clusters of melanocytes in the lymph node parenchyma and focally within fibrous tissue. These melanocytes are similar in appearance to the primary tumor cells, and need to be considered derivatives thereof.
Descriptively, one may summarize the findings as "atypical Spitzoid melanocytic proliferation with microscopic deposits in one sentinel lymph node". I acknowledge that on the one hand, the constellation of findings is compatible with a diagnosis of "melanoma with sentinel node micrometastasis". However, alternatively, one may also consider an "atypical Spitz nevus/tumor with lymph node involvement" (via mechanical transport) that is different in its biology from (conventional) metastatic melanoma.
I believe that Jeffrey's prognosis is likely more favorable than for a child with a "conventional" melanoma. I have seen a number of similar lesions and clinical scenarios which fortunately so far have not been associated with adverse outcome to the patient, but these are preliminary and anecdotal data.
Since I did not see the top part of the lesion, I cannot be more definitive at the current time. I would appreciate the opportunity to review the initial biopsy of the lesion, since its features may help diagnostically. In attempt to further classify the primary tumor, we have requested additional material to study the tumor for possible chromosomal aberrations. Once results from those studies are available, we will issue a final assessment of the lesion.

Sincerely,

Klaus J Busam, M.D.
Attending Pathologist

MH#: S08-18392

ST. TAMMANY
PARISH HOSPITAL
1202 S. Tyler Street Covington, Louisiana 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Patient: BODIN, JEFFREY

Med. Rec. No.: (0000)0000-280719
Account No: 0376424008
DOB: 05/22/1997 *Age/Sex:* 10 YRS M
Physician: HEINTZ, LUDWIG C
Admit Date: 05/13/08 *Loc:* PED

Copy to: HEINTZ, LUDWIG C

Clinical Diagnosis:

Specimen Recd: 05/14/08

SURGICAL PATHOLOGY

Accession: ST-08-02269 Surgery: 05/13/08

SPECIMEN SOURCE:
Appendix

CLINICAL INFORMATION:
Appendicitis

PROCEDURE: Appendectomy

GROSS DESCRIPTION:
Received in formalin is a vermiform appendix 5.5 x 1.0 cm. Attached is a small amount of epiploic fat. The serosa is covered by a thin tan dull fibrinous exudate through which prominent serosal vascular markings are seen. Gross perforation is not seen. Gross discoloration is not seen. The wall measures up to 2 - 3 mm thick. The mucosa is grossly edematous, the lumen is filled with a cheesy green material. Routine sections.

DLF:TTE

DIAGNOSIS:
Appendix coli: Acute suppurative appendicitis.

PATHOLOGIST COMMENT:
P88304

DLF:DLF:TTE By: Daniel L. Ferguson, M.D.
05/15/08 (Electronic Signature)

cc:

PREPRINTED DISCHARGE EDUCATION

☐ Congestive Heart Failure — Others: ☐
☐ Smoking Cessation ☐
☐ Post-op ☐

ACTIVITIES / RESTRICTIONS

☐ Gradual return to previous activities
☐ Rest/relaxation for _____ hours / days
☐ No driving motor vehicles, no operating machinery or making major decisions for 24 hours
☐ Avoid heavy lifting (_____ lbs) for _____ days
☐ Avoid climbing stairs for _____ days
☐ Avoid sexual activity for _____ days/weeks
☐ Avoid tub bath for _____ days/weeks
☐ May shower
☐ Equipment _____ ☐ Instructions given
_____ ☐ Instructions given
☐ Other:

WOUND CARE

☐ Keep incision clean and dry
☐ Keep dressing on and dry
☐ Remove dressing _____
☐ Ice pack to _____ for _____ hours/days
☐ Elevate _____ for _____ hours/days
☐ Avoid tampon/douching for _____ days/weeks
☐ IV site instructions given
☑ Other: leave dressing intact; he may shower

EMERGENCY

If you experience any serious problems and you are unable to contact your doctor; go to your nearest emergency department for help.

Call your doctor if:

* Fever of 101 or above
* Bright red bloody drainage
* Redness/tenderness at surgical site
* Coughing / vomiting blood
* Excessive nausea and vomiting
* Pain not relieved by medication
* Shortness of breath
* Difficulty urinating
* Chest Pain
* Rectal Bleeding
* Abdominal Pain
* Excessive swelling
* Any questions regarding instructions or medications
* Other:

DIET

☐ No dietary restrictions
☐ Progress to regular diet
☐ Other:
☐ Special diet
☐ Drink plenty of fluids
☐ Instructions given

Questions about your special diet? Call our Dietary Department (985) 898-4063.

FOLLOW-UP

Physician's Name: Doctor Heintz
☐ Appointment Date: 5-29-08
☑ Physician's phone number: 892-3766
☐ Call office to schedule
Physician's Name:
☐ Appointment Date:
☐ Physician's phone number:
☐ Call office to schedule
☐ Referrals
☐ Community Resources
☐ Diagnostic studies scheduled

DISPOSITION

Discharged at 0915 by Dr. Heintz
☑ Home ☐ Against medical advice
☐ Home Health Agency
☐ Discharge Instructions sent to agency
Discharge per ☐ Wheelchair ☐ Stretcher ☐ Arms of adult ☐ Walking with assistance
Accompanied by
Transportation: ☐ Private vehicle ☐ Ambulance ☐ Transport Service
Patient / Significant other able to restate instructions ☐ Yes ☐ No If NO, why
Copy of instructions given to:
Patient/Significant other signature: Linda D. Bodin
Nurse giving instructions: J Christensen RN
Date: 5-15-08 Time: 0915

05/12/08 09:42 AM

St. Tammany PARISH HOSPITAL
Excellence In Healthcare... Close To Home

BODIN, JEFFREY MED
280719
M 05/22/1997 10 BC 376424008
HEINTZ, LUDWIG 05/13/08

INPATIENT DISCHARGE INSTRUCTION SHEET

FORM NO. 65855-45709 (Rev. 6/04)

PATIENT COPY

INPATIENT DISCHARGE INSTRUCTIONS: MEDICATIONS

PRINT ALL INFORMATION					TAKE MEDICATIONS AT THE FOLLOWING TIMES			
NEW RX	HOME MED.	MEDICATION(S)	DOSE	FREQUENCY (PER DAY)	ON AN EMPTY STOMACH	WITH MEALS	AT BEDTIME	REASON ORDERED
		Mortab Elixir					1-2 teaspoons every 4 hours as needed for pain.	
		Bactroban ointment					Apply twice a day	

PATIENT COPY

St. Tammany PARISH HOSPITAL
World-class healthcare... Close to home

Date: 5-15-08

Nurse giving instructions: J Chustainer RN

Patient/Significant other: Bodin Jr

Printed/Verbal Instructions given on medications

BODIN, JEFFREY
MED
M 05/22/1997 10 BC 376424008
280719
HEINTZ, LUDWIG
05/13/08

FORM 45712 (Rev. 1/05)

FOR INFORMATION ON FILING A GRIEVANCE OR FOR ANY QUESTIONS ABOUT ANY OF THE RIGHTS LISTED BELOW, CONTACT GUEST SERVICES AT 898-4669 OR THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS AT (225) 342-6429.

AS A PATIENT, YOU HAVE THE RIGHT TO:

- **Access care and services** based upon need and according to the Hospital's mission and vision, admission policies, and capability to provide needed services regardless of race, gender, religion, national origin, age, physical ability or financial status.
- **Receive considerate care** that respects psychosocial, spiritual, and cultural values.
- **Wear personal and religious or symbolic items** provided the items do not interfere with medical therapy or diagnostic procedures. Have a family member or representative of your choice and your physician notified of your admission.
- **Receive appropriate pain management** and information about pain relief measures. This includes having health professionals who respond quickly to reports of pain and staff who are committed to pain control.
- **Make informed decisions** about your care and any proposed procedure or treatment. This includes being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatments. This right is not a mechanism to demand medically unnecessary or inappropriate treatment or services.
- **Have an advance directive** concerning end of life care and treatment, for example a living will, or to designate a surrogate decision-maker with the expectation that Hospital staff and practitioners will honor the intent of the directive(s) to the extent permitted by law and Hospital policy.
- **Know the identity of the physician** who has primary responsibility for your care and the identity and professional status of individuals responsible for authorizing or performing procedures or treatments.
- **Be informed of outcomes of care**, including any unanticipated outcomes, and be informed if the Hospital proposes to engage in investigational, experimental, research or educational activity and have the right to refuse to participate in such activity.
- **Voice complaints or submit a written grievance** about the Hospital's care and services and receive a response to the complaint or grievance. *Submitting a complaint or grievance will not compromise your future access to care.*
- **Participate** in the consideration of the **ethical issue**s that may arise in the course of your care.
  Expect personal privacy and be interviewed, examined and treated with reasonable visual and auditory privacy.
- **Receive care in a safe setting;** be free from all forms of abuse, neglect, or harassment; be free from restraints of any form that are not medically necessary; and be free from seclusion and restraints of any form imposed for behavior management unless clinically necessary.
- **Expect confidentiality of health information and clinical records;** have that information provided only to those involved in your care, to those monitoring its quality, or to those otherwise legally authorized to receive such information; and access information contained in your clinical record within a reasonable time frame.
- **Request and receive an itemized explanation of total charge**s for services rendered by the Hospital regardless of the source of payment.

YOUR PATIENT RESPONSIBILITIES INCLUDE:

- Providing correct, accurate and complete information about your health.
- Following the treatment plan ordered by your physician, including working with your doctor(s) and nurse(s) to develop a pain management plan, helping measure your pain, and reporting any unrelieved pain.
- Considering the rights of other patients and Hospital personnel.
- Ensuring that the Hospital has a copy of your written advance directive (if you have one).
- Following Hospital rules and regulations that apply to patient conduct.
- Taking responsibility for your actions if you refuse treatment or do not follow instructions given by your physician.
- Making sure that the financial obligations of your health care are met as soon as possible.
- Asking questions when you do not understand what you have been told about your care.
- Contacting your nurse, physician, or other staff member if you perceive any safety risk relating to your environment or care.

If the patient is unable to exercise any of the rights set forth in this document, surrogates in the order provided by Louisiana statute may do so.

By signing this form, the patient (or his/her designated representative) acknowledges that he/she has been given a copy of patient rights and responsibilities for review.

X **Patient Signature:** Linda P. Bodin **Date:** 5/13/08

Hospital Representative: K Nia **Date:** 5/13/08

PATIENT RIGHTS AND RESPONSIBILITIES

St. Tammany PARISH HOSPITAL
Excellence In Healthcare... Close To Home

BODIN ,JEFFREY
376424008 05/13/08 MED
M 05/22/1997 10 C B 280719
HEINTZ, LUDWIG

MR.00019

sleep mask
cat book (backpack)
-? Prozac
change of clothes 4 Jeff
PJ's for Jeff
toothbrush for Jeff

me ← PJ top, underwear, Tylenol PM
makeup stuff

Children's Hospital

Patient Name	BODIN,JEFFREY	**Patient ID**	0445573
Birth Date	05/22/1997	**Sex**	M
Age	11 Year	**Exam Status**	APPROVED
Exam Procedure	CHEST - AP & LAT	**Modality**	CR
Study Time	09/15/2008 12:16:24	**Image Count**	2

Diagnostic Report(Radiologists : WARD, KENNETH)

A.P. LATERAL CHEST: There is no focal consolidation or atelectasis. The cardiovascular silhouette and mediastinal structures are within normal limits. The musculoskeletal structures are normal in appearance.
IMPRESSION: Normal chest.

THOMAS NICOTRI, JR., M.D., LLC
DERMATOPATHOLOGY SERVICES
P.O. Box 1713 Mandeville, LA 70470
1305 W Causeway Approach, Ste. 209 Mandeville, LA 70471
Reports/Lab: (504) 361-3757
Billing: (877) 626-0312

Name: Jeffrey Bodin
Address: 528 Beau Chene Drive
Mandeville,LA 70471

Number: N08-12618
Doctor: Dr. Rhonda Baldone
Clinic: Baldone
Clinic Number:
Social Security #:

Date of Biopsy: 12/01/2008
Date Received: 12/02/2008
Date Reported: 12/03/2008
Age: Sex: M
Date of Birth: 05/22/1997

BIOPSY SITE:
L LOWER ABDOMEN, 4 MM PUNCH

PATHOLOGY REPORT

CLINICAL DIAGNOSIS AND HISTORY:
3 mm dark brown papule
Atypical nevus - History of melanoma

GROSS EXAMINATION: Received is a 4 mm punch biopsy of skin extending to a depth of 0.4 cm. Entirely submitted. (fg)

MICROSCOPIC DESCRIPTION:
The skin is slightly elevated. In some areas the rete ridges are elongated. There is an increased number of melanocytes along the basal layer of the epidermis where they are distributed both diffusely and in nests. These nests are located not only at the tips of rete, but also along the sides of rete and between rete ridges. Within the dermis are orderly nests, cords and strands of nevus cells which tend to mature at the deeper aspect of the lesion. The junctional component of this nevus extends some distance lateral to the intradermal component and within this junctional component, occasional melanocytes exhibit cytologic atypia. There is stromal fibroplasia beneath this lateral area of involvement and a mild mononuclear cell infiltrate is present.

DIAGNOSIS:
SKIN, L LOWER ABDOMEN, 4 MM PUNCH
-Compound dysplastic nevus, mild atypia (Clark's nevus). GK RB

Comment: Margins are clear in this plane of section.

Thomas Nicotri, Jr., MD
Thomas Nicotri, Jr., MD

PATIENT INFORMED
DATE: 12-4-08
BY: RB

ST TAMMANY PARISH HOSPITAL
1202 SOUTH TYLER STREET, COVINGTON, LA 70433

NAME:	BODIN, JEFFREY	PT PHONE:	985-845-0969
SEX:	M	DATE OF BIRTH:	05/22/1997
LOCATION:		AGE:	11Y
MR#:	28-07-19	DATE OF EXAM:	02/16/2009
PHYSICIAN:	SHERRI CASEY	ORD# / FC:	90002 / B
	71107 Hwy 21 Suite 1	ADM NO:	000377557483
	Covington, LA 70433	PT CLASS / TYPE:	O / P
	(985) 893-2580	ADM DATE:	02/16/2009

Final Report

ACCESSION #: 1791895

Clinical History: 172.9 - SKIN MAL MELANOMA NOS

MRI BRAIN W/WO CONTRAST - 02/16/2009 metastatic melanoma

RESULT: MRI of the brain

70553

Indication: Headaches, malignant melanoma, rule out metastases

Technique: Sequences performed included axial and sagittal T1 weighted, axial T2 weighted, axial FLAIR, axial proton density, and axial ADC and diffusion weighted images.

Findings:
There is no abnormal enhancement or focal brain parenchymal abnormality evident. Normal enhancement of the pituitary is incidentally noted. Diffusion images demonstrate no acute ischemia. The ventricles and sulci are not enlarged. There is no intracranial hemorrhage, mass or mass effect. The posterior fossa is unremarkable. There is no abnormality of the cerebellum, brainstem or cerebellopontine angles. The sella and optic chiasm are within normal limits. The paranasal sinuses and mastoid air cells are clear.

IMPRESSION:
1. No focal brain parenchymal abnormality or abnormal enhancement.

Interpreting Physician: JOSEPH PERDIGAO M.D.
Transcribed by / Date: PSC on Feb 16 2009 3:23P
Approved Electronically by / Date: PERDIGAO M.D., JOSEPH Feb 16 2009 3:23P
Distribution: SHERRI CASEY
SHERRI CASEY

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.669.6605

SPECIMEN INFORMATION
SPECIMEN: HU111925F
REQUISITION: 0050069

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M

ID: BODIN,JEFFREY
PHONE: 985.845.0969

REPORT STATUS FAX COPY

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

CLIENT INFORMATION
L82333 MT99MT12
CHILDREN'S INT'L MED GROUP
1430 LINDBERG DR
SLIDELL, LA 70458-8056

COLLECTED: 03/06/2009 10:11 CT
RECEIVED: 03/06/2009 10:09 CT
REPORTED: 03/13/2009 06:37 CT

COMMENTS: FASTING

Test Name	In Range	Out of Range	Reference Range		Lab
HELICOBACTER PYLORI ANTIBODIES (IGG,IGA,IGM)					
HELICOBACTER PYLORI ANTIBODY (IGG)					E2
H. PYLORI AB IGG	NEGATIVE		Reference Range: NEGATIVE		

H. pylori serology testing measures antibodies to H.pylori and is not recommended for the diagnosis of active infection. The American College of Gastroenterology and the American Gastroenterological Association recommend either the urea breath test (test code #14839X) or the fecal antigen test (test code# 34838X) for diagnosis and confirmation of eradication in cases of suspected or proven Helicobacter pylori infection.

HELICOBACTER PYLORI ANTIBODY (IGA)					E2
H. PYLORI AB IGA	NEGATIVE		Reference Range: NEGATIVE		
HELICOBACTER PYLORI ANTIBODY (IGM)					E2
H. PYLORI AB IGM	NEGATIVE		Reference Range: NEGATIVE		
FSH/LH, PEDIATRICS					
LH, PEDIATRICS	0.86			mIU/mL	E2
			Reference Range: < OR = 6.64		

Male Reference Ranges for LH (Luteinizing Hormone), Pediatric:

Males:

3-7 years	< or = 0.26 mIU/mL
8-9 years	< or = 1.40 mIU/mL
10-11 years	< or = 6.64 mIU/mL
12-14 years	0.85-6.87 mIU/mL
15-17 years	0.90-7.82 mIU/mL

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/13/2009 06:37 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FAX COPY

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

Test Name	In Range	Out of Range	Reference Range	Lab
18-20 years	0.95-8.44 mIU/mL			
Tanner Stage				
I	< or = 0.50 mIU/mL			
II	< or = 1.73 mIU/mL			
III	0.09-4.09 mIU/mL			
IV-V	0.18-10.43 mIU/mL			
FSH (FOLLICLE STIMULATING HORMONE), PEDIATRICS				EZ
FSH, PEDIATRICS	0.81		mIU/mL	
			Reference Range: EARLY PREPUBERTAL: 0.30-4.00	

Male Pediatric Reference Ranges for FSH:

0-9 years/prepubertal*:	<3.00 mIU/mL
10-13 years/early pubertal:	0.30-4.00 mIU/mL
14-17 years:	0.40-7.40 mIU/mL

*FSH peaks (typically 3.00-6.00 mIU/mL for this assay) in male infants at 4 months of age, falling to prepubertal levels by 1 year of age. (Forest MG, Ducharme JR, Gonadotropic and gonadal hormones. Ch8, in: Bertrand et al, eds. Pediatric Endocrinology, 2nd Ed. Baltimore: Williams & Wilkins, 1993).

Test Name	In Range	Out of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL W/EGFR				RGA
GLUCOSE	75		65-99 mg/dL FASTING REFERENCE INTERVAL	
UREA NITROGEN (BUN)	13		7-20 mg/dL	
CREATININE	0.67		0.50-1.30 mg/dL	
PATIENT IS <18 YEARS OLD. UNABLE TO CALCULATE EGFR.				
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
BUN/CREATININE RATIO IS NOT REPORTED WHEN THE BUN AND CREATININE VALUES ARE WITHIN NORMAL LIMITS.				
SODIUM	138		135-146 mmol/L	
POTASSIUM		3.7 L	3.8-5.1 mmol/L	
CHLORIDE	104		98-110 mmol/L	
CARBON DIOXIDE	22		21-33 mmol/L	

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/13/2009 06:37 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FAX COPY

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

Test Name	In Range	Out of Range	Reference Range	Lab
CALCIUM	9.7		8.9-10.4 mg/dL	
PROTEIN, TOTAL	7.4		6.3-8.2 g/dL	
ALBUMIN	5.1		3.6-5.1 g/dL	
GLOBULIN	2.3		2.1-3.5 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO		2.2 H	1.0-2.1 (calc)	
BILIRUBIN, TOTAL	0.3		0.2-1.1 mg/dL	
ALKALINE PHOSPHATASE	126		91-476 U/L	
AST	19		12-32 U/L	
ALT	10		8-30 U/L	
IGF-I	122		ng/mL	EZ

Reference Range:
80-723

Pediatric Male Reference Ranges for IGF-I:

1-7 days	< or = 31 ng/mL
8-14 days	< or = 43 ng/mL
15 days-1 year	25-265 ng/mL
1-2 years	45-222 ng/mL
3-4 years	36-202 ng/mL
5-6 years	32-259 ng/mL
7-8 years	65-278 ng/mL
9-10 years	52-330 ng/mL
11-12 years	80-723 ng/mL
13-14 years	142-855 ng/mL
15-16 years	176-845 ng/mL
17-18 years	152-668 ng/mL

Tanner Stages (7-17 years)

Tanner I	59-296 ng/mL
Tanner II	56-432 ng/mL
Tanner III	135-778 ng/mL
Tanner IV	230-855 ng/mL
Tanner V	181-789 ng/mL

TESTOSTERONE, FREE AND TOTAL, LC/MS/MS	PENDING			
IGF BINDING PROTEIN 3 (IGFBP 3)	3.7		mg/L	EZ

Reference Range:
2.4-8.4

Pediatric Reference Ranges (mg/L) for IGF Binding Protein-3 (IGFBP-3):

Age	Units

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/13/2009 06:37 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FAX COPY

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

Test Name	In Range	Out of Range	Reference Range	Lab
1-7 days	<0.7			
8-15 days	0.5-1.4			
16 days-1 year	0.7-3.6			
2 years	0.8-3.9			
3 years	0.9-4.3			
4 years	1.0-4.7			
5 years	1.1-5.2			
6 years	1.3-5.6			
7 years	1.4-6.1			
8 years	1.6-6.5			
9 years	1.8-7.1			
10 years	2.1-7.7			
11 years	2.4-8.4			
12 years	2.7-8.9			
13 years	3.1-9.5			
14 years	3.3-10.0			
15 years	3.5-10.0			
16 years	3.4-9.5			
17 years	3.2-8.7			

Male Reference Ranges (ng/L) for IGF Binding Protein-3 (IGFBP-3) by Pubertal (Tanner) Stage:

Males

Tanner I	1.4-5.2
Tanner II	2.3-6.3
Tanner III	3.1-8.9
Tanner IV	3.7-8.7
Tanner V	2.6-8.6

T4, FREE	1.3		0.9-1.4 ng/dL	RGA
TSH, 3RD GENERATION	3.84		0.50-4.30 mIU/L	RGA

HARD COPY TO FOLLOW

PATIENT RESULTS CONTAINED IN A FACSIMILE OR ELECTRONIC MEDICAL REPORT ARE PROVIDED ONLY UPON THE REQUEST OF THE PHYSICIAN OR AUTHORIZED PERSON. FACSIMILE OR ELECTRONIC MEDICAL REPORTS THAT ARE CREATED BEFORE FINAL RESULTS ARE REPORTED ARE CONSIDERED TO BE INTERIM RESULTS ONLY AND ARE SUBJECT TO CHANGE BY THE LABORATORY.

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FAX COPY

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/13/2009 06:37 CT

PERFORMING LABORATORY INFORMATION

E2 QUEST DIAGNOSTICS/SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675
Laboratory Director: R.E. REITZ,MD, CLIA: 05D0643352

RGA QUEST DIAGNOSTICS HOUSTON, 5850 ROGERDALE ROAD, HOUSTON, TX 77072-1602
Laboratory Director: JOHN G BUCK,MD, CLIA: 45D0660150

ST. TAMMANY PARISH HOSPITAL
Covington, Louisiana
Peds: (985) 871-5966

PHYSICIAN'S ORDERS
USE BALL POINT PEN ONLY!

ALLERGIES: NKDA

BSA: 1.06 m^2.

Height: 53.65" Weight: 30.2kg.

BODIN, Jeffrey
DOB: 5/22/'97
M.cell: (985) 264-5277.

DATE & TIME ORDERED 8/3/2009

1/ Admit to Pediatrics */ service Dr. Victor Pous / Narumanchi for "Growth Hormone Stimulation Test" on:

2/ Dx: Growth Failure (ICD-9: 783.43).

3/ Cond: good

4/ Diet: water only until test is finished; then, regular as tolerated.

5/ IV: saline locks for blood sampling.

FAXED

NOTED BY

DATE & TIME ORDERED

6/ Meds: Clonidine: 0.15 mg PO x1 / after baseline labs

Glucagon: 1.0 mg IM x1

Zofran 4 mg IV Q4hrs PRN nausea/vomiting.

7/ Labs: ① baseline: Growth Hormone; IGF-1; Accuchek; Insulin

② T=30' = " ; " ; "

③ T=60' = " ; " ; "

④ T=90' = " ; " ; " ; Insulin; Cortisol

⑤ T=120' = " ; " ; "

DATE & TIME ORDERED ⑥ T=180' = " ; " ; " ; Cortisol

FAXED

NOTED BY

8/ May discharge to home at the end of the test if stable

9/ Please notify Dr Pous (pager: 504/464-2000) if problems.

10/ F/U: Dr Pous 3-4 wks after test.

*/ 23hrs observation.

FAXED

NOTED BY

Humatrope®
somatropin (rDNA origin)
for injection

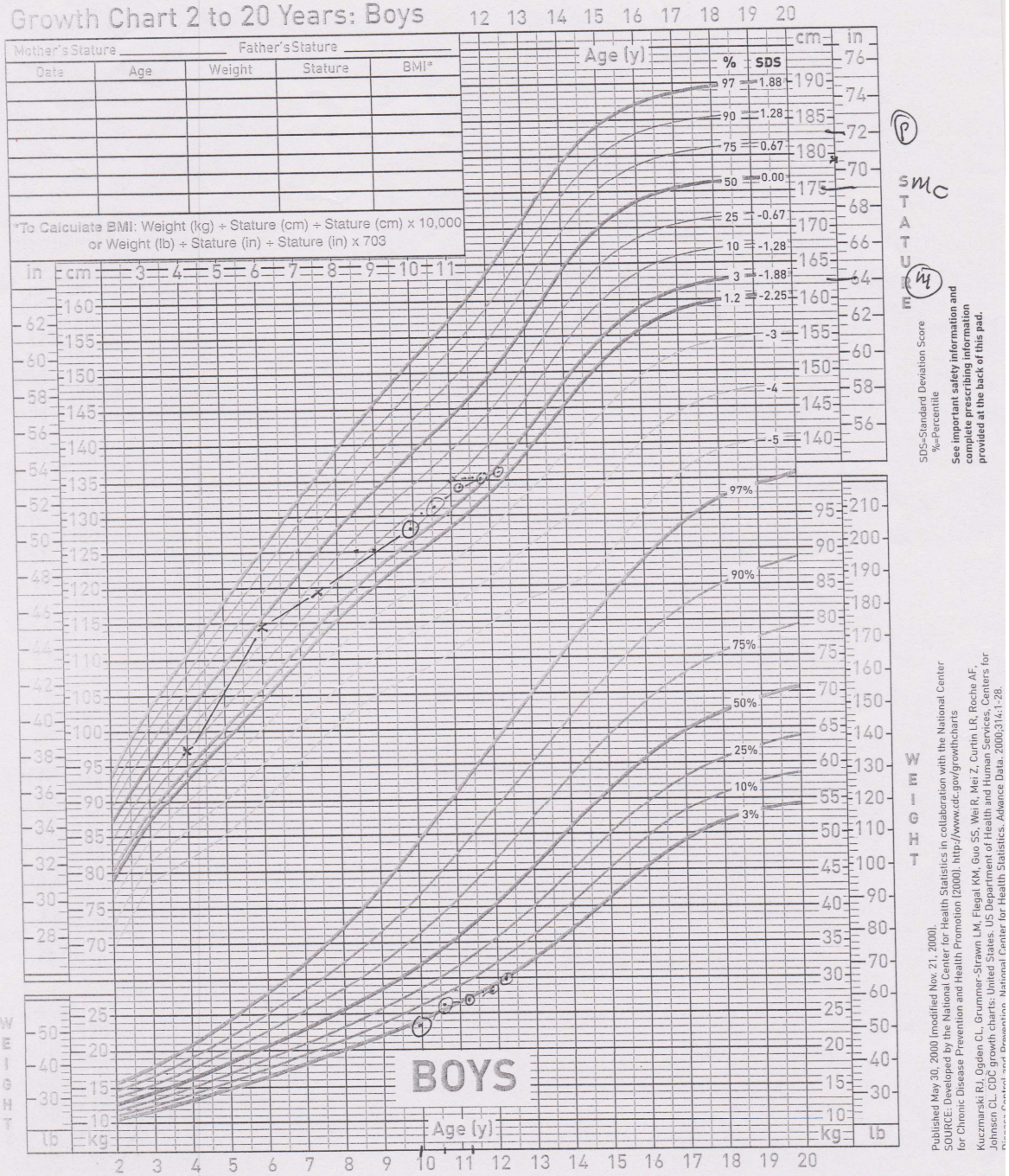
Name: Jeffrey Bodin ID#: _____ DOB: 5/22/1997

Growth Chart 2 to 20 Years: Boys

Mother's Stature _____ Father's Stature _____

Date	Age	Weight	Stature	BMI*

*To Calculate BMI: Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703



SDS=Standard Deviation Score
%=Percentile

See important safety information and complete prescribing information provided at the back of this pad.

Published May 30, 2000 [modified Nov. 21, 2000].
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion [2000]. http://www.cdc.gov/growthcharts

Kuczmarski RJ, Ogden CL, Grummer-Strawn LM, Flegal KM, Guo SS, Wei R, Mei Z, Curtin LR, Roche AF, Johnson CL. CDC growth charts: United States. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Advance Data. 2000;314:1-28.

Lilly

FOR INFORMATION ON FILING A GRIEVANCE OR FOR ANY QUESTIONS ABOUT ANY OF THE RIGHTS LISTED BELOW, CONTACT GUEST SERVICES AT 898-4669 OR THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS AT (225) 342-6429.

AS A PATIENT, YOU HAVE THE RIGHT TO:

- **Access care and services** based upon need and according to the Hospital's mission and vision, admission policies, and capability to provide needed services regardless of race, gender, religion, national origin, age, physical ability or financial status.
- **Receive considerate care** that respects psychosocial, spiritual, and cultural values.
- **Wear personal and religious or symbolic items** provided the items do not interfere with medical therapy or diagnostic procedures. Have a family member or representative of your choice and your physician notified of your admission.
- **Receive appropriate pain management** and information about pain relief measures. This includes having health professionals who respond quickly to reports of pain and staff who are committed to pain control.
- **Make informed decisions** about your care and any proposed procedure or treatment. This includes being informed of your health status, being involved in care planning and treatment, and being able to request or refuse treatments. This right is not a mechanism to demand medically unnecessary or inappropriate treatment or services.
- **Have an advance directive** concerning end of life care and treatment, for example a living will, or to designate a surrogate decision-maker with the expectation that Hospital staff and practitioners will honor the intent of the directive(s) to the extent permitted by law and Hospital policy.
- **Know the identity of the physician** who has primary responsibility for your care and the identity and professional status of individuals responsible for authorizing or performing procedures or treatments.
- **Be informed of outcomes of care**, including any unanticipated outcomes, and be informed if the Hospital proposes to engage in investigational, experimental, research or educational activity and have the right to refuse to participate in such activity.
- **Voice complaints or submit a written grievance** about the Hospital's care and services and receive a response to the complaint or grievance. *Submitting a complaint or grievance will not compromise your future access to care.*
- **Participate** in the consideration of the **ethical issue**s that may arise in the course of your care.
  Expect personal privacy and be interviewed, examined and treated with reasonable visual and auditory privacy.
- **Receive care in a safe setting;** be free from all forms of abuse, neglect, or harassment; be free from restraints of any form that are not medically necessary; and be free from seclusion and restraints of any form imposed for behavior management unless clinically necessary.
- **Expect confidentiality of health information and clinical records;** have that information provided only to those involved in your care, to those monitoring its quality, or to those otherwise legally authorized to receive such information; and access information contained in your clinical record within a reasonable time frame.
- **Request and receive an itemized explanation of total charge**s for services rendered by the Hospital regardless of the source of payment.

YOUR PATIENT RESPONSIBILITIES INCLUDE:

- Providing correct, accurate and complete information about your health.
- Following the treatment plan ordered by your physician, including working with your doctor(s) and nurse(s) to develop a pain management plan, helping measure your pain, and reporting any unrelieved pain.
- Considering the rights of other patients and Hospital personnel.
- Ensuring that the Hospital has a copy of your written advance directive (if you have one).
- Following Hospital rules and regulations that apply to patient conduct.
- Taking responsibility for your actions if you refuse treatment or do not follow instructions given by your physician.
- Making sure that the financial obligations of your health care are met as soon as possible.
- Asking questions when you do not understand what you have been told about your care.
- Contacting your nurse, physician, or other staff member if you perceive any safety risk relating to your environment or care.

If the patient is unable to exercise any of the rights set forth in this document, surrogates in the order provided by Louisiana statute may do so.

By signing this form, the patient (or his/her designated representative) acknowledges that he/she has been given a copy of patient rights and responsibilities for review.

Patient Signature: Yolanda D. Bodin, mother **Date:** 8/5/09

Hospital Representative: [signature] **Date:** 8/5/09

PATIENT RIGHTS AND RESPONSIBILITIES

St. Tammany PARISH HOSPITAL
Excellence In Healthcare... Close To Home

BODIN ,JEFFREY
378286843 08/05/09 PED
M 05/22/1997 12 O B 280719
POUW, I.S. VICTOR

MR.00019

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Laboratory Results — Chemistry

	[redacted]	08/05/09 12:02	08/05/09 11:02	08/05/09 10:32	08/05/09 10:08	08/05/09 09:41	08/05/09 08:50
		0000921700710	0000921700687	0000921700625	0000921700598	0000921700583	0000921700434
Growth Hormone, 0 Minutes	0.03-14.90 ng/mL						0.18 [*f*]
Growth Hormone, 30 Minutes	ng/mL					0.32 [*f*]	
Growth Hormone, 60 Minutes	ng/mL				7.92 [*f*]		
Growth Hormone, 90 Minutes	ng/mL			1.82 [*f*]			
Growth Hormone, 120 Minutes	ng/mL		9.45 [*f*]				
Growth Hormone Minutes	min	180					
Growth Hormone, Other Minutes	ng/mL	2.62 [*f*]					
Insulin-Like Growth Factor I	108-558 ng/mL	139 [*f*]	138 [*f*]	144 [*f*]	139 [*f*]	150 [*f*]	153 [*f*]
Cortisol, Serum	ug/dL	28.0 [*f*]		9.0 [*f*]			

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 12:02	Growth Hormone, Other Minutes	ng/mL

Result: 2.62

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 12:02	Growth Hormone, Other Minutes	ng/mL

Comment: TEST INFORMATION: Growth Hormone, Other
Growth Hormone Stimulation tests should induce a peak of greater than 7 ng/mL in children and greater than 5 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 7-10 ng/mL equivocal and only peak values of greater than 10 ng/mL truly normal.
For suppression testing, normal subjects have growth hormone concentrations of less than 1 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.

Collected DT	Finding Name	Normal(s)
8/5/09 12:02	Insulin-Like Growth Factor I	108-558 ng/mL

Result: 139

Comment: Tanner Stage Reference Intervals

Tanner Stage	Female	Male
I	70-397 ng/mL	50-278 ng/mL
II	165-665 ng/mL	79-392 ng/mL
III	201-695 ng/mL	119-577 ng/mL
IV-V	160-609 ng/mL	184-580 ng/mL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 12:02	Cortisol, Serum	ug/dL

Result: 28.0

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY
Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

MRN: 280719
Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Comments and Long Results Section

Laboratory Results

Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 12:02	Cortisol, Serum	ug/dL

Comment: REFERENCE INTERVAL: Cortisol, Serum or Plasma
0800 hrs: 6-23 ug/dL
2000 hrs: 0-9 ug/dL
8 hrs post 1 mg dexamethasone given at midnight: 0-5 ug/dL
30-60 min post 25 units Cosyntropin I.V.: greater than 20 ug/dL
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 11:02	Growth Hormone, 120 Minutes	ng/mL

Result: 9.45

Comment: TEST INFORMATION: Growth Hormone 120 Minutes
Growth Hormone Stimulation tests s hould induce a peak of greater than 7 ng/mL in children and greater than 5 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 7-10 ng/mL equivocal and only peak values of greater than 10 ng/mL as truly normal.
For suppression testing, normal subjects have growth hormone concentrations of less than 1 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 11:02	Insulin-Like Growth Factor I	108-558 ng/mL

Result: 138

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name:	BODIN , JEFFREY	**MRN:**	280719
Pt ID:	2008006301	Acct No:	
DOB:	05/22/1997	Age/Sex:	12Y/M
Adm DTime:		Atn Dr:	
Nurs Sta:		Rm/Bed:	
Dx:			
Alrg:			

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 11:02	Insulin-Like Growth Factor I	108-558 ng/mL

Comment: Tanner Stage Reference Intervals

Tanner Stage	Female	Male
I	70-397 ng/mL	50-278 ng/mL
II	165-665 ng/mL	79-392 ng/mL
III	201-695 ng/mL	119-577 ng/mL
IV-V	160-609 ng/mL	184-580 ng/mL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 10:32	Growth Hormone, 90 Minutes	ng/mL

Result: 1.62

Comment: TEST INFORMATION: Growth Hormone 90 Minutes
Growth Hormone Stimulation tests should induce a peak of greater than 7 ng/mL in children and greater than 5 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 7-10 ng/mL equivocal and only peak values of greater than 10 ng/mL as truly normal.
For suppression testing, normal subjects have growth hormone concentrations of less than 1 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 10:32	Insulin-Like Growth Factor I	108-558 ng/mL

Result: 144

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 10:32	Insulin-Like Growth Factor I	108-558 ng/mL

Comment: Tanner Stage Reference Intervals

Tanner Stage	Female	Male
I	70-397 ng/mL	50-278 ng/mL
II	165-665 ng/mL	79-392 ng/mL
III	201-695 ng/mL	119-577 ng/mL
IV-V	160-609 ng/mL	184-580 ng/mL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 10:32	Cortisol, Serum	ug/dL

Result: 9.0

Comment: REFERENCE INTERVAL: Cortisol, Serum or Plasma
0800 hrs: 6-23 ug/dL
2000 hrs: 0-9 ug/dL
8 hrs post 1 mg dexamethasone given at midnight: 0-5 ug/dL
30-60 min post 25 units Cosyntropin I.V.: greater than 20 ug/dL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 10:08	Growth Hormone, 60 Minutes	ng/mL

Result: 7.92

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 10:08	Growth Hormone, 60 Minutes	ng/mL

Comment: TEST INFORMATION: Growth Hormone 60 Minutes
Growth Hormone Stimulation tests should induce a peak of greater than 7 ng/mL in children and greater than 5 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 7-10 ng/mL equivocal and only peak values of greater than 10 ng/mL as truly normal.
For suppression testing, normal subjects have growth hormone concentrations of less than 1 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 10:08	Insulin-Like Growth Factor I	108-558 ng/mL

Result: 139

Comment: Tanner Stage Reference Intervals

Tanner Stage	Female	Male
I	70-397 ng/mL	50-278 ng/mL
II	165-665 ng/mL	79-392 ng/mL
III	201-695 ng/mL	119-577 ng/mL
IV-V	160-609 ng/mL	184-580 ng/mL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 9:41	Growth Hormone, 30 Minutes	ng/mL

Result: 0.32

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 9:41	Growth Hormone, 30 Minutes	ng/mL

Comment: TEST INFORMATION: Growth Hormone 30 Minutes
Growth Hormone Stimulation tests sh ould induce a peak of greater than 7 ng/mL in children and greater than 5 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 7-10 ng/mL equivocal and only peak values of greater than 10 ng/mL as truly normal.
For suppression testing, normal subjects have growth hormone concentrations of less than 1 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 9:41	Insulin-Like Growth Factor I	108-558 ng/mL

Result: 150

Comment: Tanner Stage Reference Intervals

Tanner Stage	Female	Male
I	70-397 ng/mL	50-278 ng/mL
II	165-665 ng/mL	79-392 ng/mL
III	201-695 ng/mL	119-577 ng/mL
IV-V	160-609 ng/mL	184-580 ng/mL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 8:50	Growth Hormone, 0 Minutes	0.03-14.90 ng/mL

Result: 0.18

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Comments and Long Results Section

Laboratory Results — Chemistry

Collected DT	Finding Name	Normal(s)
8/5/09 8:50	Growth Hormone, 0 Minutes	0.03-14.90 ng/mL

Comment: TEST INFORMATION: Growth Hormone 0 Minutes
Growth Hormone Stimulation tests sho uld induce a peak of greater than 7 ng/mL in children and greater than 5 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 7-10 ng/mL equivocal and only peak values of greater than 10 ng/mL as truly normal.
For suppression testing, normal subjects have growth hormone concentrations of less than 1 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 8:50	Insulin-Like Growth Factor I	108-558 ng/mL

Result: 153

Comment: Tanner Stage Reference Intervals

Tanner Stage	Female	Male
I	70-397 ng/mL	50-278 ng/mL
II	165-665 ng/mL	79-392 ng/mL
III	201-695 ng/mL	119-577 ng/mL
IV-V	160-609 ng/mL	184-580 ng/mL

Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Laboratory Results — Chem Tox

	08/05/09 10:32	08/05/09 08:50
[redacted]	0000921700625	0000921700434

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name: BODIN , JEFFREY **MRN:** 280719

Pt ID: 2008006301
DOB: 05/22/1997
Adm DTime:
Nurs Sta:
Dx:
Alrg:

Acct No:
Age/Sex: 12Y/M
Atn Dr:
Rm/Bed:

Laboratory Results — Chem Tox

	[redacted]	08/05/09 10:32	08/05/09 08:50
		0000921700625	0000921700434
Insulin, Fasting	3-19 uIU/mL		5 [*f*]
Insulin, 90 Minutes	26-84 uIU/mL	41 [*f*]	

Comments and Long Results Section

Laboratory Results — Chem Tox

Collected DT	Finding Name	Normal(s)
8/5/09 10:32	Insulin, 90 Minutes	26-84 uIU/mL

Result: 41

Comment: TEST INFORMATION: Insulin 90 Minutes
This assay reacts on a nearly equimolar bas is with the analogs insulin aspart, insulin glargine, and insulin lispro. The reference interval is based on a 75 g. glucose challenge.
To convert to pmol/L, multiply uIU/mL by 6.0.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

Collected DT	Finding Name	Normal(s)
8/5/09 8:50	Insulin, Fasting	3-19 uIU/mL

Result: 5

ST. TAMMANY PARISH HOSPITAL
1202 S. Tyler Street
Covington, LA 70433

Department of Pathology and Laboratory Services
Medical Director: Dale J. Morvant, M.D.

Laboratory Results Report

Legend: P indicates preliminary result [*f*] indicates result has comment or value was truncated

Pt. Name:	BODIN , JEFFREY	**MRN:**	280719
Pt ID:	2008006301	Acct No:	
DOB:	05/22/1997	Age/Sex:	12Y/M
Adm DTime:		Atn Dr:	
Nurs Sta:		Rm/Bed:	
Dx:			
Alrg:			

Comments and Long Results Section

Laboratory Results — Chem Tox

Collected DT	Finding Name	Normal(s)
8/5/09 8:50	Insulin, Fasting	3-19 uIU/mL

Comment: TEST INFORMATION: Insulin, Fasting
This assay reacts on a nearly equimolar basis with the analogs insulin aspart, insulin glargine, and insulin lispro.
To convert to pmol/L, multiply uIU/mL by 6.0.
Performed by ARUP Laboratories,
500 Chipeta Way, SLC,UT 84108 800-522-2787
www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

ST. TAMMANY PARISH HOSPITAL
Covington, Louisiana
Peds: (985) 871-5966

PHYSICIAN'S ORDERS
USE BALL POINT PEN ONLY!

ALLERGIES: NKDA

BSA: 1.06 m²
Height: 53.65" Weight: 30.2 kg

BODIN, Jeffrey
DOB. 5/22/'97
M.cell: (985) 264-5277.

DATE & TIME ORDERED 8/3/2009

1/ Admit to Pediatrics *1 service. Dr. Victor Pouw / Neerumanchi for "Growth Hormone Stimulation Test" on.
2/ Dx: Growth Failure (ICD-9. 783.43).
3/ Cond: good.
4/ Diet: water only until test is finished. Then regular as tolerated.
5/ IV: saline lock for blood sampling.

FAXED

NOTED BY

DATE & TIME ORDERED

6/ Meds: Clonidine: 0.15 mg PO x1 ; after baseline labs
Glucagon: 1.0 mg IVM x1
Zofran 4 mg IV Q4hrs PRN nausea/vomiting.
7/ Labs: ① baseline - Growth Hormone; IGF-1; Accucheck; Insulin
② T=30' = " ; " ; "
③ T=60' = " ; " ; "
④ T=90' = " ; " ; " ; Insulin, Cortisol
⑤ T=120' = " ; " ; "
⑥ T=180' = " ; " ; " ; Cortisol

FAXED 8/3/09

FAXED

NOTED BY

DATE & TIME ORDERED

8/ May discharge home at the end of the test if stable
9/ Please notify Dr. Pouw (Page: 504/464-3000) if problems.
10/ F/U: Dr. Pouw 3-4 wks after test.

Attn: Holly McNeese, RN
Melinda Cox, FNP

*1 23hrs observation.

FAXED

NOTED BY

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.669.6605

SPECIMEN INFORMATION
SPECIMEN: HU111925F
REQUISITION: 0050069

COLLECTED: 03/06/2009 10:11 CT
RECEIVED: 03/06/2009 10:09 CT
REPORTED: 03/17/2009 06:53 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M

ID: BODIN,JEFFREY
PHONE: 985.845.0969

REPORT STATUS FINAL REPRINT

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

CLIENT INFORMATION
L82333 MT99MT12
CHILDREN'S INT'L MED GROUP
1430 LINDBERG DR
SLIDELL, LA 70458-8056

COMMENTS: FASTING

Test Name	In Range	Out of Range	Reference Range	Lab
HELICOBACTER PYLORI ANTIBODIES (IGG,IGA,IGM)				
HELICOBACTER PYLORI ANTIBODY (IGG)				EZ
H. PYLORI AB IGG	NEGATIVE		Reference Range: NEGATIVE	

H. pylori serology testing measures antibodies to H.pylori and is not recommended for the diagnosis of active infection. The American College of Gastroenterology and the American Gastroenterological Association recommend either the urea breath test (test code #14839X) or the fecal antigen test (test code# 34838X) for diagnosis and confirmation of eradication in cases of suspected or proven Helicobacter pylori infection.

HELICOBACTER PYLORI ANTIBODY (IGA)				EZ
H. PYLORI AB IGA	NEGATIVE		Reference Range: NEGATIVE	
HELICOBACTER PYLORI ANTIBODY (IGM)				EZ
H. PYLORI AB IGM	NEGATIVE		Reference Range: NEGATIVE	
FSH/LH, PEDIATRICS				
LH, PEDIATRICS	0.86		mIU/mL Reference Range: < OR = 6.64	EZ

Male Reference Ranges for LH (Luteinizing Hormone), Pediatric:

Males:

3-7 years	< or = 0.26 mIU/mL
8-9 years	< or = 1.40 mIU/mL
10-11 years	< or = 6.64 mIU/mL
12-14 years	0.85-6.87 mIU/mL
15-17 years	0.90-7.82 mIU/mL

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/17/2009 06:53 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FINAL REPRINT

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

Test Name	In Range	Out of Range	Reference Range	Lab
18-20 years	0.95-8.44 mIU/mL			
Tanner Stage				
I	< or = 0.50 mIU/mL			
II	< or = 1.73 mIU/mL			
III	0.09-4.09 mIU/mL			
IV-V	0.18-10.43 mIU/mL			
FSH (FOLLICLE STIMULATING HORMONE), PEDIATRICS				EZ
FSH, PEDIATRICS	0.81		mIU/mL	
			Reference Range: EARLY PREPUBERTAL: 0.30-4.00	

Male Pediatric Reference Ranges for FSH:

0-9 years/prepubertal*:	<3.00 mIU/mL
10-13 years/early pubertal:	0.30-4.00 mIU/mL
14-17 years:	0.40-7.40 mIU/mL

*FSH peaks (typically 3.00-6.00 mIU/mL for this assay) in male infants at 4 months of age, falling to prepubertal levels by 1 year of age. (Forest MG, Ducharme JR, Gonadotropic and gonadal hormones. Ch8, in: Bertrand et al, eds. Pediatric Endocrinology, 2nd Ed. Baltimore: Williams & Wilkins, 1993).

Test Name	In Range	Out of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL W/EGFR				RGA
GLUCOSE	75		65-99 mg/dL FASTING REFERENCE INTERVAL	
UREA NITROGEN (BUN)	13		7-20 mg/dL	
CREATININE	0.67		0.50-1.30 mg/dL	
PATIENT IS <18 YEARS OLD. UNABLE TO CALCULATE EGFR.				
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
BUN/CREATININE RATIO IS NOT REPORTED WHEN THE BUN AND CREATININE VALUES ARE WITHIN NORMAL LIMITS.				
SODIUM	138		135-146 mmol/L	
POTASSIUM		3.7 L	3.8-5.1 mmol/L	
CHLORIDE	104		98-110 mmol/L	
CARBON DIOXIDE	22		21-33 mmol/L	

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/17/2009 06:53 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FINAL REPRINT

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

Test Name	In Range	Out of Range	Reference Range	Lab
CALCIUM	9.7		8.9-10.4 mg/dL	
PROTEIN, TOTAL	7.4		6.3-8.2 g/dL	
ALBUMIN	5.1		3.6-5.1 g/dL	
GLOBULIN	2.3		2.1-3.5 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO		2.2 H	1.0-2.1 (calc)	
BILIRUBIN, TOTAL	0.3		0.2-1.1 mg/dL	
ALKALINE PHOSPHATASE	126		91-476 U/L	
AST	19		12-32 U/L	
ALT	10		8-30 U/L	
IGF-I	122		ng/mL	EZ

Reference Range:
80-723

Pediatric Male Reference Ranges for IGF-I:

1-7 days	< or = 31 ng/mL
8-14 days	< or = 43 ng/mL
15 days-1 year	25-265 ng/mL
1-2 years	45-222 ng/mL
3-4 years	36-202 ng/mL
5-6 years	32-259 ng/mL
7-8 years	65-278 ng/mL
9-10 years	52-330 ng/mL
11-12 years	80-723 ng/mL
13-14 years	142-855 ng/mL
15-16 years	176-845 ng/mL
17-18 years	152-668 ng/mL

Tanner Stages (7-17 years)

Tanner I	59-296 ng/mL
Tanner II	56-432 ng/mL
Tanner III	135-778 ng/mL
Tanner IV	230-855 ng/mL
Tanner V	181-789 ng/mL

TESTOSTERONE, FREE AND TOTAL, LC/MS/MS				EZ
TESTOSTERONE, TOTAL	3		ng/dL	

Reference Range:
260 OR LESS

RESULTS CONFIRMED BY REPEAT ANALYSIS.
Pediatric Reference Ranges for Testosterone, Total (Women and Children), LC/MS/MS (ng/dL):

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/17/2009 06:53 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FINAL REPRINT

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

Test Name	In Range	Out of Range	Reference Range	Lab

Age	Males
**Cord Blood:	17-61
**1-10 days:	187 or less
**1-3 months:	72-344
**3-5 months:	201 or less
**5-7 months:	59 or less
**7-12 months:	16 or less
1-5.9 years:	5 or less
6-7.9 years:	25 or less
8-10.9 years:	42 or less
11-11.9 years:	260 or less
12-13.9 years:	420 or less
14-17.9 years:	1000 or less

**Data from J Clin Invest 1974;53:819-828 and
J Clin Endocrinol Metab 1973;36:1132-1142.

Pediatric Reference Ranges by Pubertal Stage for
Testosterone, Total (Women and Children), LC/MS/MS (ng/dL):

Tanner Stage	Males
Stage I	5 or less
Stage II	167 or less
Stage III	21-719
Stage IV	25-912
Stage V	110-975

Total Testosterone was measured by LCMSMS. The LCMSMS method
correlates well with our extraction/RIA method.

% FREE TESTOSTERONE 1.11 %
Reference Range:
0.53-3.33

Pediatric Male Reference Ranges for Testosterone,
Free-LCMSMS-Percent:

5-9.9 years	0.44-1.78
10-13.9 years	0.53-3.33
14-17.9 years	1.05-2.91

TESTOSTERONE, FREE 0.3 L pg/mL
Reference Range:
0.7-52.0

Pediatric Male Reference Ranges for Testosterone,
Free-LCMSMS (pg/mL):

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/17/2009 06:53 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FINAL REPRINT

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

Test Name	In Range	Out of Range	Reference Range	Lab
5-9.9 years	5.3 or less			
10-13.9 years	0.7-52.0			
14-17.9 years	18.0-111.0			
IGF BINDING PROTEIN 3 (IGFBP 3)	3.7		mg/L	EZ

Reference Range:
2.4-8.4

Pediatric Reference Ranges (mg/L) for IGF Binding Protein-3 (IGFBP-3):

Age	Units
1-7 days	<0.7
8-15 days	0.5-1.4
16 days-1 year	0.7-3.6
2 years	0.8-3.9
3 years	0.9-4.3
4 years	1.0-4.7
5 years	1.1-5.2
6 years	1.3-5.6
7 years	1.4-6.1
8 years	1.6-6.5
9 years	1.8-7.1
10 years	2.1-7.7
11 years	2.4-8.4
12 years	2.7-8.9
13 years	3.1-9.5
14 years	3.3-10.0
15 years	3.5-10.0
16 years	3.4-9.5
17 years	3.2-8.7

Male Reference Ranges (mg/L) for IGF Binding Protein-3 (IGFBP-3) by Pubertal (Tanner) Stage:

Males

Tanner I	1.4-5.2
Tanner II	2.3-6.3
Tanner III	3.1-8.9
Tanner IV	3.7-8.7
Tanner V	2.6-8.6

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED

COLLECTED: 03/06/2009 10:11 CT
REPORTED: 03/17/2009 06:53 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M
ID: BODIN,JEFFREY

REPORT STATUS FINAL REPRINT

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

Test Name	In Range	Out of Range	Reference Range	Lab
T4, FREE	1.3		0.9-1.4 ng/dL	RGA
TSH, 3RD GENERATION	3.84		0.50-4.30 mIU/L	RGA

HARD COPY TO FOLLOW

PERFORMING LABORATORY INFORMATION

EZ QUEST DIAGNOSTICS/SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675
Laboratory Director: R.E. REITZ,MD, CLIA: 05D0643352

RGA QUEST DIAGNOSTICS HOUSTON, 5850 ROGERDALE ROAD, HOUSTON, TX 77072-1602
Laboratory Director: JOHN G BUCK,MD, CLIA: 45D0660150

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.669.6605

SPECIMEN INFORMATION
SPECIMEN: HU111925F
REQUISITION: 0050069

COLLECTED: 03/06/2009 10:11 CT
RECEIVED: 03/06/2009 10:09 CT
REPORTED: 03/17/2009 06:53 CT

PATIENT INFORMATION
BODIN,JEFFREY T

DOB: 05/22/1997 AGE: 11
GENDER: M

ID: BODIN,JEFFREY
PHONE: 985.845.0969

REPORT STATUS FINAL REPRINT

ORDERING PHYSICIAN
POUW,VICTOR VINCENT

CLIENT INFORMATION
L82333 MT99MT12
CHILDREN'S INT'L MED GROUP
1430 LINDBERG DR
SLIDELL, LA 70458-8056

COMMENTS: FASTING

Test Name	In Range	Out of Range	Reference Range	Lab
TEST AUTHORIZATION				RGA
TEST NAME:	HPYLORI ABS IGG/IGM/IGA			
TEST CODE:	20325			
CLIENT CONTACT:	STEFANIE D			

THE LABORATORY TESTING ON THIS PATIENT WAS VERBALLY REQUESTED OR CONFIRMED BY THE ORDERING PHYSICIAN OR HIS OR HER AUTHORIZED REPRESENTATIVE AFTER CONTACT WITH AN EMPLOYEE OF QUEST DIAGNOSTICS. FEDERAL REGULATIONS REQUIRE THAT WE MAINTAIN ON FILE WRITTEN AUTHORIZATION FOR ALL LABORATORY TESTING. ACCORDINGLY WE ARE ASKING THAT THE ORDERING PHYSICIAN OR HIS OR HER AUTHORIZED REPRESENTATIVE SIGN A COPY OF THIS REPORT AND PROMPTLY RETURN IT TO THE CLIENT SERVICE REPRESENTATIVE.

SIGNATURE:_____

* Reference footnote 1

PERFORMING LABORATORY INFORMATION
RGA QUEST DIAGNOSTICS HOUSTON, 5850 ROGERDALE ROAD, HOUSTON, TX 77072-1602
Laboratory Director: JOHN G BUCK,MD, CLIA: 45D0660150

Footnote 1
PLEASE FAX THIS SIGNED PAGE TO 713-877-7829 OR RETURN IT VIA YOUR QUEST DIAGNOSTICS COURIER.

8.20.09

Lakeview Regional Medical Ctr.
95 EAST FAIRWAY DR.
COVINGTON, LA 70433

PHONE #: (985)867-4050
FAX #: (985)867-4051

Name: BODIN,JEFFREY
Phys: Pouw, In-Sian Victor V. MD
DOB: 05/22/1997 Age: 11 Sex: M
Acct: F00037205253 Loc: F.RAD
Exam Date: 03/04/2009 Status: REG CLI
Radiology No:
Unit No: F000723116

EXAMS:
000634976 BONE AGE

CPT:
77072

Bone age

History: Growth failure

Findings:
Single AP radiograph of the left hand demonstrates a bone age which corresponds to a standard male of 11 years 6 months.

** Electronically Signed by M.D. MICHAEL HALL on 03/04/2009 at 1305 **
Reported and signed by: MICHAEL HALL, M.D.

Own: 11yr/age

CC: Pouw, In-Sian Victor V. MD

Dictated Date/Time: 03/04/2009 (1304)
Technologist: LMM RT; UNKNOWN TECHNOLOGIST
Transcribed Date/Time: 03/04/2009 (1305)
Transcriptionist: RAD.VR
Electronic Signature Date/Time: 03/04/2009 (1305)
Orig Print D/T: S: 03/04/2009 (1306)
BATCH NO: N/A

71107 Highway 21, Suite 1
Covington, LA 70433
Phone: (985)893-2580
Fax: (985)871-9418

CHILDREN'S MEDICAL CENTER
William L. Terral, M.D.
William C. Terral, M.D.
Sherri B. Casey, M.D.
John E. Williams, M.D.
Kristen Frentz Kenney, FNP

Attn

To: Linda & Mark Bodin From: DR Casey

Fax: (504) 596-2861 Pages: 4 (including cover)

Phone: Date: 9/2/09

Re: CC:

Jeffery Bodin DOB 5/22/97

Stool Results

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.669.6605

SPECIMEN INFORMATION
SPECIMEN: HU800247H
REQUISITION: 3645304

COLLECTED: 08/24/2009
RECEIVED: 08/24/2009 19:13 CT
REPORTED: 08/27/2009 11:51 CT

PATIENT INFORMATION
BODIN,JEFFERY

DOB: 05/22/1997 AGE: 12
GENDER: M FASTING: U

ID:
PHONE: 504.596.2826

REPORT STATUS FINAL

ORDERING PHYSICIAN
CASEY,SHERRI B

CLIENT INFORMATION
L34857 MT03MT03
CHILDRENS MEDICAL CENTER FAX
71107 HIGHWAY 21
COVINGTON, LA 70433-7151

Test Name	In Range	Out of Range	Reference Range	Lab
CULTURE, CAMPYLOBACTER				NO

MICRO NUMBER: 90437739
TEST STATUS: FINAL
SPECIMEN SOURCE: STOOL
SPECIMEN COMMENTS: ADEQUATE
RESULT: NO ENTERIC CAMPYLOBACTER ISOLATED

CULTURE, SALMONELLA AND SHIGELLA				NO

MICRO NUMBER: 90437740
TEST STATUS: FINAL
SPECIMEN SOURCE: STOOL
SPECIMEN COMMENTS: ADEQUATE
RESULT: NO SALMONELLA OR SHIGELLA ISOLATED

PERFORMING LABORATORY INFORMATION
NO QUEST DIAGNOSTICS-NEW ORLEANS, 4648 I 10 SERVICE RD, METAIRIE, LA 70001
Laboratory Director: CAROL W SARTIN, CLIA: 19D0648716

called Um 9/27/09

BODIN,JEFFERY - HU800247H

Page 1 - End of Report

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.669.6605

SPECIMEN INFORMATION
SPECIMEN: HU881034H
REQUISITION: 3645300

COLLECTED: 08/25/2009
RECEIVED: 08/26/2009 03:27 CT
REPORTED: 08/26/2009 23:00 CT

PATIENT INFORMATION
BODIN,JEFFREY

DOB: 05/22/1997 AGE: 12
GENDER: M FASTING: U

ID:
PHONE:

REPORT STATUS FINAL

ORDERING PHYSICIAN
CASEY,SHERRI B

CLIENT INFORMATION
L34857 MTO3MT03
CHILDRENS MEDICAL CENTER FAX
71107 HIGHWAY 21
COVINGTON, LA 70433-7151

Test Name	In Range	Out of Range	Reference Range	Lab
OVA AND PARASITES, STOOL CONC AND PERM SMEAR				RGA

MICRO NUMBER: 90442435
TEST STATUS: FINAL
SPECIMEN SOURCE: STOOL
SPECIMEN COMMENTS: ADEQUATE
CONCENTRATION 1: NO OVA OR PARASITES SEEN
TRICHROME 1: NO OVA OR PARASITES SEEN

PERFORMING LABORATORY INFORMATION
RGA QUEST DIAGNOSTICS HOUSTON, 5850 ROGERDALE ROAD, HOUSTON, TX 77072-1602
Laboratory Director: JOHN G BUCK,MD, CLIA: 45D0660150

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.669.6605

SPECIMEN INFORMATION
SPECIMEN: HU856251H
REQUISITION: 4080868

COLLECTED: 08/24/2009
RECEIVED: 08/25/2009 02:37 CT
REPORTED: 08/25/2009 23:03 CT

PATIENT INFORMATION
BODIN,JEFFREY

DOB: 05/22/1997 AGE: 12
GENDER: M FASTING: U

ID:
PHONE: 504.596.2826

REPORT STATUS FINAL

ORDERING PHYSICIAN
CASEY,SHERRI B

CLIENT INFORMATION
L34857 MT03MT03
CHILDRENS MEDICAL CENTER FAX
71107 HIGHWAY 21
COVINGTON, LA 70433-7151

Test Name	In Range	Out of Range	Reference Range	Lab
				RGA

GIARDIA AG, EIA, STOOL

MICRO NUMBER: 90439558
TEST STATUS: FINAL
SPECIMEN SOURCE: STOOL
SPECIMEN COMMENTS: ADEQUATE
RESULT 1: NOT DETECTED

PERFORMING LABORATORY INFORMATION
RGA QUEST DIAGNOSTICS HOUSTON, 5850 ROGERDALE ROAD, HOUSTON, TX 77072-1602
Laboratory Director: JOHN G BUCK,MD, CLIA: 45D0660150

Rec 8/26/09 P

BODIN,JEFFREY - HU856251H

Page 1 - End of Report

744652
BODIN, JEFFREY

Bodin Copy

M.D. Anderson Cancer Center
DIAGNOSTIC IMAGING CONSULTATION

PATIENT: **BODIN, JEFFREY**
PATIENT CLASS: WMSB — PATIENT TYPE: O
DOB: 05/22/1997 — RM#: -
CITY/ST/COUNTRY: MANDEVILLE, LA UNITED STATES — LOCATION: 712
REQUESTING M.D.: MERRICK I. ROSS — ORDER NO: 90013
EXAMINATION: **CT THORAX W/CONTRAST, on 09/16/2009**

Comment [bd1]: BEGIN RESULT:
Comment [COMMENT2]: ACCESSION: (7939497)

FULL RESULT:
Examination: CT Thorax with contrast 09/16/2009.

Clinical History: Melanoma, restaging.

Comparison: 11/03/2009 and previous.

Technique: Contrast-enhanced images of the thorax at 2.5 mm intervals with sagittal and coronal reconstructions.

Findings: Normal-appearing thymic tissue is present in the anterior mediastinum. There is a stable 8 x 9 mm right hilar node. Several subcentimeter left axillary nodes, none enlarged by size criteria, are minimally larger compared with 03/11/2009. There is a stable minimal linear scar in the right middle lobe on image 79 of series 3. No pulmonary nodule is seen and there is no pleural effusion. There is no osseous lesion. A 4 mm subcutaneous nodule in the left chest wall is unchanged from prior studies dating back to 04/21/2008.

IMPRESSION:
No finding for pulmonary metastases. Multiple subcentimeter left axillary nodes, a few of which have increased in modestly in size since 03/11/2009.

Read by: NANCY FITZGERALD,M.D. on 09/17/2009 08:38
SIGNED BY: NANCY FITZGERALD,M.D. on 09/17/2009 14:38

Comment [COMMENT3]: READING DR: (011744)
READING DATE: (09/17/2009 08:38)
REVIEWING DR: ()
RELEASE RESULTS: (Y)
CPT MODIFIER: (\)
END VIEW:

D: 09/17/2009 08:38 T: 09/17/2009 08:50

Comment [COMMENT4]: END RESULT:

DIAGNOSTIC RADIOLOGY **CT THORAX W/CONTRAST**

M.D. Anderson Cancer Center
DIAGNOSTIC IMAGING CONSULTATION

PATIENT:	**BODIN, JEFFREY**		
PATIENT CLASS:	WMSB	PATIENT TYPE:	O
DOB:	05/22/1997	RM#:	-
CITY/ST/COUNTRY:	MANDEVILLE, LA UNITED STATES	LOCATION:	712
REQUESTING M.D.:	MERRICK I. ROSS	ORDER NO:	90013

EXAMINATION: **CT THORAX W/CONTRAST, on 09/16/2009**

DIAGNOSTIC RADIOLOGY **CT THORAX W/CONTRAST**

M.D. Anderson Cancer Center
DIAGNOSTIC IMAGING CONSULTATION

PATIENT:	**BODIN, JEFFREY**		
PATIENT CLASS:	WMSB	PATIENT TYPE:	O
DOB:	05/22/1997	RM#:	-
CITY/ST/COUNTRY:	MANDEVILLE, LA UNITED STATES	LOCATION:	712
REQUESTING M.D.:	MERRICK I. ROSS	ORDER NO:	90013
EXAMINATION:	**CT, ABDOMEN W/CONTRAST, on 09/16/2009**		

FULL RESULT:
Examination: CT of the Abdomen and Pelvis 09/16/2009

Clinical History: Malignant melanoma of the left ankle, left inguinal sentinel lymph node metastasis, post superficial femoral and suprainguinal lymph node dissection with rotational of sartorius flap on 04/23/2008.

Comparison: 03/11/2009 and previous.

Technique: Images of the abdomen and pelvis following oral and intravenous contrast at 2.5 mm intervals.

Findings: There is no new CT finding among the surgical staples and muscle flap of the left inguinal region. The largest lower left external iliac node on image 97 of series 4 measuring 6 x 13 mm has not progressed from prior studies. There is no retroperitoneal adenopathy.

The liver, gallbladder, pancreas, spleen, adrenal glands and kidneys are normal. There is no bladder wall thickening or pelvic ascites. Bowel loops are normal. Clustered small mesenteric nodes, the largest 13 x 7 mm in the ileocolic distribution, are a common finding for age. There is no osseous lesion.

IMPRESSION:
No finding for local recurrence or metastases.

Read by: NANCY FITZGERALD,M.D. on 09/17/2009 08:30
SIGNED BY: NANCY FITZGERALD,M.D. on 09/17/2009 14:38

D: 09/17/2009 08:30 T: 09/17/2009 08:41

M.D. Anderson Cancer Center
DIAGNOSTIC IMAGING CONSULTATION

PATIENT: **BODIN, JEFFREY**
PATIENT CLASS: WMSB — PATIENT TYPE: O
DOB: 05/22/1997 — RM#: -
CITY/ST/COUNTRY: MANDEVILLE, LA UNITED STATES — LOCATION: 712
REQUESTING M.D.: MERRICK I. ROSS — ORDER NO: 90014
EXAMINATION: **MRI BRAIN W&W/O CONTRAST, on 09/16/2009**

Comment [bd1]: BEGIN RESULT:

Comment [COMMENT2]: ACCESSION: (7940349)

FULL RESULT:

Examination: Pre and Postcontrast MRI Scan of the Brain

Clinical History: Melanoma. Rule out metastasis to the brain.

Findings: There is no evidence of metastasis to the brain. The lateral ventricles are of normal size. There is no shift of midline structures.

Orbits, skull base and craniocervical junction appear normal.

IMPRESSION:

The study again demonstrates no evidence of metastasis to the brain, finding unchanged from 11/25/2008 MRI study.

Read by: A.J. KUMAR,M.D. on 09/16/2009 12:59
SIGNED BY: A.J. KUMAR,M.D. on 09/16/2009 15:55

Comment [COMMENT3]: READING DR: (000097)
READING DATE: (09/16/2009 12:59)
REVIEWING DR: ()
RELEASE RESULTS: (Y)
CPT MODIFIER: (\)
END VIEW:

D: 09/16/2009 12:59 T: 09/16/2009 13:07

Comment [COMMENT4]: END RESULT:

DIAGNOSTIC RADIOLOGY **MRI BRAIN W&W/O CONTRAST**

CHILDREN'S HOSPITAL

COMPREHENSIVE DISCHARGE SUMMARY

5500181549F 10/15/09 08:00
BODIN ,JEFFREY
05/22/1997 M 0445573 J 23H
BROWN RAYNORDA F. 000588

Admit Date: 10/15/09 Discharge Date: 10/16/09 Time: 1356

Status: X Stable ❑ Other (explain) EGD

Vital Signs: T: 95.5° tax R: 119 R: 20 B/P: 110/60 Diagnosis: (Esophagogastroduodenoscopy)&colonoscopy

Activity: ❑ No Restrictions ❑ Other Light activity today with plenty of rest. Closely supervise activities today.

Pain: X No ❑ Yes: Score (0-5) 0 Location: _____ Onset: _____ Duration: _____

HOME MEDICATIONS Name	Dose	Schedule	Time Last Dose Given	Home Instructions Given By	Prescriptions Given By
Resume Home Meds					
Carafate	800mg	2 times a day for 2 weeks	none	mb	mb
Zantac	100mg	2 times a day for 1 month	none	mb	mb

Discharge medications reconciled with Current Medication List(A3) and Medication Administration Record.

Diet: X Oral ❑ Nasogastric Tube ❑ Gastrostomy Tube Bland foods today, avoid greasy, spicy or acidic foods.

Other Instructions (i.e. wound care, equipment, etc.)

Sore throat is normal for 24-48 hours. Call for temp over 101.5 any other problems.
Call GI office at (504) 896-9752 in 7 – 10 days for test results. Call for any questions or concerns.
Call for any bleeding from mouth or rectum, difficulty breathing,fever >101.5, or pain. Nausea or vomiting that does not improve x/

FOLLOW-UP

Name: Physician	Appointment Made: Date/Time	Call for Appointment: Phone No.	Reason
Dr. Brown	(504) 896-9534		
Call office as soon as possible to schedule an appointment to see Dr. Brown as instructed.			

Mode of Discharge: ❑ Ambulatory X Wheelchair ❑ Stretcher ❑ Carried ❑ Other _____

X Copy of form to guardian ❑ Other Facility: _____
X FAX to Primary Care Physician Dr. Sheri Casey
❑ FAX to Home Health Agency _____

PARENT/GUARDIAN STATEMENT

I understand the above information.
Parent/Guardian Signature: X [signature] Relationship: mother

IN CASE OF PROBLEMS CALL Dr. Brown **AT (PHONE NO.)** (504) 896-9534

Form Distribution:
White-MR Chart
Canary-Patient/Parent

Children's Hospital (504) 899-9511
Short Stay Unit (504) 896-9803

Nurse Signature: [signature]

33-75015-9-D1
MR #312
(04/07) Revised
2NCR I PDF

1:30 - 15[illegible]

PLAN OF CARE D1

CHILDREN'S HOSPITAL

PATIENTS' RIGHTS AND RESPONSIBILITIES

5500181549 J F 0445573
BODIN ,JEFFREY 05/22/1997 M
BROWN RAYNORDA F. 000588 10/15/09 23H
08:00

YOUR RIGHTS:

1. Non-discriminatory treatment regardless of race, creed, sex, disability or national origin.
2. The right to give or refuse consent for certain medical and/or surgical procedures and treatments for your child within the limits of state law.
3. The right to appropriate assessment and management of pain.
4. The authority to seek appropriate care for your child, including additional consultations and second opinions.
5. Information concerning your child's condition that is current and easy to understand, and the right to know who each of your child's caregivers are.
6. Respect and dignity from all members of the hospital staff, as well as confidentiality and privacy concerning your child's care.
7. Access to religious counsel of your choice.
8. The right, if medically stable, to be transferred to another facility upon request after you have obtained an accepting physician at the other facility.
9. Clear discharge plans and instructions.
10. The right to formulate advance directives relative to your child's treatment and to have hospital personnel and practitioners who provide care in the hospital comply with those directives.
11. The right to be free from restraints and seclusion of any form used as a means of coercion, disciplinary convenience or retaliation by staff.
12. The right to receive care in a safe setting.

YOUR RESPONSIBILITIES:

1. To be available when medical staff needs to talk about your child's care and make important decisions.
2. To tell us how we can reach you when not at the hospital. Please leave a telephone number with your nurse.
3. To ask questions concerning your child's care.
4. To follow all hospital rules including:
   - Respect hospital and other patient's property.
   - Remain quiet.
   - Obey visiting hours.
   - Smoke only in designated areas.
   - Strictly obey the hospital's overnight policy.
5. To provide your own transportation to and from the hospital.
6. To obtain your own meals.
7. To pay the hospital bill if insurance or medical coverage is not applicable.

The Ethics Committee is an advisory committee which serves as a resource to deal with ethical questions related to health care and/or interprofessional relationships. All members of the hospital community including the patient and his/her family have access to the committee. To access the committee, call Social Services at extension 4367.

Children's Hospital is committed to providing quality healthcare. If you have a complaint or suggestion, please ask for the Department Director in the area where the problem occurred. Presenting a complaint will not adversely affect your child's care.

You may contact the Joint Commission on Accreditation of Healthcare Organizations by calling (800) 994-6610, or by fax at (630) 792-5636.

CHILDREN'S HOSPITAL

Care Instructions

200 Henry Clay Avenue • New Orleans, Louisiana 70118 • 504/899-9511 • 1-800-299-9511 • www.chnola.org

SHORT STAY UNIT GUIDELINES

SMOKING

1. Because smoking is an acknowledged fire and health hazard, all patient care areas are non-smoking areas. Smoking is only permitted outside of the hospital. Smoking in bathrooms in NOT permitted.

SAFETY

2. It is of utmost importance that the side rails on cribs or beds are up at all times, unless you are in physical contact with your child. The bed should remain in the lowest position. This is important whether your child is awake or asleep.

3. If your child is less three years of age, he/she will be placed in a crib.

4. If parents must leave the hospital, it is recommended that you obtain someone to be with your child. If this in not possible, PLEASE NOTIFY YOUR NURSE that your are leaving, when you plan to return, and where you can be reached if needed. Do NOT leave prior to signing all consents - verify with your nurse that all consents have been properly signed. Whenever your leave the child's bedside, the side rails must all be up and the bed must be in the lowest position.

5. Do not allow any person that cannot be identified as a Children's Hospital employee to remove your child from your presence.

6. The hospital has identified certain factors that make your child at risk for abduction. These include unattended children, children being followed by the office of community services, custody issues and victims of violence. Please take the following precautions to prevent abductions. Notify your child's nurse before leaving him/her unattended. If your child has been identified at risk for abduction, do not allow him/her to leave the unit or your presence unless accompanied by a staff member.

DIET

7. Most of our patients may not have anything to eat or drink prior to their procedure. Ask your nurse for specific feeding instructions for your child.

8. After the procedure, dietary intake is limited. Please check with your nurse prior to allowing your child to eat or drink anything.

MEDICATIONS

9. If you have brought any medications from home, please give them to your nurse. Please do not administer any home medications to your child while in the hospital.

VISITATION

10. Visitation hours are from 6:00 a.m. until 6:00 p.m. Siblings of patients may visit but must be accompanied and supervised by an adult. We strongly discourage infants from visiting, as they are susceptible to catching infections. Only parents of patients or siblings over 18 years of age may stay overnight. Two parents may stay overnight in a private room and one parent in a semi-private room.

NED (03/04) Revised
CI/184 - TF White Bond(DS)

GENERAL INFORMATION

11. If a room has an isolation sign on the door, please ask the nurse for instructions before entering. If your child has been placed in isolation, please ask visitors to check with the nurse for instructions before entering.

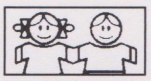
12. The call light is located in your room on the bed rails or by your hand held remote. To call for your nurse, please press the button with a picture of a nurse, the word nurse, or the letter N. Also located on this panel is the button for the television set. By continuing to press this button, the TV will come on, change channels, and click off.

13. The EMERGENCY LIGHT is located in the bathroom on the wall by the toilet. To activate, pull the cord.

14. If your child is connected to any type of monitor or equipment and it alarms, please call your nurse. Do NOT attempt to fix it yourself.

15. If you need to discuss a problem, please speak to your nurse, the change nurse, or the nurse manager on the unit so that the problem is addressed and corrected.

Thank you for your cooperation in helping us to make your child's stay as safe and comfortable as possible.



CHILDREN'S
HOSPITAL

Outpatient Safety at Children's Hospital

Our goal is to make your visit to Children's Hospital as comfortable as possible and pleasant as possible. Your child's safety is very important to us. We consider you a part of your child's health care team, and you can assist us in providing a safe environment for your child. If you have any questions or concerns, please let your child's nurse or physician know.

Actively participate in your child's health care plan:

- Speak up if you have concerns.
- Make sure you and your child understand the health care team's answers (it's OK to ask questions and expect answers you can understand).
- Talk to your physician about your child's health, and get as much information as you can about your child's illness, prescribed medications and/or treatments.
- When you receive written instructions from your physician or other health care provider be sure that you completely understand the instructions before leaving the hospital.
- Bring a friend or relative with you if this will help you ask questions and understand the answers.
- Ask your physician or nurse how you will receive test results.

Know your child's medications:

- Keep a list of your child's medications, and carry the list with you. Make sure to include Tylenol, ibuprofen, vitamins and herbals.
- Tell your physician, nurse and pharmacist about the medications your child is taking.
- Always carry an up-to-date list of your child's immunizations with you.
- Let your physician know if your child has any food, drug, tape or latex allergies.
- Read all medication labels, including warnings. Make sure the medication is what the physician prescribed and you know how and when to give it to your child.
- If the medications look different than expected, ask a member of the health care team.

If your child receives sedation:

- Before your child receives sedation medication, notify your physician or nurse if your child has a history of heart, kidney, liver and/or lung problems, including reactive airway diseases, asthma and bronchitis.
- Children receiving sedation may experience the effects of the medication for 12 to 24 hours. Your child may have impaired judgment and coordination. Please protect your child from falls, sharp objects or other potentially hazardous situations.
- Your child may be held securely or he or she may remain in bed with all bedrails on cribs or beds up. Keep the bed in the lowest position with the brakes secured. Ask a member of your child's health care team for assistance if necessary.
- Do not allow your child to walk around.
- Your child may have feeding restrictions. Check with your nurse regarding feeding instructions.
- Please notify a member of your child's health care team immediately if you have any questions or concerns.

Children's Hospital Laboratory
200 Henry Clay Avenue New Orleans, LA 70118
504-896-9489
Medical Director : Dr. Randall Craver

PID # - 0445573
BODIN,JEFFREY
Home Phone :
Gender : M DOB : 05/22/1997 Age : 12 Y
Physician :

PATHOLOGY

Surgical Pathology

Ord Phys : Raynorda F Brown
Collect Date/Time : 10/15/2009 10:27

FINAL DIAGNOSIS

S09-2134
#1 Duodenal biopsy: Moderate eosinophilia, lymphoid hyperplasia.
#2 Gastric antrum biopsy: Minimal chronic gastritis, mild eosinophilia, diffuse.
#3 Gastric body: Normal.
#4 Esophageal biopsy: Normal.
#5 Terminal ileum: Lymphoid hyperplasia, marked eosinophilia.
#6 Cecum/ascending colon: Marked eosinophilia, lymphoid hyperplasia.
#7 Transverse colon: Moderate eosinophilia, lymphoid hyperplasia.
#8 Sigmoid colon: Mild eosinophilia, lymphoid hyperplasia.
#9 Rectum: Lymphoid hyperplasia.
I.A.

Electronically Signed Out
tt/10/15/2009 Randall D. Craver, M.D. - Pathologist

CLINICAL HISTORY

12 year old male, history of malignant melanoma with abdominal pain, taking Motrin.

SPECIMEN(S) RECEIVED
1: Duodenum, biopsy x7
2: Antrum, biopsy x2
3: Gastric body, biopsy x6
4: Esophagus, biopsy x2
5: Colon, biopsy terminal ileum x8
6: Cecum/ascend. bx x4
7: transverse Colon, biopsy x2
8: Sigmoid colon, biopsy x2
9: Rectum, biopsy x4

GROSS DESCRIPTION

Continued on next page

Children's Hospital Laboratory
200 Henry Clay Avenue New Orleans, LA 70118
504-896-9489
Medical Director : Dr. Randall Craver

PID # - 0445573
BODIN,JEFFREY
Home Phone :
Gender : M DOB : 05/22/1997 Age : 12 Y
Physician :

Continued from prior page: **Surgical Pathology**

Received in a container labeled with the patient' s name and:
#1
' Duodenum,' specimen consists of seven tan mucosal biopsies that range in size from 0.2 x 0.1 x 0.1 cm to 0.6 x 0.2 x 0.1 cm, entirely submitted in two cassettes.
#2
' Antrum,' specimen consists of two tan mucosal biopsies that measure 0.2 x 0.2 x 0.1 cm and 0.3 x 0.2 x 0.1 cm, entirely submitted in one cassette.
#3
' Gastric body,' specimen consists of three tan mucosal biopsies that range in size from 0.4 x 0.2 x 0.1 cm to 0.5 x 0.2 x 0.1 cm, entirely submitted in one cassette.
#4
' Esophagus,' specimen consists of two tan mucosal biopsies that each measure 0.4 x 0.2 x 0.1 cm, entirely submitted in one cassette.
#5
' Terminal ileum,' specimen consists of six tan mucosal biopsies that range in size from 0.2 x 0.2 x 0.1 cm to 0.6 x 0.2 x 0.1 cm, entirely submitted in two cassettes.
#6
' Cecum/ascending,' specimen consists of three tan mucosal biopsies range in size from 0.4 x 0.2 x 0.1 cm to 0.6 x 0.2 x 0.1 cm, entirely submitted in one cassette.
#7
' Transverse,' specimen consists of two tan mucosal biopsies that measure 0.3 x 0.2 x 0.1 cm and 0.7 x 0.2 x 0.1 cm, entirely submitted in one cassette.
#8
' Sigmoid,' specimen consists of two tan mucosal biopsies that measure 0.3 x 0.2 x 0.1 cm and 0.5 x 0.2 x 0.1 cm, entirely submitted in one cassette.
#9
' Rectum,' specimen consists of four tan mucosal biopsies that range in size from 0.1 x 0.1 x 0.1 cm and 0.6 x 0.3 x
0.1 cm, entirely submitted in one cassette.
CMN

Randall D. Craver, M.D. - Pathologist

MICROSCOPIC DESCRIPTION
#1
Specimen labeled duodenum consists of duodenal mucosa. The overall architecture

Continued on next page

Children's Hospital Laboratory
200 Henry Clay Avenue New Orleans, LA 70118
504-896-9489
Medical Director : Dr. Randall Craver

PID # - 0445573
BODIN,JEFFREY
Home Phone :
Gender : M DOB : 05/22/1997 Age : 12 Y
Physician :

Continued from prior page: **Surgical Pathology**

is intact with long, thin, delicate villi and a villus crypt ratio of 3:1. Superficial epithelium is intact with a normal brush border and a normal complement of intraepithelial lymphocytes. The glands are normal. The lamina propria contains a normal complement of lymphocytes and plasma cells and up to 55 eosinophils per high powered field. No granulomata, telangiectasias, parasites, or metaplasia are identified. There are hyperplastic lymphoid aggregates complete with germinal centers.

#2
Specimen labeled gastric antrum consists of non-oxyntic gastric mucosa. The overall architecture is intact. Superficial epithelium is intact with no curved bacillary organisms identified. Helicobacter pylori immunostain is negative. Controls stain appropriately. Glands are normal. The lamina propria contains only a minimal number of lymphocytes superficially with up to 15 eosinophils per high powered field, diffusely distributed.

#3
Specimen labeled gastric body consists of oxyntic gastric mucosa. The overall architecture is intact. Superficial epithelium is intact. Glands contain chief and parietal cells. The lamina propria contains a normal.

#4
Specimen labeled esophagus consists of strips of non-keratinizing stratified squamous epithelium. Basal cells are limited to the basal layer. Subepithelial papillae rise halfway to the surface. There is no increased number of intraepithelial eosinophils or neutrophils.

#5
Specimen labeled consists of small intestinal mucosa biopsies. The overall architecture in some are distorted due to the hyperplastic lymphoid aggregates complete with germinal centers. Others are normal with a villus crypt ratio of 3:1. Villi outside the lymphoid aggregates are long, thin and delicate. Superficial epithelium is intact. Glands contain lymphocytic infiltrates, especially around the lymphoid aggregates. The lamina propria contains a normal complement of lymphocytes and plasma cells with an irregular distribution of eosinophils, numbering up to 120 per high powered field. No granulomata are identified.

#6 - 9
Specimens labeled cecum, transverse, sigmoid, and rectum consists of colonic mucosa. The overall architecture is intact. Superficial epithelium is intact.

Continued on next page

Children's Hospital Laboratory
200 Henry Clay Avenue New Orleans, LA 70118
504-896-9489
Medical Director : Dr. Randall Craver

PID # - 0445573
BODIN,JEFFREY
Home Phone :
Gender : M DOB : 05/22/1997 Age : 12 Y
Physician :

Continued from prior page: **Surgical Pathology**

Glands contain a normal goblet cells, abut the muscularis mucosa, and show no abnormal branching or inflammatory infiltrates. The lamina propria contains a normal complement of lymphocytes and plasma cells, hyperplastic lymphoid aggregates complete with germinal centers, and up to 85, 40, 20, and 15 cosinophils per high powered field. No granulomata are identified.

No melanoma is encountered in any section or slide.
PREVIOUS REPORTS:
No previous reports in computer file.

---------- End of Pathology report ----------

PHONE CALL

FOR Carrie / CFB DATE 11/5/09 TIME 10:52 A.M. P.M.
M Linda Bodin
OF Jeffrey Bodin
FAX
PHONE MOBILE 985-264-5277
AREA CODE NUMBER EXTENSION
MESSAGE Path Report from Colonoscopy + Can you fax to 504.596.2861

SIGNED

- PHONED
- RETURNED YOUR CALL
- PLEASE CALL
- WILL CALL AGAIN
- CAME TO SEE YOU
- WANTS TO SEE YOU

TOPS FORM 4003

---------- Last Page ----------

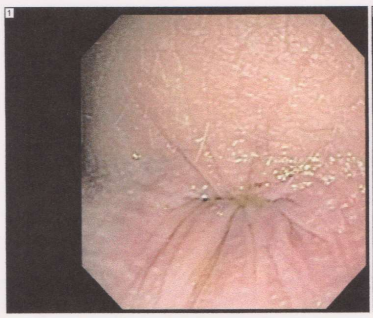
fax # for morales
504 896 9758

Was attached to back of Surgical Pathology Report, by Dr. Brown. 10/15/08
Last page. Back of last page.
Dr. Morales's fax # circa 08.

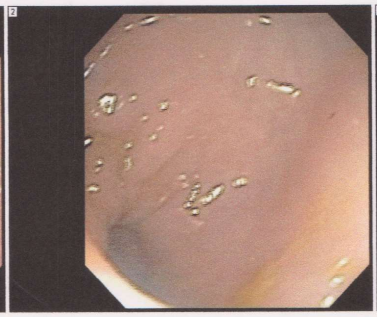
Children's Hospital of New Orleans

Colonoscopy Exam Images

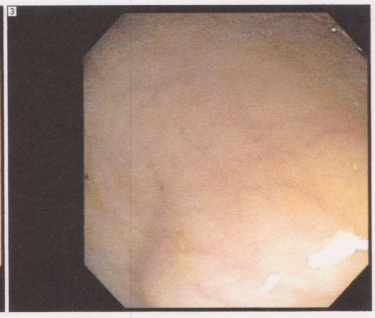
Patient:	Jeffrey Bodin	**Attending Physician:**	Raynorda Brown M.D.
Patient ID:	MRN-0445573	**Referring Physician:**	
Exam Date:	10/15/2009		



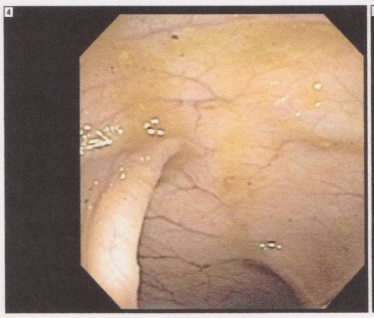
perianal area, normal



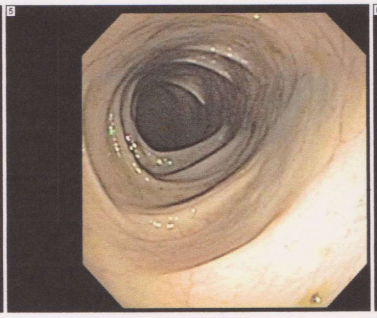
2-Normal-anus



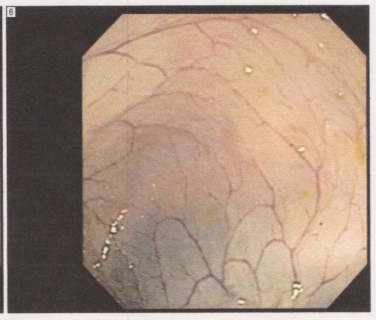
3-Normal-rectum



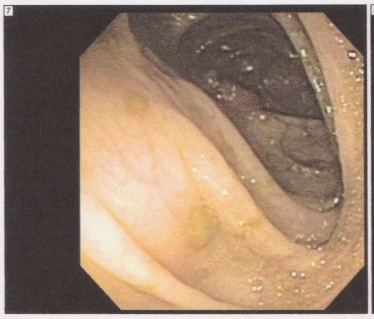
4-Normal-rectosigmoid junction



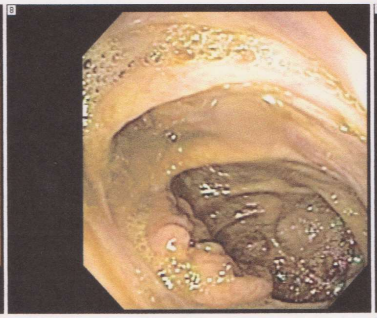
5-Normal-descending colon



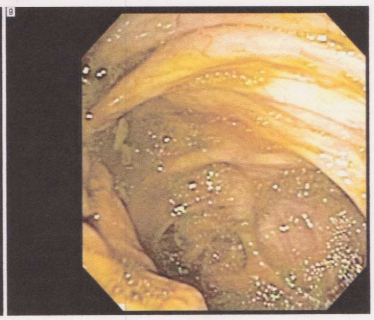
6-Normal-hepatic flexure



7-Normal-proximal ascending colon

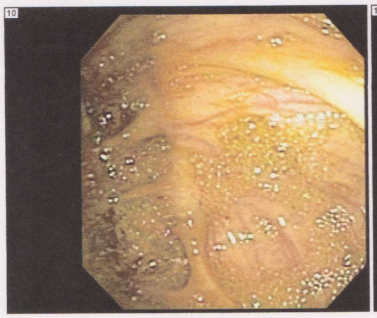


8-Normal-ileocecal valve

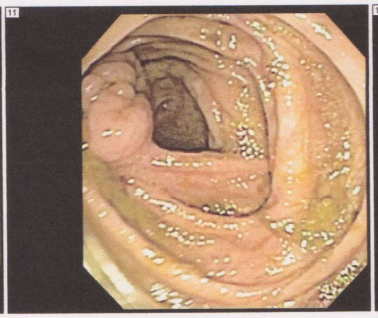


9-Normal-cecum

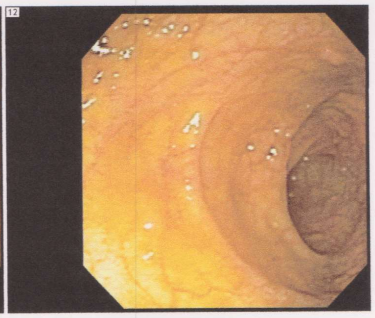
MRN-0445573 Patient Name: Bodin, Jeffrey



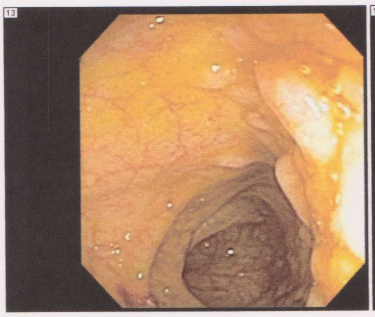
10-Normal-appendiceal orifice



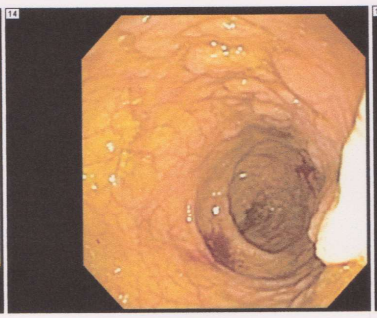
11-Normal-ileocecal valve



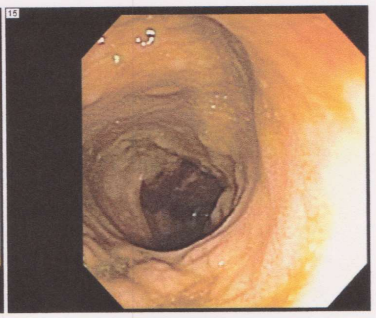
12-Normal-terminal ileum



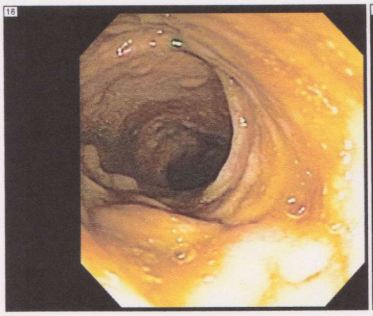
13-Normal-terminal ileum



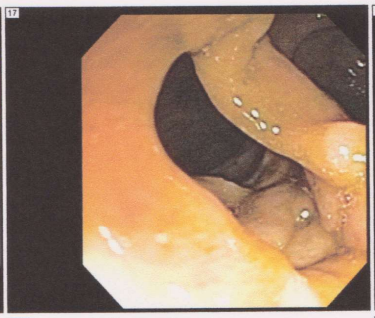
post biopsy, terminal ileum



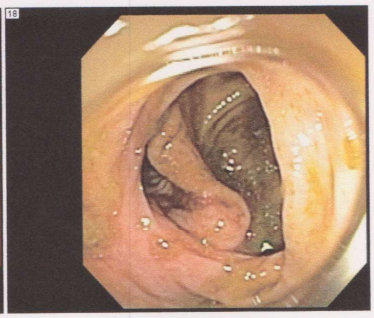
post biopsy, terminal ileum



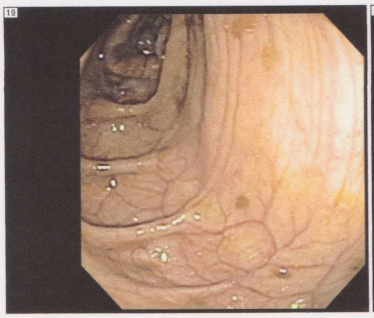
16-Normal-terminal ileum



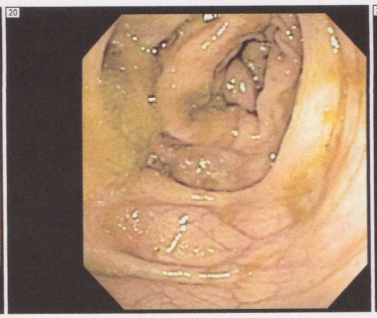
17-Normal-ileocecal valve



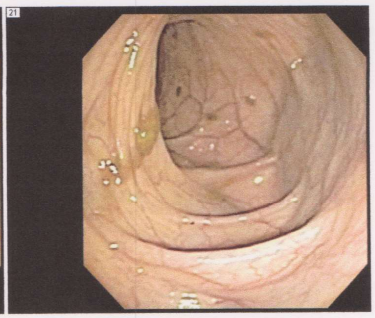
18-Normal-ileocecal valve



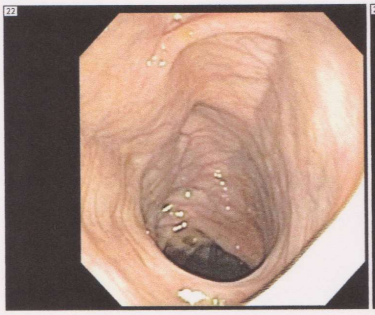
19-Normal-mid-ascending colon



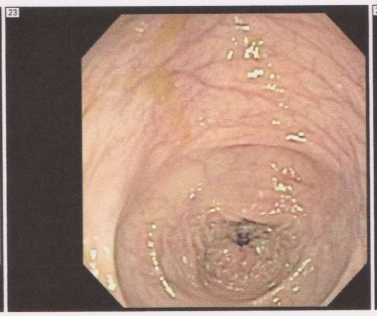
20-Normal-proximal ascending colon



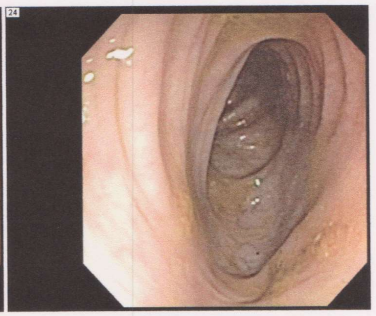
21-Normal-hepatic flexure



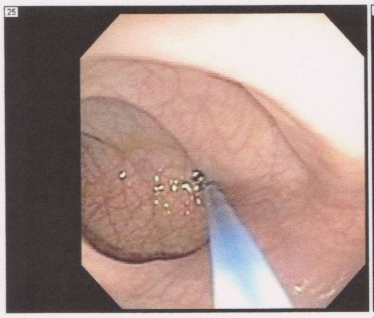
22-Normal-distal transverse colon



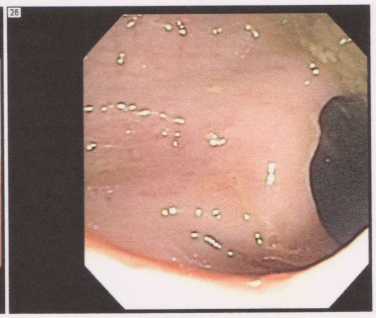
23-Normal-proximal descending colon



24-Normal-mid-sigmoid

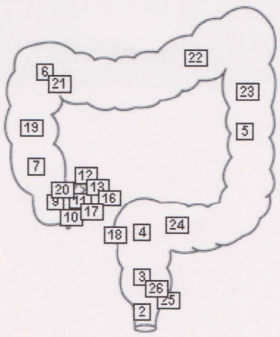


25-Normal-rectum



26 erythematous mucosa-colon-rectum

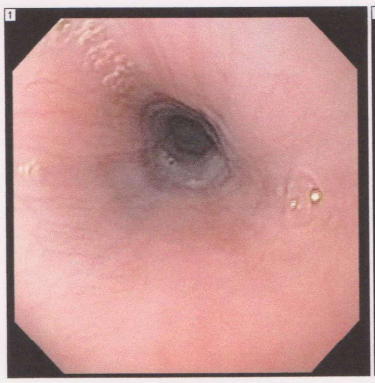
MRN-0445573 Patient Name: Bodin, Jeffrey



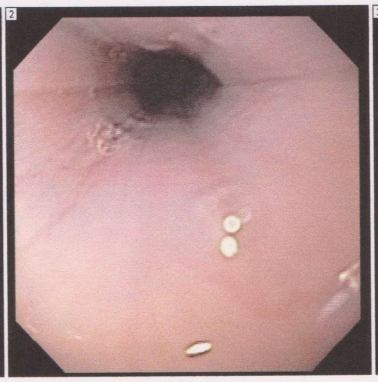
Children's Hospital of New Orleans

Esophagogastroduodenoscopy Exam Images

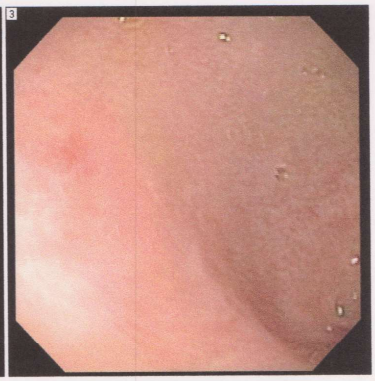
Patient:	Jeffrey Bodin	**Attending Physician:**	Raynorda Brown M.D.
Patient ID:	MRN-0445573	**Referring Physician:**	
Exam Date:	10/15/2009		



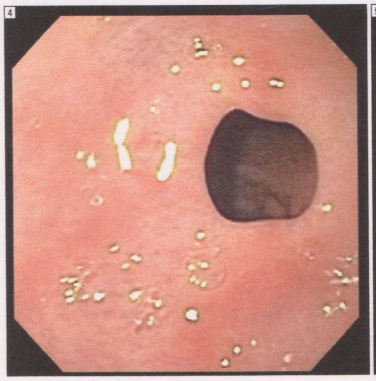
1 normal-esophagus-middle third of the esophagus



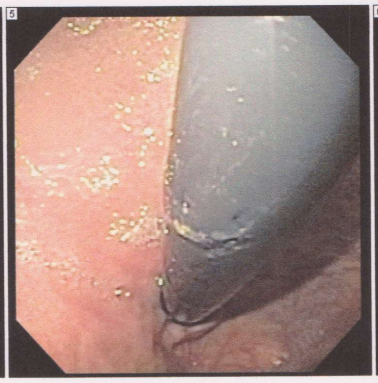
2 normal-esophagus-distal third of the esophagus



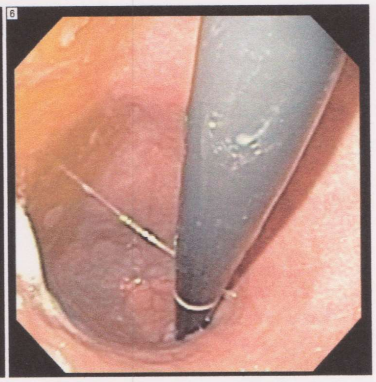
3 erosion-stomach-anterior wall of the antrum



erythematous mucosa-pylorus

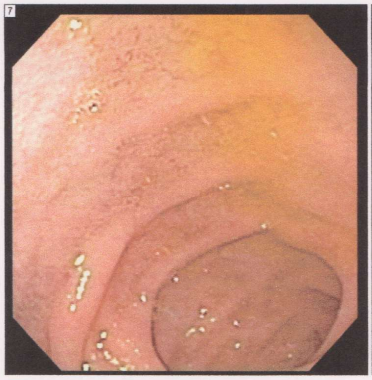


5 normal-stomach-cardia

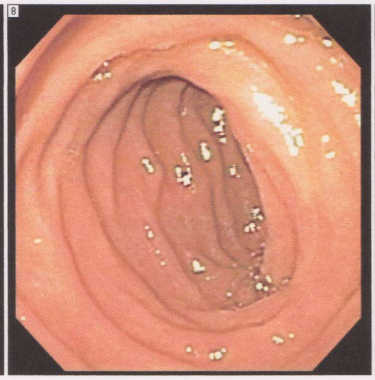


6 erythematous mucosa-stomach-fundus

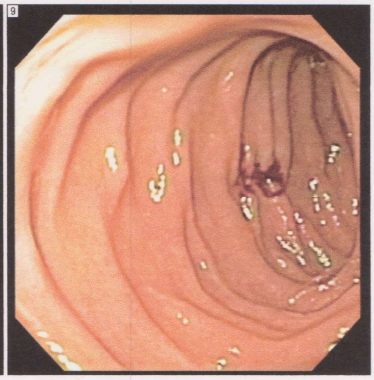
MRN-0445573 Patient Name: Bodin, Jeffrey



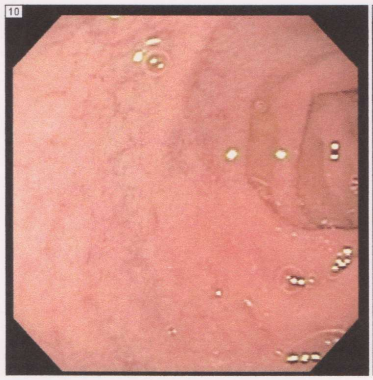
7 normal-duodenum-2nd portion of the duodenum



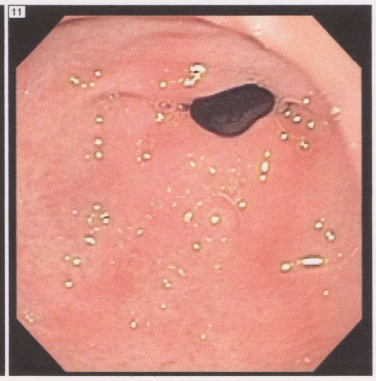
normal-duodenum-3rd portion of the duodenum



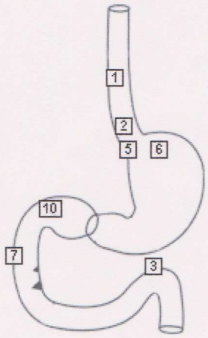
post biopsy, duodenum



10-distal bulb



erythematous mucosa-pylorus



Children's Hospital

Patient Name	BODIN,JEFFREY	**Patient ID**	0445573
Birth Date	05/22/1997	**Sex**	M
Age	12 Year	**Exam Status**	APPROVED
Exam Procedure	CHEST - AP & LAT	**Modality**	DX
Study Time	12/17/2009 11:30:08	**Image Count**	2

Diagnostic Report(Radiologists : ARCEMENT, CHRIS)

CHEST AP AND LAT :

Lungs are symmetrically aerated and are clear. Heart size and pulmonary vascularity are within normal limits. Aortic arch is left-sided. No bony abnormalities are present.

IMPRESSION: NORMAL CHEST

Ross

THOMAS NICOTRI, JR., M.D., LLC
DERMATOPATHOLOGY SERVICES
P.O. Box 1713 Mandeville, LA 70470
1305 W Causeway Approach, Ste. 209 Mandeville, LA 70471
Reports/Lab: (504) 361-3757
Billing: (877) 626-0312

Name: Jeffrey Bodin
Address: 528 Beau Chene Drive
Mandeville,LA 70471

Number: N10-0515
Doctor: Dr. Rhonda Baldone
Clinic: Baldone
Clinic Number:
Social Security #:

Date of Biopsy: 01/14/2010
Date Received: 01/15/2010
Date Reported: 01/22/2010
Age: Sex: M
Date of Birth: 05/22/1997

BIOPSY SITE:
L ANKLE, PUNCH

PATHOLOGY REPORT

CLINICAL DIAGNOSIS AND HISTORY:
Nevus near melanoma scar

GROSS EXAMINATION: Received is a 3 mm punch biopsy of skin extending to a depth of .4 cm. Entirely submitted. jr

MICROSCOPIC DESCRIPTION:
Many deeper sections were performed. There is a small but somewhat haphazard melanocytic proliferation of single unit and nested melanocytic cells in the epidermis with occasional upward migration of single unit cells above the basal layer of the epidermis. There are melanophages. HMB45 was done which labels the junctional melanocytic proliferation of single unit and nests in the lower epidermis with rare extension of cells above the basal layer. The positive control is positive; negative control, negative.

DIAGNOSIS:
SKIN, L ANKLE, PUNCH
-Atypical junctional nevus with moderate to severe architectureal atypia.

Comment: No convincing evidence of extension to the margins in these planes of section. Case reviewed by Dr. Alun Wang.

Thomas Nicotri, Jr., MD
Thomas Nicotri, Jr., MD

PATIENT INFORMED (mother)
DATE: 1-25-10
BY: RB

ICD9(s): 216.9
CPT(s): 88305

Jeffrey Bodin
N10-0515

Date generated: 01/22/2010

THOMAS NICOTRI, JR., M.D., LLC
DERMATOPATHOLOGY SERVICES
P.O. Box 1713 Mandeville, LA 70470
1305 W Causeway Approach, Ste. 209 Mandeville, LA 70471
Reports/Lab: (504) 361-3757
Billing: (877) 626-0312

Name: Jeffrey Bodin
Address: 528 Beau Chene Drive
Mandeville,LA 70471

Number: N10-0990
Doctor: Dr. Rhonda Baldone
Clinic: Baldone
Clinic Number:
Social Security #:

Date of Biopsy: 01/28/2010
Date Received: 01/28/2010
Date Reported: 02/02/2010
Age: Sex: M
Date of Birth: 05/22/1997

BIOPSY SITE:
L INNER KNEE, PUNCH

PATHOLOGY REPORT

CLINICAL DIAGNOSIS AND HISTORY:
Nevus - R/O Atypia

GROSS EXAMINATION: Received is a 0.3 cm punch biopsy of skin extending to a depth of 0.4 cm. Entirely submitted.

MICROSCOPIC DESCRIPTION:
Histologic sections of skin show slight elongation of some of the rete. Along the basal layer are increased numbers of melanocytes which are arranged both singly and in small nests at the tips of some of the rete.

DIAGNOSIS:
SKIN, L INNER KNEE, PUNCH
-Melanocytic nevus, junctional type.

OK RB

Thomas Nicotri, Jr., MD
Thomas Nicotri, Jr., MD

PATIENT INFORMED
DATE: _____
BY: _____

2-3-10
Lmom

ICD9(s): 216.9
CPT(s): 88305

Jeffrey Bodin
N10-0990

Date generated: 02/02/2010

THOMAS NICOTRI, JR., M.D., LLC
DERMATOPATHOLOGY SERVICES
P.O. Box 1713 Mandeville, LA 70470
1305 W Causeway Approach, Ste. 209 Mandeville, LA 70471
Reports/Lab: (504) 361-3757
Billing: (877) 626-0312

Name: Jeffrey Bodin
Address: 528 Beau Chene Drive
Mandeville,LA 70471

Number: N11-8967
Doctor: Dr. Rhonda Baldone
Clinic: Baldone
Clinic Number:
Social Security #:

Date of Biopsy: 08/25/2011
Date Received: 08/26/2011
Date Reported: 08/30/2011
Age: Sex: M
Date of Birth: 05/22/1997

BIOPSY SITE:
L GREAT TOE, SHAVE

PATHOLOGY REPORT

CLINICAL DIAGNOSIS AND HISTORY:
5 mm brown macule in a patient with history of MM
Nevus; R/O atypia

GROSS EXAMINATION: Received is a 0.7 cm shave biopsy of skin containing a 0.5 cm hyperpigmented irregular macule. Trisected and entirely submitted.

MICROSCOPIC DESCRIPTION:
There are nests of melanocytes in the epidermis. There is focal increased single unit melanocytes with an occasional cell above the basal layer of the epidermis. There is a rare mitotic figure present within a junctional nest of melanocytes.

DIAGNOSIS:
SKIN, L GREAT TOE, SHAVE
-Junctional nevus, mild architectural disorder on acral skin extending to the base of the specimen. See note.

NOTE: I would favor conservative re-excision of this lesion. The proliferation extends to the base of the specimen. Recurrence of this lesion would likely pose a histologic dilemma.

Thomas Nicotri, Jr., MD
Thomas Nicotri, Jr., MD

schedule excision

lmom

PATIENT INFORMED
DATE: 9/12/11
BY: [illegible]

exc 9/7/11

CPT(s):

BALDONE · REINA
DERMATOLOGY
THE SKIN HEALTH CENTER

Rhonda R. Baldone, M.D.
Board Certified Dermatologist
Rachel S. Reina, M.D.
Board Certified Dermatologist

AFTER SURGERY CARE

1. The bandage on your surgical site can be removed 24 hours after your surgery. The wound should then be cleaned with hydrogen peroxide, Vaseline and covered with a bandage.
2. Clean wound with hydrogen peroxide once a day, and then apply the vaseline. Use Q-tips when cleaning. Remove all crust or scab formation. The ointment keeps the wound moist.
3. If you experience pain, take Tylenol or Acetaminophen Extra Strength. Do not take aspirin or ibuprofen because it increases the chance of bleeding.
4. If the site bleeds, apply continuous firm pressure for 20 minutes without peeking, timing the minutes with a clock. This will stop most bleeding. If it does not, apply continuous firm pressure with an ice pack. Once again, use a clock to time the 20 minutes. If there is bleeding still after 2 attempts then call the office.
5. Water can run over the surgical excision but do not soak the incision site because it will cause the stitches to pull out and allow bacteria to get in the wound. You should not swim or take baths.
6. If your incision is on your face or neck, avoid bending over. This may cause bleeding in the first 48 hours after surgery. The first night after surgery sleep with your head up on several pillows and avoid sleeping on the side of the surgical incision.
7. Dr. Baldone/Dr. Reina would like to remove your sutures. During your suture appointment the doctor will explain the pathology report. The sutures will be removed from 5 to 14 days after surgery, depending on the site.
8. If the lesion removed was malignant, (skin cancer), periodic exams are recommended at 3 months, 6 months, then yearly.
9. Rest with minimal exertion and activity is recommended for the first 24 hours after your surgery. Remember the better you care for yourself and your surgery wound, the better it will heal.
10. Leave ice on for 20 minutes every hour for 4 hours.

IN CASE OF AN EMERGENCY, CALL 985-892-3376 OR 985-898-1285 TO REACH DR. BALDONE or DR. REINA

150 LAKEVIEW CIRCLE, COVINGTON, LA 70433 • 985-892-DERM(3376) FAX: 985-892-2055
www.baldonereinadermatology.com

Jeffrey Bodin
12/5/2013 2:30 PM Office Visit
MRN: 2592229

Description: **Male DOB: 5/22/1997**
Provider: **Diane K. Africk, MD**
Department: **Nomc Pediatric Neurology**

Patient Information

Patient Name	Sex	DOB
Bodin, Jeffrey	Male	5/22/1997

Progress Notes by Diane K. Africk, MD at 12/5/2013 3:54 PM

Author: Diane K. Africk, MD | Service: (none) | Author Type: Physician
Filed: 12/9/2013 1:01 PM | Note Time: 12/5/2013 3:54 PM | Note Type: Progress Notes
Status: Signed | Editor: Diane K. Africk, MD (Physician)

REFERRING PHYSICIAN: Sherri Casey, M.D.

Jeffrey Bodin is a 16-1/2-year-old male child who presents today for neurological consultation. The consultation is requested by Dr. Sherri Casey. A copy of this consultation will be sent to Dr. Sherri Casey. Jeffrey is here today with his mother. The consultation is regarding headaches.

Jeffrey tells me he has had migraine headaches for five years. He says maybe they are stress headaches. He has them five out of seven days a week. He says they started after he was treated with interferon for malignant melanoma.

The headaches are described as behind his eyes and at the forehead. They usually start after 12:00 noon. He does not vomit. They are exacerbated by light, noise and movement. He has no history of motion sickness. The headaches have a gradual onset. He takes Excedrin Migraine. If he takes it early, it helps. If he waits for the headache is bad, it would not help. Rest or sleep will help. Being in a dark room will help. He is able to watch TV when he has the headache.

The headache is described as a knife moving through his head or throbbing if he is not moving about.

Jeffrey feels that stress makes his headaches worse.

The headaches were so bad this year that he could not run cross country.

Jeffrey was born in Covington at Lakeview Hospital at 32 weeks' gestation. Mother had preeclampsia and emergency C-section was done. Jeffrey weighed 4 pounds 3 ounces. He stayed in the nursery for 11 days and then came home with machines for sleep apnea.

Hospitalizations and surgeries include PE tube placement with an adenoidectomy and tonsillectomy at four years of age due to recurrent otitis media. In 2008, a melanoma was diagnosed. He had two surgeries. The second involved lymph nodes. The melanoma was in his nodes. He had chemotherapy. He had interferon. He has now been cleared by MD Anderson and is not being followed there any

longer. He has had a number of recent MRIs of his head in view of his followup for his melanoma. He does return to Children's every year.

Review of systems is negative for any problems with his heart such as chest pain or anomalies; lungs such as pneumonia or asthma; digestion such as vomiting or diarrhea.

Jeffrey eats a full diet. He has had no recent weight loss. He is lactose intolerant.

Jeffrey is right-handed. He met his developmental milestones "on time."

Jeffrey's immunizations are up-to-date including his flu shot. Medications include Mucinex, Zyrtec, Singulair, Nutropin, Accutane and amoxicillin.

Jeffrey is followed by Dr. Pouw, Endocrinology. Jeffrey has no known drug allergies.

Jeffrey lives in Mandeville in a house with his mother, father and sister. They have three cats. He attends St. Paul's. He is in the 10th grade. He drives himself to school at 7:00 a.m. and comes home at 3:30 p.m. He does well. He used to run in cross country. As previously noted, he was unable to run this year. Bedtime is 10:00 p.m. He does sleep through the night.

Mother is 47 years old. She has a history of allergies. Jeffrey has allergies like mother and father. Mom is in good health. She is a homemaker and primary caretaker. Father is 51 years old. He is in good health. As previously noted, he has allergies. He also has high blood pressure. He is an attorney. Sister is 14 years old. She is in good health.

Jeffrey usually has breakfast about 6:00 a.m. It is usually cereal and coffee and fruit and water. He has a granola bar at 9:00 a.m.; 11:00 a.m. is lunch. He has a sandwich and water. Dinner is at 4:00 p.m. It is usually cooked people food. He does not eat anything after dinner or before bed.

Jeffrey has been having knee pain and joint pain. The thought was that he had Osgood-Schlatter. He has taken Aleve. However, his joints still have problems.

Jeffrey drinks about 64 ounces of water a day.

On neurologic examination today, Jeffrey's head circumference is 56.3 cm. His height is 170.2 cm. His weight is 51 kg. His blood pressure is 124/66. His pulse rate is 88 per minute. His respiratory rate is 20 per minute.

Jeffrey is a well-nourished, well-developed young man. He looks sad. However, he is very much a part of the conversation and answers my questions with great thought.

Cranial nerve exam reveals his pupils to be equal and reactive to light.

Extraocular movements are intact. His dics are sharp. I appreciate no facial asymmetry or weakness. He has a midline shoulder shrug, palate elevation and tongue thrust. He has no nuchal rigidity.

Jeffrey is a nail biter.

Deep tendon reflexes are 3+ in the lower extremities with downgoing toes and 2+ in the upper extremities.

Tone is within normal limits. Strength is 5/5.

Gait testing is intact to toe, heel and standard gaits. He can hop on each foot without difficulty. He can jump without difficulty. He can get up from the ground without using his hands.

Coordination testing reveals finger-to-finger and rapidly alternating movements to be intact. He has no tremor.

Sensory exam is intact to light touch and vibration. He attends to the tuning fork bilaterally.

I was with Jeffrey and his mother for 60 minutes. Greater than 50% of the time was spent counseling.

We have talked about small frequent meals including something to eat before bed; continuing to drink a minimum of 70 ounces of water a day and increase if he is hot; trying to get more sleep; he has had a recent visit to the eye doctor; counseling to help with his stress.

I am going to start Jeffrey on amitriptyline 10 mg p.o. at bedtime x1 week and then two p.o. at bedtime along with Maxalt 5 mg to be taken with the onset of the headache. Mom is going to call me after the family gets back from New York where they are spending Christmas.

Please send a copy of this consultation to Dr. Sherri Casey.

DKA/IN dd: 12/05/2013 16:02:49 (CST) td: 12/06/2013 01:07:35 (CST) Doc ID #1403734 Job ID #1293434

CC: Sherri Casey M.D.

Revision History

Jeffrey Bodin
7/2/2014 10:30 AM Office Visit
MRN: 2592229

Description: **Male DOB: 5/22/1997**
Provider: **Diane K. Africk, MD**
Department: **Nomc Pediatric Neurology**

Patient Information

Patient Name	Sex	DOB
Bodin, Jeffrey	Male	5/22/1997

Progress Notes by Diane K. Africk, MD at 7/2/2014 11:42 AM

Author: Diane K. Africk, MD | Service: (none) | Author Type: Physician
Filed: 7/9/2014 12:31 PM | Note Time: 7/2/2014 11:42 AM | Note Type: Progress Notes
Status: Signed | Editor: Diane K. Africk, MD (Physician)

Jeffrey Bodin is a 17-year-old male child who initially saw me on 12/05/2013. Jeffrey returns with his mother and sister. Jeffrey carries a diagnosis of headaches, status post interferon for malignant melanoma.

Please see my original consultation of 12/05/2013 for headache description, birth history, hospitalizations and surgeries, review of systems, immunizations, medications, developmental history, endocrine history, social history, family history and dietary history.

The first time I saw Jeffrey, he was having headaches at least 5 out of 7 days a week. That continues. Jeffrey says they started after he was treated with interferon for malignant melanoma.

The headaches are described as behind his eyes and at the forehead. They usually start after 12:00 noon. He does not vomit. They are exacerbated by light and noise and movement. He has no history of motion sickness. The headaches have a gradual onset.

Jeffrey is currently on amitriptyline 175 mg p.o. at bedtime. He also takes butalbital. He feels both of these medications help.

Jeffrey has finally started running again. Everyone seems happy about this. He does tell me that his knees are giving him some trouble, but that he is on naproxen.

Jeffrey is eating well. He is sleeping well.

Family went to Chicago for a week. Jeffrey did not have a good time. He likes to stay home.

On neurologic examination today, Jeffrey's weight is 108 pounds (a decrease of 2 pounds since he was here last). Height is 171 cm. His blood pressure is 123/73. Pulse rate is 90 per minute. His respiratory rate is 24 per minute.

Jeffrey is a thin, well-nourished young man. He looks sad again today. This is not a change. He is willing to talk with me. He is not willing to go to

counseling.

Jeffrey has no ataxia. He has no dysmetria. He has no nystagmus. Extraocular movements are full and conjugate. Discs are sharp.

I did have Jeffrey and his sister leave the room. I did speak to Jeffrey's mom.

I was with Jeffrey and his family for 25 minutes. Greater than 50% of the time was spent counselling. Jeffrey is a 17 year old male status post melanoma with interferon therapy. Jeffrey has headaches and depression associated with his illness. I wish Jeffrey would be seen by Psychiatry. Mother says he will not do that.
Mom does understand that Jeffrey does not want to go away to college. She understands that he wants to stay at home. Jeffrey and I have had a long talk about interferon and headaches.

I am going to up Jeffrey's amitriptyline to 200 mg p.o. at bedtime. Mother and I have discussed antidepressants and headaches and Jeffrey's depression.

Jeffrey is going to be a junior in high school this year. Mom does not want him to miss school. Therefore, he will return at either Thanksgiving or Christmas or sooner if there are problems.

Please send a copy to Dr. Casey.

DKA/IN dd: 07/02/2014 11:50:11 (CDT) td: 07/03/2014 05:22:24 (CDT) Doc ID #1510601 Job ID #1399930

CC: Sherri Casey M.D.

Revision History

Jeffrey Bodin
12/23/2014 10:30 AM Office Visit
MRN: 2592229

Description: **Male DOB: 5/22/1997**
Provider: **Diane K. Africk, MD**
Department: **Nomc Pediatric Neurology**

Patient Information

Patient Name	Sex	DOB
Bodin, Jeffrey	Male	5/22/1997

Progress Notes by Diane K. Africk, MD at 12/23/2014 11:51 AM

Author: Diane K. Africk, MD | Service: (none) | Author Type: Physician
Filed: 12/31/2014 9:28 AM | Note Time: 12/23/2014 11:51 AM | Note Type: Progress Notes
Status: Signed | Editor: Diane K. Africk, MD (Physician)

Jeffrey Bodin is a 17-1/2-year-old male who initially saw me on 12/05/2013. Jeffrey returns today with his mother. Jeffrey carries a diagnosis of headaches, status post interferon for malignant melanoma.

Please see my original consultation of 12/05/2013 for the headache description, birth history, hospitalizations and surgeries, review of systems, immunizations, medications, developmental history, endocrine history, social history, family history and dietary history.

There is always a lot going on with Jeffrey. Recently, he was ill with a vomiting virus. He is down to 105 pounds.

Jeffrey was also started on Ritalin long acting in the hopes of helping him stay awake in class. It is hard to tell whether it helps or not. Jeffrey says he can still fall asleep. Mother feels it is helping. We are going to go up to 20 per day.

The Remeron did not help. Jeffrey is still not sleeping at night. More importantly, the headaches are greater problem. He is not on a daily headache medication. I am going to start him on low-dose phenobarbital (0.25 mg per pound). He will take the butalbital as well.

The good news is the gabapentin has helped with his leg pain. He is on 300 mg p.o. b.i.d. We are gradually going to increase it to 600 mg p.o. b.i.d.

Jeffrey is scheduled for a sleep study in the first part of February.

Jeffrey hopes to get back to weightlifting and running on the track team.

On neurologic examination today, Jeffrey's weight is 105 pounds (a decrease of 2 pounds). His height is 5 feet 7 inches. His blood pressure is 130/85. His pulse rate is 90 per minute. His respiratory rate is 24 per minute.

Jeffrey is a thin, well-nourished young man. Today, he looks happy. The last few times prior to this, he looked sad. However, today, he appears happy. He speaks to me with enthusiasm.

Jeffrey has no ataxia. He has no dysmetria. He has no nystagmus.

I was with Jeffrey and his mother for 25 minutes. Greater than 50% of the time was spent counseling. Jeffrey is a 17-year-old male with a history of malignant melanoma, leg pain, headaches and depression. The discussion was about starting phenobarbital for headaches; increasing the gabapentin for the leg pain; giving an increased dose of Ritalin a try. I would like to see Jeffrey back in one month or sooner if there are problems.

A copy of this consultation will be sent to Dr. Casey.

DKA/IN dd: 12/23/2014 12:01:27 (CST) td: 12/24/2014 08:43:12 (CST) Doc ID #1600105 Job ID #1489147

CC: Sherri Casey M.D.

Revision History

Jeffrey Bodin
3/3/2015 1:00 PM Office Visit
MRN: 2592229

Description: **Male DOB: 5/22/1997**
Provider: **Diane K. Africk, MD**
Department: **Nomc Pediatric Neurology**

Patient Information

Patient Name	Sex	DOB
Bodin, Jeffrey	Male	5/22/1997

Progress Notes by Diane K. Africk, MD at 3/3/2015 3:03 PM

Author: Diane K. Africk, MD	Service: (none)	Author Type: Physician
Filed: 3/4/2015 10:27 AM	Note Time: 3/3/2015 3:03 PM	Note Type: Progress Notes
Status: Signed	Editor: Diane K. Africk, MD (Physician)	

Jeffrey Bodin is a 17-1/2-year-old male who initially saw me on 12/05/2013. Jeffrey returns today with his mother. Jeffrey carries a diagnosis of headaches, status post interferon for malignant melanoma.

Please see my original consultation of 12/05/2013 for the headache descriptions, birth history, hospitalizations and surgeries, review of systems, immunizations, medications, developmental history, endocrine history, social history, family history and dietary history.

There are always many issues with Jeffery.

Jeffrey is on Topamax right now. He takes 25 mg p.o. at bedtime. However, the bigger issue is narcolepsy. Jeffrey has been diagnosed with narcolepsy. He has also been diagnosed with obstructive sleep apnea. He has tried the ~~APAP~~ CPAP machine one night. He does not believe it will work.

Jeffrey has recently had his meds changed from Ritalin 40 mg to Concerta 36 mg p.o. q.a.m. and 10 mg p.o. q. noon. Mom says that he could only take less Ritalin until he gains weight. Now, not only is he not gaining weight, he has lost another pound. He was sick last week. He had a sinus infection two weeks ago. Then he got diarrhea. He had to miss two field trips.

We have tried gabapentin for leg pain. It did not help. We have tried phenobarbital for headaches. It did not help.

On neurologic examination today, Jeffrey's weight is 107 pounds (an increase of 3 pounds). His height is 5 feet 7 inches. His blood pressure is 94/56. His pulse rate is 82 per minute. Respiratory rate is 24 per minute.

Jeffrey is a thin, well-nourished young man. He looks pale.

Jeffrey has no ataxia. He has no dysmetria. He has no nystagmus. Extraocular movements are full and conjugate.

I was with Jeffrey and his mother for 45 minutes. Greater than 50% of the time was spent counseling. Jeffrey is a 17-year-old male with a history of malignant

melanoma, leg pain, headaches and depression. The discussion today was about narcolepsy and Jeffrey's overall health. I am going to increase Jeffrey's Topamax slowly to 50 mg p.o. b.i.d. He will continue with the Concerta and the Ritalin. I have given Jeffrey a note to take to school regarding increased time on standardized testing.

I would like to see Jeffrey back in the next two to three months or sooner if there are problems.

A copy of this consultation will be sent to Dr. Casey.

DKA/IN dd: 03/03/2015 15:11:58 (CST) td: 03/04/2015 07:20:35 (CST) Doc ID #1632526 Job ID #1521499

CC: Sherry Casey M.D.

Revision History

Jeffrey Bodin
6/3/2015 9:00 AM Office Visit
MRN: 2592229

Description: **Male DOB: 5/22/1997**
Provider: **Diane K. Africk, MD**
Department: **Nomc Pediatric Neurology**

Patient Information

Patient Name	Sex	DOB
Bodin, Jeffrey	Male	5/22/1997

Progress Notes by Diane K. Africk, MD at 6/3/2015 9:14 AM

Author: Diane K. Africk, MD | Service: (none) | Author Type: Physician
Filed: 6/4/2015 4:34 PM | Note Time: 6/3/2015 9:14 AM | Note Type: Progress Notes
Status: Signed | Editor: Diane K. Africk, MD (Physician)

Jeffrey Bodin is an 18-year-old male who initially saw me on 12/05/2013. Jeffrey returns today with his mother. Jeffrey carries a diagnosis of headaches, narcolepsy, status post interferon for malignant melanoma.

Please see my original consultation of 12/05/2013 for the headache descriptions, birth history, hospitalizations and surgeries, review of systems, immunizations, medications, developmental history, endocrine history, social history, family history, and dietary history.

There are always many ongoing issues with Jeffrey. It is true as well today.

First of all, let me say that Jeffery looks wonderful. He has gained 7 pounds. He is working out again for the track team. He is going to be going to Washington on June 26 with ROTC leadership team.

Jeffrey is currently taking Adderall extended release 40 mg p.o. b.i.d. and Adderall short release 20 mg p.o. every day. He would like to go up to 40, 40 and 40. I said I would have to check with the sleep doctor.

The Topamax had helped for a while. However, once the Topamax was increased, Jeffrey said it made him foggy. He has stopped it in total. He likes better how he feels. However, the headaches have returned.

In the past, we have tried amitriptyline, Neurontin, Topamax, verapamil for the headaches.

On neurologic examination today, Jeffery's weight is 104 pounds. His height is 67.4 inches. His blood pressure is 126/82. His heart rate is 90 per minute. His respiratory rate is 24 per minute.

Jeffrey is a thin, well-nourished young man. He is in a good mood today. He is talkative. He has excited facial expressions.

Jeffrey has no ataxia. He has no dysmetria. He has no nystagmus. Extraocular movements are full and conjugate.

I was with Jeffrey and his mother for 35 minutes. Greater than 50% of the time was spent counseling. Jeffrey is an 18-year-old male child with a history of intractable headaches; narcolepsy; status post interferon for malignant melanoma. Jeffrey would like to try another medicine that will not interfere with his attention or concentration span for his headaches. He does feel the butalbital helps, but he would like to have less headaches. I would like to give low-dose zonisamide a try. Therefore, we will start a 25 mg p.o. at bedtime. I would like to see Jeffrey back in six weeks or sooner if there are problems.

/sc 060415 blank

DKA/IN dd: 06/03/2015 09:38:56 (CDT) td: 06/03/2015 18:20:32 (CDT) Doc ID #1676588 Job ID #1565465

CC: LIUDMILA LYSENKO MD
Sherry Casey M.D.

Revision History

Jeffrey Bodin
7/7/2015 9:00 AM Office Visit
MRN: 2592229

Description: **Male DOB: 5/22/1997**
Provider: **Diane K. Africk, MD**
Department: **Nomc Pediatric Neurology**

Patient Information

Patient Name	Sex	DOB
Bodin, Jeffrey	Male	5/22/1997

Progress Notes by Diane K. Africk, MD at 7/7/2015 10:40 AM

Author: Diane K. Africk, MD | Service: (none) | Author Type: Physician
Filed: 7/9/2015 1:54 PM | Note Time: 7/7/2015 10:40 AM | Note Type: Progress Notes
Status: Signed | Editor: Diane K. Africk, MD (Physician)

Jeffrey Bodin is an 18-year-old male who initially saw me on 12/05/2013. Jeffrey returns today with his mother. Jeffrey carries the diagnoses of headaches, narcolepsy, status post interferon for malignant melanoma.

Please see my original consultation of 12/05/2013 for headache descriptions, birth history, hospitalizations and surgeries, review of systems, immunizations, medications, developmental history, endocrine history, social history, family history and dietary history.

There are always many ongoing issues with Jeffrey. It is true as well today.

When I came in the room, the lights were out. Jeffrey did not take his Adderall this morning. He wanted to be able to sleep on the way here and back. He was not able to sleep on the way here.

The headaches are not better. However, Jeffrey does not want to try the zonisamide. What he wants is to increase the Adderall to 40 mg p.o. t.i.d. He feels consistency helps his migraines. I said I would have to check with Dr. Lysenko. I have never had anybody on 120 mg of Adderall every day.

Jeffrey had a good trip to Washington DC with the ROTC leadership team. He is running again.

At this time, Jeffrey is taking Adderall extended release 40 mg p.o. b.i.d. and Adderall short release 20 mg p.o. every day.

Jeffrey has been on amitriptyline, Neurontin, Topamax and verapamil for his headaches in the past.

On neurologic examination today, Jeffrey's weight is 105 pounds (an increase of 1 pound). His height is 5 feet 7 inches. His blood pressure is 134/73. His pulse rate is 75 per minute. His respiratory rate is 24 per minute.

Jeffrey is a thin, well-nourished young man. He does not look well today. He says it is because he did not take his Adderall.

Jeffrey has no ataxia. He has no dysmetria. He has no nystagmus. Extraocular movements are full and conjugate.

I was with Jeffrey and his mother for 35 minutes. Greater than 50% of the time was spent counseling. Jeffrey is an 18-year-old male with a history of intractable headaches; narcolepsy; status post interferon for malignant melanoma. Jeffrey would like me to increase his Adderall to 40 mg p.o. t.i.d. He has been cleared by Cardiology. I explained that I would like to speak to Dr. Lysenko.

The family is due to see Dr. Lysenko shortly.

I would like to see Jeffrey back in three months or sooner if there are problems.

A copy of this consultation will be sent to Dr. Casey and Dr. Lysenko.

DKA/IN dd: 07/07/2015 10:39:41 (CDT) td: 07/08/2015 08:39:36 (CDT) Doc ID #1691838 Job ID #1580670

CC: LIUDMILA LYSENKO MD
Sherry Casey M.D.

Revision History

Jeffrey Bodin
8/12/2015 8:30 AM Office Visit
MRN: 2592229

Description: **Male DOB: 5/22/1997**
Provider: **Diane K. Africk, MD**
Department: **Nomc Pediatric Neurology**

Patient Information

Patient Name	Sex	DOB
Bodin, Jeffrey	Male	5/22/1997

Progress Notes by Diane K. Africk, MD at 8/12/2015 8:53 AM

Author: Diane K. Africk, MD | Service: (none) | Author Type: Physician
Filed: 8/17/2015 6:48 PM | Note Time: 8/12/2015 8:53 AM | Note Type: Progress Notes
Status: Signed | Editor: Diane K. Africk, MD (Physician)

Jeffrey Bodin is an 18-year-old male who initially saw me on 12/05/2013. Jeffrey returns today with his mother. Jeffrey carries the diagnoses of headaches, narcolepsy and status post interferon for malignant melanoma.

Please see my original consultation of 12/05/2013, for headache descriptions, birth history, hospitalizations, surgeries, review of systems, immunizations, medications, developmental history, endocrine history, social history, family history and dietary history.

Jeffrey looks well today. He is in a tie and long sleeve shirt for school. However, when I mentioned that Jeffrey looks well, he tells me that he will have a headache shortly.

Jeffrey is currently on Adderall 40 mg p.o. t.i.d. He tells me it is better, but still not perfect. He wants to make sure he can stay on the butalbital.

Jeffery's blood pressure is 135/69. We discussed the issues with blood pressure and Dr. Lysenko's concerns. Jeffrey tells me that he has always noted he does not want to have to go on high blood pressure medicine and as long as he can wait until he is in his 30s, then it is okay. I discussed trading the complications of one medicine for another. Jeffrey said that he wanted to stay on the Adderall because it helps him.

Jeffrey has been on amitriptyline, Neurontin, Topamax and verapamil for his headaches in the past.

On neurologic examination today, Jeffery's weight is 106 pounds (an increase of 1 pound). His height is 5 feet 7 inches. Today's blood pressure is 135/69. The last time he was here, it was 134/73. He has not been taking it at home because he has not been able to get a machine calibrated appropriately. He says he does not have time to go to the pediatrician's office once a week to have it checked. Pulse rate is 67 per minute. Respiratory rate is 24 per minute.

Jeffrey is a thin, well-nourished young man. He looks well today. He is in a rush. He needs to get to class. He just wants to make sure that he can stay on his butalbital.

Jeffrey has no ataxia. He has no dysmetria. He has no nystagmus. Extraocular movements are full and conjugate.

I was with Jeffrey and his mother for 20 minutes. Greater than 50% of the time was spent in counseling. Jeffrey is an 18-year-old male child with a history of malignant melanoma status post interferon. He has a history of intractable headaches and narcolepsy without cataplexy.

I have left a message for Dr. Lysenko regarding Jeffery and his medications.

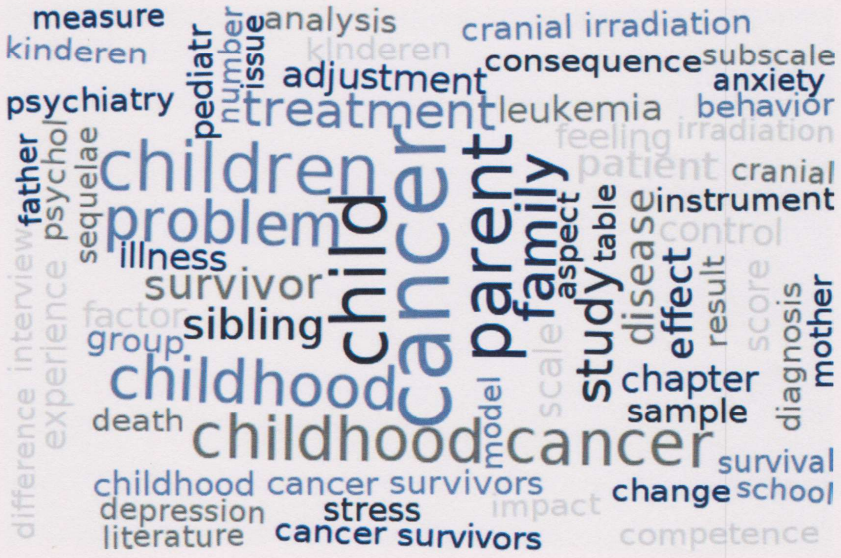
I told Jeffrey I would be glad to see him back between Thanksgiving and Christmas. He said he would like to come before Thanksgiving. Mother says they would like to come in January. Jeffrey said they would be coming in early November.

Copy of this consultation to be sent to Dr. Sherry Casey.

DKA/HN dd: 08/12/2015 09:00:18 (CDT) td: 08/12/2015 22:51:37 (CDT) Doc ID #1708787 Job ID #1597563

CC: Sherry Casey M.D.

Revision History



TREATMENT AFTER CANCER AND LATE EFFECTS

TACLE CLINIC

CHILDREN'S OF NEW ORLEANS

LSUSHC

LSU Health Sciences Center NEW ORLEANS

1/15/2015

CHILDREN'S HOSPITAL

SUMMARY OF CANCER TREATMENT

Demographics		
Name: Jeffrey Bodin	Sex: Male	Date of Birth: 05/22/1997
PCP:		

Cancer Diagnosis		
Diagnosis: Melanoma of left ankle	Sites involved/stage: Stage IIIA/T2aN2a	
Date of Diagnosis: 03/2008	Age at Diagnosis: 10yrs. 9 months	Date Therapy Completed: 10/02/2008
Relapse(s):		

Treatment Center : MD Anderson Cancer Center; LSUHSC, Children's Hospital New Orleans, 200 Henry Clay Avenue, New Orleans, LA 70118 Primary Oncologist: Dr. Cynthia Herzog (MD Anderson Cancer Center) Dr. Jaime Morales (Children's Hospital of New Orleans) Surgeon: MD Anderson Cancer Center Radiation Oncologist: n/a Transplant Physician: n/a Long Term Follow-Up: Dr. Pinki Prasad (504) 896-9740	Medical Record #: MD Anderson 074-46-52 CHNOLA: 0445573
Family History Cancer:	Other Family History:

CANCER TREATMENT SUMMARY

Protocol/Treatment:	On Study: NO

Chemotherapy

Drug Name	Route	Selected Cumulative Dose (units or mg/m^2) when Applicable
Interferon alpha 2B	IV	400 million units/m2
Interferon alpha 2B	SQ	155 million units/m2

Surgery :

Surgery	Date	Surgeon
Primary excision of melanoma on left ankle with sentinel node mapping	03/15/2008	MD Anderson Cancer Center
Appendectomy	05/13/2008	MD Anderson Cancer Center
PICC Line Insertion	06/09/2008	Children's Hospital of New Orleans

Radiation: n/a

Transplant: n/a

Treatment Complications/Late Effects

Problem	Status
Neurologic: Seizures while on interferon	
Neurologic: Peripheral neuropathy	

Potential Late Effects		
Potential Late Effect	**Exposure**	**Screening Recommendations**
Any Cancer History		Annual Physical Exam with PCP Annual Cancer Screening by age Regular exercise Avoid cigarette smoking, excess alcohol consumption or illicit drugs Eat a well balanced, low fat diet
Any Cancer History	Biologics Interferon Alpha 2B	Insufficient information currently available regarding late effects of biological agents
Dental Problems	Any chemotherapy exposure	Regular Dental Exams
General Recommendations:		
Immunizations	Any cancer experience	Recommend annual Flu shot Recommend (HPV vaccination or Gardasil) series
Summary prepared by: Pinki Prasad, MD, MPH		**Date prepared:** 01/15/2015

Writeup on 9/17/17

Note the following is informational general handouts, etc.

I, Jeffrey Thomas Bodin, am and to my knowledge will always be a cancer patient. Not a survivor. As was noted by Dr. Pinki Prassad whenever she handed me the enclosed documentation. At my first, and as of writing only so far, long term follow up appointment. She stated as such that not all the information within the folder/binder," she handed me, "applied to me specifically."

"It was just what they gave everyone in the clinic."

Just re-recording ~~that~~ this fact to note that I am still/always will be a cancer patient.

-9/17/17

Note: Appt in question 1/15/15.
Children's Hospital New Orleans
200 Henry Clay Avenue
New Orleans, LA 70118

Health Link 1/15/15
Healthy living after treatment of childhood cancer

CHILDREN'S ONCOLOGY GROUP
The world's childhood cancer experts

Introduction to Long-Term Follow-Up after Treatment for Childhood, Adolescent, or Young Adult Cancer

Congratulations! You have "graduated" to long-term follow-up. ***You can now think of yourself as a cancer survivor, not as a cancer patient!*** In long-term follow-up, the goal is to help you stay as healthy as possible—to stay well and to do well in school or at work.

Even though you are a cancer survivor, it is still important that you continue to have regular medical care. In some cases, your care may continue at the same hospital or clinic where you received your treatment, but you may be seen by different doctors and nurses in a special Long-Term Follow-Up Program. In other cases, you may receive care from a healthcare provider working in partnership with your treatment center, or from a provider who is closer to your home. No matter where you receive your care, it is important that you learn what you need to know about your treatment and the follow-up care that you need so that you can stay in the very best health possible.

Your cancer treatment summary

When you graduate to long-term follow-up, it is important that you get a record of the cancer treatment that you received. This record, known as a ***Summary of Cancer Treatment***, should contain the following information:

- Name of the **disease** that you had, the date when you were diagnosed, and the site/stage of the disease
  - Date(s) and description(s) of any relapses
  - Name, address, and phone number of hospital(s) or clinic(s) where you received your care
  - Name, address, and phone numbers of your cancer doctor (oncologist) and other health team members responsible for your care
  - Date that your cancer treatment was completed
- Names of all the **chemotherapy** medicines that you received and specific information about certain chemotherapy drugs as follows:
  - Total doses of anthracycline chemotherapy (such as doxorubicin or daunorubicin)
  - For cytarabine and methotrexate: How they were given (such as by mouth or into the vein), and if into the vein, whether you received "high dose" (1000 mg/m^2 or more in any single dose) or "standard dose" therapy
  - For carboplatin: Whether or not the dose was myeloablative (given during preparation for a bone marrow, cord blood, or stem cell transplant), and whether any carboplatin was given prior to one year of age.
  - Total doses of other chemotherapy agents and how they were given should be included, if available
- **Radiation** therapy summary, including
  - Part(s) of body that received radiation (radiation site or field)
  - Total radiation dose (including any boost doses) to each field
- Name and dates of any **surgeries** that you had
- Whether or not you received a **hematopoietic cell transplant** (bone marrow, cord blood, or stem cell transplant), and if so, whether or not you developed chronic Graft-versus-Host Disease (cGVHD)
- Names of any other **cancer treatment(s)** that you received (such as radioiodine therapy or bioimmunotherapy)

- Names and dates of **any significant complication(s)**, and treatments received for the complication(s)

Keep a copy of your cancer treatment summary in a safe place, and give a copy to each of your healthcare providers.

Your follow-up schedule

Most cancer survivors need long-term follow-up visits about once a year. During these visits, it is important to talk about your progress and check for problems that can happen after treatment for cancer. Talk with your healthcare provider about your individual situation and determine a schedule for the follow-up care that best meets your needs.

Between visits

Once you "graduate" to long-term follow-up care, you will usually need to identify a local healthcare provider that you can visit or call if you are injured or sick. Make an appointment for a check-up with this healthcare provider so that they can get to know you before an illness arises. If a problem comes up that may be related to your cancer treatment, your local healthcare provider can discuss this with your long-term follow-up team.

Late effects after treatment for childhood, adolescent, or young adult cancer

Problems that happen after treatment for cancer are known as "late effects." Fortunately, most long-term survivors don't have serious late effects, but it is important to catch any problems early. You may have already learned about some of the possible late effects that can happen after treatment for cancer. Some of the more common ones are reviewed here.

Growth

Treatment for cancer during childhood, especially radiation to the brain or spine, can sometimes slow or stunt growth. Yearly measurements help to predict whether you will reach a normal height. If you are "at risk" for being short as an adult, your healthcare provider may also recommend other specialized tests and treatments.

Heart

A small percentage of survivors treated with chest radiation or certain chemotherapy drugs known as "anthracyclines" (such as doxorubicin or daunomycin) have problems with the heart. This is most likely to happen in people who received higher doses of these medicines, and in those who received their treatment before their heart finished growing. Your healthcare provider may recommended tests to check your heart function, and may arrange for a cardiologist (heart specialist) to see you if the tests show any sign of these problems.

Fertility

Radiation to the pelvis and certain anticancer drugs can affect sexual development and reproduction. Some survivors may be at risk for delayed puberty, infertility (inability to have children), or early menopause. Check-ups and certain blood tests can help determine if you have any of these problems. These issues are important, and if you have any concerns, you should be sure to discuss them with your healthcare provider. If there is a problem, arrangements may be made for you to see a specialist.

Thyroid

Head or neck radiation can sometimes cause the thyroid gland to stop working properly. This gland helps regulate growth, weight, and the balance of body chemicals. Blood tests can be done to check thyroid hormone levels. Low thyroid levels are easily treated with oral medication.

Health Link

Healthy living after treatment of childhood cancer

CHILDREN'S ONCOLOGY GROUP

The world's childhood cancer experts

Second Cancers

Some chemotherapy drugs and radiation can increase the risk of a second (different) cancer. Some survivors may have genetic changes that put them at risk for second cancers. Tobacco, excessive sun exposure, and other chemicals and behaviors can also increase this risk. Talk with your healthcare provider about ways to lower your risk and to detect common cancers at an early stage.

School and Work

Problems with schoolwork or jobs can occur as a result of some types of cancer treatment. Psychologists can work with your local school system to make sure that any special needs are met. Also, financial assistance for education and job training may be available through government programs. Social workers can help to explain these programs.

Moving toward the future

Thinking about developing late effects after surviving cancer can be anxiety provoking. But it is quite possible that you will NOT develop any serious complications. And if you do, it is best to catch them early, so that you can begin treatment right away. So don't let anxiety get in the way of taking the very best care of your health.

Being treated for cancer at a young age is always a difficult experience. Having survived that experience, you have learned many things. Most likely, you are a stronger person than you were before you were diagnosed with cancer. As you move forward into your future, use those strengths to your advantage. Make healthy choices. Keep your follow-up appointments. And always remember that YOU are the most important member of your healthcare team!

Written by Wendy Landier, RN, PhD, CPNP, CPON®, Survivorship Clinic, City of Hope National Medical Center, Duarte, California. Portions adapted from "Introduction to the After Completion of Therapy Clinic," St. Jude Children's Hospital, Memphis, TN, used with permission.

Reviewed by Melissa M. Hudson, MD; Smita Bhatia, MD, MPH; and Scott Hawkins, LMSW.

Additional health information for childhood cancer survivors is available at *www.survivorshipguidelines.org*

Note: Throughout this *Health Links* series, the term "childhood cancer" is used to designate pediatric cancers that may occur during childhood, adolescence, or young adulthood. Health Links are designed to provide health information for survivors of pediatric cancer, regardless of whether the cancer occurred during childhood, adolescence, or young adulthood.

No Liability on Part of Children's Oncology Group and Related Parties/Agreement to Indemnify and Hold Harmless the Children's Oncology Group and Related Parties: No liability is assumed by the Children's Oncology Group or any affiliated party or member thereof for damage resulting from the use, review, or access of the Informational Content. You agree to the following terms of indemnification: (i) "Indemnified Parties" include authors and contributors to the Informational Content, all officers, directors, representatives, employees, agents, and members of the Children's Oncology Group and affiliated organizations; (ii) by using, reviewing, or accessing the Informational Content, you agree, at your own expense, to indemnify, defend and hold harmless Indemnified Parties from any and all losses, liabilities, or damages (including attorneys' fees and costs) resulting from any and all claims, causes of action, suits, proceedings, or demands related to or arising out of use, review or access of the Informational Content.

Proprietary Rights: The Informational Content is subject to protection under the copyright law and other intellectual property law in the United States and worldwide. The Children's Oncology Group retains excursive copyright and other right, title, and interest to the Informational Content and claims all intellectual property rights available under law. You hereby agree to help the Children's Oncology Group secure all copyright and intellectual property rights for the benefit of the Children's Oncology Group by taking additional action at a later time, action which could include signing consents and legal documents and limiting dissemination or reproduction of Informational Content.

Health Link
Healthy living after treatment of childhood cancer

CHILDREN'S ONCOLOGY GROUP
The world's childhood cancer experts

Chronic Pain after Childhood Cancer

Pain is a common experience during cancer treatment, either from the cancer itself or from the treatment. Usually, after the treatment is finished, there is no more pain. For some people, however, pain continues to be a side effect of either the cancer or its treatment, even when the cancer is in remission and treatment has been completed. For cancer survivors, long-term pain may occur for a variety of reasons, such as damage to bones, joints, or nerves resulting from treatment with radiation, surgery, certain chemotherapy medications, or corticosteroids.

What is the difference between acute and chronic pain?

Acute pain is generally the result of illness (such as cancer), injury and/or surgery and is usually confined to a limited period of time. Acute pain has a biologic purpose, that is, it tells us that we are hurt or ill, so that we can protect ourselves.

Chronic pain lasts after the underlying illness or injury has resolved. Chronic pain is a problem because the longer the pain lasts, the more complicated it might become, particularly in the way it could affect a survivor's quality of life.

Pain is very complex

Healthcare providers used to think that the amount of pain a person had was directly related to the extent of physical damage to body tissue. Healthcare providers now know that the pain people feel is affected by many physical, emotional, and cognitive factors that are unique to each individual.

Recent studies involving new technology to study the brain are confirming that many processes are involved in chronic pain. The experience of pain is the result of a complex interchange of information from many different areas of the brain. These studies have also helped us to understand that pain can sometimes persist (even when the original injury has healed) due to changes in the way the body sends and receives pain signals.

Healthcare providers have learned that different people perceive pain in different ways. These differences can be seen in brain imaging studies as individuals rate their pain to the same source of pain, or "stimulus". That is, some people seem to be very sensitive, whereas others may report little pain even with the same stimulus. While you might be born with some of these differences, environmental factors tend to play an important role too. Factors such as age, sex, developmental level, family and cultural traditions, prior pain experience, and circumstances surrounding the injury all contribute toward how a cancer survivor might interpret, experience, and cope with pain.

Pain and Psychological Health

Psychological factors play a role in the amount of distress that is experienced, or how upsetting the pain might be to each individual. Furthermore, other factors, such as family or work environment, can also affect the ability to cope with pain.

In the case of chronic pain that lasts for months and years, it is possible for cancer survivors to become increasingly depressed if they don't have ways to cope with the pain in a healthy way. Survivors with pain may sometimes become frustrated and angry, especially if pain is preventing them from doing activities that they used to enjoy. If a survivor believes that pain controls his or her life, then they may begin to feel powerless, develop low self-esteem, and avoid taking on challenges and opportunities for growth. Pain can develop into a troublesome cycle. For example, a survivor might stop moving around and doing physical activities because they are afraid of triggering or worsening their pain, but the less active they are, the weaker their muscles become, which can then worsen the pain.

Sometimes, people begin to anticipate the physical sensations of pain in a fearful way. They may withdraw from social or community activities to avoid having to deal with pain in public situations, and they may increasingly iso-

late themselves. Depression, anxiety, and chronic stress may follow, which than can make the pain worse. This may also lead to physical changes in the body associated with stress, depression, and anxiety, which can lower the pain thresholds.

How is Pain Treated?

Fortunately, there are ways to manage and cope with chronic pain. Chronic pain can be treated with medicine, without medicine using behavioral treatments (such as relaxation or meditation), or by a combination of the two. Non-medicine treatments can be used along with medications to manage pain during all phases of cancer treatment. Studies of patients suffering from chronic pain show that training in pain-coping skills can help increase self-confidence and reduce distress from pain. Changes in how a person copes with pain and what they believe about their pain may also produce positive changes in behavior, such as increased exercise, improved pacing of activities, better compliance with medication, and increased participation in social activities.

Behavioral skills can be helpful in treating and coping with pain. Specific techniques include relaxation, meditation, guided imagery, distraction, and redirected thinking, as well as changing thoughts and beliefs about pain and what it means. Other effective approaches include support groups, massage, music, and counseling focused on pain management and behavioral modification.

Additional information about chronic pain is available on the following websites:

- ***www.americanpainsociety.org***
- ***www.painandhealth.org***

Written by Sunita Patel, PhD, Clinical Neuropsychologist and Director, Behavioral Research in Pediatrics, City of Hope National Medical Center, Duarte, CA.

Reviewed by Scott Hawkins, LMSW; Wendy Landier, RN, PhD, CPNP, CPON®; and Joan Darling, PhD.

Additional health information for childhood cancer survivors is available at *www.survivorshipguidelines.org*

Note: Throughout this *Health Links* series, the term "childhood cancer" is used to designate pediatric cancers that may occur during childhood, adolescence, or young adulthood. Health Links are designed to provide health information for survivors of pediatric cancer, regardless of whether the cancer occurred during childhood, adolescence, or young adulthood.

losses, liabilities, or damages (including attorneys' fees and costs) resulting from any and all claims, causes of action, suits, proceedings, or demands related to or arising out of use, review or access of the Informational Content.

Proprietary Rights: The Informational Content is subject to protection under the copyright law and other intellectual property law in the United States and worldwide. The Children's Oncology Group retains excursive copyright and other right, title, and interest to the Informational Content and claims all intellectual property rights available under law. You hereby agree to help the Children's Oncology Group secure all copyright and intellectual property rights for the benefit of the Children's Oncology Group by taking additional action at a later time, action which could include signing consents and legal documents and limiting dissemination or reproduction of Informational Content.

Health Link
Healthy living after treatment of childhood cancer

CHILDREN'S ONCOLOGY GROUP
The world's childhood cancer experts

Educational Issues Following Treatment for Childhood Cancer

Treatment for cancer during childhood or adolescence may affect educational progress due to prolonged absences or reduced energy levels that frequently occur during treatment. In addition, some types of cancer may require therapy to control or prevent spread of the disease to the brain and/or spinal cord (central nervous system). This therapy can sometimes affect memory and learning abilities. Parents and teachers should be aware of potential educational problems that may be related to cancer treatment so that children and teens at risk can be watched closely and given extra help if the need arises.

What increases the risk of educational problems?

Factors that may place children and teens at increased risk for difficulties in school include:

- Diagnosis of cancer at a very young age
- Numerous or prolonged school absences
- A history of learning problems before being diagnosed with cancer
- Cancer treatment that results in reduced energy levels
- Cancer treatment that affects hearing or vision
- Cancer treatment that results in physical disabilities
- Cancer therapy that includes treatment to the central nervous system (see below).

Are children and teens with certain types of cancer at higher risk of developing educational difficulties?

Yes, children and teens with the types of cancer listed below are more likely to have received treatments that may affect learning and memory. Since treatments for these types of cancer vary widely, not everyone who was treated for these cancers is at increased risk.

- Brain tumors
- Tumors involving the eye or ear
- Acute lymphoblastic leukemia (ALL)
- Non-Hodgkin's lymphoma (NHL)

What types of treatment place children and teens at higher risk for learning and memory problems?

- Methotrexate—if given in high doses intravenously (IV) or injected into the spinal fluid [intrathecal (IT) or intraommaya(IO)]
- Cytarabine—if given in high doses intravenously (IV)
- Surgery involving the brain
- Radiation to any of the following areas:
  - Brain (cranial)
  - Ear/infratemporal region (midfacial area behind the cheekbones)
  - Total body irradiation (TBI)
  - Cisplatin or carboplatin (may affect hearing)

What testing is recommended?

Any young person who has had any of the above cancer treatments, or who is having difficulties in school, should undergo a specialized evaluation by a pediatric psychologist (neuropsychological testing) at the time of entry into long-term follow-up. This type of testing will measure IQ and school based skills, along with more detailed information about how the child processes and organizes information.

Even if the initial neuropsychological evaluation is normal, it is important for parents and teachers to remain watchful. Further neuropsychological evaluations may be necessary if the child or teen begins having trouble in school or develops any of the problems listed below. In addition, repeat testing is often recommended at times when academic challenges are more likely to occur, such as at entry into elementary school, middle school, high school, and during pre-college planning.

What learning problems may occur?

The brain is a very complex structure that continues to grow and develop throughout childhood and adolescence. Some problems may not become apparent until years after therapy is completed. Common problems areas include:

- Handwriting
- Spelling
- Reading
- Vocabulary
- Math
- Concentration
- Attention span
- Ability to complete tasks on time
- Memory
- Processing (ability to complete assignments that require multiple steps)
- Planning
- Organization
- Problem-solving
- Social skills

What can be done to help with learning problems?

If a problem is identified, special accommodations or services can be requested to help maximize the student's learning potential. The first step is usually to schedule a meeting with the school in order to develop a specialized educational plan. Examples of strategies that are often helpful for children and teens with educational problems related to cancer treatment include:

- Seating near the front of the classroom
- Minimizing the amount of written work required
- Use of tape-recorded textbooks and lectures
- Use of a computer keyboard instead of handwriting
- Use of a calculator for math

- Modification of test requirements (extra time, oral instead of written exams)
- Assignment of a classroom aide
- Extra help with math, spelling, reading, and organizational skills
- Access to an elevator
- Extra time for transition between classes
- Duplicate set of textbooks to keep at home

What laws protect the rights of students who have undergone treatment for cancer?

In the United States, there are three public laws that protect the rights of students with educational problems related to cancer treatment. These laws are:

The Rehabilitation Act of 1973 – Section 504

This legislation provides accommodations for students with a "physical or mental impairment which substantially limits one or more major life activities," or students who have "a record of such impairment", or who are "perceived as having such an impairment" (The Rehabilitation Act, 1973). Qualifying conditions include chronic illnesses such as cancer, as well as many other disabilities, including hearing problems, vision problems, learning disabilities, speech disorders, and orthopedic handicaps. All childhood cancer survivors in the United States are eligible for accommodations under this law, and all educational institutions receiving federal funding (including colleges and universities) are required to comply. Accommodations may include modifications in the curriculum (such as allowing the use of a calculator and extra time for assignments or test-taking) and the environment (such as seating near the front of the classroom or allowing extra time between classes).

The Individuals with Disabilities Education Act (IDEA)

The IDEA legislation (PL 105-17) requires that public schools provide "free and appropriate education in the least restrictive environment" for disabled students between the ages of 3 and 21 years of age. In order to qualify for special education services under IDEA, the student must meet qualifications under at least one disability outlined in the law - those that most commonly apply to students treated for cancer include "specific learning disability," "traumatic brain injury," or "other health impairment." In order to access services under the IDEA legislation, parents must initiate the process by requesting that the student be evaluated for an "Individualized Education Plan" or IEP. The student will then undergo an assessment process to determine what assistance is required. A conference is then held to discuss the results of the evaluation and, if the student qualifies, to determine an individualized plan to meet the identified specialized educational needs. Services available under the IDEA legislation include tutoring, specialized classroom placements (such as a resource room), psychological services, adaptive physical education, physical, occupational and speech/language therapy, and transportation services. All services and accommodations required by the student should be specified in the IEP (the written document describing the special education program). The IEP should be reviewed and updated on an annual basis to assure that it continues to meet the student's educational needs.

The Americans with Disabilities Act (ADA)

The ADA law (PL 101-336) protects against discrimination in employment, transportation, communication, government and public accommodations for people with disabilities. It guarantees equal access to public spaces, event, and opportunities and may be particularly helpful for students seeking higher education or employment.

Where can I get more information?

Additional information is available from the Center for Parent Information and Resources (***www.parentcenterhub.org***).

American Childhood Cancer Organization, for the free publication: Educating the Child with Cancer, a Guide for Parents and Teachers (phone: 1-855-858-2226, ext. 101; website: ***www.acco.org***.)

Written by Wendy Landier, RN, PhD, CPNP, CPON®, Survivorship Clinic, City of Hope National Medical Center, Duarte, CA.

Reviewed by Debra L. Friedman, MD; Melissa M. Hudson, MD; Julie Blatt, MD; Joan Darling, PhD; and Scott Hawkins, LMSW.

Additional health information for childhood cancer survivors is available at *www.survivorshipguidelines.org*

Note: Throughout this *Health Links* series, the term "childhood cancer" is used to designate pediatric cancers that may occur during childhood, adolescence, or young adulthood. Health Links are designed to provide health information for survivors of pediatric cancer, regardless of whether the cancer occurred during childhood, adolescence, or young adulthood.

Health Link
Healthy living after treatment of childhood cancer

CHILDREN'S ONCOLOGY GROUP
The world's childhood cancer experts

Emotional Issues after Childhood Cancer

The Cancer Experience

Diagnosis and Treatment

Diagnosis and treatment are difficult times for children with cancer and their families. During diagnosis, children have tests and procedures that are new, painful and often scary. For parents, it is the anxiety of waiting for the results of these tests and procedures that can be the worst part of this time. Learning the diagnosis can be a relief, especially when effective treatments are available. These treatments, though, can be unpleasant for children to have and upsetting for families to watch or give. Tests and procedures are repeated during treatment to find out if the treatment is helping or should be changed. Children with cancer and their parents are frequently at the hospital, sometimes away from other family, friends, home, work or school for long periods of time. Parents worry about whether or not their child's cancer will be cured, how to minimize their child's suffering, and how to make the most of life. Brothers and sisters also worry about, and are sometimes jealous of, the child with cancer. Childhood cancer survivors and their siblings can be concerned about their parents, and keep worries and feelings to themselves to try to protect their parents. As a result, children with cancer, their parents and their siblings can feel angry, lonely, sad and afraid during treatment. Periods of anxiety and depression can occur.

After Treatment Ends

For survivors and their families, the end of treatment can bring new feelings as they come to know the good (and sometimes not so good) outcomes of successful treatment. During treatment, people tend to be concerned with getting through the day-to-day. It is after treatment that people can begin to think about and come to terms with their experience. People can have a range of feelings after treatment ends, and the blend of feelings can be as unique as each person. Survivors and their families often fear that the original cancer will return. Regular testing for recurrent cancer or late effects, and even just talking about possible late effects can cause stressful feelings. The diagnosis of a late effect related to cancer treatment or a new health problem unrelated to childhood cancer can also be sources of distress. Anniversaries of cancer events, such as the date of diagnosis or end of treatment, and life changes such as school entry or the normalization of peer relationships can bring on feelings that include relief and happiness, sadness about the loss of a regular childhood, and guilt over having survived when others did not. Some survivors may feel vulnerable because of their cancer experience, and can be concerned about their health and act with caution. Parents of childhood cancer survivors very much want to protect all of their children from harm. These protective feelings can increase usual tensions between parents and teenagers over issues related to growing independence, especially in matters that can affect health. Other teens who have had cancer believe that, having survived cancer, they can do anything—and this makes them feel invincible. These feelings can lead some survivors to undertake difficult studies, work or hobbies. The same feelings can lead other survivors to take part in unhealthy or risky behaviors.

Some Reactions to the Stresses of Survivorship

For the most part, childhood cancer survivors and their family members respond well to the stresses of survivorship. Sometimes though, physical problems or other stresses related to childhood cancer and everyday life can sometimes lead to intensely distressing emotions that need medical attention. Some survivors, and their family members, can experience periods of high anxiety that may or may not be triggered by reminders of the upsetting aspects of treatment. They may develop three types of symptoms typically seen in people with posttraumatic stress disorder (PTSD), including (1) unwanted recall of unpleasant memories of cancer, (2) physical or emotional overreactions, and (3) going out of the way to avoid reminders of cancer. For the most part, childhood cancer survivors and their family members

do not develop all three types of symptoms and PTSD. Yet one or two of these symptoms can nonetheless get in the way of relationships, school, work and other key areas of daily life in survivorship.

Personal growth can be another reaction to the stresses of survivorship. After years of living with childhood cancer, some survivors and their family members may find that they have undergone meaningful and beneficial changes in themselves, their relationships with other people, and their values as a result of their experiences. It does not mean that these survivors would choose to have had cancer, but that they have been able to find some positive changes in their lives as a result of surviving that stressful experience. Experiencing these positive changes is sometimes referred to as posttraumatic growth.

Risk Factors

Several factors can affect the development of depression and anxiety with symptoms of posttraumatic stress after diagnosis and treatment of childhood cancer, including:

- Female gender
- Adolescent or young adult age
- Prior trauma
- Mental health or learning problems before childhood cancer
- Low levels of social support
- Parental history of depression, anxiety, or PTSD
- Cancer of the brain or spine (central nervous system [CNS])
- Cancer treatment to the CNS (radiation to head, chemotherapy into spinal fluid)
- Treatment with Hematopoietic Cell Transplant (bone marrow or stem cell transplant)

When to Seek Help

People with distress that (1) lasts two weeks or more, and/or (2) interferes with their ability to do key home, school or work tasks, should call their healthcare provider to discuss the need for a referral to a mental health professional. Because physical health problems can cause these same symptoms, a through check-up by your primary healthcare professional is recommended if they occur. Some possible signs that help is needed can include:

- Changes in appetite and weight
- Crying easily or being unable to cry
- Constant tiredness and low energy level
- Sleeping a lot
- Not sleeping well
- Feeling hopeless; thoughts of death, escape, suicide—Increased irritability
- Decreased interest in activities that had been pleasurable in the past
- Unwanted recall of painful aspects of cancer
- Feeling extremely fearful, upset or angry when thinking about cancer
- Physical reactions (rapid heart rate, shortness of breath, nausea) when thinking about cancer
- Avoiding health care visits
- Refusing to talk about cancer

Share Your Concerns with Your Healthcare Provider

If you experience distress, discuss it with your primary health care provider or childhood cancer specialist. Your distress may be related to your cancer experience, worries about late effects, or other events in your life. In any case, there is treatment. Talking with others about your fears and worries is a first step in gaining control over them. In addition to receiving help from a health care provider, some people also find support through support groups, participation in activities at their place of worship, or their sense of spirituality. Support can help survivors and their families manage difficulties in useful ways.

Treatment Options

Treatments for depression, anxiety and posttraumatic stress symptoms include counseling in group or individual sessions and medication. Medication usually works in combination with some form of counseling. Mental health professionals (including mental health nurse practitioners, psychiatrists, psychologists, and social workers) provide treatment for depression and anxiety in a variety of community settings. Your primary healthcare provider can help you find a suitable mental health professional in your community.

Resources

Support is available to childhood cancer survivors and their families who have anxiety and depression after treatment. These are just a few of the many resources available:

American Cancer Society (*www.cancer.org*)
This site provides web-based support network, other programs and services, and stories of hope for cancer survivors and their families.

American Psychiatric Association (*www.healthyminds.org*)
This site provides guidelines for choosing a psychiatrist.

The Anxiety Disorders Association of America (*www.adaa.org*)
This site provides information that can help people with anxiety disorder find treatment and develop self-help skills.

American Childhood Cancer Organization (*www.acco.org*)
This site offers education, support, service, and advocacy for childhood cancer survivors, their families and the professionals who care for them.

Children's Oncology Group (*www.childrensoncologygroup.org*)
This site provides parents and families with information related to specific cancer type, treatment stage and age group as well as tips on navigating the health care system, getting and giving support, and maintaining a healthy lifestyle.

National Institute of Mental Health (*www.nimh.nih.gov*)
This site provides general information about anxiety or depression, available treatments, finding a mental health provider, and access to research reports and other relevant information. See these specific areas of the web site:

http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

http://www.nimh.nih.gov/health/topics/depression/index.shtml

Patient Centered Guides *http://childhoodcancerguides.org/sresource.html*
This site provides a list of follow-up clinics for childhood cancer survivors and articles related to psychosocial aspects of survivorship.

Health Link

Healthy living after treatment of childhood cancer

CHILDREN'S ONCOLOGY GROUP

The world's childhood cancer experts

Revised by Sheila Judge Santacroce, PhD, APRN, CPNP, University of North Carolina at Chapel Hill, Chapel Hill, NC. Originally adapted by Debra Kent, RN, MSN, CPNP, Cancer Survivorship Center, Cincinnati Children's Hospital Medical Center, Cincinnati, OH, from "Dealing with Emotions after Childhood Illness" by Melissa Hudson, MD, After Completion of therapy (ACT) Clinic, St. Jude Children's Research Hospital, Memphis, TN.

Reviewed by Joe Don Cavender, MSN, RN, CPNP; Daniel Armstrong, PhD; Joan Darling, PhD; Catherine L. Woodman, MD, Scott Hawkins, LMSW; and Octavio Zavala.

Additional health information for childhood cancer survivors is available at *www.survivorshipguidelines.org*

Note: Throughout this *Health Links* series, the term "childhood cancer" is used to designate pediatric cancers that may occur during childhood, adolescence, or young adulthood. Health Links are designed to provide health information for survivors of pediatric cancer, regardless of whether the cancer occurred during childhood, adolescence, or young adulthood.

Health Link
Healthy living after treatment of childhood cancer

CHILDREN'S ONCOLOGY GROUP
The world's childhood cancer experts

Finding and Paying for Healthcare after Treatment for Childhood Cancer

As a childhood cancer survivor, it is important for you to have regular medical check-ups, since some of the treatments that you received may increase your risk for health problems as you get older. Sometimes it is difficult to find and pay for the medical care that you need. There are several things you can do to make sure you are getting the best possible care for your needs. Here are some suggestions.

If possible, find a long-term follow-up clinic. Many childhood cancer programs have long-term follow-up clinics. A directory of long-term follow-up clinics affiliated with Children's Oncology Group institutions can be found at this link: ***http://applications.childrensoncologygroup.org/Surveys/lateEffects/lateEffects.PublicSearch.asp***. If you are still followed in a childhood cancer center, or if there is a childhood cancer center near where you live, contact that center to discuss your options for obtaining long-term follow-up care. Long-term follow-up clinics usually screen for late effects and educate survivors about ways to lower the risk of health problems after cancer. They are generally an excellent place to get a complete health evaluation, but are not usually designed to meet the everyday healthcare needs of survivors. Also, some long-term follow-up programs are only able to follow survivors until they reach adulthood, which may mean that they can see survivors only until they reach age 18 or 21. So, even if you are attending a long-term follow-up clinic, it is also important to find a primary healthcare provider who can take care of your general medical needs.

Choose a primary healthcare provider in your community. The best primary healthcare providers for adults are usually those who specialize in family practice or internal medicine. The chance of finding a primary healthcare provider who has experience taking care of childhood cancer survivors is low, due to the rarity of serious illnesses like cancer in children. However, it is important to look for a healthcare provider who is thorough, well-trained, and a good listener. Ask friends and family members to help you identify healthcare providers with these qualities who are practicing in your area. Make an appointment for a general check-up and discuss your past medical history and health risks during this visit. It is best to do this at a time when you are well, and not when you are being seen because of an illness.

Tell your healthcare provider about the Childhood Cancer Survivor Long-Term Follow-Up Guidelines, available on the Children's Oncology Group website at ***www.survivorshipguidelines.org***. This comprehensive set of healthcare screening and management guidelines is designed for use by healthcare professionals who are providing ongoing medical follow-up for childhood cancer survivors.

Organize a medical team to provide your local care. Get advice from your childhood cancer doctor and your primary healthcare provider about who should be on your medical team. Your team should always include a primary healthcare provider and a dentist. Depending on your situation, you may also need to include other professionals that are important for your continued health, such as a physical therapist or psychologist. Your primary healthcare provider can help you select these individuals and provide referrals for their services.

Share your medical records with all the members of your medical team. Ask your hospital or clinic to send copies of your treatment records to all of your new healthcare providers. If possible, ask the doctor who treated your childhood cancer to provide you with a summary of your diagnosis and treatment, future health risks, and recommended screening. Keep a copy of the summary and important sections of your pediatric medical records in a personal medical file. Be sure that every new healthcare provider you see is aware of your medical history and any special health risks you may have because of your cancer treatment. If you need help in obtaining your medical records, *call the hospital, clinic, or medical center where you received your treatment.*

Be a partner in the healthcare that you receive. To find out if you are getting adequate care, ask yourself the following questions:

- Do I know my cancer diagnosis and specific treatment I received?
- Do I know about the health problems that can occur after this treatment?
- Have I shared this information with my healthcare providers?
- Does my healthcare provider check periodically for health problems specifically related to my childhood cancer?
- Does my healthcare provider advise me about things I should or should not do to keep healthy after my treatment for childhood cancer?

Explore all resources for paying for healthcare. Healthcare is expensive and people who have had a serious illness often face many hurdles when trying to obtain adequate follow-up care. In the United States, insurance companies are now required to provide coverage for childhood cancer survivors, regardless of pre-existing medical conditions. The law also now provides the option of coverage under a parent's health insurance policy for young adults under age 26. More information about your rights and protections under the health care law (commonly known as the "Affordable Care Act"), is available at this link: ***https://www.healthcare.gov/how-does-the-health-care-law-protect-me/***. If you aren't insured, you should seek assistance a local social service organization or your hospital social worker to identify your coverage options.

As a survivor of childhood cancer, you have already overcome many obstacles. The process of obtaining and paying for healthcare can sometimes seem discouraging, but it is worth the effort!!

Survivorship Healthcare Coverage Checklist

Define your current healthcare needs. Ask yourself:

- Do I mainly need a healthcare provider for general check-ups?
- Do I have chronic health problems that require frequent medical visits?
- Do I have problems that need periodic monitoring by specialists?
- Am I on expensive prescription medications?
- Do I require prosthetic or rehab services?

Explore all resources for healthcare coverage:

- Coverage through a parent's or spouse's policy
- Health insurance coverage offered by your college or employer
- State or federal public assistance programs that may substantially lower the cost of coverage
- Discounted or free healthcare through health department clinics or church-based programs
- Low cost or free prescription programs provided by some pharmaceutical companies for people with low incomes

If you are insured, get the facts about your policy.

- What services are covered?
- Does your plan offer a discounted prescription program?
- Are referrals to specialists controlled through a primary care physician?

- Are limitations set on pre-existing medical conditions?
- Is coverage in effect only while the patient is a full-time student?
- Does coverage expire at certain age?

Ask for help in understanding current resources and locating new ones.

- Ask family members, friends, hospital or clinic insurance managers and insurance representatives to explain unclear details about insurance benefits.
- Call a clinic or hospital social worker to ask for help in finding state or community healthcare resources.
- Check out services offered by national nonprofit organizations (example, Lions Club for ocular prostheses).
- Be proactive in obtaining and maintaining health insurance coverage.
- Visit ***healthcare.gov*** to determine your options for insurance coverage and to determine whether you qualify for discounted or free coverage available to people with low income or disability.
- Avoid lapses in coverage. Plan for transitions in health insurance coverage that occur with college graduation, aging out of parental coverage, or job changes.

Be aware of the laws that help you keep insurance benefits. The following laws apply to survivors living in the United States:

- **ACA** (Affordable Care Act), the comprehensive health care reform law enacted in the United States on March 30, 2010, created a Health Insurance Marketplace and new rights and protections that make health insurance coverage fairer and easier to understand. More information is available at ***www.healthcare.gov***.
- **COBRA** (Consolidated Omnibus Budget Reconciliation Act) requires employers or larger businesses to make insurance available for a limited time to employees (and their dependents) who are fired or laid off.
- **HIPAA** (Health Insurance Portability and Accountability Act of 1996) allows people with pre-existing conditions to keep comprehensive insurance coverage when they are changing insurance plans or jobs. Under the new Health Care Law in the United States, HIPAA eligibility provides greater protections than are otherwise available under state law.

Be persistent when meeting obstacles. Try not to get overwhelmed.

- Complete and follow through with applications.
- Appeal denials with letters of support from your healthcare provider.
- Contact groups such as Candlelighters and the National Coalition of Cancer Survivors for more information about healthcare resources.
- Don't give up!

Recommended Resources

The **National Coalition of Cancer Survivors** is a patient-led advocacy organization for cancer survivors. Their booklet, "A Cancer Survivor's Almanac," lists hundreds of organizations and agencies that offer help regarding specific cancer-related issues, including finding affordable healthcare. The booklet is available on their website, ***www.canceradvocacy.org***. Their phone number is (877) 622-7937.

Cancer Care, a nonprofit organization dedicated to providing emotional support, information, and practical help to people with cancer and their loved ones. They also offer assistance in helping people with a cancer history understand the provisions of the Affordable Care Act. 1-800-813- HOPE (4673). ***www.cancercare.org***.

Health Link

Healthy living after treatment of childhood cancer

CHILDREN'S ONCOLOGY GROUP

The world's childhood cancer experts

Written by: Melissa M. Hudson, MD, After Completion of Therapy (ACT) Clinic, St. Jude Children's Research Hospital, Memphis, TN; Sally Wiard, MSW, LCSW, Christus Santa Rosa Hospital, San Antonio, TX; and Allison Hester, RN, MSN, CPNP, Arkansas Children's Hospital, Little Rock, AR. Adapted from the CCSS Newsletter, Spring 2003, used with permission.

Reviewed by Leslie L. Robison, PhD; Kevin Oeffinger, MD; Peggy Kulm, RN, MA; Scott Hawkins, LMSW; and Octavio Zavala.

Additional health information for childhood cancer survivors is available at *www.survivorshipguidelines.org*

Note: Throughout this *Health Links* series, the term "childhood cancer" is used to designate pediatric cancers that may occur during childhood, adolescence, or young adulthood. Health Links are designed to provide health information for survivors of pediatric cancer, regardless of whether the cancer occurred during childhood, adolescence, or young adulthood.

1/15/15

Resources for Pediatric Cancer Survivors

The following organizations offer information and support to pediatric cancer survivors.

Foundations

Candlelighters Childhood Cancer Foundation

This national, non-profit organization educates, supports, serves and advocates for families of children with cancer, survivors of childhood cancer and the professionals who care for them.

CureSearch

CureSearch is the combined effort of the Children's Oncology Group (COG) and the National Childhood Cancer Foundation (NCCF), two organizations with the common goal of finding a cure for childhood cancer. Their site provides information and support for both those on treatment and those who are now survivors. The information is disease specific and is presented for patients, parents and families, and healthcare professionals.

Lance Armstrong Foundation

The foundation's site has information for patients living with and beyond cancer. Its focus is on advocacy, education, public health and research. Other features include survivor stories and information about the physical, emotional and practical aspects of survivorship.

National Brain Tumor Foundation

A good site specifically for survivors of pediatric brain tumors.

National societies

Beyond The Cure

Beyond the Cure is a program of The National Children's Cancer Society. It helps childhood cancer survivors integrate the cancer experience into their new life as survivors and successfully handle the challenges that may lie ahead of them. The site has information about late effects, particularly those relating to education, work, fertility and psychological issues. In the near future, this site will also allow one to enter information about diagnosis and treatment and create a personal profile of medical history and potential late effects that may be accessed by both the survivor and a caregiver (with the survivor's permission). It will also provide guidelines for healthy living.

The Leukemia and Lymphoma Society

The Society's mission is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and to improve the quality of life of patients and their families. Check out their Survivorship Education Series which includes webcasts, teleconferences and conferences for survivors, families and healthcare professionals.

American Cancer Society

This site provides support and information to cancer survivors. Here you'll find links to the ACS Cancer Survivors Network and other resources from the American Cancer Society, as well as links to outside organizations.

Financial resources

The SAMFund

The SAMFund is a unique non-profit organization created to assist young adult survivors of cancer with a successful transition into their post-treatment life, by providing financial support through the distribution of grants and scholarships.

Scholarships for Cancer Survivors

Visit our scholarship listings pages to learn more about the opportunities available to you.

1/15/15

VACCINE INFORMATION STATEMENT

HPV Vaccine Gardasil® (Human Papillomavirus)

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 What is HPV?

Genital **human papillomavirus (HPV)** is the most common sexually transmitted virus in the United States. More than half of sexually active men and women are infected with HPV at some time in their lives.

About 20 million Americans are currently infected, and about 6 million more get infected each year. HPV is usually spread through sexual contact.

Most HPV infections don't cause any symptoms, and go away on their own. But HPV can cause **cervical cancer** in women. Cervical cancer is the 2nd leading cause of cancer deaths among women around the world. In the United States, about 12,000 women get cervical cancer every year and about 4,000 are expected to die from it.

HPV is also associated with several less common cancers, such as vaginal and vulvar cancers in women, and anal and oropharyngeal (back of the throat, including base of tongue and tonsils) cancers in both men and women. HPV can also cause genital warts and warts in the throat.

There is no cure for HPV infection, but some of the problems it causes can be treated.

2 HPV vaccine: Why get vaccinated?

The HPV vaccine you are getting is one of two vaccines that can be given to prevent HPV. It may be given to both males and females.

This vaccine can prevent most cases of cervical cancer in females, if it is given before exposure to the virus. In addition, it can prevent vaginal and vulvar cancer in females, and genital warts and anal cancer in both males and females.

Protection from HPV vaccine is expected to be long-lasting. But vaccination is not a substitute for cervical cancer screening. Women should still get regular Pap tests.

3 Who should get this HPV vaccine and when?

HPV vaccine is given as a 3-dose series

1st Dose	Now
2nd Dose	1 to 2 months after Dose 1
3rd Dose	6 months after Dose 1

Additional (booster) doses are not recommended.

Routine vaccination

- This HPV vaccine is recommended for girls and boys **11 or 12 years of age**. It *may* be given starting at age 9.

Why is HPV vaccine recommended at 11 or 12 years of age?
HPV infection is easily acquired, even with only one sex partner. That is why it is important to get HPV vaccine before any sexual contact takes place. Also, response to the vaccine is better at this age than at older ages.

Catch-up vaccination

This vaccine is recommended for the following people who have not completed the 3-dose series:

- Females 13 through 26 years of age.
- Males 13 through 21 years of age.

This vaccine *may* be given to men 22 through 26 years of age who have not completed the 3-dose series.

It is *recommended* for men through age 26 who have sex with men or whose immune system is weakened because of HIV infection, other illness, or medications.

HPV vaccine may be given at the same time as other vaccines.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4 Some people should not get HPV vaccine or should wait.

- Anyone who has ever had a life-threatening allergic reaction to any component of HPV vaccine, or to a previous dose of HPV vaccine, should not get the vaccine. Tell your doctor if the person getting vaccinated has any severe allergies, including an allergy to yeast.
- HPV vaccine is not recommended for pregnant women. However, receiving HPV vaccine when pregnant is not a reason to consider terminating the pregnancy. Women who are breast feeding may get the vaccine.
- People who are mildly ill when a dose of HPV vaccine is planned can still be vaccinated. People with a moderate or severe illness should wait until they are better.

5 What are the risks from this vaccine?

This HPV vaccine has been used in the U.S. and around the world for about six years and has been very safe.

However, any medicine could possibly cause a serious problem, such as a severe allergic reaction. The risk of any vaccine causing a serious injury, or death, is extremely small.

Life-threatening allergic reactions from vaccines are very rare. If they do occur, it would be within a few minutes to a few hours after the vaccination.

Several **mild** to **moderate** problems are known to occur with this HPV vaccine. These do not last long and go away on their own.

- Reactions in the arm where the shot was given:
  - Pain (about 8 people in 10)
  - Redness or swelling (about 1 person in 4)
- Fever:
  - Mild (100° F) (about 1 person in 10)
  - Moderate (102° F) (about 1 person in 65)
- Other problems:
  - Headache (about 1 person in 3)
- Fainting: Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls. Tell your doctor if the patient feels dizzy or light-headed, or has vision changes or ringing in the ears.

Like all vaccines, HPV vaccines will continue to be monitored for unusual or severe problems.

6 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

  Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation.**

8 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)

HPV Vaccine (Gardasil)

5/17/2013

42 U.S.C. § 300aa-26

Office Use Only

HPV

also known as *Human Papillomavirus*

As parents, you do everything you can to protect your children's health for now and for the future. Today, there is a strong weapon to prevent several types of cancer in our kids: the HPV vaccine.

HPV and Cancer

HPV is short for Human Papillomavirus, a common virus. In the United States each year, there are about 17,500 women and 9,300 men affected by HPV-related cancers. Many of these cancers **could be prevented with vaccination.** In both women and men, HPV can cause anal cancer and mouth/throat (oropharyngeal) cancer. It can also cause cancers of the cervix, vulva and vagina in women; and cancer of the penis in men.

For women, screening is available to detect most cases of cervical cancer with a Pap smear. Unfortunately, there is no routine screening for other HPV-related cancers for women or men, and these cancers can cause pain, suffering, or even death. **That is why a vaccine that prevents most of these types of cancers is so important.**

More about HPV

HPV is a virus passed from one person to another during skin-to-skin sexual contact, including vaginal, oral, and anal sex. HPV is most common in people in their late teens and early 20s. Almost all sexually active people will get HPV at some time in their lives, though most will never even know it.

Most of the time, the body naturally fights off HPV, before HPV causes any health problems. But in some cases, the body does not fight off HPV, and HPV can cause health problems, like cancer and genital warts. Genital warts are not a life-threatening disease, but they can cause emotional stress, and their treatment can be very uncomfortable. About 1 in 100 sexually active adults in the United States have genital warts at any given time.

HPV vaccination is recommended for preteen girls and boys at age 11 or 12 years

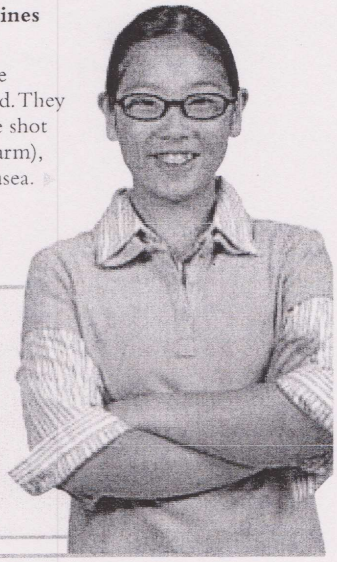
HPV vaccine is also recommended for girls ages 13 through 26 years and for boys ages 13 through 21 years, who have not yet been vaccinated. So if your son or daughter hasn't started or finished the HPV vaccine series—**it's not too late!** Talk to their doctor about getting it for them now.

Two vaccines—Cervarix and Gardasil—are available to prevent the HPV types that cause most cervical cancers and anal cancers. One of the HPV vaccines, Gardasil, also prevents vulvar and vaginal cancers in women and genital warts in both women and men. Only Gardasil has been tested and licensed for use in males. Both vaccines are given in a series of 3 shots over 6 months. The best way to remember to get your child all three shots is to make an appointment for the second and third shot before you leave the doctor's office after the first shot.

Is the HPV vaccine safe?

Yes. Both HPV vaccines were studied in tens of thousands of people around the world. More than 57 million doses have been distributed to date, and there have been no serious safety concerns. Vaccine safety continues to be monitored by CDC and the Food and Drug Administration (FDA). **These studies continue to show that HPV vaccines are safe.**

The most common side effects reported are mild. They include: pain where the shot was given (usually the arm), fever, dizziness, and nausea.



Why does my child need this now?

HPV vaccines offer the best protection to girls and boys who receive all three vaccine doses and have time to develop an immune response **before** they begin sexual activity with another person. This is not to say that your preteen is ready to have sex. In fact, it's just the opposite—it's important to get your child protected before you or your child have to think about this issue. The immune response to this vaccine is better in preteens, and this could mean better protection for your child.

DISTRIBUTED BY:

AUG 2014

You may have heard that some kids faint when they get vaccinated. Fainting is common with preteens and teens for many medical procedures, not just the HPV shot. Be sure that your child eats something before going to get the vaccine. It's a good idea to have your child sit or lay down while getting any vaccine, and for 15 minutes afterwards, to prevent fainting and any injuries that could happen from fainting.

The HPV vaccine can safely be given at the same time as the other recommended vaccines, including the Tdap, meningococcal, and influenza vaccines. Learn more about all of the recommended preteen vaccines at **www.cdc.gov/vaccines/teens**

Help paying for vaccines

The Vaccines for Children (VFC) program provides vaccines for children ages 19 years and younger who are under-insured, not insured, Medicaid-eligible, or American Indian/Alaska Native. Learn more about the VFC program at **www.cdc.gov/Features/VFCprogram/**

Whether you have insurance, or your child is VFC-eligible, some doctors' offices may also charge a fee to give the vaccines.

Jacquelyn's story: "I was healthy—and got cervical cancer."

When I was in my late 20's and early 30's, in the years before my daughter was born, I had some abnormal Pap smears and had to have further testing. I was told I had the kind of HPV that can cause cancer and mild dysplasia.

For three more years, I had normal tests. But when I got my first Pap test after my son was born, they told me I needed a biopsy. The results came back as cancer, and my doctor sent me to an oncologist. Fortunately, the cancer was at an early stage. My lymph nodes were clear, and I didn't need radiation. But I did need to have a total hysterectomy.

My husband and I have been together for 15 years, and we were planning to have more children. We are so grateful for our two wonderful children, but we were hoping for more—which is not going to happen now.

The bottom line is they caught the cancer early, but the complications continue to impact my life and my family. For the next few years, I have to get pelvic exams and Pap smears every few months, the doctors measure tumor markers, and I have to have regular x-rays and ultrasounds, just in case. I have so many medical appointments that are taking time away from my family, my friends, and my job.

Worse, every time the phone rings, and I know it's my oncologist calling, I hold my breath until I get the results. I'm hopeful I can live a full and healthy life, but cancer is always in the back of my mind.

In a short period of time, I went from being healthy and planning more children to all of a sudden having a radical hysterectomy and trying to make sure I don't have cancer again. It's kind of overwhelming. And I am one of the lucky ones!

Ultimately I need to make sure I'm healthy and there for my children. I want to be around to see their children grow up.

I will do everything to keep my son and daughter from going through this. I will get them both the HPV vaccine as soon as they turn 11. I tell everyone—my friends, my family—to get their children the HPV vaccine series to protect them from this kind of cancer.

What about boys?

One HPV vaccine—Gardasil—is for boys too! This vaccine can help prevent boys from getting infected with the types of HPV that can cause cancers of the mouth/throat, penis and anus. The vaccine can also help prevent genital warts. HPV vaccination of males is also likely to benefit females by reducing the spread of HPV viruses.

Learn more about HPV and HPV vaccine at **www.cdc.gov/hpv**

For more information about the vaccines recommended for preteens and teens:
800-CDC-INFO *(800-232-4636)*
http://www.cdc.gov/vaccines/teens

AUG 2014

Ochsner Health System
Sleep Center
Tel: 504 842-4910

Baseline PSG/MSLT REPORT

Patient Name: Bodin, Jeffery Clinic #: 2592229 Date of Study: 2/2/2015

Patient Name: Bodin, Jeffery			**Hospital #:**	83000256150
Sex:	Male	**Study Date:**	2/2/2015	
D.O.B.:	5/22/1997	**Clinic #:**	2592229	
Age:	17	**Referring Physician:**	Liudmila Lysenko, MD	
Height:	67.0 in	**Referring Physician #**	2478	
Weight:	107.0 lbs	**Sleep Specialist:**	L. Lysenko, MD	
B.M.I.:	16.8	**Sleep Specialist #**	2478	
Hypopnea rule:	AASM1A	**Scoring Tech:**	A.Becnel,RPSGT	
Total AHI:	10.3	**Recording Tech:**	Leanett Sandifer, RRT	
Lowest O2 sat:	91.0%	**Recording Location:**	Ochsner Baptist	

Sleep architecture: This is a baseline polysomnogram. At light's out, the patient fell asleep in 3.5 minutes and slept for 94.4% of the time. Total sleep time (TST) was 401.5 minutes. 5.4% of TST was in Stage N1 sleep, 24.4% TST in slow wave sleep, and 21.2% TST in REM sleep. The REM latency was 69.0 minutes. Sleep architecture was mildly disrupted due to underlying sleep apnea.

Respiratory: Mild snoring was present. There was mild, yet significant OSA (obstructive sleep apnea) based on AHI (apnea hypopnea index) criteria. The overall AHI was 10.3 with an oxygen nadir of 91.0%. The supine AHI was 5.9 and the REM AHI was 30.4. The patient did not qualify for a split night study due to an insufficient number of events in the first half of the study.

Motor movement / Parasomnia: There were no significant limb movements of sleep noted. The total limb movement index was 0.0 (0.0with arousal).

Cardiac: Cardiac rhythm monitoring revealed a normal sinus rhythm ..

Patient perception: On a post-sleep study questionnaire, the patient indicated that sleep was "worse" in the lab than compared to home.

MSLT: Next day, for the MSLT 4 naps were recorded at 2 hour intervals, for approximately 20 minutes duration each, starting at a lights out time of 7:35 AM AM for Nap 1. She fell asleep on 4/4 naps and developed sleep onset REM periods (SOREMPs) on 4/4 naps. The sleep onset latency for Naps 1 through 4 were 3:30 min, 1;00 min, 0:30 min, 2:00 min, respectively. The 4 nap-mean sleep latency was severily diminished at 1.5 minutes. The patient felt that she fell asleep on naps 1-4. Urine drug screen on the morning of the MSLT was negative.

IMPRESSION:

1. Severily diminished sleep onset latency of 1.5 minutes was noted on MSLT with 4/4 SOREMS (sleep onset REM periods). This is suggestive of narcolepsy in appropriate clinical context.

2. Mild, yet significant OSA (327.23) based on AHI criteria

RECOMMENDATION:

1. Clinical correlation is suggested.

Liudmila Lysenko, MD

Digitally signed by Liudmila Lysenko, MD
DN: cn=Liudmila Lysenko, MD, o, ou, email=lysen@ochsner.com, c=US
Date: 2015.02.10 13:18:33 -06'00'

Ochsner Health System
Sleep Center
Tel: 504 842-4910

Baseline PSG/MSLT REPORT

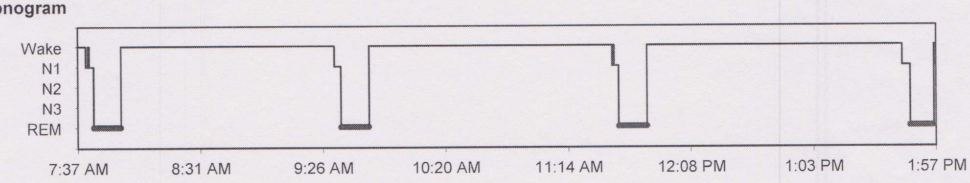
Patient Name: Bodin, Jeffery Clinic #: 2592229 Date of Study: 2/2/2015

MULTIPLE SLEEP LATENCY TEST:

Sleep Architecture	NAP 1	NAP 2	NAP 3	NAP 4	NAP 5	Mean Values
Analysis Start Time:	7:37:28 AM	9:29:58 AM	11:33:28 AM	1:40:28 PM	N/A	–
Analysis End Time:	7:55:58 AM	9:45:58 AM	11:48:58 AM	1:57:28 PM	N/A	–
Time in Bed*:	18:30	16:00	15:30	17:00	N/A	16:45
Total Sleep Time*:	14:30	15:00	14:30	14:30	N/A	14:38
Sleep Onset*:	03:30	01:00	00:30	02:00	N/A	01:45
REM Latency*:	03:30	03:00	03:00	03:30	N/A	03:15

* Time formats are in min:sec. Note: report will return default time = 20 min. for Sleep Onset, if no sleep occurs during nap.

Hypnogram



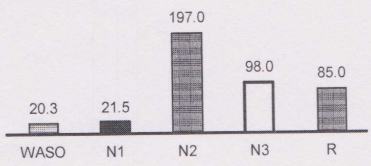
Ochsner Health System
Sleep Center
Tel: 504 842-4910

Baseline PSG/MSLT REPORT

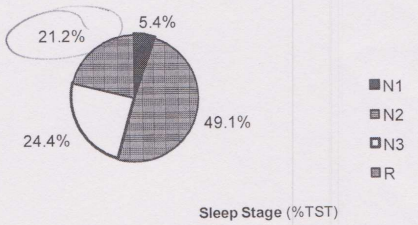
Patient Name: Bodin, Jeffery Clinic #: 2592229 Date of Study: 2/2/2015

Sleep Architecture	
Lights out clock time (hr:min):	10:44:13 PM
Lights on clock time (hr:min):	5:49:32 AM
Total Recording Time (TRT; in min.):	425.3
Sleep Period Time (SPT)*:	7:01:50
Total Sleep Time (TST; in min.):	401.5
Sleep Efficiency:	94.4%
Sleep latency (SL):	0:03:30
Total Stage Changes (after sleep onset):	101
Awakenings (after sleep onset):	22
WASO (min.):	20.3
REM Periods:	6
REM Latency*:	1:10:00
REM Latency (less Wake time)*:	1:09:00

* Time formats are in hrs:min:sec



Stage Distribution (in min.)



Sleep Stage (%TST)

Sleep Stage	Latency (min)
N1:	0.0
N2:	3.5
N3:	14.0
R:	70.0

Stage Latency = 0.0 denotes start of sleep.

Ochsner Health System
Sleep Center
Tel: 504 842-4910

Baseline PSG/MSLT REPORT

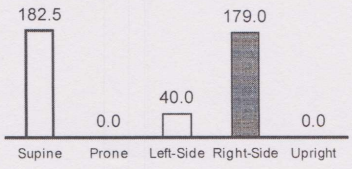
Patient Name: Bodin, Jeffery Clinic #: 2592229 Date of Study: 2/2/2015

RESPIRATORY EVENTS	Cen. Apneas	Obs. Apneas	Mxd. Apneas	Hypopneas	Total Apneas	Apnea+ Hypopnea	RERA	All Resp. Events *
Count:	6	0	0	63	6	69	0	69
Index (events / hr.):	0.9	0.0	0.0	9.4	0.9	**10.3**	0.0	10.3
Mean Duration (sec.):	12.5	N/A	N/A	19.9	12.5	19.2	N/A	19.2
Longest Event (sec.):	14.4	N/A	N/A	44.7	14.4	44.7	N/A	44.7
REM Count:	3	0	0	40	3	43	0	43
Non-REM Count:	3	0	0	23	3	26	0	26
REM Index:	2.1	0.0	0.0	28.2	2.1	30.4	0.0	30.4
Non-REM Index:	0.6	0.0	0.0	4.4	0.6	4.9	0.0	4.9

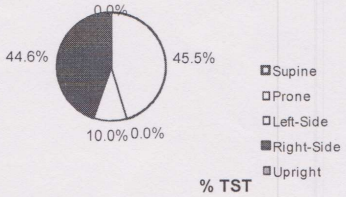
* Note: Does not contain Cheyne Stokes Breathing, Hypoventilation, or Periodic Breathing.

RESPIRATORY EVENTS (by Body-Position)	Supine Sleep		Prone Sleep		Left-Side Sleep		Right-Side Sleep		Upright Sleep	
	Count	Index	Count	Index	Count	Index	Count	Index	Count	Index
Duration (hrs:min:sec):	3:02:30		0:00:00		0:40:00		2:59:00		0:00:00	
Obstructive Apneas:	0	0.0	N/A	N/A	0	0.0	0	0.0	N/A	N/A
Central Apneas:	1	0.3	N/A	N/A	1	1.5	4	1.3	N/A	N/A
Mixed Apneas:	0	0.0	N/A	N/A	0	0.0	0	0.0	N/A	N/A
Hypopneas:	17	5.6	N/A	N/A	2	3.0	44	14.7	N/A	N/A
RERAs:	0	0.0	N/A	N/A	0	0.0	0	0.0	N/A	N/A
Total*:	18	5.9	N/A	N/A	3	4.5	48	16.1	N/A	N/A

* Note: Does not contain Cheyne Stokes Breathing, Hypoventilation, or Periodic Breathing.



Duration (min)



% TST

BODY-POSITION RESULTS

Ochsner Health System
Sleep Center
Tel: 504 842-4910

Baseline PSG/MSLT REPORT

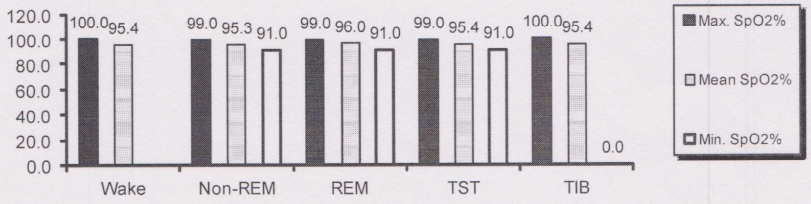
Patient Name: Bodin, Jeffery Clinic #: 2592229 Date of Study: 2/2/2015

AROUSALS	Resp. Count	Resp. Index	Spontaneous Count*	Spontaneous Index*	Total Count	Total Index
Total Sleep Time:	49	7.3	60	9.0	109	16.3
Non-REM	17	3.2	28	5.3	45	8.5
REM:	32	22.6	32	22.6	64	45.2

* EEG Arousal activity not associated with Respiratory or PLM events.

LIMB MOVEMENTS (by sleep stage)	LM w/ Arousals		LM w/o Arousals		Total LMs		PLM Series	
	Count	Index	Count	Index	Count	Index	Count	Index
Total Sleep Time:	0	0.0	0	0.0	0	0.0	0	0.0
N1:	0	0.0	0	0.0	0	0.0	0	0.0
N2:	0	0.0	0	0.0	0	0.0	0	0.0
N3:	0	0.0	0	0.0	0	0.0	0	0.0
R:	0	0.0	0	0.0	0	0.0	0	0.0

OXYGEN DESATURATION EVENTS	Count	Index
Total Sleep Time:	56	8.4
Wake (after sleep onset):	0	0.0
Non-REM:	30	5.7
REM:	26	18.4



Oximetry Trend Graph

Ochsner Health System
Sleep Center
Tel: 504 842-4910

Baseline PSG/MSLT REPORT

Patient Name: Bodin, Jeffery Clinic #: 2592229 Date of Study: 2/2/2015

OXYGEN SATURATION	Wake	Non-REM	REM	TST	TIB
Max. SpO2%:	100.0	99.0	99.0	99.0	100.0
Mean SpO2%:	95.4	95.3	96.0	95.4	95.4
Min. SpO2%:		91.0	91.0	91.0	0.0
SpO2% <= 89% (min.)	0.2	0.0	0.0	0.0	0.2
		% Time in range			
90 – 100%:	97.4%	99.8%	99.0%	99.6%	99.5%
80 – 89%:	0.9%	0.0%	0.0%	0.0%	0.1%
70 – 79%:	0.0%	0.0%	0.0%	0.0%	0.0%
60 – 69%:	0.0%	0.0%	0.0%	0.0%	0.0%
50 – 59%:	0.0%	0.0%	0.0%	0.0%	0.0%
< 50%:	0.4%	0.0%	0.0%	0.0%	0.0%
% Artifact / Bad Data:	1.2%	0.2%	1.0%	0.4%	0.4%

HEART RATE RESULTS	Wake	Non-REM	REM	TST	TIB
Mean HR (bpm):	66.5	49.8	57.3	51.4	52.3
		% Time in range			
> 100 (bpm):	1.0%	0.0%	0.0%	0.0%	0.1%
90 – 100 (bpm):	1.9%	0.0%	0.0%	0.0%	0.1%
80 – 89 (bpm):	13.3%	0.3%	0.9%	0.4%	1.1%
70 – 79 (bpm):	26.4%	0.9%	7.8%	2.4%	3.7%
60 – 69 (bpm):	21.4%	3.6%	38.2%	10.9%	11.5%
50 – 59 (bpm):	24.7%	33.3%	25.8%	31.7%	31.3%
< 50 (bpm):	11.3%	61.9%	27.3%	54.6%	52.2%
% Artifact / Bad Data:	0.0%	0.0%	0.0%	0.0%	0.0%

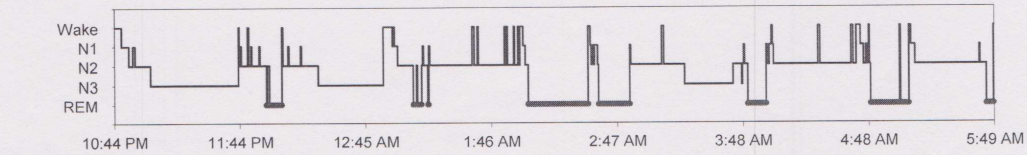
CARDIAC EVENTS	Brady.	Asystole	Tachy.	Narrow Complex Tachy.	Wide Complex Tachy.	Atrial Fibrillation	Accel.	Decel.
Count :	0	0	0	0	0	0	0	0
Shortest Event (min:sec):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Longest Event (min:sec):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sum Duration (min:sec):	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00
Absolute Max. Rate (bpm):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Absolute Min. Rate (bpm):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Ochsner Health System
Sleep Center
Tel: 504 842-4910

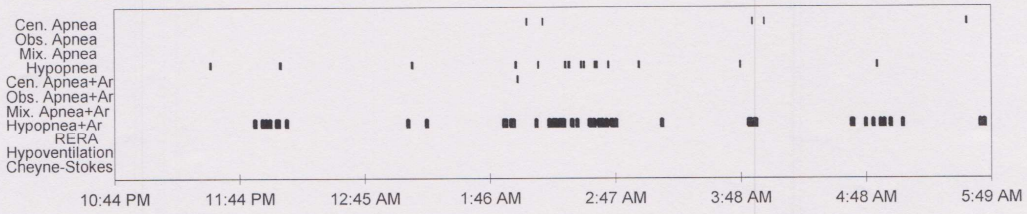
Baseline PSG/MSLT REPORT

Patient Name: Bodin, Jeffery Clinic #: 2592229 Date of Study: 2/2/2015

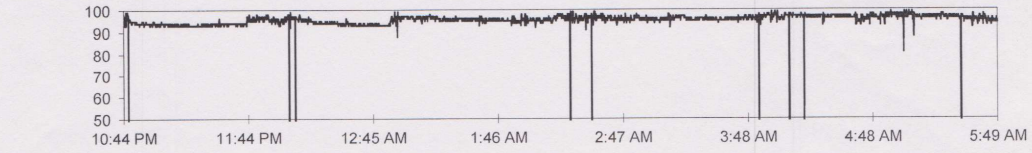
Hypnogram



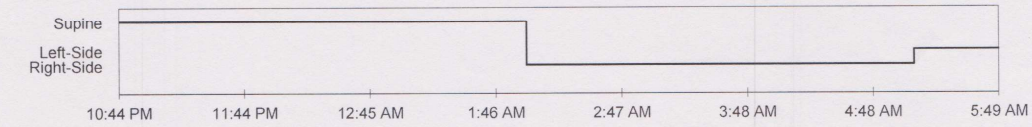
Respiratory Events



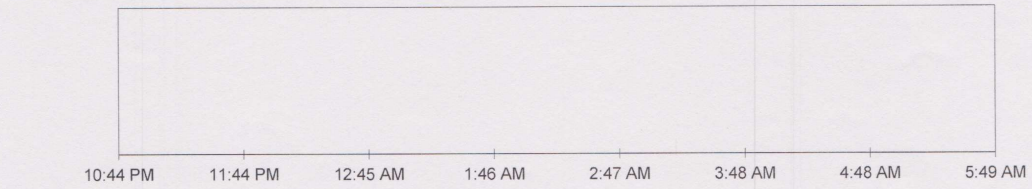
SpO2%



Body Position



Limb Movement Events



2/2/15 Sleep Study

(our original)

Narcolepsy

Report

← Was attached to the front/first page of sleep study.

2/11/15 – See Below 4/16/17

Lakeview Regional Medical Center, Covington, Louisiana
CLIA ID 19D1021830
Pamela Bartholomew, M.D. Jeremy Henderson, M.D.

PATIENT: **BODIN,JEFFREY T** ACCT #: F00041386523 LOC: F.LAB U #: F000723116
DOB: 05/22/97 AGE/SX: 17/M ROOM: REG: 01/15/15
REG DR: Guillot,Richard J MD STATUS: DEP CLI BED: DIS:
Dr Phone: (985)892-3122 or

SPEC #: 0115:LV:S00024R **COLL:** 01/15/15-1542 **STATUS:** COMP **REQ #:** 02469672
RECD: 01/15/15-1542 **SUBM DR:** Guillot,Richard J MD

ENTERED: 01/15/15-1547 **OTHR DR:** Casey,Sherri MD
ORDERED: PNEUMO AB IGG

Test	Result	Flag	Reference	Site Verified
PNEUMO AB IGG				
> PNEUMO 1 IGG	0.5	L	>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 3 IGG	0.9	L	>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 4 IGG	1.8		>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 8 IGG	0.2	L	>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 9N IGG	<0.1	L	>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 12F IGG	0.2	L	>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 14 IGG	0.8	L	>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 19F IGG	0.9	L	>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 23F IGG	0.6	L	>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 26 IGG	<0.1	L	>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 51 IGG	0.8	L	>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 56 IGG	1.2	L	>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 57 IGG	1.2	L	>1.3 ug/mL	LC 01/22/15-1810
> PNEUMO 68 IGG	0.1	L	>1.3 ug/mL	LC 01/22/15-1810

** This test was developed and its performance characteristics determined by Viracor-IBT Laboratories.It has not been cleared or approved by the FDA.*
Performed At: NEWXW Viracor IBT Laboratories Inc
1001 NW Technology Drive Lees Summit, MO 640865603
Aldrich Michelle L PhD Ph:8558248477

mother called 2/11/15

Y/yt

Baseline Non Responder

LC - LABCORP L#17131140 M#17381445
Test performed at LabCorp, Birmingham, AL unless otherwise noted in result

Pamela Bartholomew, M.D.
9858779418

CLIA # 19D0048415
** END OF REPORT **

1/26/15 Need Pneumovax w/Prevnar-13 titers repeat 4-6 weeks

Date:1/20/2015 Time:3:42:49 PM

Report printed:01/20/15,1548

Page 1

DOCTOR'S COPY

PATIENT: BODIN,JEFFREY T	**ACCT #:** F00041386523	**LOC:** F.LAB	**U #:** F0007231
	AGE/SX: 17/M	**ROOM:**	**REG:** 01/15/15
REG DR: Guillot,Richard J MD	**DOB:** 05/22/97	**BED:**	**DIS:**
	STATUS: DEP CLT	**TLOC:**	

SPEC #: 0115:LV:C00171R	**COLL:** 01/15/15-1542	**STATUS:** COMP	**REQ #:** 02469672
	RECD: 01/15/15-1542	**SUBM DR:** Guillot,Richard J MD	
ENTERED: 01/15/15-1547	**DR:**	**OTHR DR:**	
ORDERED: IGG SUBCLASSES			

Test	Low	Normal	High	Flag	Reference	Sit
		-----CHEMISTRY-----				
IGG SUBCLASSES						
> IGG QUANT		867			549-1584 mg/dL	LC 01/20/15-0914
> IGG SUBCLASS 1		542			422-1292 mg/dL	LC 01/20/15-0914
> IGG SUBCLASS 2		226			117-747 mg/dL	LC 01/20/15-0914
> IGG SUBCLASS 3		33		L	41-129 mg/dL	LC 01/20/15-0914
> IGG SUBCLASS 4		212			1-291 mg/dL	LC 01/20/15-0914

Results verified by repeat testing
Performed At: MB LabCorp Birmingham
1801 First Avenue South Birmingham, AL 352331935
Elgin John MD Ph:2055813500
Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344

*LC - LABCORP L#17131140 M#17381445
Test performed at LabCorp, Birmingham, AL unless otherwise noted in result

Pneumococcal Ab's

RGJ MD

Date:1/20/2015 Time:3:44:49 PM

Report printed:01/20/15,1548

DOCTOR'S COPY

PATIENT: BODIN,JEFFREY T | ACCT #: F00041386523 LOC: F LAB | U #: F0007231
AGE/SX: 17/M | ROOM: | REG: 01/15/15
REG DR: Guillot,Richard J MD | DOB: 05/22/97 | BED: | DIS:
STATUS: DEP CLI | TLOC:

SPEC #: 0115:LV:S00025R | COLL: 01/15/15-1542 | STATUS: COMP | REQ #: 02469672
RECD: 01/15/15-1542 | SUBM DR: Guillot,Richard J MD

ENTERED: 01/15/15-1547 | DR: | OTHR DR:

ORDERED: TETANUS AB

Test	Low	Normal	High	Flag	Reference	Sit
----SEROLOGY-----						
> TETANUS AB IGG	0.40 Protective				<0.10 IU/mL	LC 01/20/15-1217

Interpretation:
Non-Protective <0.10
Protective >=0.10

Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.
Performed At: BN LabCorp Burlington
1447 York Court Burlington, NC 272153361
Hancock William F MD Ph:8007624344

*LC - LABCORP L#17131140 M#17381445
Test performed at LabCorp, Birmingham, AL unless otherwise noted in result

PNEUMOCOCCAL CONJUGATE VACCINE

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Pneumococcal disease

Infection with *Streptococcus pneumoniae* bacteria can make children very sick.

It causes blood infections, pneumonia, and meningitis, mostly in young children. (Meningitis is an infection of the covering of the brain.) Although pneumococcal meningitis is relatively rare (less than 1 case per 100,000 people each year), it is fatal in about 1 of 10 cases in children.

Pneumococcal meningitis can also lead to other health problems, including deafness and brain damage.

Before routine use of pneumococcal conjugate vaccine, pneumococcal infections caused:

- over 700 cases of meningitis,
- 13,000 blood infections,
- about 5 million ear infections, and
- about 200 deaths

annually in the United States in children under five.

Children younger than 2 years of age are at higher risk for serious disease than older children.

Pneumococcal bacteria are spread from person to person through close contact.

Pneumococcal infections may be hard to treat because some strains of the bacteria have become resistant to the drugs that are used to treat them. This makes **prevention** of pneumococcal infections through vaccination even more important.

2 Pneumococcal conjugate vaccine (PCV13)

There are more than 90 types of pneumococcal bacteria. The new pneumococcal conjugate vaccine (PCV13) protects against 13 of them. These bacteria types are responsible for most severe pneumococcal infections among children. PCV13 replaces a previous conjugate vaccine (PCV7), which protected against 7 pneumococcal types and has been in use since 2000. During that time severe pneumococcal disease dropped by nearly 80% among children under 5.

PCV13 may also prevent some cases of pneumonia and some ear infections. But pneumonia and ear infections have many causes, and PCV13 only works against the types of pneumococcal bacteria targeted by the vaccine.

PCV13 is given to infants and toddlers, to protect them when they are at greatest risk for serious diseases caused by pneumococcal bacteria.

In addition to receiving PCV13, older children with certain chronic illnesses may get a different vaccine called PPSV23. There is a separate Vaccine Information Statement for that vaccine.

3 Who should get PCV13, and when?

Infants and Children Under 2 Years of Age

PCV13 is recommended as a series of **4 doses**, one dose at each of these ages: 2 months, 4 months, 6 months, and 12 through 15 months

Children who miss their shots at these ages should still get the vaccine. The number of doses and the intervals between doses will depend on the child's age. Ask your health care provider for details.

Children who have began their immunization series with PCV7 should complete the series with PCV13.

Older Children and Adolescents

- Healthy children between their 2nd and 5th birthdays who have not completed the PCV7 or PCV13 series before age 2 years should get 1 dose.
- Children between the 2nd and 6th birthdays with medical conditions such as:
  - sickle cell disease,
  - a damaged spleen or no spleen,
  - cochlear implants,
  - diabetes,
  - HIV/AIDS or other diseases that affect the immune system (such as cancer, or liver disease), or
  - chronic heart or lung disease,

  or who take medications that affect the immune system, such as immunosuppressive drugs or steroids, should get **1 dose of PCV 13** (if they received 3

doses of PCV7 or PCV13 before age 2 years), or **2 doses of PCV13** (if they have received 2 or fewer doses of PCV7 or PCV13).

A dose of PCV13 may be administered to children and adolescents 6 through 18 years of age who have certain medical conditions, even if they have previously received PCV7 or PPSV23.

Children who have completed the 4-dose series with PCV7: Healthy children who have not yet turned 5, and children with medical conditions who have not yet turned 6, should get one additional dose of PCV13.

Ask your health care provider if you have questions about any of these recommendations.

PCV13 may be given at the same time as other vaccines.

4 Some children should not get PCV13 or should wait

Children should not get PCV13 if they had a serious (life-threatening) allergic reaction to a previous dose of this vaccine, to PCV7, or to any vaccine containing diphtheria toxoid (for example, DTaP).

Children who are known to have a severe allergy to any component of PCV7 or PCV13 should not get PCV13. Tell your health care provider if your child has any severe allergies.

Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting the vaccine.

5 What are the risks from PCV13?

Any medicine, including a vaccine, could possibly cause a serious problem, such as a severe allergic reaction. However, the risk of any vaccine causing serious harm, or death, is extremely small.

In studies, most reactions after PCV13 were mild. They were similar to reactions reported after PCV7, which has been in use since 2000. Reported reactions varied by dose and age, but on average:

- About half of children were drowsy after the shot, had a temporary loss of appetite, or had redness or tenderness where the shot was given.
- About 1 out of 3 had swelling where the shot was given.
- About 1 out of 3 had a mild fever, and about 1 in 20 had a higher fever (over 102.2°F).
- Up to about 8 out of 10 became fussy or irritable.

Life-threatening allergic reactions from vaccines are very rare. If they do occur, it would be within a few minutes to a few hours after the vaccination.

6 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell the doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.
  Or you can file this report through the VAERS website at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

Persons who believe they may have been injured by a vaccine may file a claim with VICP by calling **1-800-338-2382** or visiting their website at **www.hrsa.gov/vaccinecompensation**.

8 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at **www.cdc.gov/vaccines**.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
CDC

Vaccine Information Statement (Interim)
PCV13 **4/16/2010** 42 U.S.C. §300aa-26

CHILDREN'S HOSPITAL

CLINICAL GENETICS
Office: ACC Room 2308
Telephone: (504) 896-9254
Fax: (504) 896-3997
Appointments: (504) 896-9254

CLINICS:
NEW ORLEANS
Children's Hospital, ACC
200 Henry Clay Avenue
New Orleans, LA 70118

METAIRIE
Children's Hospital Metairie Center
3040 33rd Street, Metairie, LA 70001

BATON ROUGE
Children's Hospital Outpatient Clinic
720 Connell Park Lane
Baton Rouge, LA 70806

LAFAYETTE
Children's Hospital Outpatient Clinic
Burdin Riehl ACC of LGMC
1211 Coolidge Blvd., 2nd Floor
Lafayette, LA 70503

Lake Charles State Clinic
3236 Kirkman St.
Lake Charles, LA 70602
Appt: (337) 478-6020

Thibodaux State Clinic
2535 Veterans Blvd.
Thibodaux, LA 70301
Appt: (985) 447-0896

SERVICES:
Diagnosis and Management of:
Birth Defects/Congenital Anomalies
Inborn Errors of Metabolism
Abnormal Newborn Screening
Down & Chromosomal Disorders
Neurofibromatosis
Craniofacial Anomalies
Hereditary Diseases
Genetic Counseling
Metabolic Nutrition Services

DEPARTMENT OF GENETICS
Children's Hospital New Orleans

DIVISION OF GENETICS, DEPARTMENT OF PEDIATRICS
Louisiana State University Health Sciences Center

YVES LACASSIE, MD, FACMG, Professor and Head
ylacassi@chnola.org ylacas@lsuhsc.edu

MICHAEL MARBLE, MD, FACMG
Professor · mmarbl1@lsuhsc.edu

REGINA M. ZAMBRANO, MD, FACMG
Assistant Professor · rzambr@lsuhsc.edu

KAREN WEISSBECKER, PhD
kweiss@lsuhsc.edu

AMY MOLINA, RN, BSN
amoli2@lsuhsc.edu

May 11, 2015

Jaime Morales-Arias MD
Children's Hospital Hematology/Oncology
IN HOUSE – HAND DELIVER

Re: Bodin, Jeffrey
DOB: 5/22/97

Dear Dr. Morales-Arias:

Thank you very much for the referral of your patient, Jeffrey Bodin, who was seen along with his mother Linda in my Genetics Clinic at Children's Hospital on April 21, 2015.

As you know, Jeffrey is an almost 18-year-old white male referred by you because of a history of melanoma as he presents a stage III tumor over the left ankle with nodes in the left inguinal area. This is his major problem, but he recently was diagnosed with narcolepsy by Dr. Lysenko at Ochsner. He has a history of daily migraines and peripheral neuropathy diagnosed by Dr. Africk and attributed to the use of interferon. He also has bad allergies that are seasonal, being seen by Dr. Guillot on the Northshore. He also has had two episodes of seizures while being on interferon. I understand you referred him to see if we wanted to perform any other molecular testing besides the p53 or other that you are willing to request.

As this was our first evaluation, I tried to obtain a detailed family, prenatal, perinatal, and postnatal history, and we performed a detailed physical examination. Let me just summarize the positive antecedents and findings. Regarding the family history, I learned that the father Mark was 35 years old when Jeffrey was born. He is a lawyer. He only has high blood pressure. He has one brother who is 51 and one sister who is under 50. His mother has mydriasis and Jeffrey has the same problem, according to the information provided by the mother. Mark's mother and Jeffrey are seen by Dr. Marilu O'Byrne, the ophthalmologist across the lake.

Jeffrey's mother Linda was 31 years old at the time of delivery. She is a housewife. She has one sister who has two normal daughters, although

one has intellectual disability. Her mother died at age 54 of vaginal cancer. There is no consanguinity. The father is from Algiers and all his family is from Louisiana and the mother is from California.

Mom has had two pregnancies. The first one was with Jeffrey, the proband, and the second was with Stephanie, who is 15 years old and has a history of scoliosis. The pregnancy with Jeffrey was uneventful until the last one and a half months, when mom presented preeclampsia. For this reason, a C-section was performed. Jeffrey was born at 32 weeks gestational age with a birth weight of 4 pounds and 3 ounces or 1890 grams. The birth length, head circumference, and Apgar score were not recollected. Jeffrey at birth was in an incubator with oxygen and nasogastric tube for feeding for about one week. He was discharged after two weeks with a heart monitor, which was used for three months. He had some questionable sleep apnea.

Regarding postnatal history and growth, he has always had low growth, but at approximately age 9, this got worse. For that reason, he was seen by Dr. Pouw, the pediatric endocrinologist. Jeffrey discontinued his visits to Endocrinology because he developed cancer at age 10. Thereafter, he was seen by Dr. Pouw again, noticing that he was okay. At age 12, he had new testing by Dr. Pouw, showing low growth hormone. He did treat Jeffrey for four years with Nutropin. He stopped growing at age 17. From the developmental point of view, he had normal milestones. He is in the eleventh grade getting A's and B's and some honors. It was good to learn that he wants to be a doctor. His only surgeries were for a tonsillectomy and adenoidectomy at age 4 and appendectomy after the second surgery for melanoma.

On physical examination, his height was 170.4 cm, being on the 25th percentile. This corresponds to the 50th percentile for 15 years of age. His weight was 44.2 kg, being below the 5th percentile and corresponding to the 50th percentile for 13 years of age. He is certainly very thin and underweight. His head circumference measured 54.7 cm, being between the 2nd and 50th percentile. I noticed that he has prominent ears, but I was told that this is from the father. However, I had the opportunity to see some pictures of the whole family and to me the father seems to have normal ears. Jeffrey has a scar on the left inguinal area. He has redness of hands and feet. At the level of the elbows, he has prominent ulnas. In the hands, I noticed tendency to short fourth metacarpals, but this is seen in about 10% of the normal population. In the hands, I noticed normal proximal axial triradius and quite normal dermatoglyphics.

After my evaluation, I told Jeffrey and his mother that certainly with the history of melanoma, I do not think that it is related to any genetic syndrome. For that reason, I told them that you are certainly in the best position to request molecular testing. You can request the p53 as well as some other specific genes that may be of interest regarding the history of melanoma. I told Jeffrey and his mother that I was sorry that I could not help more. However, in the future, I would be happy to talk with them if necessary. Thanks again for allowing me to meet this very

 6/8/15

Bodin, Jeffrey #2592229 (CSN: 46819388) (18 y.o. M)

Results

EKG 12-lead (Order 150498662)

Result Image Hyperlink

Show images for EKG 12-lead

EKG 12-lead

Status: Final result Visible to patient: Not Released Next appt: 07/07/2015 at 09:00 AM in Pediatric Neurology (Diane K Africk, MD) Dx: Tachycardia

Result Narrative

```
Test Reason : 785.0
Blood Pressure : ***/*** mmHG
Vent. Rate : 090 BPM     Atrial Rate : 090 BPM
   P-R Int : 148 ms          QRS Dur : 102 ms
    QT Int : 340 ms       P-R-T Axes : 081 058 075 degrees
   QTc Int : 415 ms

Normal sinus rhythm
Right atrial enlargement
Borderline Abnormal ECG
No previous ECGs available
Confirmed by OREJARENA MD, LEONARDO (193) on 5/30/2015 10:58:36 AM

Referred By: LIUDMILA LYSENKO          Confirmed By:LEONARDO OREJARENA MD
```

Specimen Collected: 05/25/15 6:33 AM | Last Resulted: 05/30/15 10:58 AM | Order Details Lab and Collection Details Routing Result History

Lab Collection Information

Collected: 5/25/2015 6:33 AM

Reviewed by List

Liudmila Lysenko, MD on 6/2/2015 5:04 PM

Encounter

View Encounter

Result Information

Status	Provider Status
Final result (5/30/2015 10:58 AM)	Reviewed

PACS Images

Show images for EKG 12-lead

EKG 12-lead (OCW IDPatientID=002592229&Date=25-05-2015&Time=06%3a33%3a22%3a255&TestType=ECG&Site=1&OutputType=PDF&Ext=PDF) (Order 150498662)

Results

Status: **Final result 5/30/2015 10:58 AM**

View SmartLink Info

EKG 12-LEAD (Order #150498662) on 5/25/15

EKG 12-lead [EKG1] (Order 150498662)
ECG
Order: 150498662

Rel By: **Hanna Matthews**
Authorizing: **Liudmila Lysenko, MD**

Date and Time: **5/25/2015 7:34 AM**
Department: **Nsmc Cardiology**

Print This Page | Close This Window

Name: Jeffrey Bodin | DOB: 5/22/1997 | MRN: 2592229 | PCP: Sherry Casey, MD

EKG 12-LEAD - Details

About This Test

Narrative

Test Reason : 785.0
Blood Pressure : ***/*** mmHG
Vent. Rate : 090 BPM Atrial Rate : 090 BPM
P-R Int : 148 ms QRS Dur : 102 ms
QT Int : 340 ms P-R-T Axes : 081 058 075 degrees
QTc Int : 415 ms

Normal sinus rhythm
Right atrial enlargement
Borderline Abnormal ECG
No previous ECGs available
Confirmed by OREJARENA MD, LEONARDO (193) on 5/30/2015 10:58:36 AM

Referred By: LIUDMILA LYSENKO Confirmed By:LEONARDO OREJARENA MD

Component Results

There is no component information for this result.

General Information

Collected:	05/25/2015 6:33 AM
Resulted:	05/30/2015 10:58 AM
Ordered By:	Liudmila Lysenko, MD
Result Status:	Final result

Print This Page | **Close This Window**

Name: Jeffrey Bodin | DOB: 5/22/1997 | MRN: 2592229 | PCP: Sherry Casey, MD

2D ECHO WITH COLOR FLOW DOPPLER - Details

About This Test

Narrative

TEST DESCRIPTION
Technical Quality: This is a technically good study.

Aorta: The aortic root is normal in size, measuring 2.3 cm at sinotubular junction.

Left Atrium: The left atrial volume index is normal, measuring 21.22 cc/m2.

Left Ventricle: The left ventricle is normal in size, with an end-diastolic diameter of 3.9 cm, and an end-systolic diameter of 2.4 cm. LV wall thickness is normal, with the septum and the posterior wall each measuring 0.9 cm across. Relative wall
thickness was increased at 0.46, and the LV mass index was 76.2 g/m2 consistent with concentric remodeling. Global left ventricular systolic function appears normal. Visually estimated ejection fraction is 60-65%. The LV Doppler derived stroke volume
equals 55.0 ccs.
The E/e'(lat) is 5, consistent with normal diastolic function.

Right Atrium: The right atrium is normal in size, measuring 3.2 cm in length and 3.4 cm in width in the apical view.

Right Ventricle: The right ventricle is normal in size. Global right ventricular systolic function appears normal. The estimated PA systolic pressure is 17 mmHg.

Aortic Valve: The peak gradient obtained across the aortic valve is 5.0 mmHg, with a mean gradient of 3.0 mmHg. Using a left ventricular outflow tract diameter of 1.9 cm, a left ventricular outflow tract velocity time integral of 19 cm, and a peak
instantaneous transvalvular velocity of m/s, the calculated aortic valve area is 2.5 cm2.

Mitral Valve: The pressure half time is 58.0 msec. The calculated mitral valve area is 3.79 cm2.

Tricuspid Valve: There is trivial tricuspid regurgitation.

IVC: IVC is normal in size and collapses > 50% with a sniff, suggesting normal right atrial pressure of 3 mmHg.

Intracavitary: There is no evidence of pericardial effusion, intracavity mass, thrombi, or vegetation.

CONCLUSIONS
1 - Concentric remodeling.
2 - Normal left ventricular systolic function (EF 60-65%).
3 - Normal left ventricular diastolic function.
4 - Normal right ventricular systolic function .
5 - Trivial tricuspid regurgitation.

This document has been electronically
SIGNED BY: Gerardo Aristimuno, MD On: 06/15/2015 11:18

Component Results

Component	Standard Range	Your Value
EF	55 - 65	65
Diastolic Dysfunction		No
Est. PA Systolic Pressure		17.29
Tricuspid Valve Regurgitation		TRIVIAL

General Information

Collected: 06/15/2015 7:00 AM
Resulted: 06/15/2015 8:33 PM
Ordered By: Michael D Lecce, MD
Result Status: Final result

Home
My Appointments
My Messages
My Health Records
My Medicines
My Education
My Calendar
My Journal
My Billing Info
My Account

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Melanoma and Skin Center

Welcome JEFFREY BODIN

Read Message < Secure messaging < Home

Printer friendly version

Date: 09/11/2015 11:24:17 AM

From: Butler, Tiffany
NNST/Herzog - Scheduling
Child and Adolescent Center

Subject: Re: referral

Message: Good morning,

I sent your message to Dr. Herzog but she said we don't have a physician here who treats narcolepsy and he would need to see a specialist outside of MD Anderson.

Please let us know if you have any further questions.

Thanks,
Tiffany,RN

Date: 09/10/2015 6:06:59 PM

To: NNST/Herzog - Scheduling
Child and Adolescent Center

From: BODIN, JEFFREY

Jeffrey was recently diagnosed with narcolepsy. We would like to get a second opinion. Could you please provide a referral of a doctor at MD Anderson?
Thank you,
Linda Bodin
Mother of Jeffrey Bodin
985-264-5277

Reply Delete

Return to View Messages

1515 Holcombe Blvd, Houston, TX 77030
1-800-392-1611 (USA) / 1-713-792-6161
(A2)

Home
+ My Appointments
+ My Messages
My Health Records
+ My Medicines
+ My Education
My Calendar
My Journal
+ My Billing Info
+ My Account

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Melanoma and Skin Center

Welcome JEFFREY BODIN

Read Message < Secure messaging < Home

Printer friendly version

Date: 09/11/2015 04:33:52 PM

From: Paulino, Charles
Dr. Ross - Clinical
Melanoma and Skin Center

Subject: Re: Request appointment

Message: Hello, I have forwarded the message to Rebecca Carpenter PA for Dr.Ross. She should be able to order a consult.

Thanks
Charles

Date: 09/10/2015 6:00:19 PM

To: Dr. Ross - Scheduling
Melanoma and Skin Center

From: BODIN, JEFFREY

Jeffrey was recently diagnosed with narcolepsy. We would like to get a second opinion with a board certified sleep study doctor at MD Anderson. Could you please provide us with a referral?
Thank you,
Linda Bodin
mother to Jeffrey
985-264-5277

Reply Delete

Return to View Messages

1515 Holcombe Blvd, Houston, TX 77030
1-800-392-1611 (USA) / 1-713-792-6161
(B2)

Jeffrey Bodin (Male, born May. 22, 1997)

528 BEAU CHENE DR
MANDEVILLE, LA 70471

9852645277 (Mobile)
9852645277 (Home)
jeffreybodin713@gmail.com

Note from Ochsner Health System and Its Subsidiaries and Affiliates
This document contains information that was shared with Jeffrey Bodin. It may not contain the entire record from Ochsner Health System and Its Subsidiaries and Affiliates.

Allergies

Not on file

Current Medications

butalbital-acetaminophen-caffeine 50-325-40 mg (FIORICET, ESGIC) 50-325-40 mg per tablet (Started 11/9/2015)
2 po prn headache; may repeat in 4 hours

dextroamphetamine-amphetamine (ADDERALL XR) 20 MG 24 hr capsule (Started 9/2/2015)
2 po q am and 2 po q afternoondo not refill till 6/30

dextroamphetamine-amphetamine (ADDERALL) 20 mg tablet (Started 9/2/2015)
1 pill po bid prn sleepiness

diphenhydrAMINE (BENADRYL) 12.5 mg chewable tablet
Take 12.5 mg by mouth 4 (four) times daily as needed.

DYMISTA 137-50 mcg/spray Spry (Started 5/13/2015)

guaifenesin (MUCINEX) 600 mg 12 hr tablet
Take 1,200 mg by mouth 2 (two) times daily.

montelukast 4 MG chewable tablet
Take 4 mg by mouth every evening.

naproxen (EC NAPROSYN) 500 MG EC tablet
500 mg once daily.

PATADAY 0.2 % Drop (Started 5/9/2015)

pseudoephedrine (SUDAFED) 120 mg 12 hr tablet
Take 120 mg by mouth every 12 (twelve) hours.

Active Problems

Bilateral headache (Noted 12/5/2013)

Narcolepsy (Noted 6/3/2015)

Seizure disorder (Noted 7/7/2014)

Immunizations

Influenza Split (Given 11/25/2013)

Information not available to this user

Results

2D ECHO WITH COLOR FLOW DOPPLER - Final result (06/15/2015 7:00 AM CDT)

Component	Value	Range
EF	65	55-65
Diastolic Dysfunction	No	
Est. PA Systolic Pressure	17.29	
Tricuspid Valve Regurgitation	TRIVIAL	

Narrative

```
TEST DESCRIPTION
Technical Quality: This is a technically good study.
```

Component	Value	Range
Basophil%	0.6	0.0-0.7 %
Differential Method	Automated	

SEDIMENTATION RATE, MANUAL - Final result (11/25/2013 4:37 PM CST)

Component	Value	Range
Sed Rate	6	0-10 mm/Hr

COMPREHENSIVE METABOLIC PANEL - Final result (11/25/2013 4:36 PM CST)

Component	Value	Range
Sodium	140	136-145 mmol/L
Potassium	4.4	3.5-5.1 mmol/L
Chloride	105	95-110 mmol/L
CO2	23	23-29 mmol/L
Glucose	88	70-110 mg/dL
BUN, Bld	14	5-18 mg/dL
Creatinine	0.7	0.5-1.4 mg/dL
Calcium	9.9	8.7-10.5 mg/dL
Total Protein	7.5	6.0-8.4 g/dL
Albumin	4.4	3.2-4.7 g/dL
Total Bilirubin	0.5 Comment: For infants and newborns, interpretation of results should be based on gestational age, weight and in agreement with clinical observations. Premature Infant recommended reference ranges: Up to 24 hours.....<8.0 mg/dL Up to 48 hours.....<12.0 mg/dL 3-5 days.....<15.0 mg/dL 6-29 days.....<15.0 mg/dL	0.1-1.0 mg/dL
Alkaline Phosphatase	143	52-171 U/L
AST	23	10-40 U/L
ALT	14	10-44 U/L
Anion Gap	12	8-16 mmol/L
eGFR if non African American	Comment: Calculation used to obtain the estimated glomerular filtration rate (eGFR) is the CKD-EPI equation. Since race is unknown in our information system, the eGFR values for African-American and Non-African-American patients are given for each creatinine result.	mL/min/1.73 m^2

CK - Final result (11/25/2013 4:36 PM CST)

Component	Value	Range
CPK	76	20-200 U/L

T4 FREE (T4, FREE) - Final result (11/25/2013 4:36 PM CST)

Component	Value	Range
Free T4	1.11	0.71-1.51 ng/dL

TSH - Final result (11/25/2013 4:36 PM CST)

Component	Value	Range
TSH	0.093	0.400-5.000 uIU/mL

If you take your Lucy record on a thumb drive to a different doctor, he or she might be able to use his computer to read the file electronically. Your downloaded, machine-readable Personal Health Summary document is in a format called "CDA." If your doctor has a computer that understands CDA, your information is a folder on your thumb drive called **MachineReadable_XDMFormat**. You might need to enter a password before your doctor can use this file.

BlueCross BlueShield of Louisiana
An independent licensee of the Blue Cross and Blue Shield Association.

P.O. Box 98029
Baton Rouge, Louisiana 70898-9029
Phone 225/295-3307
Fax 225/295-2054

HMO Louisiana, Inc.
A subsidiary of Blue Cross and Blue Shield of Louisiana, independent licensees of the Blue Cross and Blue Shield Association.

P.O. Box 98024
Baton Rouge, Louisiana 70898-9024
Phone 800/376-7741
Fax 225/295-2494

000264

01069918000264020

February 02, 2016

JEFFREY BODIN
528 BEAU CHENE DRIVE
MANDEVILLE, LA 704711777

We have approved 1 service(s)/procedure(s) for JEFFREY BODIN, Contract # 200597860, with a primary service/procedure code of E0601 as agreed upon at the time of the authorization request. This service is approved for the following provider(s):

RICHARD CASEY
NORTHLAKE MEDICAL SUPPLY, INC.

For Dates of Service
01/29/2016 to 03/29/2016

Please refer to Certification Number: AA0715362

The certification process is based on medical necessity only and is not a guarantee of payment. Any additional services/procedures that have not been approved by Blue Cross and Blue Shield of Louisiana are subject to review for contractual limitations and/or exclusions. We recommend that you verify benefits for all certifications.

Should you require further information about contract eligibility or limitations of your contract benefits, contact Blue Cross and Blue Shield Customer Service or Provider Inquiry Unit at the toll free number printed on the subscriber ID card.

This is a reminder if the provider is not contracted with your network plan, then reduced benefits may be applied to your claim. Please visit BCBSLA.com or call the customer service number on the back of your ID card to inquire if your provider is in your network.

Care Management Department

(Member Copy)

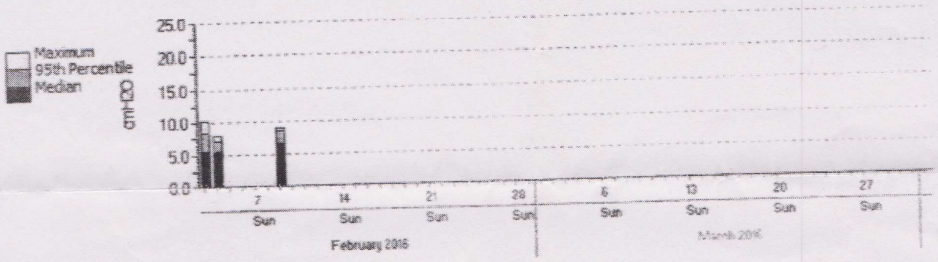
ResScan
SOFTWARE

Name: JEFFREY BODIN
Patient ID:
Reference ID:
Date of Birth: 22 May 1997
Report prepared by: sleep on 2/16/2016 at 3:56 PM

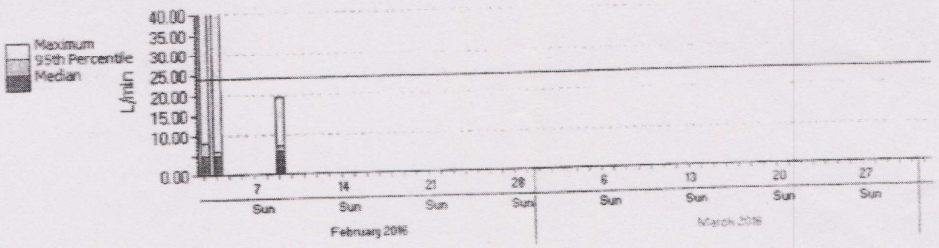
Summary Graphs

Serial No.: 20070409791
Product: S8 AutoSet Spirit

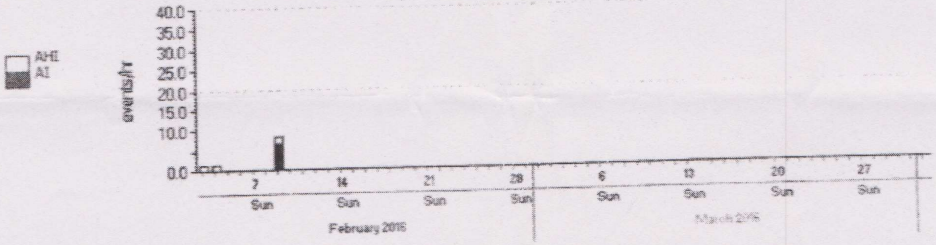
Pressure



Leak



AHI & AI



Statistics

Serial No.: 20070409791
Product: S8 AutoSet Spirit

2/3/2016 - 2/16/2016

Device Settings Therapy Mode: AutoSet	Minimum Pressure: 5.0 cmH2O	Maximum Pressure: 12.0 cmH2O
Pressure - cmH2O Median: 5.6	95th Percentile: 8.4	Maximum: 9.0
Leak - L/min Median: 4.8	95th Percentile: 7.2	Maximum: 43.2
AHI & AI - events/hr Apnea Index: 0.3	Hypopnea Index: 1.3	AHI: 1.6
% Time in Apnea: 0.1		
Total Usage Used Days >= 4 hrs : 2 Days not used: 11 Median daily usage: 5:04	Used Days < 4 hrs : 1 Total days: 14 Average daily usage: 0:55	% Used Days >= 4 hrs : 14 Total hours used: 12:58

ACCT#- 8456 DR- AC LOC- OF
DOB: 05/22/1997
BODIN, JEFFREY T
CHRT#- (985)845-0969
FC- B INS(BLU/ /) H/S- N

Premier Pain Center
(985) 809-1997

POST PROCEDURE INSTRUCTIONS

FEB 19 2016

M.D. Conn

Type of Procedure:
- ☐ Nerve Root Injection
- ☐ Medial Branch Block
- ☐ Other: _____
- ☐ Radiofrequency
- ☐ Sacroiliac Joint Injection

ACTIVITY:
- _____ Regular Activity
- _____ Avoid Strenuous Activity Today
- _____ No Driving for 24 Hours
- _____ Other

- Recommend Stationary Bike (inside) 3 for 1 min at a time 3 days per week and one min per week

Medication received during stay:
- ☐ Robinul ☐ Pepcid ☐ Reglan ☐ Toradol
- ☐ Propofol ☐ Valium ☐ Versed ☐ Other _____
- ☐ Marcaine, Omnipaque, Kenalog or Celestone - injected per physician

- Discontinue floricet slowly
- sphenopalatine ganglion blocks
- Relpax for Rescue limit to 9 per month
- Do not Rec. Running
- Rec. Botox in 3 weeks

DIET:
- _____ Regular diet
- _____ Avoid hot liquids until normal sensation in throat returns
- _____ Other _____

MEDICATIONS:
- _____ Resume all previous medications
- _____ Do not use Aspirin for 3 days after procedure
- _____ Prescription for _____ given to be taken as directed.
- _____ Sedation given; **Do not drive, drink alcohol, climb stairs unassisted, sign important documents, or engage in any potentially hazardous activity for 24 hours after sedation**

NOTIFY THE PAIN CENTER IF:

Bleeding or Discoloration	Excessive Swelling	Fever Noted
Uncontrolled Pain	Inability To Urinate	Nausea/Vomiting
Unusual changes in color or temperature of skin	Weakness/numbness persists or increases after 8-10 hours	Difficulty in Breathing or Swallowing

If you have any questions or problems, please call our office at (985) 809-1997. After business hours call (985) 819-6817. If you have an emergency, go to Lakeview Regional Medical Center Emergency Department or to the nearest Emergency Department

---

PRE-PROCEDURE / RETURN INSTRUCTIONS ☐ M.D. Evaluation (Office) ☐ Nurse Practitioner

RETURN TO THE CENTER: In 13 weeks For MD Eval ~~Botox 155u~~ Procedure

NEXT APPOINTMENT: Day Mon Date 2/29 Time 815 Referral (BSPG)

SKIN CLEANSING:
- _____ Bath/Shower with antibacterial soap such as Chlorhexidrine/Hibiclens night before and morning of procedure.

DIET:
- _____ Regular diet
- _____ Nothing to eat or drink after midnight (including any gum, mints, cough drops, candy, chewing tobacco)
- _____ May have clear liquids (1/2 cup only) of either water, apple juice, up to six hour prior to procedure time if scheduled after 1:00 pm

MEDICATIONS:
- _____ As usual with sip of water only. Do not take any medication that causes you to be nauseated if taken on an empty stomach.
- _____ Do Not take diabetic medication unless otherwise instructed.
- _____ Do Not take anticoagulants; (such as aspirin, NSAIDS, Coumadin, Plavix, etc.) for _____ days prior to procedure.

BELONGINGS: Please leave valuables, including jewelry at home. We cannot be held responsible for valuables brought with you. Dress Comfortably.

TRANSPORTATION:

I must have a ride home, with a responsible adult, available at the time of discharge in order for procedure to be done _____ Yes _____ No

I understand the instructions and have been given a copy: _____ Date _____ Time _____

Patient / Representative Signature

Nurse _____

Revised 3/15

Premier Pain Center
(985) 809-1997

FEB 29 2016

ACCT#- 8456 DR- AC LOC- OF
DOB: 05/22/1997
BODIN, JEFFREY T
CHRT#- (985)845-0969
FC- B INS(BLU/ /) H/S- N

POST PROCEDURE INSTRUCTIONS

M.D. Conn

Type of Procedure:
- ❑ Nerve Root Injection
- ❑ Medial Branch Block
- ❑ Radiofrequency
- ❑ Sacroiliac Joint Injection
- ❑ Other: _____

7015 Hwy 190 E Service Rd. Covington, LA 70433

Medication received during stay:
❑ Robinul ❑ Pepcid ❑ Reglan ❑ Toradol
❑ Propofol ❑ Valium ❑ Versed ❑ Other _____
❑ Marcaine, Omnipaque, Kenalog or Celestone - injected per physician

ACTIVITY:
_____ Regular Activity
_____ Avoid Strenuous Activity Today
_____ No Driving for 24 Hours
_____ Other

DIET:
_____ Regular diet
_____ Avoid hot liquids until normal sensation in throat returns
_____ Other _____

MEDICATIONS:
_____ Resume all previous medications
_____ Do not use Aspirin for 3 days after procedure
_____ Prescription for Rec Epilepsy Master Decrease Fioricet by 1 pill every 2 wks Starting today given to be taken as directed.
_____ Sedation given; **Do not drive, drink alcohol, climb stairs unassisted, sign important documents, or engage in any potentially hazardous activity for 24 hours after sedation**

NOTIFY THE PAIN CENTER IF:

Bleeding or Discoloration	Excessive Swelling	Fever Noted
Uncontrolled Pain	Inability To Urinate	Nausea/Vomiting
Unusual changes in color or temperature of skin	Weakness/numbness persists or increases after 8-10 hours	Difficulty in Breathing or Swallowing

If you have any questions or problems, please call our office at (985) 809-1997. After business hours call (985) 819-6817. If you have an emergency, go to Lakeview Regional Medical Center Emergency Department or to the nearest Emergency Department

PRE-PROCEDURE / RETURN INSTRUCTIONS
❑ M.D. Evaluation (Office) ❑ Nurse Practitioner

RETURN TO THE CENTER: In 2 weeks For MD Eval Procedure

NEXT APPOINTMENT: Day Monday Date 3/14/16 Time 2:00 pm Referral _____

SKIN CLEANSING:
_____ Bath/Shower with antibacterial soap such as Chlorhexidrine/Hibiclens night before and morning of procedure.

DIET:
_____ Regular diet
_____ Nothing to eat or drink after midnight (including any gum, mints, cough drops, candy, chewing tobacco)
_____ May have clear liquids (1/2 cup only) of either water, apple juice, up to six hour prior to procedure time if scheduled after 1:00 pm

MEDICATIONS:
_____ As usual with sip of water only. Do not take any medication that causes you to be nauseated if taken on an empty stomach.
_____ Do Not take diabetic medication unless otherwise instructed.
_____ Do Not take anticoagulants; (such as aspirin, NSAIDS, Coumadin, Plavix, etc.) for _____ days prior to procedure.

BELONGINGS: Please leave valuables, including jewelry at home. We cannot be held responsible for valuables brought with you. Dress Comfortably.

TRANSPORTATION:
I must have a ride home, with a responsible adult, available at the time of discharge in order for procedure to be done _____ Yes _____ No

I understand the instructions and have been given a copy: X Jeffrey Bodin Date _____ Time _____
Patient / Representative Signature

Nurse Melanie M RN

Revised 3/15

INFORMATION FOR
HEALTH CARE PROFESSIONALS

AMERICAN HEADACHE SOCIETY

Medication Overuse Headache

Stephen D. Silberstein, MD
Neurology, Thomas Jefferson University, Philadelphia, PA

Medication overuse headache (MOH) is a secondary cause of chronic daily headache (CDH) due to the overuse of acute headache medication. All acute treaments can produce MOH with the possible exceptions of DHE and the neuroleptics. MOH was previously called rebound headache, drug-induced headache, and medication-misuse headache. MOH headaches are experienced 15 or more days a month for at least 3 months and have developed or markedly worsened during medication overuse.[1] (Table 1) Overuse is defined in terms of treatment days per month and depends on the drug. Ergotamine-, triptan- or opioid-overuse headache requires intake on 10 or more days a month on a regular basis for 3 or more months, while simple analgesics (or any combination of different acute drugs) require 15 or more days. This translates into 2 to 3 treatment days every week. Evidence suggests that this occurs sooner with triptan than with ergotamine overuse. [2]

Medication overuse is often motivated by a patient's desire to treat his headaches or a fear of future headaches.[3] Medication overuse can make headaches refractory to preventive medication.[3] Although stopping the acute medication may result in withdrawal symptoms and a period of increased headache, subsequent headache improvement usually, but not always, occurs.[3]

Patients with MOH can be difficult to treat. Patients should be started on preventive medication (to decrease reliance on acute medication), with the explicit understanding that the drugs may not always become fully effective until medication overuse has been eliminated.[3] Some patients need to have their headache cycle terminated. Outpatient detoxification options, including outpatient infusion in an ambulatory infusion unit, are available. If outpatient treatment proves difficult or is dangerous, hospitalization may be required.

Patients can have severe exacerbations of their migraine during detoxification. Patients often need additional treatment (***headache terminators***) to break the cycle of CDH and/or help with the exacerbation that occurs when overused medications are discontinued. Withdrawal symptoms include severely exacerbated headaches accompanied by nausea, vomiting, agitation, restlessness, sleep disorder, and (rarely) seizures. Barbiturates, opioids, and benzodiazepines, unless replaced with long-acting derivatives, must be tapered to avoid a serious withdrawal syndrome.[3]

Terminaters include repetitive intravenous dihydroergotamine (DHE) which is often coadministered with metoclopramide, which helps control nausea and is an effective antimigraine drug in its own right. The neuroleptics (chlorpromazine, droperidol, haloperidol, and prochlorperazine) are used

intravenously, intramuscularly, and by suppository, as terminators for nausea, vomiting, and pain. Intravenous ketorolac is a helpful adjunctive treatment. Clinical experience and open label trials suggest that corticosteroids are also effective.

One concern with using neuroleptics is a prolonged QTc interval on EKG. Patients who receive daily repetitive intravenous droperidol should have an EKG before their first dose of the medication and daily thereafter. A QTc that is above 450 msec is considered a 'grey zone' (the drug should be stopped or the dose reduced) and a QTc above 500 msec is a 'red zone' (an absolute contraindication). Bradycardia, abnormal EKG, and a change in the QTc of more than 60 msec are the other risk factors for torsades de pointes associated with prolonged QT syndrome.

REFERENCES

1. Headache Classification Committee. The International Classification of Headache Disorders. 2nd Edition. *Cephalalgia* 2004;24:1-160.
2. Headache Classification Committee. New appendix criteria open for a broader concept of chronic migraine. *Cephalalgia* 2006;26:742-746.
3. Silberstein SD. Lipton RB, Saper JR. Chronic daily headache including transformed migraine, chronic tension-type headache, and medication overuse headache. In: Silberstein SD, Lipton RB, Dodick DW, eds. Wolff's Headache and Other Head Pain. Eighth ed. New York: Oxford University Press, 2007:315-378.

TABLE 1. ICHD-2 Criteria for Headache Attributed to Medication Overuse[1]

A. Headache present on >15 days/month

B. Regular overuse for > 3 months of one or more acute/symptomatic treatment drugs as defined under sub forms of 8.2.

   1. Ergotamine, triptans, opioids, **or** combination analgesic medications on ≥10 days/month on a regular basis for >3 months

   2. Simple analgesics **or** any combination of ergotamine, triptans, analgesics opioids on ≥ 15 days/month on a regular basis for > 3 months without overuse of any single class alone

C. Headache has developed or markedly worsened during medication overuse

Migraine Headache (cont.)

Headaches Quiz

Migraines Slideshow

Migraine Triggers

Migraine medications

The treatment of an acute migraine headache may vary from over-the-counter medicines (OTC), like acetaminophen (Tylenol and others) or ibuprofen (Advil, Motrin, etc.) to prescription medications.

Triptans

Triptans (sumatriptan, rizatriptan, eletriptan, zolmitriptan, naratriptan, almotriptan, and frovatriptan), may be extremely effective in treating migraines and may be prescribed to help the patient treat their migraine at home.

Not every patient can take these medications, and there are specific limitations regarding how often these medications can be used.

Other medication regimens may also be used to control migraine headache.

Some medications are appropriate for home use and others require a visit to the health-care professional's office or emergency department.

Narcotics

Narcotic pain medications are not necessarily appropriate for the treatment of migraine headaches and are associated with the phenomenon of rebound headache, where the headache returns -- sometimes more intensely -- when the narcotics wear off. In all cases of migraine, the use of acute pain therapies must be watched closely so that a patient does not develop medication overuse headache.

Other medications

If an individual experiences frequent headaches, or if the headaches routinely last for several days, then preventive medications may be indicated. These may be prescribed on a daily basis in an effort to decrease the frequency, severity, and duration of migraine headaches. There are many different medications which have been shown to be effective in this role, including:

- blood pressure medications, for example, propranolol (Inderal), nadolol (Corgard), verapamil (Clan, Covera, Isoptin, Verelan), and flunarizine),
- anti-seizure medications, for example, divalproex sodium (Depakote and others), topiramate (Topamax), and gabapentin (Neurontin, Gralise),
- antidepressant medications (amitriptyline and venlafaxine) and
- other supplements (magnesium, butterbur, and riboflavin).

The specific medication which is selected for a patient is dependent on many other factors, including age, sex, blood pressure, and other pre-existing medical conditions.

Some patients who experience more than 15 headache days every month might benefit from Botox injections.

Continue Reading

« Page 9 of 14 Table of Contents »

Name: Jeffrey Bodin | DOB: 5/22/1997 | MRN: 2592229 | PCP: Sherri Casey, MD

My Vitals

Table

Name	Weight	Blood Pressure	BMI
9/2/2010	81 lb 9.1 oz		
6/26/2013	116 lb 11.2 oz	109/66	18.27
7/22/2013	111 lb 6.4 oz	123/71	17.32
8/15/2013	115 lb	109/71	18.57
11/25/2013	110 lb 14.4 oz	116/75	
12/5/2013	112 lb 7 oz	124/66	17.61
1/3/2014	109 lb	119/75	17.07
1/10/2014	112 lb	123/73	17.54
2/21/2014	114 lb	143/78	17.85
4/24/2014	110 lb	123/68	17.06
7/2/2014	108 lb	123/73	16.75
9/9/2014	107 lb	122/74	16.52
10/9/2014	107 lb	128/76	16.75
10/29/2014	107 lb	114/76	16.5
12/23/2014	105 lb	130/85	16.44
1/27/2015	105 lb		16.44
3/2/2015	107 lb	121/78	16.75
3/3/2015	107 lb	94/56	16.75
4/1/2015	101 lb	114/76	15.82

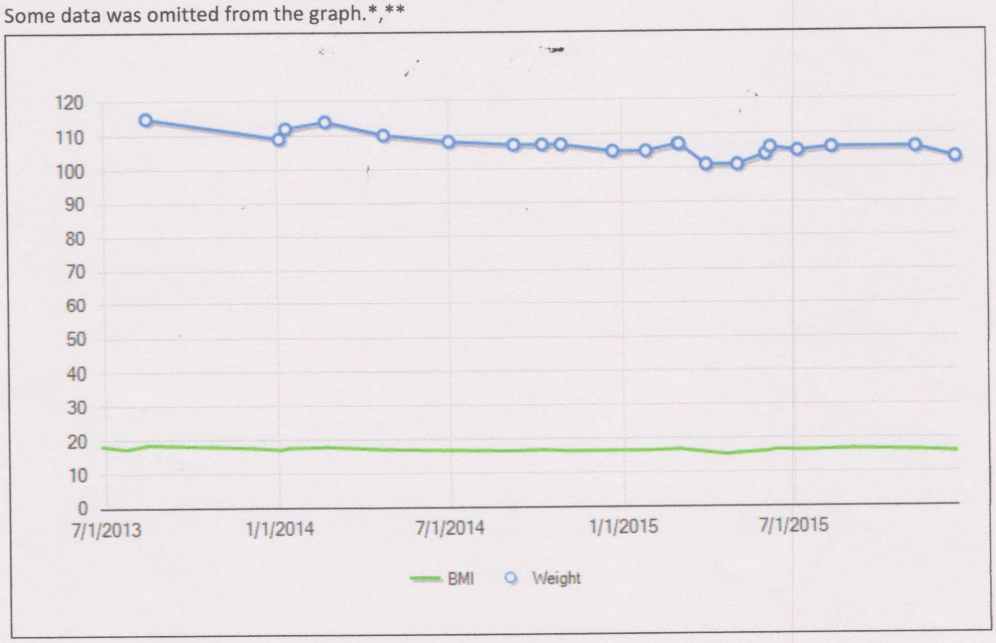
4/21/2015	97 lb 3.2 oz		15.22
5/4/2015	101 lb	127/79	15.58
6/3/2015	104 lb	126/82	16.1
6/8/2015	106 lb	132/77	16.4
6/11/2015	105 lb 14.4 oz	124/89	16.58
7/7/2015	105 lb	134/73	16.44
7/14/2015	104 lb 14.4 oz	129/79	16.43
8/12/2015	106 lb	135/69	16.6
9/2/2015	106 lb 14.8 oz	135/79	16.74
11/9/2015	106 lb	123/87	16.35
12/21/2015	103 lb	131/88	15.88

Name: Jeffrey Bodin | DOB: 5/22/1997 | MRN: 2592229 | PCP: Sherri Casey, MD

My Vitals

Graph

Some data was omitted from the graph.*,**



*The following series cannot be graphed.

- Blood Pressure

**Non-numeric points were omitted from the following series.

- Weight

Premier Pain Center

(985) 809-1997

POST PROCEDURE INSTRUCTIONS

M.D. Conn

Type of Procedure:

- ☐ Nerve Root Injection
- ☐ Radiofrequency
- ☐ Medial Branch Block
- ☐ Sacroiliac Joint Injection
- ☐ Other: _____

ACTIVITY:

- _____ Regular Activity
- _____ Avoid Strenuous Activity Today
- _____ No Driving for 24 Hours
- _____ Other

Medication received during stay:

- ☐ Robinul ☐ Pepcid ☐ Reglan ☐ Toradol
- ☐ Propofol ☐ Valium ☐ Versed ☐ Other _____
- ☐ Marcaine, Omnipaque, Kenalog or Celestone - injected per physician

DIET:

- _____ Regular diet
- _____ Avoid hot liquids until normal sensation in throat returns
- _____ Other _____

MEDICATIONS:

- _____ Resume all previous medications
- _____ Do not use Aspirin for 3 days after procedure
- _____ Prescription for _____ given to be taken as directed.
- _____ Sedation given; **Do not drive, drink alcohol, climb stairs unassisted, sign important documents, or engage in any potentially hazardous activity for 24 hours after sedation**

NOTIFY THE PAIN CENTER IF:

Bleeding or Discoloration	Excessive Swelling	Fever Noted
Uncontrolled Pain	Inability To Urinate	Nausea/Vomiting
Unusual changes in color or temperature of skin	Weakness/numbness persists or increases after 8-10 hours	Difficulty in Breathing or Swallowing

If you have any questions or problems, please call our office at (985) 809-1997. After business hours call (985) 819-6817. If you have an emergency, go to Lakeview Regional Medical Center Emergency Department or to the nearest Emergency Department

PRE-PROCEDURE / RETURN INSTRUCTIONS

☒ M.D. Evaluation (Office) ☐ Nurse Practitioner

RETURN TO THE CENTER: In 2 weeks For 8:15 MD Eval Procedure

NEXT APPOINTMENT: Day Mon Date 3/28 Time ~~8:30~~ Referral _____

SKIN CLEANSING:

_____ Bath/Shower with antibacterial soap such as Chlorhexidrine/Hibiclens night before and morning of procedure.

DIET:

- _____ Regular diet
- _____ Nothing to eat or drink after midnight (including any gum, mints, cough drops, candy, chewing tobacco)
- _____ May have clear liquids (1/2 cup only) of either water, apple juice, up to six hour prior to procedure time if scheduled after 1:00 pm

MEDICATIONS:

- _____ As usual with sip of water only. Do not take any medication that causes you to be nauseated if taken on an empty stomach.
- _____ Do Not take diabetic medication unless otherwise instructed.
- _____ Do Not take anticoagulants; (such as aspirin, NSAIDS, Coumadin, Plavix, etc.) for _____ days prior to procedure.

BELONGINGS: Please leave valuables, including jewelry at home. We cannot be held responsible for valuables brought with you. Dress Comfortably.

TRANSPORTATION:

I must have a ride home, with a responsible adult, available at the time of discharge in order for procedure to be done _____ Yes _____ No

I understand the instructions and have been given a copy: Jeffrey Bodin Date 3/14/16 Time _____

Patient / Representative Signature

Nurse AO

Revised 3/15

ACCT#- 8456 DR- AC LOC- OF
DOB: 05/22/1997
BODIN, JEFFREY T
CHRT#- (985)845-0969
FC- B INS(BLU/ /) H/S- N

MAR 28 2016

Premier Pain Center
(985) 809-1997

POST PROCEDURE INSTRUCTIONS

M.D. Conn

Type of Procedure:
- ☐ Nerve Root Injection
- ☐ Radiofrequency
- ☐ Medial Branch Block
- ☐ Sacroiliac Joint Injection
- ☐ Other: _____

ACTIVITY:
- _____ Regular Activity
- _____ Avoid Strenuous Activity Today
- _____ No Driving for 24 Hours
- _____ Other

Medication received during stay:
- ☐ Robinul ☐ Pepcid ☐ Reglan ☐ Toradol
- ☐ Propofol ☐ Valium ☐ Versed ☐ Other _____
- ☐ Marcaine, Omnipaque, Kenalog or Celestone - injected per physician

① ↓ Fioret to one @ night
② Weaning of Fioret not associated with Fatigue complaints

DIET:
- _____ Regular diet
- _____ Avoid hot liquids until normal sensation in throat returns
- _____ Other _____

MEDICATIONS:
- _____ Resume all previous medications
- _____ Do not use Aspirin for 3 days after procedure
- _____ Prescription for _____ given to be taken as directed.
- _____ Sedation given; **Do not drive, drink alcohol, climb stairs unassisted, sign important documents, or engage in any potentially hazardous activity for 24 hours after sedation**

NOTIFY THE PAIN CENTER IF:

Bleeding or Discoloration	Excessive Swelling	Fever Noted
Uncontrolled Pain	Inability To Urinate	Nausea/Vomiting
Unusual changes in color or temperature of skin	Weakness/numbness persists or increases after 8-10 hours	Difficulty in Breathing or Swallowing

If you have any questions or problems, please call our office at (985) 809-1997. After business hours call (985) 819-6817. If you have an emergency, go to Lakeview Regional Medical Center Emergency Department or to the nearest Emergency Department

PRE-PROCEDURE / RETURN INSTRUCTIONS

☑ M.D. Evaluation (Office) ☐ Nurse Practitioner

RETURN TO THE CENTER: In 2 weeks For _____ Procedure

NEXT APPOINTMENT: Day Mon Date 4/11 Time 8:15 Referral _____

SKIN CLEANSING:
_____ Bath/Shower with antibacterial soap such as Chlorhexidrine/Hibiclens night before and morning of procedure.

DIET:
- _____ Regular diet
- _____ Nothing to eat or drink after midnight (including any gum, mints, cough drops, candy, chewing tobacco)
- _____ May have clear liquids (1/2 cup only) of either water, apple juice, up to six hour prior to procedure time if scheduled after 1:00 pm

MEDICATIONS:
- _____ As usual with sip of water only. Do not take any medication that causes you to be nauseated if taken on an empty stomach.
- _____ Do Not take diabetic medication unless otherwise instructed.
- _____ Do Not take anticoagulants; (such as aspirin, NSAIDS, Coumadin, Plavix, etc.) for _____ days prior to procedure.

BELONGINGS: Please leave valuables, including jewelry at home. We cannot be held responsible for valuables brought with you. Dress Comfortably.

TRANSPORTATION:
I must have a ride home, with a responsible adult, available at the time of discharge in order for procedure to be done ☑ Yes ☐ No

I understand the instructions and have been given a copy: [signature] Date 3/28/16 Time _____

Patient / Representative Signature

Nurse AO

Revised 3/15

Print This Page | Close This Window

Name: Jeffrey Bodin | DOB: 5/22/1997 | MRN: 2592229 | PCP: Sherri Casey, MD

My Vitals

Table

Name	Weight	Blood Pressure	BMI
9/2/2010	81 lb 9.1 oz		
6/26/2013	116 lb 11.2 oz	109/66	18.27
7/22/2013	111 lb 6.4 oz	123/71	17.32
8/15/2013	115 lb	109/71	18.57
11/25/2013	110 lb 14.4 oz	116/75	
12/5/2013	112 lb 7 oz	124/66	17.61
1/3/2014	109 lb	119/75	17.07
1/10/2014	112 lb	123/73	17.54
2/21/2014	114 lb	143/78	17.85
4/24/2014	110 lb	123/68	17.06
7/2/2014	108 lb	123/73	16.75
9/9/2014	107 lb	122/74	16.52
10/9/2014	107 lb	128/76	16.75
10/29/2014	107 lb	114/76	16.5
12/23/2014	105 lb	130/85	16.44
1/27/2015	105 lb		16.44
3/2/2015	107 lb	121/78	16.75
3/3/2015	107 lb	94/56	16.75
4/1/2015	101 lb	114/76	15.82

4/21/2015	97 lb 3.2 oz		15.22	
5/4/2015	101 lb	127/79	15.58	
6/3/2015	104 lb	126/82	16.1	
6/8/2015	106 lb	132/77	16.4	
6/11/2015	105 lb 14.4 oz	124/89	16.58	
7/7/2015	105 lb	134/73	16.44	
7/14/2015	104 lb 14.4 oz	129/79	16.43	
8/12/2015	106 lb	135/69	16.6	
9/2/2015	106 lb 14.8 oz	135/79	16.74	
11/9/2015	106 lb	123/87	16.35	
12/21/2015	103 lb	131/88	15.88	

February 15, 2016

I, Jeffrey Bodin, give permission for all my doctor's listed below to speak and discuss my care with Dr. William L. Terral.

Dr. Lysenko	neurologist	504-842-4910
Dr. Africk	neurologist	504-842-3900
Dr. Richard Guillot	allergist	985-892-3122
Dr. Jaime Morales	oncologist	504-899-9511
Dr. Foy	dentist	985-845-8042

If there are any questions, please feel free to contact me at 985-264-1080.

Sincerely,

Jeffrey Bodin

Dr. Pouw	985-882-7077	endocrinologist
Dr. Adema	985-727-2077	optometrist
Dr. Baldone	985-892-3376	dermatologist
Dr. Bludell	985-845-8101	psychiatrist
Dr Obyrne	985-624-5573	opthamologist
Dr. Sedrich	985-280-6710	rheumatologist
Dr. C. Ann Conn	985-809-1997	neurologist
Dr. Rick Casey	985-892-9143	Pulmonologist
Dr. Sherri Casey	985-893-2580	Pediatrician
Dr. Karlin Aaron M.	985-809-5800	Pediatric Sports Medicine
physical therapy - Paul Jones Therapy		985-792-5997

Itw - block

3 wks
- do ~~[illegible] start exercising~~
+

• Migraines

Amitriptaline
• Trileptal - anti depressant

Drugs all abortive
• Cambria (powder)
• Migranal (nasal spray)
• Zelcuity (patch)
• Stadol (opioid nasal spray)

1st Surgery - March 26, 2008
2nd Surgery - April 23, 2008
Apendectomy - May 13th, 2008

136/81 98 bpm

Others

coach	Barwick	985-373-4060
coach	Terry	985-502-6286

I J.B give permission
for all my Doctors listed
below to speak & discuss my
care with DR. Wm L. TERRY

~~List~~ DRS

,

If there are any questions
please feel free to contact
me @ (985) - - - / - - -
264-1080

Sincerely,

Jef

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

PATIENT NAME (Last, First, Middle)		DOB
ADDRESS	SSN	
CITY	STATE	ZIP

PROVIDER AUTHORIZED TO RELEASE THE PHI:	ENTITY RECEIVING THE PHI:
	NAME CHILDREN'S MEDICAL CENTER
	ADDRESS 71107 HIGHWAY 21, SUITE 1
	CITY: COVINGTON; STATE: LOUISIANA; ZIP: 70433
	ATTENTION: MEDICAL RECORDS 985-893-2580 Fax 985-871-9418

This authorization will expire on the following date or event:

Date: Event:

Purpose of this Disclosure:

PHI AND DATES OF PHI AUTHORIZED FOR USE OR DISCLOSURE

Description	Start Date	End Date
❑ All PHI in the record		
❑ Progress Notes		
❑ Laboratory Tests		
❑ X-Ray Tests / Reports		
❑ History and Physical Examination		
❑ Discharge Summary		
❑ Consultation Reports		
❑ Itemized Billing Statement		
❑ Other:		

The following information will be released when included in the above information unless you indicate otherwise:

[ ] AIDS or HIV test results
[ ] Alcohol, drug or substance abuse treatment
[ ] Psychiatric or mental care / treatment
[ ] Other (specify):

I understand that:

1. I may refuse to sign this authorization and it is strictly voluntary.
2. My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
3. I may revoke this authorization at any time in writing to the provider authorized to release the protected health information, but if I do, it will not have any affect on any actions taken prior to receiving the revocation.
4. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be disclosed.
5. I have the right to receive a copy of this form after I sign it.

Signature of Patient:	Date:
Signature of Patient's Representative (if necessary):	Date:

Personal Representative's Relationship to Patient:

Procedures
MD Anderson Sleep Center
PO Box 301439, Unit 1284
Houston, TX 77030
Phone: 713-792-2352

Multiple Sleep Latency Test Report

I. PATIENT PROFILE

Patient Name: Bodin, Jeffrey
Medical Record Number: 744652
Age: 19 (years)
Sex: Male
Height: 168 cm Weight: 50.0 Kg

BMI: 17.7 kg/m2
Study Date: 8/5/2016
Referring Physician: Dave Balachandran M.D., M.D.
Epworth Sleepiness Score (ESS): 14.0

II. DIAGNOSIS

Hypersomnia
347.00 Narcolepsy, Unspecified

III. PROCEDURE

The patient underwent a MSLT (multiple sleep latency test) according to the guidelines established by the American Academy of Sleep Medicine*. The patient was allowed to nap starting at two hours post awakening from the baseline study and subsequently at 2 hour intervals. During the baseline polysomnogram the sleep efficiency was 77/5%. There was no evidence of clinically significant sleep disordered breathing, nocturnal hypoxemia or movement disorders. The MSLT immediately followed the baseline study.

A total of four naps were performed. The patient slept during four of the four naps. The mean sleep latency (MSLT score) was 5.9 minutes. There were four sleep onset REM periods (SOREM) noted.

The diagnosis of narcolepsy requires 2 SOREMs, and an MSLT score of less than 8 minutes (mean sleep latency). An MSLT score of less than 10 minutes with less than 2 SOREMs can be seen in idiopathic (CNS) hypersomnia, upper airway resistance syndrome, periodic limb movement disorder and sleep apnea.

IV. CONCLUSION

The clinical history is suggestive of hypersomnia, and the MSLT is consistent with narcolepsy.

V. RECOMMENDATIONS

Stimulant therapy is recommended for daytime sleepiness.

Possible pharmacologic therapies include fluoxetine, venlafaxine, sodium oxybate, clomipramine, viloxazine, imipramine.

Additionally, HLA testing for DQ antigens (DQB1*0602 and DQA1*0102), which are associated with narcolepsy, and HLA-Cw2, which is associated with familial idiopathic hypersomnia, may provide further information.
Strategically timed naps should be incorporated in the patient's daily schedule.

The patient will be seen for a post-evaluation consultation with sleep clinic to discuss our findings and to explain the available treatment options.

If there are any questions regarding our examination, please feel free to contact our office for further elaboration or interpretation of our findings. Details concerning specific test scores and the results of sleep studies are available upon request.

Sincerely,
Diwakar Balachandran, MD
UT M. D. Anderson Sleep Center

* The International Classification of Sleep Disorders: Diagnostic and Coding Manual. Diagnostic Classification Steering Committee, Thorpy MJ, Chairman. Rochester, Minnesota: American Sleep Disorders Association, 2005

Berry RB, Brooks R, Gamaldo CE, Harding SM, Marcus CL and Vaughn BV for the American Academy of Sleep Medicine. The AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specifications, Version 2.0. www.aasmnet.org, Darien, Illinois: American Academy of Sleep Medicine, 2012

Littner MR et al. Practice Parameters for Clinical Use of the Multiple Sleep Latency Test and the Maintenance of Wakefulness Test- AASM Practice Paramenters. Sleep 2005: 28(1) 113-121

Electronically signed by Dave Balachandran, MD at 8/15/2016 1:17 PM

Procedure visit on 8/5/2016

Louisiana
HMO Louisiana

NEW DIRECTIONS

JEFFREY BODIN
528 BEAU CHENE DRIVE
MANDEVILLE, LA 70471

00069

10/13/2017

Member Name: JEFFREY BODIN
Group Number: 77307FF40000
Member ID Number: 200597860
Case Reference #: 0901458
Insurance or Claims Administrator: Blue Cross and Blue Shield of Louisiana

Dear JEFFREY BODIN,

New Directions Behavioral Health® ("New Directions") performs managed behavioral health care services on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. We are responsible for reviewing behavioral health service requests to ensure they are appropriate and medically necessary. Under the terms, conditions, and limitations of your health plan contract, a service must be medically necessary to be covered. A service that is "medically necessary" is one that provides safe and adequate care in the least restrictive and most appropriate setting.

New Directions has completed its review of all the medical information provided regarding the care for JEFFREY BODIN. This letter confirms that New Directions has authorized the following service(s)/procedure(s) as medically necessary:

Facility:	**SOUTHEAST LA STATE HOSP TREATMENT SERVICE CDU**
Service/Procedure:	Inpatient Day- Mental Health
Admission Date:	10/11/2017
Effective Date(s) of Authorization:	10/11/2017 through 10/13/2017
Next Anticipated Review Date:	10/13/2017
Days Authorized to Date:	2

69100

Please be aware that this authorization only determines that the requested service is medically necessary and does not guarantee payment of benefits. Payment is also subject to the terms of your health plan policy and benefit limitations and/or exclusions at the time the services are delivered.

If you have any questions regarding this information, please contact New Directions at 877-317-4847.

Sincerely,

Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Nondiscrimination Notice
Discrimination is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

Blue Cross and Blue Shield of Louisiana and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, you can call the Customer Service number on the back of your ID card or email **MeaningfulAccessLanguageTranslation@bcbsla.com**. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Blue Cross, one of its subsidiaries or your employer-insured health plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps;

1. **If you are fully insured through Blue Cross, file a grievance with Blue Cross by mail, fax, or email.**

   Section 1557 Coordinator
   P. O. Box 98012
   Baton Rouge, LA 70898-9012
   225-298-7238 or 1-800-711-5519 (TTY 711)
   Fax: 225-298-7240
   Email: Section1557Coordinator@bcbsla.com

2. **If your employer owns your health plan and Blue Cross administers the plan, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Blue Cross or owned by your employer, go to www.bcbsla.com/checkmyplan.**

Whether Blue Cross or your employer owns your plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Or

Electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.** Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html.**

01MK6445 9/16

NOTICE

Free language services are available. If needed, please call the Customer Service number on the back of your ID card. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios lingüísticos gratuitos. De necesitarlos, por favor, llame al número del Servicio de Atención al Cliente que aparece en el reverso de su tarjeta de identificación. Clientes con dificultades auditivas, llamen al 1-800-711-5519 (TTY 711).

Des services linguistiques gratuits sont disponibles. Si nécessaire, veuillez appeler le numéro du Service clientèle figurant au verso de votre carte d'identification. Si vous souffrez d'une déficience auditive, veuillez appeler le 1-800-711-5519 (TTY 711).

Có dịch vụ thông dịch miễn phí. Nếu cần, xin vui lòng gọi cho Phục Vụ Khách Hàng theo số ở mặt sau thẻ ID của quý vị. Khách hàng nào bị suy giảm thính lực hãy gọi số 1-800-711-5519 (TTY 711).

我们为您提供免费的语言服务。如有需要，请致电您 ID 卡背面的客户服务号码。听障客户请拨 1-800-711-5519（TTY 711）。

الخدمات اللغوية متاحة مجاناً. يرجى، إذا اقتضى الأمر، الاتصال برقم خدمة العملاء المدون على ظهر بطاقة التعريف الخاصة بك.
إذا كنت تعاني من إعاقة في السمع، فيرجى الاتصال بالرقم 1-800-711-5519 (TTY 711).

Magagamit ang mga libreng serbisyo sa wika. Kung kinakailangan, pakitawagan ang numero ng Customer Service sa likod ng iyong ID kard. Para sa mga may kapansanan sa pandinig tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 서비스를 이용하실 수 있습니다. 필요한 경우 귀하의 ID 카드 뒤에 기재되어 있는 고객 서비스 번호로 연락하시기 바랍니다. 청각 장애가 있는 분은 1-800-711-5519 (TTY 711)로 연락하십시오.

Oferecemos serviços linguísticos grátis. Caso necessário, ligue para o número de Atendimento ao Cliente indicado no verso de seu cartão de identificação. Caso tenha uma deficiência auditiva, ligue para 1-800-711-5519 (TTY 711).

ພວກເຮົາມີບໍລິການພາສາໃຫ້ ຫາກຈຳ ເປັນ, ກະລຸ ນາໂທຫາເລກບໍລິການລູກຄ້າຕາມໃບ ຢູ່ ທາງຫຼັງບັດປະຈຳ ຕົວຂອງທ່ານ. ຖ້າ ທ່ານຫູ ບໍ່ ດີ, ຂ ໃຫ້ ໂທ 1-800-711-5519 (TTY 711).

無料の言語サービスをご利用頂けます。あなたのIDカードの裏面に記載されているサポートセンターの電話番号までご連絡ください。聴覚障害がある場合は、1-800-711-5519 (TTY711)までご連絡ください。

زبان سے متعلق مفت خدمات دستیاب ہیں۔ اگر ضرورت ہو تو، براہ کرم اپنے آئی ڈی کارڈ کی پشت پر موجود کسٹمر سروس نمبر پر کال کریں۔ سمعی نقص والے کسٹمرز 1-800-711-5519 (TTY 711) پر کال کریں۔

69410

Kostenlose Sprachdienste stehen zur Verfügung. Falls Sie diese benötigen, rufen Sie bitte die Kundendienstnummer auf der Rückseite Ihrer ID-Karte an. Hörbehinderte Kunden rufen bitte unter der Nummer 1-800-711-5519 (TTY 711) an.

خدمات رایگان زبان در دسترس است. در صورت نیاز، لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی تان درج شده است تماس بگیرید. مشتریانی که مشکل شنوایی دارند با شماره 1-800-711-5519 (TTY 711) تماس بگیرند.

Предлагаются бесплатные переводческие услуги. При необходимости, пожалуйста, позвоните по номеру Отдела обслуживания клиентов, указанному на оборотной стороне Вашей идентификационной карты. Клиенты с нарушениями слуха могут позвонить по номеру 1-800-711-5519 (Телефон с текстовым выходом: 711).

มีบริการด้านภาษาให้ใช้ได้ฟรี หากต้องการ โปรดโทรศัพท์ติดต่อฝ่ายการบริการลูกค้าตามหมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของท่าน สำหรับลูกค้าที่มีปัญหาทางการได้ยิน โปรดโทรศัพท์ไปที่หมายเลข 1-800-711-5519 (TTY 711)

04BA0418 01/17

Louisiana
HMO Louisiana

NEW DIRECTIONS™

JEFFREY BODIN
528 BEAU CHENE DRIVE
MANDEVILLE, LA 70471

00116

10/14/2017

Member Name: JEFFREY BODIN
Group Number: 77307FF40000
Member ID Number: 200597860
Case Reference #: 0901458
Insurance or Claims Administrator: Blue Cross and Blue Shield of Louisiana

Dear JEFFREY BODIN,

New Directions Behavioral Health® ("New Directions") performs managed behavioral health care services on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. We are responsible for reviewing behavioral health service requests to ensure they are appropriate and medically necessary. Under the terms, conditions, and limitations of your health plan contract, a service must be medically necessary to be covered. A service that is "medically necessary" is one that provides safe and adequate care in the least restrictive and most appropriate setting.

New Directions has completed its review of all the medical information provided regarding the care for JEFFREY BODIN. This letter confirms that New Directions has authorized the following service(s)/procedure(s) as medically necessary:

Facility:	**SOUTHEAST LA STATE HOSP TREATMENT SERVICE CDU**
Service/Procedure:	Inpatient Day- Mental Health
Admission Date:	10/11/2017
Effective Date(s) of Authorization:	10/11/2017 through 10/16/2017
Next Anticipated Review Date:	10/16/2017
Days Authorized to Date:	5

16100

Please be aware that this authorization only determines that the requested service is medically necessary and does not guarantee payment of benefits. Payment is also subject to the terms of your health plan policy and benefit limitations and/or exclusions at the time the services are delivered.

If you have any questions regarding this information, please contact New Directions at 877-317-4847.

Sincerely,

Behavioral Health Services

cc: SOUTHEAST LA STATE HOSP TREATMENT SERVICE CDU
Jose Rodriguez

16200

Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Nondiscrimination Notice
Discrimination is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

Blue Cross and Blue Shield of Louisiana and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, you can call the Customer Service number on the back of your ID card or email **MeaningfulAccessLanguageTranslation@bcbsla.com**. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Blue Cross, one of its subsidiaries or your employer-insured health plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps;

1. **If you are fully insured through Blue Cross, file a grievance with Blue Cross by mail, fax, or email.**

   Section 1557 Coordinator
   P. O. Box 98012
   Baton Rouge, LA 70898-9012
   225-298-7238 or 1-800-711-5519 (TTY 711)
   Fax: 225-298-7240
   Email: Section1557Coordinator@bcbsla.com

2. **If your employer owns your health plan and Blue Cross administers the plan, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Blue Cross or owned by your employer, go to www.bcbsla.com/checkmyplan.**

16300

Whether Blue Cross or your employer owns your plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Or

Electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.** Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html.**

NORTHLAKE BEHAVIORAL HEALTH SYSTEM

Continuity of Care

Patient/Client/Resident Information:

Name: Jeffrey Bodin Male/Female DOB: 5/22/97 Race/Ethnicity C

Facility D/C to Home Admit Date: 10/11/17 Discharge Date: 10/16/17

Address: 528 Beau Chene City: Mandeville State: La ZIP: 70448

Parish: St. Tammany Home #: 985 264 5277 Cell # ~~985 264 5277~~

Next of Kin: Mary Bodin Relationship: dad Contact # 985 845 0969

Medicaid # n/a Medicare # n/a Private Ins. Name/# BCBS 985 237 03623

Legal Custody: n/a Contact Person: n/a Contact # n/a

Pending Charges: Transported by: family

Clinical Information: Reason for admission/current need for services:

① Mood Disorder

② Hlo Narcolepsy / ~~ADHD~~ ADHD

See attached Discharge Orders for Diagnoses Axis I thru V and Current Medications and Dosages:

Medications have been reviewed by the receiving provider: ☐ Y ☐ N ☐ Unavailable ☒ Read-Only

Take only those medications ordered at discharge. Inform your next health care provider regarding these current medications. For questions, healthcare providers may call 985-626-6300. Your physician is: Dr. Rodriguez

Follow-up Appointment(s) Information:

For your appointment(s) remember to bring: 1) all of your medication, 2) your social security number, 3) your insurance card (Medicaid, Medicare, other insurance), or proof of income (if you have no insurance). If you are unable to keep this appointment, please make every effort to contact the clinic to make further arrangements. **Scheduled:** ☒ MH ☐ Medical/PC ☐ Substance Use ☐ Smoking Cessation ☐ Benefits ☐ Other

1. **Your Mental Health follow-up appointment is scheduled at:**

Private Practice Psychiatrist

Address: 179 Hwy 22 E, Ste 100 (Facility) Madisonville, LA 70447 Ph. # 985 845 0101

Date: ~~10~~ Oct 25, 2017 Time: 1:00 with DR. Blundell

OR go to the Walk-in Clinic available: Time: _____ Day: _____ Date: _____

2. **Other Follow-up Appointment(s) Information: (Medical/PCP, Substance Abuse, Tobacco Cessation etc.)**

Your _____ follow-up appointment is scheduled at _____

Date: _____ Time: _____ with _____

Your _____ follow-up appointment is scheduled at _____

Date: _____ Time: _____ with _____

Discharge Planner Signature: Aubrey Lin, LCSW Date/Time: 10/16/17 @ 1100 Smoking Referral Over

3. **Labs Sent: Yes** ☒ **No** _____ **NA** _____

The discharge medications were reviewed with patient/family and information sheets were provided.*	*RN/LPN Signature: _____ Date: _____

Comments: Pt declines substance abuse tx & smoking cessation.

I/we have received a copy of this Continuity of Care Information/Instructions, which includes a list of my discharge meds:

Parent/Guardian/Patient: ☒ Jeffrey Bodin Date: 10/16/17 Witness Aubrey Lin, LCSW

ORIGINAL - PATIENT/GUARDIAN PHOTO COPY - Chart (For D/C to medical facility, provide copy with D/C Summary)

M-2 (01/17) (*Attachments: Home Safety; Crisis Card; Recognizing Signs of Suicide) RN Initials: ____

BODIN, JEFFREY 00032982-001
ADM:10/11/2017 DOB:05/22/1997
W/M SPLANADE 1 O10306
Rel. Unk DR:J RODRIGUEZ
NBHS ST. TAMMANY

CURRENT: Height: 5'7" Weight: 106 LBS BMI: 16.6 BP: 117/84

ALLERGIES: (Incl. Drug & Food, Non-food, Non-drug allergies, food/drug reactions,)

AVOID OR DO NOT GIVE (REASON): Lactose

DATE: 10/16/17 TIME: DISCHARGE TIME:

DISCHARGE TO:

PSYCHIATRIC DIAGNOSES: Mood disorder
Hx Narcolepsy / ADHD

MEDICAL DIAGNOSES:

Activities: Regular ☐ Restricted ☑ Advanced Directive? Yes ☐ No ☐ Attach

FOLLOW-UP: Medical

Behavioral Health:

MEDICATION MANAGEMENT: Applies only to patients on two (2) or more anti-psychotics:

History of 3 or more Failed Trials of Monotherapy ☐ NO ☐ YES Specify meds:

If YES, Indicate the Number of Failed Trials _____ Justification: (Select only one reason):

☒ Recommend plan to taper to monotherapy. Name medications: _____ ☐ Augmentation of Clozapine

☐ Written in Doctors' Orders) ☐ Need for depot ☐ Symptom reduction ☐ Other augmentation ☐ Admitted on multiple antipsychotic medications

Discharge Medications to include: dosage strength, drug route, dosage time(s), instructions, indication for use, taper instructions (if applicable) and/or other recommendations concerning medication for next provider.

☑ D/C all PRNS upon discharge ☐ Provide 7 day supply ☑ Call in a 30 day supply to preferred Pharmacy. QID & meds.

The medications listed below have been reconciled with current meds and reviewed with the patient.

Medications and Indications:
① Refused SSRI therapy
② advised to possible use lower doses of Seroquel - if possible

Labs pending? Yes ☐ No ☐ Which? _____ *Contact Health Records at 985-626-6615*

FDA Approved Smoking Cessati ☐ ☐ No ☐ Yes :

SIGNATURES: _____ Date: 10/16/17 Time: 1030

NORTHLAKE BEHAVIORAL HEALTH
Doctor's Discharge Order Sheet

NBHS-DDOS (11/16)

FILE COPY

BODIN, JEFFREY
ADM:10/11/2017
W/M
Rel. Unk
NBHS

00032982-001
DOB:05/22/1997
SPLANADE 1 O10306
DR:J RODRIGUEZ
ST. TAMMANY

SCANNED

NORTHLAKE BEHAVIORAL HEALTH SYSTEM

CRISIS CARD

In a crisis, call 911 or go to the nearest emergency room.

National Suicide Prevention Lifeline	1-800-273-8255
Louisiana Suicide and Crisis Hotlines	1-800-784-2433
Via Link Cope Line	1-800-749-2673
Statewide Domestic Violence Hotline	1-888-411-1333
National Domestic Abuse Hotline	1-800-799-7233
Center for Substance Abuse Treatment	1-800-662-4357
National Child Abuse Hotline	1-800-4-A-CHILD

PREVENTING RELAPSE

Keep your clinic appointments

Take medications as directed

If you are bothered by side effects, tell your Doctor

Don't stop your medication because you are feeling good

Be alert to your symptoms

Tell your MD right away if symptoms are returning

Stay away from alcohol and street drugs

NS-84

10/16/17

RECOGNIZING EMOTIONAL AND SUICIDAL SIGNS

(Adapted from suicidology.org)

There are no typical signs to determine if a person will commit suicide. However, there are some common signs that can help save a life. A suicidal person may:

- Talk about committing suicide.
- Have trouble eating/sleeping.
- Have drastic behavior changes.
- Not interact with friends and family.
- Lose interest in social activities, hobbies, and work.
- Prepare for death by making final arrangements.
- Give away prized possessions.
- Have attempted suicide before.
- Take dangerous risks.
- Have had severe losses, such as the death of a friend, family member, or loved one.
- Be preoccupied with death and dying.
- Lose interest in their personal appearance.
- Shows depression, extreme boredom, unusual sadness, and loneliness.
- Shows confusion, perfectionism, panic or anxiety, chronic pain (such as headaches), and restlessness.
- A suicidal person is unable to think clearly, make decisions, see any way out, get out of the depression, get someone's attention, make the sadness go away, see themselves as worthwhile.
- Have increased use of drugs and/or alcohol.

SOME STATISTICS

(Adapted from the Centers for Disease Control, National Center for Injury Prevention and Control)

- Suicide is a leading cause of death, especially in young people (age 15-24) and older adults.
- Males are more likely than females to commit suicide but females are more likely to attempt suicide.
- Almost all people who kill themselves have a diagnosable mental or substance use disorder; the majority has more than one.

WHAT YOU CAN DO

(Adapted from suicidology.org)

- Be direct. Talk openly and candidly about suicide.
- Listen, allow expression of feelings, accept the feelings, and be non-judgmental.
- Don't debate rights or wrongs, good or bad, or life's value.
- Get involved, be available, and show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. Don't be sworn to secrecy. Seek support.
- Offer hope of alternatives and not meaningless reassurance.
- Take action. Remove means to suicide, such as guns or pills.
- Get help from persons specializing in suicide prevention, such as a mental health agency, a private therapist, counselor, psychologist, or a suicide crisis center or hotline. Get help and call the National Suicide Prevention Lifeline toll-free at 1-800-273-TALK.

ABOUT HOME SAFETY

Child safety is important. All parents need to learn how to keep your child (or children) safe inside and outside of the home environment. In addition, parents should know what to do in case of an emergency, what items to keep in a first aid kit, where to call for emergency help, and so much more.

This flyer has been designed to help you understand important information as it relates to preventing accidents or injuries in or around your home.

Accidents and injuries can occur anywhere, and they are the leading cause of hospitalizations and deaths in children. To see if your home environment is safe, review this checklist (adapted from KidsHealth.org)

- ☐ Are knives, forks, scissors, and sharp tools in drawers with safety latches?*
- ☐ Are all vitamin, aspirin, or medicine bottles stored in a cabinet out of reach of children and teenagers?*
- ☐ Are bottles of alcohol out of reach of children and teenagers?*
- ☐ Are razors, blades, and sharp tools stored in a locked cabinet?*
- ☐ Are there nonskid strips at the bottom of bathtubs or showers?
- ☐ Are all space heaters working properly and have safety frills in place?
- ☐ Are there safety bars on upstairs windows?
- ☐ Has your home been tested for lead (especially for older homes)?
- ☐ Are all guns safety locked in a gun cabinet or out of reach of children & teenagers & not kept in a car?*
- ☐ Have you removed poisonous houseplants from the home?
- ☐ Are all gardening tools and fertilizers kept out of reach?
- ☐ Are all household cleaners stored out of reach?

*** Important if a child is suicidal**

SAFETY TIPS TO PROTECT YOUR HOME ENVIRONMENT

- Make safety improvements around the home.
- Plan for emergencies – know CPR, have a first aid kit, have a contact person to call.
- Keep emergency numbers close by – know your emergency medical services, fire and police department, hospital, your child's doctor, a neighbor or friend, and the poison control center (LA – 1-800-256-9822).
- Keep sharp utensils out of reach of children and teenagers.
- Check stairways for security.
- Avoid smoking, especially around children.
- Never overload electrical outlets.
- Have a fire escape plan.
- Practice good personal hygiene.
- Keep medications out of reach of children and teenagers.
- Keep guns out of reach of children and teenagers.
- Recognize physical, emotional, and suicidal behaviors in children and teenagers.

Louisiana
HMO Louisiana

NEW DIRECTIONS

JEFFREY BODIN
528 BEAU CHENE DRIVE
MANDEVILLE, LA 70471

00111

10/17/2017

Member Name: JEFFREY BODIN
Group Number: 77307FF40000
Member ID Number: 200597860
Case Reference #: 0901458
Insurance or Claims Administrator: Blue Cross and Blue Shield of Louisiana

Dear JEFFREY BODIN,

New Directions Behavioral Health® ("New Directions") performs managed behavioral health care services on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. We are responsible for reviewing behavioral health service requests to ensure they are appropriate and medically necessary. Under the terms, conditions, and limitations of your health plan contract, a service must be medically necessary to be covered. A service that is "medically necessary" is one that provides safe and adequate care in the least restrictive and most appropriate setting.

New Directions has completed its review of all the medical information provided regarding the care for JEFFREY BODIN. This letter confirms that New Directions has authorized the following service(s)/procedure(s) as medically necessary:

Facility:	**SOUTHEAST LA STATE HOSP TREATMENT SERVICE CDU**
Service/Procedure:	Inpatient Day- Mental Health
Admission Date:	10/11/2017
Effective Date(s) of Authorization:	10/11/2017 through 10/17/2017
Next Anticipated Review Date:	10/17/2017
Days Authorized to Date:	6

11100

Please be aware that this authorization only determines that the requested service is medically necessary and does not guarantee payment of benefits. Payment is also subject to the terms of your health plan policy and benefit limitations and/or exclusions at the time the services are delivered.

If you have any questions regarding this information, please contact New Directions at 877-317-4847.

Sincerely,

Behavioral Health Services

cc: SOUTHEAST LA STATE HOSP TREATMENT SERVICE CDU
Jose Rodriguez

11200

Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Nondiscrimination Notice
Discrimination is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

Blue Cross and Blue Shield of Louisiana and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, you can call the Customer Service number on the back of your ID card or email **MeaningfulAccessLanguageTranslation@bcbsla.com**. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Blue Cross, one of its subsidiaries or your employer-insured health plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps;

1. **If you are fully insured through Blue Cross, file a grievance with Blue Cross by mail, fax, or email.**

   Section 1557 Coordinator
   P. O. Box 98012
   Baton Rouge, LA 70898-9012
   225-298-7238 or 1-800-711-5519 (TTY 711)
   Fax: 225-298-7240
   Email: Section1557Coordinator@bcbsla.com

2. **If your employer owns your health plan and Blue Cross administers the plan, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Blue Cross or owned by your employer, go to www.bcbsla.com/checkmyplan.**

Whether Blue Cross or your employer owns your plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Or

Electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.** Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html.**

11300

B1MK6446 9/16

NOTICE

Free language services are available. If needed, please call the Customer Service number on the back of your ID card. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios lingüísticos gratuitos. De necesitarlos, por favor, llame al número del Servicio de Atención al Cliente que aparece en el reverso de su tarjeta de identificación. Clientes con dificultades auditivas, llamen al 1-800-711-5519 (TTY 711).

Des services linguistiques gratuits sont disponibles. Si nécessaire, veuillez appeler le numéro du Service clientèle figurant au verso de votre carte d'identification. Si vous souffrez d'une déficience auditive, veuillez appeler le 1-800-711-5519 (TTY 711).

Có dịch vụ thông dịch miễn phí. Nếu cần, xin vui lòng gọi cho Phục Vụ Khách Hàng theo số ở mặt sau thẻ ID của quý vị. Khách hàng nào bị suy giảm thính lực hãy gọi số 1-800-711-5519 (TTY 711).

我们为您提供免费的语言服务。如有需要，请致电您 ID 卡背面的客户服务号码。听障客户请拨 1-800-711-5519（TTY 711）。

الخدمات اللغوية متاحة مجاناً. يرجى، إذا اقتضى الأمر، الاتصال برقم خدمة العملاء المدون على ظهر بطاقة التعريف الخاصة بك. إذا كنت تعاني من إعاقة في السمع، فيرجى الاتصال بالرقم 1-800-711-5519 (TTY 711).

Magagamit ang mga libreng serbisyo sa wika. Kung kinakailangan, pakitawagan ang numero ng Customer Service sa likod ng iyong ID kard. Para sa mga may kapansanan sa pandinig tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 서비스를 이용하실 수 있습니다. 필요한 경우 귀하의 ID 카드 뒤에 기재되어 있는 고객 서비스 번호로 연락하시기 바랍니다. 청각 장애가 있는 분은 1-800-711-5519 (TTY 711)로 연락하십시오.

Oferecemos serviços linguísticos grátis. Caso necessário, ligue para o número de Atendimento ao Cliente indicado no verso de seu cartão de identificação. Caso tenha uma deficiência auditiva, ligue para 1-800-711-5519 (TTY 711).

ພວກເຮົາມີບໍລິການແປພາສາໃຫ້ ຖ້າຫາກຕ້ອງການບໍລິການ, ກະລຸນາໂທຫາພະແນກບໍລິການລູກຄ້າຕາມເບີໃຫ້ຢູ່ ທາງຫຼັງບັດປະຈຳຕົວຂອງທ່ານ. ຖ້າຫາກທ່ານຫູບໍ່ດີ, ຂໍໃຫ້ໂທເບີ 1-800-711-5519 (TTY 711).

無料の言語サービスをご利用頂けます。あなたのIDカードの裏面に記載されているサポートセンターの電話番号までご連絡ください。聴覚障害がある場合は、1-800-711-5519 (TTY711)までご連絡ください。

زبان سے متعلق مفت خدمات دستیاب ہیں۔ اگر ضرورت ہو تو، براہ کرم اپنے آئی ڈی کارڈ کی پشت پر موجود کسٹمر سروس نمبر پر کال کریں۔ سمعی نقص والے کسٹمرز 1-800-711-5519 (TTY 711) پر کال کریں۔

Kostenlose Sprachdienste stehen zur Verfügung. Falls Sie diese benötigen, rufen Sie bitte die Kundendienstnummer auf der Rückseite Ihrer ID-Karte an. Hörbehinderte Kunden rufen bitte unter der Nummer 1-800-711-5519 (TTY 711) an.

خدمات رایگان زبان در دسترس است. در صورت نیاز، لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی تان درج شده است تماس بگیرید. مشتریانی که مشکل شنوایی دارند با شماره 1-800-711-5519 (TTY 711) تماس بگیرند.

Предлагаются бесплатные переводческие услуги. При необходимости, пожалуйста, позвоните по номеру Отдела обслуживания клиентов, указанному на оборотной стороне Вашей идентификационной карты. Клиенты с нарушениями слуха могут позвонить по номеру 1-800-711-5519 (Телефон с текстовым выходом: 711).

มีบริการด้านภาษาให้ใช้ได้ฟรี หากต้องการ โปรดโทรศัพท์ติดต่อฝ่ายการบริการลูกค้าตามหมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของท่าน สำหรับลูกค้าที่มีปัญหาทางการได้ยิน โปรดโทรศัพท์ไปที่หมายเลข 1-800-711-5519 (TTY 711)

11410

04BA041S 01/17

NORTHLAKE BEHAVIORAL HEALTH SYSTEM

Continuity of Care

Patient/Client/Resident Information:

Name: Jeffrey Bodin (Male)/Female DOB: 5/20/97 Race/Ethnicity C

Facility D/C to 528 Bear Chase Admit Date: 10/11/17 Discharge Date: 10/19/17

Address: Home City: Mandeville State: La ZIP: 70448

Parish: St. Tammany Home #: 985 264 5277 Cell # ~~985 264~~ 985 237 8362

Next of Kin: Mark Bodin Relationship: dad Contact # 985 845 0969

Medicaid # _____ Medicare # n/a Private Ins. Name/# BCBS

Legal Custody: n/a Contact Person: _____ Contact # n/a

Pending Charges: _____ Transported by: family

Clinical Information: Reason for admission/current need for services:

① Depression, unspecified

② HO ADHD

See attached Discharge Orders for Diagnoses Axis I thru V and Current Medications and Dosages:

Medications have been reviewed by the receiving provider: ☐ Y ☐ N ☐ Unavailable ☒ Read-Only

Take only those medications ordered at discharge. Inform your next health care provider regarding these current medications. For questions, healthcare providers may call 985-626-6300. Your physician is: Dr. Rodriguez

Follow-up Appointment(s) Information:

For your appointment(s) remember to bring: 1) all of your medication, 2) your social security number, 3) your insurance card (Medicaid, Medicare, other insurance), or proof of income (if you have no insurance). If you are unable to keep this appointment, please make every effort to contact the clinic to make further arrangements. **Scheduled:** ☒ **MH** ☐ **Medical/PC** ☐ **Substance Use** ☐ **Smoking Cessation** ☐ **Benefits** ☐ **Other** _____

1. **Your Mental Health follow-up appointment is scheduled at:**

Covington Behavioral Health IOP (Facility)

Address: 201 Greenbrian Blvd. Covington, La 70433 Ph. # 985 893 2170

Date: 10/20/17 Time: 12⁰⁰ with Intake Coordinator

OR go to the Walk-in Clinic available: Time: _____ Day: _____ Date: _____

2. **Other Follow-up Appointment(s) Information: (Medical/PCP, Substance Abuse, Tobacco Cessation etc.)**

Your _____ follow-up appointment is scheduled at _____

Date: _____ Time: _____ with _____

Your _____ follow-up appointment is scheduled at _____

Date: _____ Time: _____ with _____

Discharge Planner Signature: Ann Shinn, LCSW Date/Time: 10/19/17 @1145 Smoking Referral Over

3. **Labs Sent: Yes** X **No** _____ **NA** _____

The discharge medications were reviewed with patient/family and information sheets were provided.*	*RN/LPN Signature: _____ Date: _____

Comments: Pt declines substance abuse tx & smoking cessation.

I/we have received a copy of this Continuity of Care Information/Instructions, which includes a list of my discharge meds:

Parent/Guardian/Patient: Jeffrey Bodin Date: 10/19/17 Witness Ann Shinn, LCSW

ORIGINAL - PATIENT/GUARDIAN PHOTO COPY - Chart (For D/C to medical facility, provide copy with D/C Summary)

M-2 (01/17) (*Attachments: Home Safety; Crisis Card; Recognizing Signs of Suicide) RN Initials: ____

CURRENT: Height: 5' 7" Weight: 166 165 BMI: 16.6 BP: 95/67

ALLERGIES: (Incl. Drug & Food, Non-food, Non-drug allergies, food/drug reactions,) Lactose

AVOID OR DO NOT GIVE (REASON):

DATE: 10/19/17 TIME: 1130 DISCHARGE TIME: 1200

DISCHARGE TO: Home

PSYCHIATRIC DIAGNOSES: - Depression unspecified
- H/o ADHD

MEDICAL DIAGNOSES: H/o Narcolepsy · Migraine · Neuropathy

Activities: Regular ☑ Restricted ☐ Advanced Directive? Yes ☐ No ☑ Attach

FOLLOW-UP: Medical PCP for medical problem

Behavioral Health: Y to follow up

MEDICATION MANAGEMENT: Applies only to patients on two (2) or more anti-psychotics: N/A

History of 3 or more Failed Trials of Monotherapy ☐ NO ☐ YES Specify meds:

If YES, Indicate the Number of Failed Trials_____ Justification: (Select only one reason):

☐ Recommend plan to taper to monotherapy. Name medications: _____ ☐ Augmentation of Clozapine
(written in Doctors' Orders) Need for depot Symptom reduction Other augmentation Admitted on multiple antipsychotic medications

Discharge Medications to include: dosage strength, drug route, dosage time(s), instructions, indication for use, taper instructions (if applicable) and/or other recommendations concerning medication for next provider.

☒ D/C all PRNS upon discharge ☐ Provide 7 day supply ☒ Call in a 30 day supply to preferred Pharmacy.

The medications listed below have been reconciled with current meds and reviewed with the patient.

Medications and Indications: Mirtazapine 15 mg 1 po daily-QHS (Remeron)
(Depression)

called to Walgreens
985-674-2551

SCANNED

Labs pending? Yes ☐ No ☒ Which? _____ Contact Health Records at 985-626-6615

FDA Approved Smoking Cessati ☐ ☒ No ☐ Yes :

SIGNATURES: _____ Date: 10/19/17 Time: 1125

NORTHLAKE BEHAVIORAL HEALTH
Doctor's Discharge Order Sheet

NBHS-DDOS (11/16)

BODIN, JEFFREY 00032982-001
ADM:10/11/2017 DOB:05/22/1997
W/M SPLANADE 1 O10306
Rel. Unk DR:J RODRIGUEZ
NBHS ST. TAMMANY

10/19/17
11:53

Name: Room:
Medication: MIRTAZAPINE

What is this medicine?

MIRTAZAPINE (mir TAZ a peen) is used to treat depression. This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

What should I tell my health care provider before I take this medicine?

They need to know if you have any of these conditions: bipolar disorder kidney or liver disease phenylketonuria suicidal thoughts an unusual or allergic reaction to mirtazapine, other medicines, foods, dyes, or preservatives pregnant or trying to get pregnant breast-feeding

How should I use this medicine?

Take this medicine by mouth. Follow the directions on the prescription label. These tablets are made to dissolve in the mouth. Place the tablet in the mouth and allow it to dissolve, then swallow. You can take these tablets with water, but you do not have to. Take your medicine at regular intervals. Do not take your medicine more often than directed. Do not stop taking this medicine suddenly except upon the advice of your doctor. Stopping this medicine too quickly may cause serious side effects or your condition may worsen. A special MedGuide will be given to you by the pharmacist with each prescription and refill. Be sure to read this information carefully each time. Talk to your pediatrician regarding the use of this medicine in children. Special care may be needed. Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at once. NOTE: This medicine is only for you. Do not share this medicine with others.

What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

What may interact with this medicine?

Do not take this medicine with any of the following medications: linezolid MAOIs like Carbex, Eldepryl, Marplan, Nardil, and Parnate methylene blue (injected into a vein) This medicine may also interact with the following medications: alcohol antiviral medicines for HIV or AIDS certain medicines that treat or prevent blood clots like warfarin certain medicines for depression, anxiety, or psychotic disturbances certain medicines for fungal infections like ketoconazole and itraconazole certain medicines for migraine headache like almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan certain medicines for seizures like carbamazepine or phenytoin certain medicines for sleep cimetidine erythromycin fentanyl lithium medicines for blood pressure nefazodone rasagiline rifampin supplements like St. John's wort, kava kava, valerian tramadol tryptophan This list may not describe all possible interactions. Give your health care provider a list of all the medicines, herbs, non-prescription drugs, or dietary

supplements you use. Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

What side effects may I notice from receiving this medicine?

Side effects that you should report to your doctor or health care professional as soon as possible: allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue breathing problems confusion fever, sore throat, or mouth ulcers or blisters flu like symptoms including fever, chills, cough, muscle or joint aches and pains stomach pain with nausea and/or vomiting suicidal thoughts or other mood changes swelling of the hands or feet unusual bleeding or bruising unusually weak or tired vomiting Side effects that usually do not require medical attention (report to your doctor or health care professional if they continue or are bothersome): constipation increased appetite weight gain This list may not describe all possible side effects. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What should I watch for while using this medicine?

Tell your doctor if your symptoms do not get better or if they get worse. Visit your doctor or health care professional for regular checks on your progress. Because it may take several weeks to see the full effects of this medicine, it is important to continue your treatment as prescribed by your doctor. Patients and their families should watch out for new or worsening thoughts of suicide or depression. Also watch out for sudden changes in feelings such as feeling anxious, agitated, panicky, irritable, hostile, aggressive, impulsive, severely restless, overly excited and hyperactive, or not being able to sleep. If this happens, especially at the beginning of treatment or after a change in dose, call your health care professional. You may get drowsy or dizzy. Do not drive, use machinery, or do anything that needs mental alertness until you know how this drug affects you. Do not stand or sit up quickly, especially if you are an older patient. This reduces the risk of dizzy or fainting spells. Alcohol may interfere with the effect of this medicine. Avoid alcoholic drinks.
This medicine may cause dry eyes and blurred vision. If you wear contact lenses you may feel some discomfort. Lubricating drops may help. See your eye doctor if the problem does not go away or is severe. Your mouth may get dry. Chewing sugarless gum or sucking hard candy, and drinking plenty of water may help. Contact your doctor if the problem does not go away or is severe.

Where should I keep my medicine?

Keep out of the reach of children. Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F) Protect from light and moisture. Throw away any unused medicine after the expiration date. NOTE:This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

mir TAZ a peen

10/19/17

ABOUT HOME SAFETY

Child safety is important. All parents need to learn how to keep your child (or children) safe inside and outside of the home environment. In addition, parents should know what to do in case of an emergency, what items to keep in a first aid kit, where to call for emergency help, and so much more.

This flyer has been designed to help you understand important information as it relates to preventing accidents or injuries in or around your home.

Accidents and injuries can occur anywhere, and they are the leading cause of hospitalizations and deaths in children. To see if your home environment is safe, review this checklist (adapted from KidsHealth.org)

- ☐ Are knives, forks, scissors, and sharp tools in drawers with safety latches?*
- ☐ Are all vitamin, aspirin, or medicine bottles stored in a cabinet out of reach of children and teenagers?*
- ☐ Are bottles of alcohol out of reach of children and teenagers?*
- ☐ Are razors, blades, and sharp tools stored in a locked cabinet?*
- ☐ Are there nonskid strips at the bottom of bathtubs or showers?
- ☐ Are all space heaters working properly and have safety frills in place?
- ☐ Are there safety bars on upstairs windows?
- ☐ Has your home been tested for lead (especially for older homes)?
- ☐ Are all guns safety locked in a gun cabinet or out of reach of children & teenagers & not kept in a car?*
- ☐ Have you removed poisonous houseplants from the home?
- ☐ Are all gardening tools and fertilizers kept out of reach?
- ☐ Are all household cleaners stored out of reach?

*** Important if a child is suicidal**

SAFETY TIPS TO PROTECT YOUR HOME ENVIRONMENT

- Make safety improvements around the home.
- Plan for emergencies – know CPR, have a first aid kit, have a contact person to call.
- Keep emergency numbers close by – know your emergency medical services, fire and police department, hospital, your child's doctor, a neighbor or friend, and the poison control center (LA – 1-800-256-9822).
- Keep sharp utensils out of reach of children and teenagers.
- Check stairways for security.
- Avoid smoking, especially around children.
- Never overload electrical outlets.
- Have a fire escape plan.
- Practice good personal hygiene.
- Keep medications out of reach of children and teenagers.
- Keep guns out of reach of children and teenagers.
- Recognize physical, emotional, and suicidal behaviors in children and teenagers.

RECOGNIZING EMOTIONAL AND SUICIDAL SIGNS

(Adapted from suicidology.org)

There are no typical signs to determine if a person will commit suicide. However, there are some common signs that can help save a life. A suicidal person may:

- Talk about committing suicide.
- Have trouble eating/sleeping.
- Have drastic behavior changes.
- Not interact with friends and family.
- Lose interest in social activities, hobbies, and work.
- Prepare for death by making final arrangements.
- Give away prized possessions.
- Have attempted suicide before.
- Take dangerous risks.
- Have had severe losses, such as the death of a friend, family member, or loved one.
- Be preoccupied with death and dying.
- Lose interest in their personal appearance.
- Shows depression, extreme boredom, unusual sadness, and loneliness.
- Shows confusion, perfectionism, panic or anxiety, chronic pain (such as headaches), and restlessness.
- A suicidal person is unable to think clearly, make decisions, see any way out, get out of the depression, get someone's attention, make the sadness go away, see themselves as worthwhile.
- Have increased use of drugs and/or alcohol.

SOME STATISTICS

(Adapted from the Centers for Disease Control, National Center for Injury Prevention and Control)

- Suicide is a leading cause of death, especially in young people (age 15-24) and older adults.
- Males are more likely than females to commit suicide but females are more likely to attempt suicide.
- Almost all people who kill themselves have a diagnosable mental or substance use disorder; the majority has more than one.

WHAT YOU CAN DO

(Adapted from suicidology.org)

- Be direct. Talk openly and candidly about suicide.
- Listen, allow expression of feelings, accept the feelings, and be non-judgmental.
- Don't debate rights or wrongs, good or bad, or life's value.
- Get involved, be available, and show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. Don't be sworn to secrecy. Seek support.
- Offer hope of alternatives and not meaningless reassurance.
- Take action. Remove means to suicide, such as guns or pills.
- Get help from persons specializing in suicide prevention, such as a mental health agency, a private therapist, counselor, psychologist, or a suicide crisis center or hotline. Get help and call the National Suicide Prevention Lifeline toll-free at 1-800-273-TALK.

NORTHLAKE BEHAVIORAL HEALTH SYSTEM

NORTHLAKE BEHAVIORAL HEALTH SYSTEM

CRISIS CARD

In a crisis, call 911 or go to the nearest emergency room.

National Suicide Prevention Lifeline	1-800-273-8255
Louisiana Suicide and Crisis Hotlines	1-800-784-2433
Via Link Cope Line	1-800-749-2673
Statewide Domestic Violence Hotline	1-888-411-1333
National Domestic Abuse Hotline	1-800-799-7233
Center for Substance Abuse Treatment	1-800-662-4357
National Child Abuse Hotline	1-800-4-A-CHILD

PREVENTING RELAPSE

Keep your clinic appointments

Take medications as directed

If you are bothered by side effects, tell your Doctor

Don't stop your medication because you are feeling good

Be alert to your symptoms

Tell your MD right away if symptoms are returning

Stay away from alcohol and street drugs

NS-84

Louisiana
HMO Louisiana

NEW DIRECTIONS

JEFFREY BODIN
528 BEAU CHENE DRIVE
MANDEVILLE, LA 70471

00074

10/20/2017

Member Name: JEFFREY BODIN
Group Number: 77307FF40000
Member ID Number: 200597860
Case Reference #: 0901458
Insurance or Claims Administrator: Blue Cross and Blue Shield of Louisiana

Dear JEFFREY BODIN,

New Directions Behavioral Health® ("New Directions") performs managed behavioral health care services on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. We are responsible for reviewing behavioral health service requests to ensure they are appropriate and medically necessary. Under the terms, conditions, and limitations of your health plan contract, a service must be medically necessary to be covered. A service that is "medically necessary" is one that provides safe and adequate care in the least restrictive and most appropriate setting.

New Directions has completed its review of all the medical information provided regarding the care for JEFFREY BODIN. This letter confirms that New Directions has authorized the following service(s)/procedure(s) as medically necessary:

Facility:	**SOUTHEAST LA STATE HOSP TREATMENT SERVICE CDU**
Service/Procedure:	Inpatient Day- Mental Health
Admission Date:	10/11/2017
Effective Date(s) of Authorization:	10/11/2017 through 10/19/2017
Next Anticipated Review Date:	10/19/2017
Days Authorized to Date:	8

74100

Please be aware that this authorization only determines that the requested service is medically necessary and does not guarantee payment of benefits. Payment is also subject to the terms of your health plan policy and benefit limitations and/or exclusions at the time the services are delivered.

If you have any questions regarding this information, please contact New Directions at 877-317-4847.

Sincerely,

Behavioral Health Services

cc: SOUTHEAST LA STATE HOSP TREATMENT SERVICE CDU
Jose Rodriguez

74200

Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Nondiscrimination Notice
Discrimination is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

Blue Cross and Blue Shield of Louisiana and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, you can call the Customer Service number on the back of your ID card or email **MeaningfulAccessLanguageTranslation@bcbsla.com**. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Blue Cross, one of its subsidiaries or your employer-insured health plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps;

1. **If you are fully insured through Blue Cross, file a grievance with Blue Cross by mail, fax, or email.**

   Section 1557 Coordinator
   P. O. Box 98012
   Baton Rouge, LA 70898-9012
   225-298-7238 or 1-800-711-5519 (TTY 711)
   Fax: 225-298-7240
   Email: Section1557Coordinator@bcbsla.com

2. **If your employer owns your health plan and Blue Cross administers the plan, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Blue Cross or owned by your employer, go to www.bcbsla.com/checkmyplan.**

74300

Whether Blue Cross or your employer owns your plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Or

Electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.** Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html.**

NOTICE

Free language services are available. If needed, please call the Customer Service number on the back of your ID card. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios lingüísticos gratuitos. De necesitarlos, por favor, llame al número del Servicio de Atención al Cliente que aparece en el reverso de su tarjeta de identificación. Clientes con dificultades auditivas, llamen al 1-800-711-5519 (TTY 711).

Des services linguistiques gratuits sont disponibles. Si nécessaire, veuillez appeler le numéro du Service clientèle figurant au verso de votre carte d'identification. Si vous souffrez d'une déficience auditive, veuillez appeler le 1-800-711-5519 (TTY 711).

Có dịch vụ thông dịch miễn phí. Nếu cần, xin vui lòng gọi cho Phục Vụ Khách Hàng theo số ở mặt sau thẻ ID của quý vị. Khách hàng nào bị suy giảm thính lực hãy gọi số 1-800-711-5519 (TTY 711).

我们为您提供免费的语言服务。如有需要，请致电您 ID 卡背面的客户服务号码。听障客户请拨 1-800-711-5519（TTY 711）。

الخدمات اللغوية متاحة مجاناً. يرجى، إذا اقتضى الأمر، الاتصال برقم خدمة العملاء المدون على ظهر بطاقة التعريف الخاصة بك.
إذا كنت تعاني من إعاقة في السمع، فيرجى الاتصال بالرقم 1-800-711-5519 (TTY 711).

Magagamit ang mga libreng serbisyo sa wika. Kung kinakailangan, pakitawagan ang numero ng Customer Service sa likod ng iyong ID kard. Para sa mga may kapansanan sa pandinig tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 서비스를 이용하실 수 있습니다. 필요한 경우 귀하의 ID 카드 뒤에 기재되어 있는 고객 서비스 번호로 연락하시기 바랍니다. 청각 장애가 있는 분은 1-800-711-5519 (TTY 711)로 연락하십시오.

Oferecemos serviços linguísticos grátis. Caso necessário, ligue para o número de Atendimento ao Cliente indicado no verso de seu cartão de identificação. Caso tenha uma deficiência auditiva, ligue para 1-800-711-5519 (TTY 711).

ພວກເຮົາມີບໍລິການພາສາໃຫ້ ໂທຫາໝາຍເລກ ຖ້າໂທຫາບໍລິການລູກຄ້າ ຕາມທີ່ຢູ່ໃນບັດ ID ຂອງທ່ານ. ຖ້າໂທຫາບໍ່ໄດ້, ຂໍໃຫ້ໂທ 1-800-711-5519 (TTY 711).

無料の言語サービスをご利用頂けます。あなたのIDカードの裏面に記載されているサポートセンターの電話番号までご連絡ください。聴覚障害がある場合は、1-800-711-5519 (TTY711)までご連絡ください。

زبان سے متعلق مفت خدمات دستیاب ہیں۔ اگر ضرورت ہو تو، براہ کرم اپنے آئی ڈی کارڈ کی پشت پر موجود کسٹمر سروس نمبر پر کال کریں۔ سمعی نقص والے کسٹمرز 1-800-711-5519 (TTY 711) پر کال کریں۔

Kostenlose Sprachdienste stehen zur Verfügung. Falls Sie diese benötigen, rufen Sie bitte die Kundendienstnummer auf der Rückseite Ihrer ID-Karte an. Hörbehinderte Kunden rufen bitte unter der Nummer 1-800-711-5519 (TTY 711) an.

خدمات رایگان زبان در دسترس است. در صورت نیاز، لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی تان درج شده است تماس بگیرید. مشتریانی که مشکل شنوایی دارند با شماره 1-800-711-5519 (TTY 711) تماس بگیرند.

Предлагаются бесплатные переводческие услуги. При необходимости, пожалуйста, позвоните по номеру Отдела обслуживания клиентов, указанному на оборотной стороне Вашей идентификационной карты. Клиенты с нарушениями слуха могут позвонить по номеру 1-800-711-5519 (Телефон с текстовым выходом: 711).

มีบริการด้านภาษาให้ใช้ได้ฟรี หากต้องการ โปรดโทรศัพท์ติดต่อฝ่ายการบริการลูกค้าตามหมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของท่าน สำหรับลูกค้าที่มีปัญหาทางการได้ยิน โปรดโทรศัพท์ไปที่หมายเลข 1-800-711-5519 (TTY 711)

74410

04BA0418 01/17

Louisiana
HMO Louisiana

NEW DIRECTIONS

JEFFREY BODIN
528 BEAU CHENE DRIVE
MANDEVILLE, LA 70471

00106

10/25/2017

Member Name: JEFFREY BODIN
Group Number: 77307FF40000
Member ID Number: 200597860
Case Reference #: 0904778
Insurance or Claims Administrator: Blue Cross and Blue Shield of Louisiana

Dear JEFFREY BODIN,

00090

New Directions Behavioral Health® ("New Directions") performs managed behavioral health care services on behalf of Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. We are responsible for reviewing behavioral health service requests to ensure they are appropriate and medically necessary. Under the terms, conditions, and limitations of your health plan contract, a service must be medically necessary to be covered. A service that is "medically necessary" is one that provides safe and adequate care in the least restrictive and most appropriate setting.

New Directions has completed its review of all the medical information provided regarding the care for JEFFREY BODIN. This letter confirms that New Directions has authorized the following service(s)/procedure(s) as medically necessary:

Facility:	**Greenbrier Behavioral Health**
Service/Procedure:	Intensive Outpatient (IOP) – Psych
Admission Date:	10/23/2017
Effective Date(s) of Authorization:	10/23/2017 through 11/6/2017
Next Anticipated Review Date:	11/6/2017
Days Authorized to Date:	6

Please be aware that this authorization only determines that the requested service is medically necessary and does not guarantee payment of benefits. Payment is also subject to the terms of your health plan policy and benefit limitations and/or exclusions at the time the services are delivered.

If you have any questions regarding this information, please contact New Directions at 877-317-4847.

Sincerely,

Behavioral Health Services

cc: Greenbrier Behavioral Health

06200

Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Nondiscrimination Notice
Discrimination is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

Blue Cross and Blue Shield of Louisiana and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, you can call the Customer Service number on the back of your ID card or email **MeaningfulAccessLanguageTranslation@bcbsla.com**. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Blue Cross, one of its subsidiaries or your employer-insured health plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps;

1. **If you are fully insured through Blue Cross, file a grievance with Blue Cross by mail, fax, or email.**

   Section 1557 Coordinator
   P. O. Box 98012
   Baton Rouge, LA 70898-9012
   225-298-7238 or 1-800-711-5519 (TTY 711)
   Fax: 225-298-7240
   Email: Section1557Coordinator@bcbsla.com

2. **If your employer owns your health plan and Blue Cross administers the plan, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Blue Cross or owned by your employer, go to www.bcbsla.com/checkmyplan.**

Whether Blue Cross or your employer owns your plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Or

Electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.** Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html.**

06300

NOTICE

Free language services are available. If needed, please call the Customer Service number on the back of your ID card. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios lingüísticos gratuitos. De necesitarlos, por favor, llame al número del Servicio de Atención al Cliente que aparece en el reverso de su tarjeta de identificación. Clientes con dificultades auditivas, llamen al 1-800-711-5519 (TTY 711).

Des services linguistiques gratuits sont disponibles. Si nécessaire, veuillez appeler le numéro du Service clientèle figurant au verso de votre carte d'identification. Si vous souffrez d'une déficience auditive, veuillez appeler le 1-800-711-5519 (TTY 711).

Có dịch vụ thông dịch miễn phí. Nếu cần, xin vui lòng gọi cho Phục Vụ Khách Hàng theo số ở mặt sau thẻ ID của quý vị. Khách hàng nào bị suy giảm thính lực hãy gọi số 1-800-711-5519 (TTY 711).

我们为您提供免费的语言服务。如有需要，请致电您 ID 卡背面的客户服务号码。听障客户请拨 1-800-711-5519（TTY 711）。

الخدمات اللغوية متاحة مجاناً. يرجى، إذا اقتضى الأمر، الاتصال برقم خدمة العملاء المدون على ظهر بطاقة التعريف الخاصة بك.
إذا كنت تعاني من إعاقة في السمع، فيرجى الاتصال بالرقم 1-800-711-5519 (TTY 711).

Magagamit ang mga libreng serbisyo sa wika. Kung kinakailangan, pakitawagan ang numero ng Customer Service sa likod ng iyong ID kard. Para sa mga may kapansanan sa pandinig tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 서비스를 이용하실 수 있습니다. 필요한 경우 귀하의 ID 카드 뒤에 기재되어 있는 고객 서비스 번호로 연락하시기 바랍니다. 청각 장애가 있는 분은 1-800-711-5519 (TTY 711)로 연락하십시오.

Oferecemos serviços linguísticos grátis. Caso necessário, ligue para o número de Atendimento ao Cliente indicado no verso de seu cartão de identificação. Caso tenha uma deficiência auditiva, ligue para 1-800-711-5519 (TTY 711).

ພວກເຮົາມີບໍລິການດ້ານພາສາໃຫ້ໂດຍບໍ່ເສຍຄ່າ. ຖ້າຫາກຕ້ອງການບໍລິການ,
ກະລຸນາໂທຫາເລກໝາຍບໍລິການລູກຄ້າຕາມດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ.
ຖ້າຫາກຫູບໍ່ດີ, ຂໍໃຫ້ໂທຫາ 1-800-711-5519 (TTY 711).

無料の言語サービスをご利用頂けます。あなたのIDカードの裏面に記載されているサポートセンターの電話番号までご連絡ください。聴覚障害がある場合は、1-800-711-5519 (TTY711)までご連絡ください。

زبان سے متعلق مفت خدمات دستیاب ہیں۔ اگر ضرورت ہو تو، براہ کرم اپنے آئی ڈی کارڈ کی پشت پر موجود
کسٹمر سروس نمبر پر کال کریں۔ سمعی نقص والے کسٹمرز 1-800-711-5519 (TTY 711) پر کال کریں۔

06410

Kostenlose Sprachdienste stehen zur Verfügung. Falls Sie diese benötigen, rufen Sie bitte die Kundendienstnummer auf der Rückseite Ihrer ID-Karte an. Hörbehinderte Kunden rufen bitte unter der Nummer 1-800-711-5519 (TTY 711) an.

خدمات رایگان زبان در دسترس است. در صورت نیاز، لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی تان درج شده است تماس بگیرید. مشتریانی که مشکل شنوایی دارند با شماره 1-800-711-5519 (TTY 711) تماس بگیرند.

Предлагаются бесплатные переводческие услуги. При необходимости, пожалуйста, позвоните по номеру Отдела обслуживания клиентов, указанному на оборотной стороне Вашей идентификационной карты. Клиенты с нарушениями слуха могут позвонить по номеру 1-800-711-5519 (Телефон с текстовым выходом: 711).

ฝ่ายบริการด้านภาษาให้ใช้ได้ฟรี หากต้องการ โปรดโทรศัพท์ติดต่อฝ่ายการบริการลูกค้าตามหมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของท่าน
สำหรับลูกค้าที่มีปัญหาทางการได้ยิน โปรดโทรศัพท์ไปที่หมายเลข 1-800-711-5519 (TTY 711)

04BA0418 01/17