F

TAB

REDACTED

G

TAG G

List of witnesses to be interviewed

1. [redacted] – Blood Bank
2. [redacted] – HIV Coordinator
3. [redacted] – Micro Section
4. [redacted] Chemistry Section
5. [redacted] – Senior Medical Tech
6. [redacted] – Chief of Laboratory Services
7. Richard Blunden- Pharmacist

H

TAB H

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Guthrie Ambulatory Health Clinic	2007, June 11	1015	

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

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

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

1. *As a part of your job explain the process for identifying individuals eligible to receive laboratory services.*
Name, Social Sec #, Birthdate - Ask for Dr's orders either handwritten or in CHCS.

2. *In the time that you have been working in the laboratory, have you witnessed Mr. Richard Blunden using laboratory services?*
I cannot remember seeing Mr. Blunden

3. *Have you ever seen lab orders in CHCS for Mr. Richard Blunden?*
No

4. *Have you seen lab orders where Mr. Richard Blunden appeared as the order Health Care Provider?*
No

5 *Have you ever drawn blood from Mr. Richards Blunden?*
I have a visual memory of drawing his blood but cannot say positively.
Have you ever processed specimens labeled with Mr. Richard Blunden's name?
I have a visual memory of labeling specimens but cannot say positively.

7. *Do you ever recall seeing lab results in CHCS for Mr. Richard Blunden?*
NO I cannot recall this.

8. *Have you ever processed specimens labeled with Mr. Richard Blunden's name or patient identification number for shipment to an outside laboratory?*
No I cannot recall this.

9. *Have you ever received specimen results/reports for lab work completed on Mr. Richard Blunden from outside of this facility?*
No I cannot recall this.

10. *Have you ever entered lab results/reports into CHCS on specimens labeled with Mr. Richard Blunden's name or other patient identifiers?*
Although I cannot positively affirm Mr. Blunden using LAB Services - I do have a "visual" of drawing this gentlemans blood.

Nothing Follows

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

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

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

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

STATEMENT OF _____ TAKEN AT _____ DATED _____

STATEMENT *(Continued)*

Nothing Follows -

[redacted]

INITIALS OF PERSON MAKING STATEMENT [redacted]

STATEMENT OF _____ TAKEN AT _____ DATED _____

STATEMENT *(Continued)*

Nothing follows

[redacted]

AFFIDAVIT

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

[redacted]

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

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

[redacted]

(Signature of Person Administering Oath)

[redacted]

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [redacted]

PAGE 3 OF 3 PAGES

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

REPLY TO
ATTENTION OF

MCID-AN

11 June 2007

MEMORANDUM FOR RECORD

SUBJECT: Informal Investigation Interview – [redacted]

1. During a witness interview with [redacted], lab technician, indicated that she cannot positively state that she drew labs on Mr. Blunden. [redacted] believes that at some point in the past, she has drawn Mr. Blunden's lab work and labeled the specimens for processing. [redacted] was not able to recall what the circumstances were or give a time frame when lab work would have been drawn. [redacted] stated that she did not recall seeing orders in CHCS I for Mr. Blunden but refers to the lab Standard Operating Procedure to draw lab work if there are active order in the computer after checking t he patients name, identification card, social security number, date of birth.

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

[redacted]
Investigating Officer

I

TAB 1

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Guthrie Ambulatory Health Clinic	06/11/07	10:40AM	

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

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

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

1. *As a part of your job explain the process for identifying individuals eligible to receive laboratory services.*
check computer system, to insure the pt are the correct in their ID.

2. *In the time that you have been working in the laboratory, have you witnessed Mr. Richard Blunden using laboratory services?*
yes, ~~since~~ bld drawn beginning last yr.

3. *Have you ever seen lab orders in CHCS for Mr. Richard Blunden?*
no

4. *Have you seen lab orders where Mr. Richard Blunden appeared as the order Health Care Provider?*
no

5 *Have you ever drawn blood from Mr. Richards Blunden?*
yes

Have you ever processed specimens labeled with Mr. Richard Blunden's name?
last yr. just once

7. *Do you ever recall seeing lab results in CHCS for Mr. Richard Blunden?*
no

8. *Have you ever processed specimens labeled with Mr. Richard Blunden's name or patient identification number for shipment to an outside laboratory?*
no

9. *Have you ever received specimen results/reports for lab work completed on Mr. Richard Blunden from outside of this facility?*
no

10. *Have you ever entered lab results/reports into CHCS on specimens labeled with Mr. Richard Blunden's name or other patient identifiers?*
no

nothing follows [redacted]

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

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

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

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

STATEMENT OF _____ TAKEN AT _____ DATED _____

J. STATEMENT *(Continued)*

nut follows

INITIALS OF PERSON MAKING STATEMENT
[redacted]

PAGE 2 OF 3 PAGES

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT *(Continued)*

nothing follows

AFFIDAVIT

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

[redacted]

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

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

at Guthrie Ambulatory [illegible]

[redacted]

(Signature of Person Administering Oath)

[redacted]

(Typed Name of Person Administering Oath)

[redacted] *(Authority To Administer Oaths)*

INITIALS OF PERSON MAKING STATEMENT [redacted]

PAGE 3 OF 3 PAGES

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

REPLY TO
ATTENTION OF

MCID-AN

11 June 2007

MEMORANDUM FOR RECORD

SUBJECT: Informal Investigation Interview – [redacted]

1. During a witness interview with [redacted], lab technician, she indicated that in the early part of 2006, she did indeed draw the blood of Mr. Richard Blunden. She stated that Mr. Blunden asked her if he could get his blood drawn. [redacted] stated that she would draw his blood as a favor to him as he was an employee of the MEDDAC. She also stated that it was probably wrong to draw Mr. Blunden's blood as he was not a beneficiary. [redacted] stated that Mr. Blunden's lab work was run but she did not believe it was entered into CHCS. [redacted] also stated that she had mentioned to the lab leadership that other MEDDAC employees who were not beneficiaries were also having lab work performed in the MEDDAC lab. [redacted] stated that she felt when she spoke up about non beneficiaries accessing lab services; she was labeled as a "trouble maker."

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

[redacted]
Investigating Officer

J

TAB 4

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

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

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Guthrie Ambulatory Health Clinic	20070611	1117	

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

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

9. [redacted]

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

1. *As a part of your job explain the process for identifying individuals eligible to receive laboratory services.*
We ask for patient's ID card

2. *In the time that you have been working in the laboratory, have you witnessed Mr. Richard Blunden using laboratory services?*
No Don't recall

3. *Have you ever seen lab orders in CHCS for Mr. Richard Blunden?*
No

4. *Have you seen lab orders where Mr. Richard Blunden appeared as the order Health Care Provider?*
I think I have seen orders with his name as the HCP but I am not positive

5 *Have you ever drawn blood from Mr. Richards Blunden?*
No

Have you ever processed specimens labeled with Mr. Richard Blunden's name?
No

7. *Do you ever recall seeing lab results in CHCS for Mr. Richard Blunden?*
No

8. *Have you ever processed specimens labeled with Mr. Richard Blunden's name or patient identification number for shipment to an outside laboratory?* No

9. *Have you ever received specimen results/reports for lab work completed on Mr. Richard Blunden from outside of this facility?*
Not that I recall

10. *Have you ever entered lab results/reports into CHCS on specimens labeled with Mr. Richard Blunden's name or other patient identifiers?*
Not that I recall

Nothing follows [redacted]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 7 PAGES
	[redacted]	

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

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STATEMENT OF _____ TAKEN AT _____ DATED _____

3. STATEMENT *(Continued)*

Nothing follows

INITIALS OF PERSON MAKING STATEMEN[redacted]

PAGE 2 OF 3 PAGES

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT *(Continued)*

[redacted]

Nothing follows

AFFIDAVIT

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

[redacted]

(Signature of Person Making Statement)

WITNESSES:

_____

_____

_____

ORGANIZATION OR ADDRESS

_____

_____

_____

ORGANIZATION OR ADDRESS

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

[redacted]

(Signature of Person Administering Oath)

[redacted]

(Typed Name of Person Administering Oath)

[redacted] *(Authority To Administer Oaths)*

INITIALS OF PERSON MAKING STATEMENT [redacted]

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

REPLY TO
ATTENTION OF

MCID-AN

11 June 2007

MEMORANDUM FOR RECORD

SUBJECT: Informal Investigation Interview – [redacted]

1. During a witness interview with [redacted] lab technician, indicated that she cannot positively state that she drew labs on Mr. Blunden. [redacted] thinks that she recalls seeing orders with Mr. Blunden's name appearing as the health care provider. [redacted] was not able to give a time frame when orders were present in CHCS I.

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

[redacted]
Investigating Officer