

Commonwealth of Massachusetts **Board of Registration in Medicine**

200 Harvard Mill Square, Suite 330 Wakefield, Massachusetts 01880 (781) 876-8200

January 20, 2017

www.mass.gov/massmedboard

Enforcement Division Fax: (781) 876-8381 Legal Division Fax: (781) 876-8380

Licensing Division Fax: (781) 876-8383

CANDACE LAPIDUS SLOANE, MD Chair, Physician Member

KATHLEEN SULLIVAN MEYER, ESQ.

Vice Chair, Public Member

MICHAEL HENRY, MD Secretary, Physician Member

JOSEPH CARROZZA, MD Physician Member

WOODY GIESSMANN, LADC-I, CADC, CIP, CAI Public Member

> ROBIN S. RICHMAN, MD Physician Member

GEORGE ABRAHAM, MD Physician Member

GEORGE ZACHOS, ESQ

Executive Director

CHARLES D. BAKER Governor

KARYN E. POLITO Lieutenant Governor

MARYLOU SUDDERS Secretary Health and Human Services

MONICA BHAREL, MD, MPH

Commissioner Department of Public Health

> Michael Langan, M.D. Mllangan7371@gmail.com

Re: PRR 2017.01.10 and 2017.01.11—Documents Related to Suspension

Dear Dr. Langan:

The Commonwealth of Massachusetts, Board of Registration in Medicine ("BORIM") hereby responds to the above references public requests, received on either January 10, 2017 or January 11, 2017. In a series of emails, you requested multiple documents related to your suspension by BORIM. Specifically your email requests are as follows:

Request # 1: I am requesting that an indexed and dated copy of the attached letter from Attorney William Burgess be provided that reflects when and if it was presented or considered by the Board. (This refers to a June 6, 2013 letter from the Appignani Humanist Legal Center).

Request # 2: I am requesting under the new records reform act that the following report from Dr. Patricia Recupero from December 2013 be provided as an indexed copy from the administrative record and with a legible date stamp. As this is an 87-page report the first few pages should suffice. As you are aware administrative law requires that materials submitted for board hearings in compiling the administrative record must be date-stamped as they are entered. I am requesting that the earliest copy of this document be provided and dated when it was first entered into the system as recorded by the digital imaging unit used to provide documents to the Board. (This refers to a psychiatric evaluation completed by Patricia Recupero, M.D.)

Request # 3: I request that the attached document dated 1/20/2015 be provided as an indexed copy from the Administrative Record compiled for an April 2015 Board hearing and with legible date-stamp. (This refers to a January 2015 Petition to Invalidate February 16, 2013 BORIM Order, suspending your license.)

Request # 4: Please see attached documents provided by the Board on June 8, 2016 in response to a records request. The five requested documents were provided but the date stamps are illegible on all but one which contains a semilegible date stamp (pages 3-49) that appears to be 01/17/12. Multiple requests for clarification of these dates have been ignored. I am requesting these documents be provided under the January 1st implementation of H.B. 4333 and with decipherable and legible dates as required by law. I also request that documents referred to by Assistant AGO Bryan Bertram in the attached screenshot be provided 1. Board record from December 21st 2011 Board Hearing 2. Board minutes from December 21, 2011 Board Hearing 3. Documents retrieved from "off-site" storage that predate the December 21, 2011 Board Hearing. (This request relates to BORIM's previous June 8, 2016 public records response to a prior request you made.)

Request # 5: I am writing to request confirmation of a Public Records Request under House Bill 4333 that I submitted through the Executive Office of Health and Human Services (EOHHS) Website on January 9, 2017. The request includes documents that were previously requested and provided by Board of Registration in Medicine (Board) paralegal Katy Condon on June 8, 2016 (see attached) but only one of the documents contained a decipherable date stamp; the December 3, 2011 "Litigation Packet" (pages 4-49). The dates on the remaining documents were either missing or illegible:

- December 3, 2011 USDTL "Litigation Packet"
- July 19, 2011 fax from PHS to USDTL
- July 19, 2011 USDTL Lab Report
- November 5, 2012 Letter from MGH Chief of Toxicology, Dr. James Flood
- USDTL Records received August 6, 2014
- October 4, 2012 appended PEth test

BORIM responds to each of these requests. Before doing so, however, BORIM notes that it has already provided to you copies of most these records. In addition, BORIM further notes that it is unclear what you mean by "indexed" copies. And by "administrative record" BORIM presumes that you mean the Administrative Record that was filed in connection with your judicial appeals. If so, BORIM would be happy to produce a full copy of the Corrected Administrative Record, filed in connection with SJ-2015-0267, *Michael L. Langan, M.D. v. Board of Registration in Medicine* (November 20, 2015). Moreover, the Board notes that it does not conduct "hearings" in the sense that witnesses testify. In addition, the Board notes that it attempted to obtain completely legible copies as you requested, and is providing the best possible copies.

Request # 1: A copy of this letter, as received by the Board, is being produced. The Board considers this request closed.

Request # 2: A copy of this report, as received by the Board, is being produced. The Board considers this request closed.

Request # 3: A copy of your Petition, as included in the aforementioned Administrative Record, is being produced. The Board considers this request closed.

Request # 4: This request seems to be asking for (1) more legible copies of documents previously sent to you, as well as new requests for (2) the Board's record for the December 21, 2011 meeting and the minutes from that meeting. It is unclear what you mean by Board's "record" from that meeting, as the Board does not have a stenographer present during its meetings. Alternatively, if you mean documents presented to the Board as part of the official record, the Board reiterates its offer to provide you with another copy of the Administrative Record, filed in connection with your appeal to a Single Justice of the Supreme Judicial Court. In response to this request, the Board is producing another copy of your Petition and its supporting documents. In addition, the Board is producing the minutes of that meeting. Please note, however, that minutes of an adjudicatory session of the Board are normally confidential and exempt from the disclosure under the public records pursuant to the Statutory Exemption, G.L. c. 4, § 7(26)(a), as these records are "by necessary implication exempted from disclosure..." Specifically, adjudicatory sessions are not subject to the Open Meeting Law. G.L. c. 30A, § 18; therefore, the adjudicatory minutes of this minutes are by necessary implication exempt from disclosure. As you are, however, the data subject, of the minutes as they pertain to you, the adjudicatory session minutes, are being produced pursuant to the Fair Information Practices Act, G.L. c. 66A. Please note that references to other cases have been redacted, pursuant to the aforementioned Fair Information Practices Act. As to your request for documents retrieved "off-site," this request is too vague for a response. The Board would be happy to work with you to narrow the scope of your request and to identify with specificity those documents you wish to obtain. The Board considers this request closed, in part, and open, in part. Specifically, to the extent that you can clarify what "off-site" documents you are seeking and clarify if you wish to obtain another copy of the Administrative Record in this matter the Board will consider this request open.

Request # 5: Copies of these documents, as they were received by the Board, are being produced. The Board considers this request closed.

Accordingly, the Board is producing 188 documents responsive to your requests.

¹ Again, the Board notes that it does not conduct formal hearings.

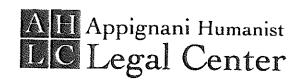
If you believe the agency has violated G.L. c. 66, § 10, pursuant to G.L. c. 66, § 10A, you may submit an appeal to the Supervisor of Public Records in the Office of the Secretary of the Commonwealth or seek judicial review by commencing a civil action in Suffolk Superior Court.

Sincerely,

Robert E. Harvey

Board Counsel

Secondary Records Access Officer



Board of Registration

1777 T Street NW, Washington DC 20009 7125 | T 800.837.3792 202.238.9088 | F 202.238.9003 | legal@americanhumanist.org | www.humanistlegal@mmodifine

June 6, 2013

Executive Office of Health and Human Services

Attn: John Polanowicz, Secretary of Health and Human Services One Ashburton Place 11th Floor Boston, MA 02108

Board of Registration in Medicine

Attn: Robert Harvey, Esq. cc: Kathleen S. Meyer, Candace L. Sloane, Gerald. B. Healy, Marianne E. Felice 200 Harvard Mill Sq., Suite 330 Wakefield, MA 01880

Physician Health Services, Inc.

Attn: Luis Sanchez, Director cc: Linda Bresnahan, Director of Program Operations, cc: Debra A. Grossbaum. 860 Winter Street Waltham, MA 02451

Re: Request for PHS Policy Change to Explicitly Make Secular Alternatives Known and Available

Ladies and Gentlemen:

In response to our letter to you dated April 8, 2013, a copy of which is attached for your convenience, we received a letter from PHS, dated April 16, 2013, indicating that PHS agrees that it must make secular programs available to those facing disciplinary action by the BRM. We appreciate these efforts to ensure that substance abuse treatment programs for physicians operate in compliance with the Constitution, which requires that no one be coerced into participating in any religious program, such as AA, NA or other 12-Step programs.

In order to improve this system as it operates in Massachusetts, however, this letter proposes a few changes that will bring the system fully in line with best practices. We request that PHS amend its official policy as to this issue to make it more explicitly clear to participants that secular programs, expressly identified as such, are available.

According to the PHS letter, it is PHS' policy to include the following provision in PHS Substance Use Monitoring Contracts:

9. SUPPORT GROUPS

I will attend Alcoholics Anonymous, Narcotics Anonymous, or other support

groups throughout the term of this contract. My choice of support group is subject to the approval of the director of PHS.

While the above language does leave open the possibility that one need not attend an AA or NA program, it does not make it clear to someone who is unaware of the nature of those programs that they are indeed inherently religious in nature. It also does not explain that "other support groups" includes specifically non-religious groups. SMART Recovery groups, for example, have already been approved by PHS, but this is not expressly stated in the contract language in the way that AA and NA are.

Given this lack of specificity in the policy's language, especially in light of the unequal bargaining power of the doctor facing suspension and the PHS and the BRM provisions discouraging any sort of negotiating with the PHS, the current policy does not adequately solve the coercion problem discussed in our previous letter. It should be clear to the reader both that AA and NA are religious in nature and that secular alternatives are approved and available.

We feel that the change to the language of the policy shown below in bold red text would solve this problem:

9. SUPPORT GROUPS

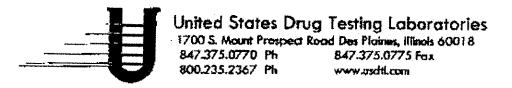
I will attend Alcoholics Anonymous, Narcotics Anonymous, or a secular alternative to these faith-based programs, such as SMART Recovery and Rational Recovery, or other approved support groups throughout the term of this contract. My choice of support group is subject to the approval of the director of PHS.

In addition, the "independent evaluation" list given to physicians should not be limited to Marworth Treatment Center, Hazeldon, and Bradford Health Services, all of which are expressly and exclusively 12 Step facilities. This list should include a facility that operates in a completely secular manner, also explicitly identified as one that does so.

We thank you for your time and attention to this matter. Please inform us of any policy changes you make in response to this letter.

Sincerely,

Monica Miller, Esq.
William J. Burgess, Esq.
Appignani Humanist Legal Center
American Humanist Association



LITIGATION PACKAGE FOR

ACCOUNT:

Physician Health Services

USDTL NUMBER:

877649

SPECIMEN ID:

1310

461430

MATRIX:

Blood

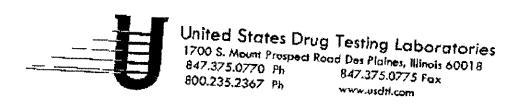


TABLE OF CONTENTS

<u>SECTION</u>	D. Com
Summary of Results	<u>PAGE</u>
Chain of Custody Documents	1
Collection Instructions	6
Initial Test Documents	10
Confirmation Test Documents	12
Licensures and Registrations	27
- Colori attiable	42



United States Drug Testing Laboratories

1700 S. Mount Prospect Road Des Plaines, Ilfinois 6001 8 847.375.0770 Ph 847.375.0775 Fax 800.235.2367 Ph www.usdif.com

SUMMARY OF RESULTS

ACCOUNT:

Physician Health Services

USDTL NUMBER:

877649

SPECIMEN ID:

1310

461430

MATRIX:

Blood



United States Drug Testing Laboratories

1700 S. Mount Prospect Road Des Plaines, Illinois 60018 847.375.0770 Ph 847.375.0775 Fax 800.235.2367 Ph www.usdtl.com

SUMMARY OF RESULTS

ACCOUNT:

Physician Health Services

USDTL NUMBER:

877649

SPECIMEN ID:

1310

461430

MATRIX:

Blood

TEST REQUESTED:

Phosphatidylethanol - Blood

INITIAL TEST

METHOD:

Drug

Cutoff

Response of

Liquid Chromatography - Tandem Mass Spectrometry Result

(ng/mL)

Specimen (ng/mL)

Phosphatidylethanol

20

255.4

POSITIVE

CONFIRMATION TEST

METHOD:

Liquid Chromatography - Tandem Mass Spectrometry

Drug

Cutoff

Response of

Result

03,2011

(ng/mL)

Specimen (ng/mL)

Phosphatidylethanol

20

365.4

POSITIVE

I certify that the specimen identified by the laboratory accession number above has been examined upon receipt, handled, and analyzed in accordance with this laboratory's Standard

President, Laboratory Operations



UNITED STATES DRUG TESTING LABORATORIES

1700 S MOUNT PROSPECT ROAD DES PLAINES, ILLINOIS 80018-1804 847-375-0770 fax 847-375-0775

Paport Luis Sanchez MD
Physicians Health Services
860 Winter Street
Waltham, MA 02451

Cuet ID PHSWMA

Client Physicians Health Services
Location
Collector

Sample Information

Chain of 461430

Name NA

Lab Sample ID 877649

Donor ID 461430

Test Reason Not given

Type Blood

Collected

Received 7/8/2011 10:48

Reported 7/14/2011 18:39

Tests Requested

PEth-BLD Phosphatidyl Ethano Test	(8icod)	Sample POSI	TIVE	
PHOSPHATIDYL ETHANOL	Result	Quentitation	Screen Limit	Confirm
Phosphalidyl Ethanol (LCMSMS)	POSITIVE POSITIVE	P.P. # 4	20 ng/mL	
,	- AntildE	365,4 ng/mL		20.0 ng/mL

*** -- 1 -- t e

P. 01

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Modical Society corporation
www.physcianbeelth.org

Lais T. Sanchez, MD Omeson

866 Winter Street Waltham, MA 02451-1414 (781) 434-7404 • (800) 322-2303 Fax (781) 893-5321

Date: July 19, 2011

To: United States Drug Testing Laboratorics

Fax: 847-375-0775
Total number of pages: 3

Account Number: PHSWMA for Physician Health Services

ortn: Kendyll

RE: Specimen Chain of: 461430

Donor ID as listed: 461430

Donor ID: 1310

Collection Date: 7/1/2011 Received Date: 7/8/11

Please update the lab report to reflect the donor ID number as listed on the order: to 1310

Please update the lab report to reflect that chain of custody was maintained.

Requested by Mary Howard:

(signed)

If you have any questions, please call Linda Bresnnhan781-434-7404



UNITED STATES DRUG TESTING LABORATORIES

1700 S. MOUNT PROSPECT ROAD DES PLAINES. ILLINOIS 60018-1804 847-376-0770 fax 847-375-0775

Report Luis Sanchez MD
Physicians Health Services
860 Winter Street
Waltham, MA 02451

Cust to PHSWMA
Client Physicians Health Services
Location
Collector

Sample information

Chain of 1310
Name NA
Lab Sample ID 877649
Donor ID 461430

Test Reason Not given
Type Blood
Collected 7/1/2011 00:00
Received 7/8/2011 10:48
Reported 7/20/2011 16:17

Tests Requested

PEth-8LD Phosphatidyl Ethano	(Blood)	Sample POSI	TIVE	
PHOSPHATIDYL ETHANOL	Result POSITIVE	24	Screen Limít	Confirm
Phosphalidyl Ethanol (LCMSMS) Sample Comments	POSITIVE	365.4 ng/mL	20 ng/mL	20.0 ng/ml

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 46143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011

Internal Certification Hardcopy

.. .



United States Drug Testing Laboratories 1700 5. Mount Prospect Road Des Plaines, Illinois 6001 8 847.375.0770 Ph 847.375.0775 Fax 800.235.2367 Ph www.usdil.com www.usdfl.com

CHAIN OF CUSTODY DOCUMENTS

PHYSICIAN HEALTH SERVICES, INC.

A Massochusette Medical Society corporation ******.physicianhushb.ora

facis T. Samelius, MD Director 66004465

868 Winter Scient Wallington, Afric 12245(-1:1) 4 (781) 434-7414 + (800) 322-2203 Fax (781) 493-5323

Date: July 1, 2011

Fax to: Quest Diagnostics - 1180 Beacon Street, Brooklin

Fax#: (617) 739-2941

(phone 617-232-5733)



For collection on Friday, July 1 for PHS Participant # 1310.

Please order Test: Phosphatidyl Ethanol, USDTL Test Code PEthStat by writing this information on the chain of custody form.

> The test requires 5ml whole blood in purple, gray or green top tube.

Requested by Mary Howard:

Milloward 7/1/11

If you have any questions please call me at: (781) 434-7404

Including a copy of this fax with the chain of custody form may help with the send out by Employer Solutions. Sample to be sent for testing to:

USDTL address:

1700 South Mount Prospect Rd. Des Plaines, IL 60018

(800) 235-2367

NC 461430 F

TIP Zánai

NC 461430 P

pt. Signature

K. PFUMSIQuest Add-On Testing PEth testing PEth_Q-Brookline2.doc

All Coch

Chain-of-Custody Specimen Receipt

11 461430

Receiver Cortification	Receiver	Date
I certify that the specimen received on this form was sealed in the appropriate container with the sest infact and the identification number and/or name on this form matches that on the specimen and the specimen was trunsferred to temperary laboratory storage.	(Orles) KYLA BOGAN	7/8/11



1700 S. Moutst Pringings Read J Das Plaines, II, 60014 [(800) 283-2867] www.usdthoom

Specimen Receipt

Pagu 8 of 43

CHAIN OF CUSTODY FOR THE TRANSFER OF BLOOD TO LONG.TERM STORAGE

MATRIX:

Blood

REC'D DATE:

July 2011

DATE	RELEASED BY	RECEIVED BY	PURPOSE
9/1/2011	Tomp Storage Hoceiving Area	Janet McCymmon	Select Specimens For Transfer to Long Term Storage
8/1/2011	Janet McCtingmon	LONG TERM STOLAGE	TRANSFER BLOOD TO LONG TERM STORAGE



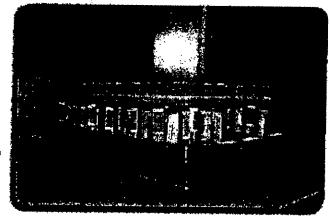
United States Drug Testing Laboratories 1700 S. Mount Prospect Road Des Plaines, Ilflnots 6001 8 847.375.0770 Ph 847.375.0775 Fax 800.235.2367 Ph www.usdtl.com

COLLECTION INSTRUCTIONS

Blood collection instructions

Maferials needed for collection

- ▶ requisition form
- ▶ forensic blood collection kit
- courier exempt human specimen overwrap
- 1. Verify the donor with a government-issued photo ID. (driver's license, state ID, passport)
- 2. Record the donor information on the requisition form.



- 3. Using one of the provided gray top Vacutainer tubes, execute blood draw following local Standard Operating Procedure. Discard the second vacutainer tube if not needed.
- 4. Peel the long chain-of-custody label from the requisition form and affix over the cap of the transport tube. Have the donor initial and date the seal. Failure to place label over the cap will result in a "Rejected Specimen".
- 5. Have the donor print, sign and date the donor consent certification on the requisition form.
- 6. The collector should print, sign and date the collector certification on the requisition form.
- 7. Place the specimen tube(s) into the plastic tube holder.
- 8. Remove the adsorbent paper from the specimen bag and drape it over the tube between the two halves of the plastic tube holder.
- 9. Place the plastic tube holder in the specimen bag and scal the bag.
- 10. Place the requisition form and specimen bag into the exempt human specimen-labeled transport box and scal the box with the box seal sticker.
- 11. Place the transport box into the courier's exempt human specimen overwrap shipping bag. Contact your courier for pick-up.





United States Drug Testing Laboratories
1700 5. Mount Prospect Road Des Plaines, Illinois 6001 8
847.375.0770 Ph 847.375.0775 Fax
800.235.2367 Ph www.usdtl.com

INITIAL TEST DOCUMENTS

pefalbs18	9-1	ļ
-----------	-----	---

Batch Worklist Batch

LCMS/ 24692

Crested 7/8/2011 10:58

HBN 2713634

Rule

BLD LCSCRN

Analyst W. Tunstall

Status WP

Volume_

, ,	* 1 / * *		(2) 1445 T				
Pos	Lab ID	Specimen ID	Notes	Punches/Volumera	Type	Analyte	Due Date
	877095				LOW	PEth-BLD	7/11/2011
	877896		·		НЮП	PEth-BLD	7/11/2011
:	877897				CMR 3	Water Bridge	
	677698 · ·				MID	· · · · · · · · · · · · · · · · · · ·	7/11/2011
AZ	877434		r marting it is some just		A Comment of the	PEth-BLD	7/11/2011:
BL	- 877438			3			
CZ.	877541			3, 1		PET-BLDSP	
グェ	* - 87764 6					PEIN BLD	7/12/2011
- Z	877550	**************************************	o Alian Pour Garage		7 Y 7 Y 1	PEIN-BLD	7/12/2011
-2	B77818			3		PEth-BLD	7/12/2011
13:	877822			100 miles (100 miles (PEth-BLD	7/12/2011
	877824				The South	PEH-BLD	7/12/2011
3	677649	***		<u> </u>	SAMPLE	PEIN-BLD	7/12/2011
<u></u>	₩ / 1 ₩ 7 -		-	<u> </u>	SAMPLE	PEth-BLD	7/12/2011

Ä

	•		713634 VP Volume	A
Al-vatty Contr Calibrato Cl Mid Cl Low El High Rud O Negative	OL SPIKE VOLULI) or 0309(10 50% 0309(10 50% 0309(13 50% 0310/16 50%	Internal Standard I Internal Standard I Spiking Standard I	Spike Vol (uL) 50 _ot # 6364111 Z 95041	
Date	Released By			
7-8-4	TEMP STORAGE REC AREA Print LEIGH ALTIZER	PRESENTACIONAL PARA PROPERTO PARA PARA PARA PARA PARA PARA PARA PAR	Purpose/Remarks Transfer Aliquots from Specimen Containers	
7-8-11	Sign:	TEMP STORAGE REC	Return Specimens to Temporary Storage	
	CHAIN OF CL	STODY - SCREENIN	G ALIQUOTS	. :
Date	Released By	Received By	Purpose/Remarks	<u> </u>
7-8-11	Sign LEIGH ALTIZER	TEMP STORAGE EXTRACTION AREA	Transfer Allquots to Extraction Area	
7/2/2	TEMP STORAGE EXTRACTION AREA	MARLANDIS MIMS	SAMPLE PREPARATION	**************************************
7/8/11	P'MARLANDIS MIMS	RICHA SHAH	ample prenavour	h
7/8/11	RICHA SHAH	conts# 11	Lews Aralysis	را است. در السيد
	Lows # 4	LEMEMAN J	LO/M8/MS Analysis	37/414

Disposal

Finday, Suly 06 2011 10:55:36 AM Page 2 pf 4

ROSEMARIE RIOS

Transfer Aliquots

Pacosal

Printed at: 4:09 PM on: 7/9/2011

Ξ

3
P

Batch Data Path D:\MassHunter\Data\070811\QuantResults\petrlbs189-11.batch.bin

Aralysis Time 7/9/2011 4:07 PM
Report Time 7/9/2011 4:08 PM
Last Calib Update 7/9/2011 4:07 PM

Analysis Info

Acq Time 7/9/2011 14:48

Data File pet/065189-119-18.d.

Acq Method File pet D85.m

Sample Name cet
Sample Type Calibration

Lavel 1

Sample Pos P1.81

Sample Amount 3

Quantitation Results

% Range	30.00
Z.	503.60
Ā	274.40
Radio	3 92. 6
Fitzi Conc	20.00
On Column	20.00
Qual Area	3
Quant Area	99
Ē	3.567
QUAL 701.5 ~ 281.2	
QUANT 701.5 -> 255.2	701.5 % 255.2
Taryet Compound P-Eth	

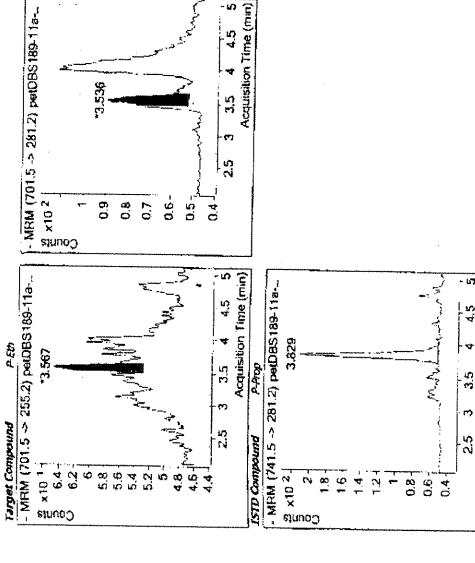
Page 29 of 34

Page 15 of 43

Compound Graphics

Page 10 of 43

Acquisition Time (min.)



Раце

Quant Sample Report (ISTD)

Batch Info

Batch Data Path D:\MassHunter\Data\070811\QuantPesufts\petdbs189-11.betch.bin

 Analysis Time
 7/9/2011 4:07 PM

 Report Time
 7/9/2011 4:08 PM

 Last Calib Update
 7/9/2011 4:07 PM

Analysis Info

Acq Titne 7/9/2011 15:05
Data File petDBS189-11a-12.d
Acq Method File pet DBS.m
Sample Name low
Sample Type Sample
Level
Sample Pos 71-D1
Sample Menount 3

Quantitation Results

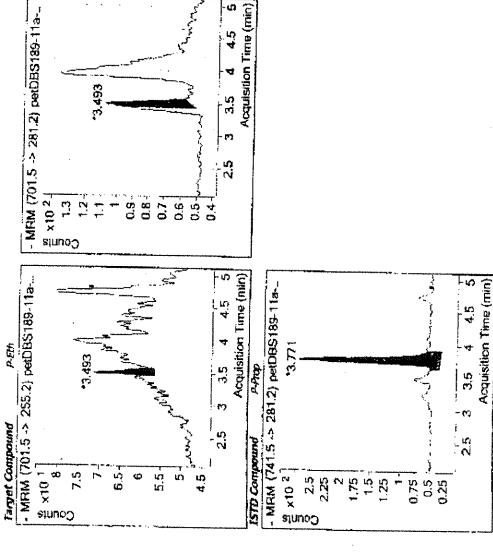
Max % Range 509.50 30.00	•
Mark 509.50	
Min 274.40	
Katio Min 453.49 274.40	
Final Conc	9.91
On Column	9.91
273	
at Ace	33
7	7) 10 11
QUAL 701.5 -> 281.2	
QUANT 701.5 -> 255.2 701.5 -> 265.3	
Target Compound P-Eth P-Eth	

Production.xbx

Page 33 of 34

Printed at: 4:09 PM on: 7/9/2011

Suge 15 of 43



Quant Sample Report (ISTD)

Compound Graphics

Quant Sample Report (ISTD)

Batch Info

D: MassHunter (Data (070811) (Quant Results (pet dbs 199-11. batch. bin Batch Data Path

7/9/2011 4:08 PM 7/9/2011 4:07 PM 7/9/2011 4:07 PM Report Time Last Calib Update Analysis Time

Analysis Info

p-011-611-6815380p-d 7/9/2011 14:57 pet DBS.m Sample i i i Acq Method File SampleAmount Sample Name Sample Type Semple Pos Acq Time Data File E PE

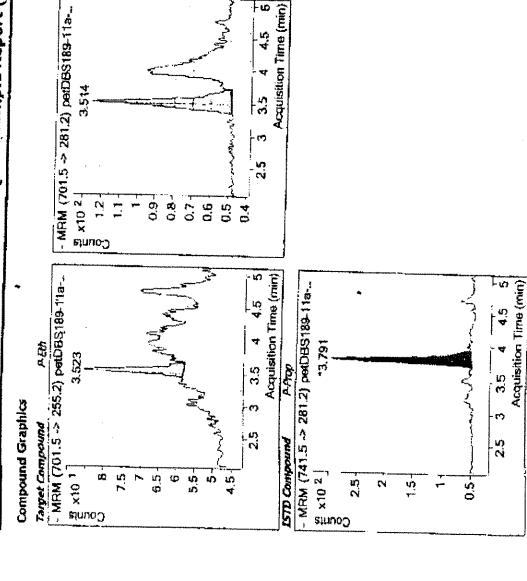
Quantitation Results

Max 6	20.00
T .	2.10
Rathe	
Final Conc	25.93
On Column	25.93
Qual Area 605	
Quant Area	2 1
F	3.523
QUAL 701.5 -> 281.2	
QUART 701.5 -> 255.7	701.5 -> 255.2
Target Compound P-Eth D-Eth	

% Range 30.00

Page 19 of 43

Printed at: 4:09 PM on: 7/9/2011



Production.xlsx

Page 20 of 43

Batch Info

Batch Data Path D:\MassHuner\Oata\070811\QuantResults\pertrs189-11.batch.bin

 Analysis Time
 7/9/2011 4:07 PM

 Report Time
 7/9/2011 4:08 PM

 Last Callb Update
 7/9/2011 4:07 PM

Analysis Info

Acq Time 7/9/2011 0:31

Data File petD85189-11-13.d

Acq Method File pet D85.m

Sample Name Per Uso.ni
Sample Name Pugh
Sample Type Sample
Level Sample Pos PI-E1
Sample Amount 3

Quantitation Results

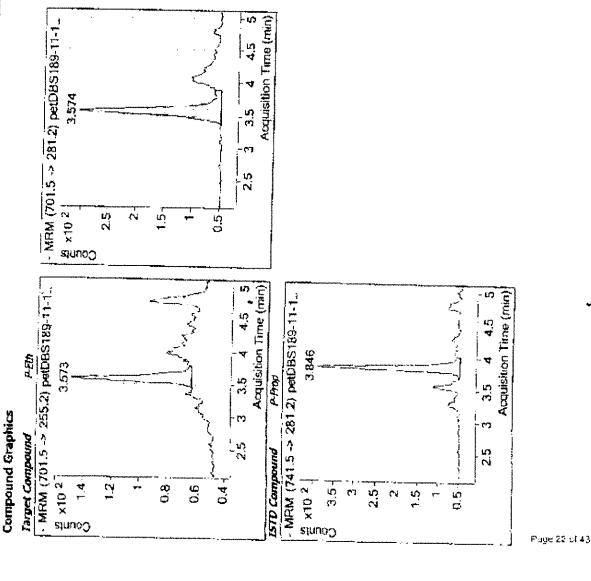
* Range 509,60 274.40 Ï 351.59 Final Conc Ratio £,4 On Column 82,49 Quant Area Qual Area 2017 N A 3.573 × 701.5 -> 281.2 701.5 -> 255.2 701.**5** -> 255.2 QUANT Target Compound P-Eth P-Eth

Page

Page 5 of 34

Printed at: 4:09 PM on: 7/9/2011

Printed at: 4:09 PM on: 7/9/2011



Batch Info

D:\MassHunter\Data\U70811\QuantResults\partd5189-11.tetch.bin Batch Data Path

7/9/2011 4:07 PM 7/9/2011 4:08 PM 7/9/2011 4:07 PM Report Time Last Callb Update Analysis Time

Analysis Info

7/9/2011 0:48 vetDBS189-11-15.d pet DES.m Sample P1.F1 Ď, Acq Nethod File SampleAmount Sample Name Sample Type Sample Pos Acq Time Data File e a

Quantitation Results

% Range 30.80						
# ax \$09,50						
Min 274.40						
Raile						
Hnaf Conc	95:0					
On Column	9870					
Qual Area 1221						
Quant Area	in					
RT	3.963					
QUAL 701.5 -> 281.2						
QUANT 701.5 -> 255.2	701.5 > 255.7 701.5 > 255.2					
Target Compound P-Eth						

Page 7 of 34

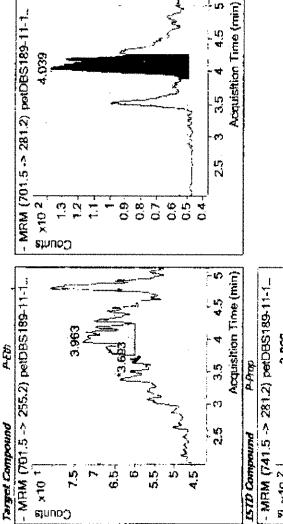
Printed at: 4:09 PM on: 7/9/2011

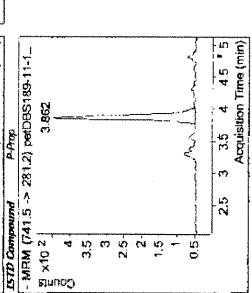
Production.xbx

Page 23 cf 43

Compound Graphics

Page 24 0143





Quant Sample Report (ISTD)

Batch Info

Batch Data Path D: (MassHumbs (Data)079811/QuantResultsportdbs189-11, batch, bin

 Analysis Time
 7/9/2011 4:07 PM

 Report Time
 7/9/2011 4:08 PM

 Last Callb Update
 7/9/2011 4:07 PM

Analysis Info

Acq Time 7/9/2011 8:58
Data File petD65189-11-24.d
Acq Nethod File pet D85.m
Sample Name 877649
Sample Type Sample
Level Sample Pos 91-C3
SampleAmount 3

Quantitation Results

Ī	274.40	
Ratto	/316.23	
Final Conc		255.42
On Column		255.42
Qual Area	2115	
Quant Area		100.
K.		3.536
QUAL	701.5 -> 281.2	
QUANT	7015 >> 255.2	701.5 > 255.2
Target Compound	5.0	

Afte Range 30.00

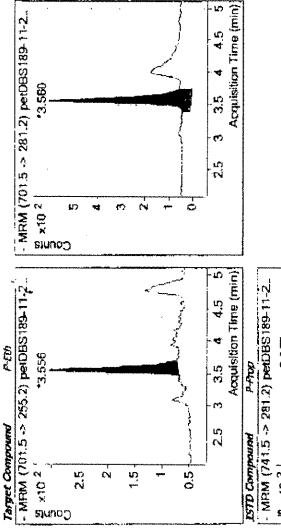
Max 509.608

1

Pade

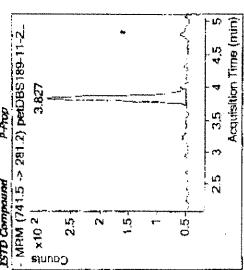
Page 25 of 34

Printed at: 4:09 PM on; 7/9/2011



Quant Sample Report (ISTD)

Compound Graphics





United States Drug Testing Laboratories 1700 S. Mount Prospect Road Des Plaines, Illinois 60018 847.375.0770 Ph 847.375.0775 Fax 800.235.2367 Ph www.usdtl.com

CONFIRMATION TEST DOCUMENTS

petdbo194-11 (071311bs)

Batch Worklist										
Batch	LC	LCMS/ 24829		Created 7/13/2001 09.41	HBN 271450	2714507			E	
Rule	PE	In CNF B	Analyst	S. Holmes	Status WP		Volume		U	
Pos	Lake	Specime	n D N		Punchel	Value	in visit	Amelytes	Due Date	
$\overline{\mathcal{D}I}$	879712				- FK.961		LOW	PEth CONF	7/14/2011	
田	879713						HIGH	PEIN CONF	7/14/2011	
FI	678714						CINA	PEHCONE	7/14/2011	
CA:	879715	,					MID	PEUNCONF	7/14/2011	
12	876868	32466	<u>,42</u> RE	run[CS,X]	3_	artesancino de	SAMPLI	EPETH CONF	7/15/2011	
82	- 8775 82 -	FOOMS	<u>5</u> κε	run[cs,x]	3		SAMPL	PET CONF	7/16/2011	
ca:	877068	<u>87-04</u>	-u/Zar		3		ealart.	PEUCONF	7/16/2011	
172	677649	4614	<i>O</i> RE	RUN[CS,X]	3		SAMPL	PEIN CONE	7/18/2011* <u>.</u>	
E2	878408	3043	<u>uthb49</u>		3		SAMPL	E PEth CONF	2 7/15/2011	
AL	une	•								
BI	CH.									

Slith

1/1/1/1

Batch	LCMS/ 24829	Created	7/13/2011 09:41	HBN	2714507		· =
Rule	PEth CNF B	Analyst	5. Holmes	Status	WP	Volume	8

CONTROL	SPIKE VOL (uL)		
Calibrator	0309HI 50 W	Internal Standard Lot #C5020	
Mid	0309110 5au	Internal Standard Col # 65020 Internal Standard Spike Vol (uL)	
Low	0309113 50W1	Spiking Standard Lot #	<u> </u>
High	0310116 50w	CNB Lot # 1767	A5-0
Blind OC	03091130 50-1	Cal	<u> </u>
Negative	CONTROL OF THE PROPERTY OF THE	C 3	-

CHAIN OF CUSTODY - SPECIMEN CONTAINERS

Date	Released By	Received By	Purpose/Remarks
" } ;_	TEMP STORAGE	Print: LEIGH ALTIZER	Transfer Aliquots from
7-13-11		Sign:	Specimen Containers
7 {3\\	Prise LEIGH ALTIZER -	TEMP STORAGE REC	Return Specimens to
/- (5"\l	Signi	AREA	Temporary Storage

CHAIN OF CUSTODY - SCREENING ALIQUOTS

Date	Released By	Received By	Purpose/Remarks
7-13-11	Sign:	TEMP STORAGE EXTRACTION AREA	Transfer Aliquots to Extraction Area
7/13/2	FEMP STORAGE EXTRACTION AREA	MARCANDIS MIMS	SAMPLE PREPARATION
7/13/0	MARLANDIS MIMS	ERIC SKELNIK	Extraction
7listu	ERIC SKELNIK	comims 11	LLMSMI Analyss
7/14/4	LONGING LL ROSEMARIE RIDS	ROSEMABIE RIOS	Transfer Aliquote
7/14/4	0	Market J. William	legodaid
		The state of the s	

Batch Info

D.(MassHunter(Data)071311(QuantResults)perdbs194-11.batch.trin Batch Data Path

7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM Analysis Time Report Time

Last Calib Update

Analysis Info

7/14/2011 3:14 Acq Time

Profit Well Student pet DBS.m Acq Method File Data File

Calbration Sample Name Sample Type

SempleAmount Sample Pos

Quantitation Results

i		4000	D'ir	
	ř	444	37.75	
1	ï	(GC GC)		
4		36.60		
Float Coas				20.00
On Column				76.05
Duzi Area		000		
Ouant Area	•		!	8
R			1	4.4.5
GUAL	L X10C	7.113 4. 5.107		
QUANT	F 33C V- 5 10C	107.7	FULL A PICE	7.007 - 6.70
Tarpet Compound	T L		3	

8

3.465

20,00

20.00

Printed at: 1:01 PM on: 7/14/2011

©age 30 of 43

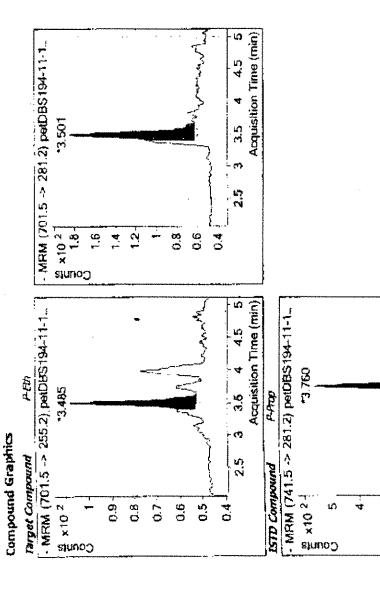
Printed at: 1:01 PM on; 7/14/2011

Fage 31 of 43

Acquisition Time (min)

ω, rui

ri Vi



Batch Info

D:\MassHunter\Data\U71311\QuantResuits\petdbs194-11.batch.bin Batch Data Path

7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM , Analysis Time Report Time

Last Calib Update

Analysis Info

7/14/2011 3:31 Acq Time Data File

perDBS194-11-12.d pet DBS:m Act Hethod File

Simple Sample Name Sample Type Lave

P2-D1 SampleAmount Sample Pos

Quantitation Results

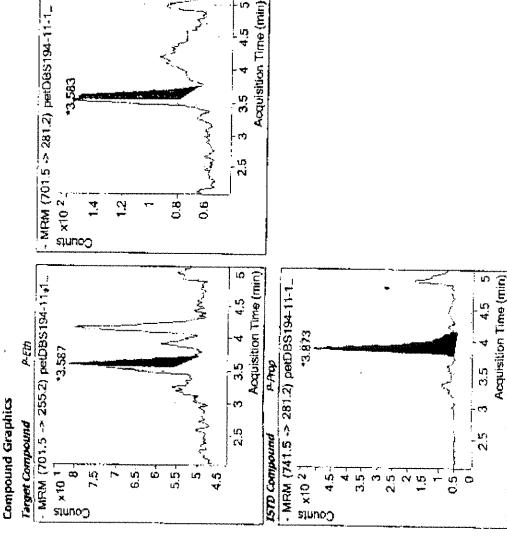
To Rainge	Parace
. Raths Min Max 332.34 186.90 347.16	
¥ 8	
Raths 332, p4	
Final Conc	9.38
On Calumn	9.38
Qual Area 465	
Quant Area Qual Area 465	140
QUAL 701.5 -> 281.2	
QUANT 701.5 -> 255.2	757777
Target Compound P-Eth P-Eth	

Page 9 of 48

Printed at: 1:01 PM on: 7/14/2011

ديكي

Page 33 of 43



Batch Info

D.) Mass Hunter (Data 1071311) Quant Results petitos 194-11, batch, bin Batch Data Path

7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM Analysis Time Report Time Last Calib Update

Analysis Info

pet065194-11-11.d 7/14/2011 3:22 pat Office.no Sample 17-74 Ë Acry Nethod File Sample Name Sample Type Sample Pos Acq Time Data File

Quantitation Results

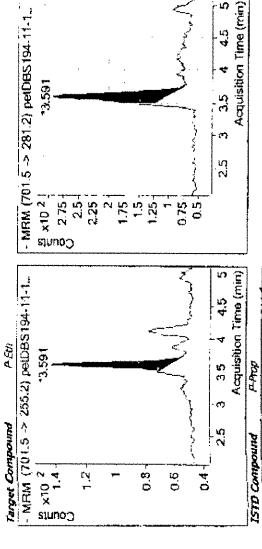
SampleAmount

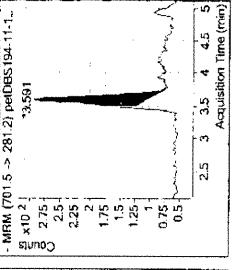
	30.00	
£.	24.7 LD	
ž	186.90	
Ratio	373.97	
First Carc	323.97	22.22
On Column		22.52
Qual Area	1352	
Quant Area		411
H		3.59\$
QUA.	701.5 ~ 281.2	
CUANT	701.5 -> 255.2	701.5 -> 255.2
Target Compound		유민

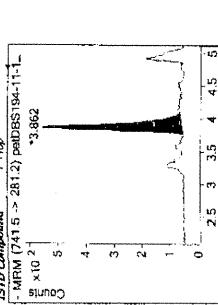
Page 34 cf 43

Printed at: 1:01 PM on: 7/14/2011

Compound Graphics







Acquisition Time (min)

Batch Info

D.\MassHunter\Data\071311\QuantResuts\petdbs194-11.batch.bin Batch Data Path

7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM Last Callb Update Analysis Time Report Time

Analysis Info

7/14/2011 3:39 Acq Time

petD85194-11-13.g per DBS.m Acq Method File Sample Marrie Data File

Sample 13-24 Sample Type Level

SampleAmount Sample Pos

Quantitation Results

ć	TO KANDE	30.65	
7	ř	347.10	
3		186.99	
a di		\$	
Float Coar			80.69
On Column			89.69
Oual Area	. G+0F	245	
Quant Area	ı		1505
RT			3,536
THING	7015 -> 281.2	1	
QUANT	701.5 -> 255.2	Total Control	7.507 4.5.707
Target Compound	면면	ti Ti	

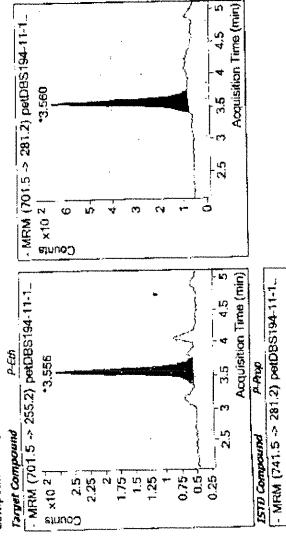
Printed at: 1:01 PM on: 7/14/2011

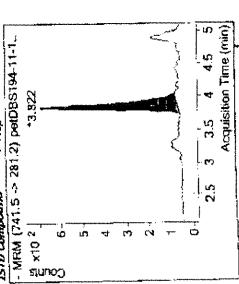
Fage 36 of 43

Compound Graphics

Printed at: 1:01 PM on: 7/14/2011

日本日本日本本日本本部 日本日本日本日本日本本部 日本日本日本本部 日本日本





Page 37 of 43

Batch Info

D:\MassHunter\Data\071311\QuantResults\petdbs194-11.batch.bin Batch Data Path

7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM Last Calib Update Analysis Time Report Time

Analysis Info

pet085194-11-15.d 7/1-V2011 3:56 pet DBS.m neg Sample Acq Nethod File Sample Name Sample Type Acq Time Data File

SampteAmount Sample Pos

Leyel

P2-F1

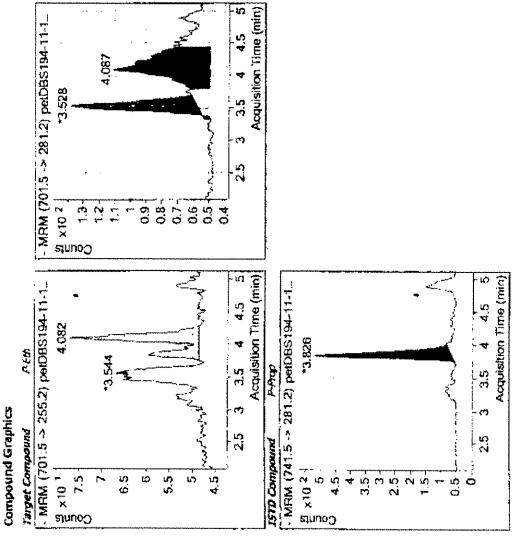
Quantitation Results

% Range 30.00 39.00
347.10
FEG (86.50 186.50
Katto 15426.95
Final Conc. 0.36
On Column
Qual Area 738 1342
Quant Area
3.544
QUAL 701.5 -> 281.2 701.5 -> 281.2
QUANT 701.5 > 255.2 701.5 > 255.2 701.5 > 255.2 701.5 > 255.2
Target Compound PuEth PuEth PuEth PuEth

حاست

Page 13 of 48

Printed at: 1:01 PM on: 7/14/2011



Batch Info

D.\MassHunter\Data\071311\QuantRes\ntspeidbs194-11.batch.tkin Batch Data Path

7/14/2011 1:60 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM Last Callb Update Analysis Time Report Time

Analysis Info

perDes 194-11-22.d 7/14/2011 4:56 pet LBS.m 877649 Sample P2-D2 Acq Method File Sampledmount Sample Name Semple Type Sample Pos Acq Time Outs Pile [eval

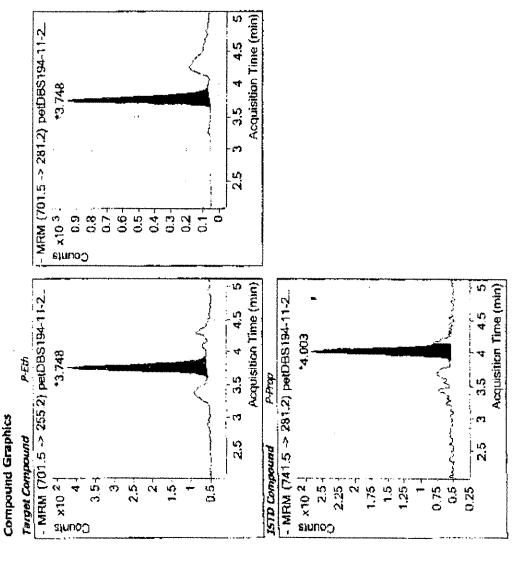
Quantifiation Results

**		800	
1	Y	347.10	
3	Ĭ	86.58	
27.5	X	3 16	•
Float Com			365.41
On Column			365.41
Outst Artes	200	7860	
Quent Area			2429
T.			3.748
QUAL	201.5 -> 281.7	***************************************	•
QUANT	701.5 -> 255.7		701.5 -> 255.2
Target Compound	P. T.	1	

Page 21 of 48

Production, xlsx

Page 40 of 43



Fage 41 rti 43

Production.xlsx

Batch Info

Batch Data Path

D:\MassHunier\Data\070811\QuantResults\petrbs189-11.betch.bin

Analysis Time Report Time

7/9/2011 4:07 PM 7/9/2011 4:08 PM

Last Callb Update

7/9/2011 4:07 PM

Acq Time Analysis Info

Data File

petD85189-11-13.d 7/9/2011 0:31

Sample Type Sample Name ACI Medicod File Sample

pet DES.m

PA-D-1

SampleAmount Sample Pos

P.E

Quantitation Results

Target Compound P-Eth

THAUG

P-Eth

701.5 -> 255.2 701.5 -> 255.2

> CIME 701.5 -> 281.2

3573

Ä

7.5

Quant Area Qual Area

On Column

82,49

烈士

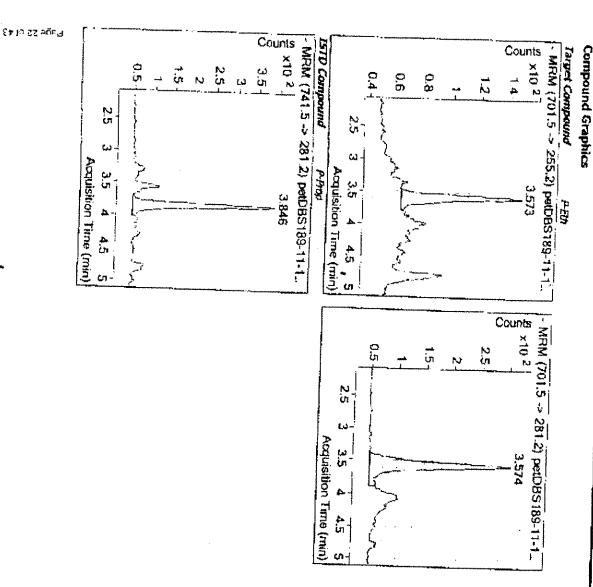
Final Conc Ratto 351.59

274 40 X

\$09.60 To Range

Page 5 of 34

Printed at: 4:09 PM on: 7/9/2011



Production, xisx

Page 6 of 34

Printed at: 4:09 PM on: 7/9/2011

ch inro	Ä
Inro	9

Batch Data Path D:\MassHunter\Data\(\)70811\QvantResults\pxtdbs189-11.betch.Uin

Last Callb Update Report Time Analysis Time

7/9/2011 4:07 PM 7/9/2011 4:08 PM 7/9/2011 4:07 PM

Analysis Info

Acq Time

7/9/2011 0:48

Sample Type Sample Name Acq Method File Data File Sample 3 per DES.m P.51-11-6815900394

Sample Pos P P PJ

Samplukmount

Quantitation Results

Target Compound QUANT 701.5 -> 255.2 701.5 -> 253.2 NTO VIC 701.5 -> 201.2

P-ES P-E-H

701.5 -> 255.2

Ä

3.963 3,693

Quant Area Qual Area

On Column

0.56

Š

Final Conc Ratio

<u>z</u>

274.40 X

603.605 % Range 30.00

Page 7 of 34

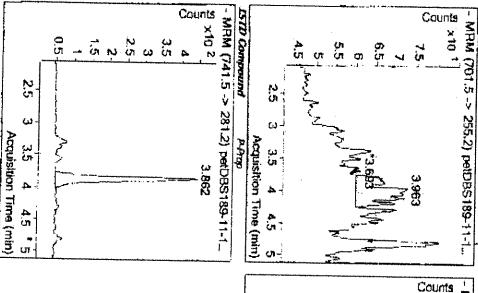
Production.xlsx

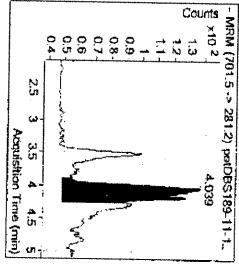
Printed at: 4:09 PM on: 7/9/2011

Compound Graphics

Target Compound

A-EB





Batch Info

Batch Data Path D:\MassHumbr\Data\079611\QuantResults\peddbs189-11.batch.bh

Report Time Last Callb Update Analysis Time

7/9/2011 4:07 PM 7/9/2011 4:08 PM 7/9/2011 4:07 PM

Analysis Info

Acq Time

7/9/2011 8:58

Data File Sample Name Acq Nethod File PV-11-581538Q44

B7784.9 per Das, m

Samole

Sample Type

SampleAmount Sample Pos 22.0

Quantitation Results

QUANT 7015 -> 255.2 7015 -> 255.2

P-Eth

Target Compound
P-Eth

701.5 -> 281.2

3.556 X

106.3

255.42

255.42

Quant Area Qual Area

On Column

Final Conc Ratio

/316.23 274,40 I

509.60 / K 30.00

Page 25 of 34

Production_visx

Printed at: 4:09 PM on; 7/9/2011

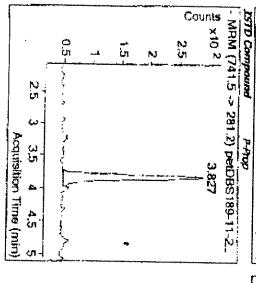
Counts

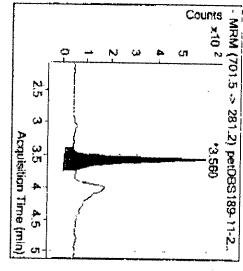
Ņ

- MRM (701.5 -> 255.2) peiDBS189-11-2...

PED

Compound Graphics
Target Compound





0.5

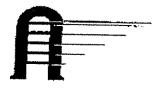
S

Acquisition Time (min)

in

i,

United States Drug Testing Laboratories 8 IOOS 3. Mount Prospect Road Des Plaines, Illinais 60018 IOV 3.25.075.070 Ph 847.375.075 Pax 800.235.256.008



CONFIRMATION TEST DOCUMENTS

€7 JA 92 96€J

									140	18
									MUN	74
1102/21/1	PEIN CONF	SAMPLE	***************************************	\overline{C}		5	h 994,728	326	804878	73
		1		ع درا			:		• • •	es is
1105/91/1	LEIV COME	artain vs		5	[ניציא] ניציאו	колая	ಂಕ	h19t7	819778	70
Lylesson.	PE(I COXIX	arioviys.			· · · · · ·		an-er	AZ-Z-2)	1 90718	GJ-
1102/91/7	PET CONF	SVMPLE	¢k τ Privitita (1 v dig ii). -	2	ica'x]	KERUN	5.e	E1009	28 2778	-CQ
1105/21/7	PETH COMF	374MA2		₹	[caˈx]	ัชยชณะ	Zh9'	9774	898978	त्र
1.102\# 11.7	PENECONE	j diw	tiga e		····	- 			BIYEYB	P
TITARO11	PENCONE	100	with the same							19
11/14/2011	PEN CONF	нзен			<u></u>	hau			£17878	10
1/14/2011	PEth CONF	MOT				24			21.7278	10
ete Claud	A Vient	tata)	war and ov	eusun			di ne	nloege	Horaen	EOG
A		_emuloV	dМ	SUIFIS	sembl-	is isyl	sn A	и сик в	19d	SluA
F -	••		108ATTS	нви	3/2011 08:41	I/V bets	ein Cin	NS S485	ro <mark>. ch Wot</mark>	168 158
								\$ (P. 0.		7 T.

MAILS.

Batch Worklist

Batch LCMS/ 24829 Created 7/13/2011 08:41 HBN 27/1450?

Rule PEIN CNF B Analyst 5. Holmes Status WP Volume

- property of the state of the		evitageVt
CAB Lot # 1767	१५०८ वहाम्बर्स	उठ रणाव
Spiking Standard Lot #	mog <u>गाठाह</u> 0	ц б ін
Internal Standard Splike Vol (UL)	IMOS EILPOED	MOT
Internal Standard Lot # 650201	MOS <u>वाम्</u>	PiM
	mos 1114080	Calibrator
	SPIKE VOL (UL)	CONTROL

CHAIN OF CUSTODY - SPECIMEN CONTAINERS

Aetum Specimens to specimens to special yearong.	DER BOAROTE MET ABRA	SPACE FEET ALTIZER	
Specimen Containers		}	11-61-
mont atoupilA netenent	אייני בינות ארו ולבוג	5 6 4 4 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	· · · · · · · · · · · · · · · · · · ·
Purpose/Remarks	Hacelved By	Ya besseleh	975 U

CHAIN OF CUSTODY - SCREENING ALIQUOTS

		7	
	,		
	lege valf	2	1/14 10
erdupitA tetenatī	LICSEMARIE RIOS	CCM! NG //	1(1)
sighed lasmas	רכיען ען	AJ EBIC SKETNIK	4/21/2
GK houhan	R/ EUC SKEINIK	SMIM SIGNAJAN	17/5/1/2
NOITARAGELIQ BLIMAS	ZMIM ZJUNAJAM	FEXTRACTION AREA	ARIK
ot stouplid releasit EetA noitbatixE	TEMP STORAGE EXTRACTION AREA	iu6 _l s	11-81-6
Purpose/Remarks	Received By	Released By	etsO

可益	Satch Data Path	(6 9	
----	-----------------	--------------	--

Batch Info

D:\MassHunter\Data\071311\QuantResults\pedbs199-11.butch.bin

Last Calib Update	Report Time
7/14/2011 1:00 PM	7/14/2011 1:01 PM

7/14/2011 1:00 PM 7/14/2011 1:01 PM

Analysis Info

Sample Type Sampie Name Acq Method File Data File Acq Time Callbration pet Des.m peth85194-11-10.d 7/19/2011 3:14

SampleAmount Sample Pos

Quantitation Results

P-CSh	PEN	Target Compound
701.5 -> 255.2	701.5 -> 255.2	QUANT

701.5 -> 281.7

701.5 -> 255.2

R

3.465

90

Quant Area Qual Area

On Column

201.00

20,00

Final Conc Ratio

266,98 X ...

(85,30) 01.7k T and a 30,00

Section

Page 5 of 48

Production.xlsx

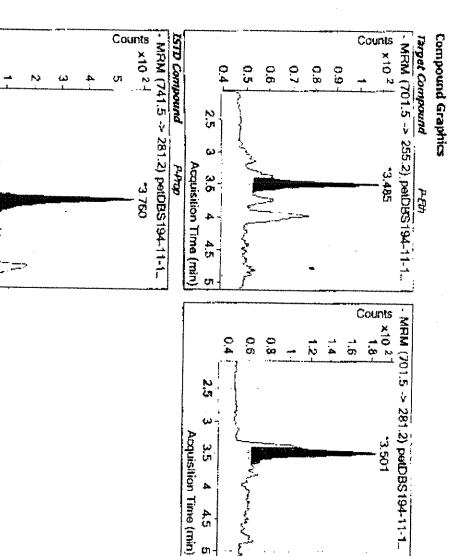
Printed at: 1:01 PM cm; 7/14/2011

N) CH

ئن) دن

An in the

Acquisition Time (min)



Production.xlsx

Page 6 of 48

Batch Info

Batch Data Path

D:\MassHunter\Data\071311\QuantResuts\petdts194-11.batdi.bin

Report Time Last Calib Update Analysis Time

7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM .

Data Fig Acq Time

7/14/2011 3:31

Analysis Info

Acq Method File PAT DBS.//a DetD85194-11-12.d

Sample

SampleAmount Sample Pos E SYND Sample Type Sample Name

P2-D1

Quantitation Results

701.5 -> 255.2 701.5 -> 255.2 QUANT

Target Compound

P-E4

AYUD

701.5 -> 281.2

S

3.587 5

Quant Area

Qual Area

On Column

9.38

SE 15

Final Conc Autho

332.54 Tale of the last o

186.90 Max 347.10

30.00

Page 9 of 48

Production.xlsx

Printed at: 1:01 PM on: 7/14/2011

新原本 化聚丙基甲基酚酯

Counts

Ų.

យ

0.8

ŝ

ţŋ.

Acquisition Time (min)

in

9,5

- MRM (701.5 -> 255.2) petDBS194-11+1...

*3.587

Counts

<u>....</u>

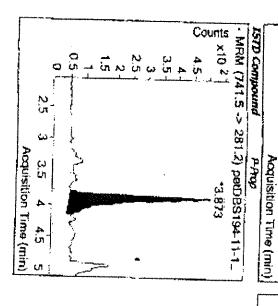
ئ

- MRM (701.5 -> 281.2) perDBS194-11.1_

Compound Graphics

Target Compound

P-Eth



Production.xisx

Page 10 of 48

Printed at: 1:01 PM on: 7/14/2011

Batch Info

Batch Data Path

D:\MassHunter\Data\D71311\QuantResults\petdbs194-11.balch.bin

Report Time Last Calib Update Analysis Time

7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM

Acq Time Analysis Info

Data File

petD8S194-L1-11.d 7/14/2011 3:22

Sample Name Acy Method Filip

Sample Type Det 085.na

Saratale

Sample Pos

17.73

15 48

SampleAmount

Quantitation Results

Target Compound
P-Eth

PER

701.5 -> 255.2 701.5 -> 255.2

> QUAL. 701.5 -> 281.2

좄

3.591

₹1/

27.52

22.52

CZ5

Quant Area Qual Area

On Column

Final Conc Ratio

323.97 186.90

X

347.10 K 3h Range 30,00

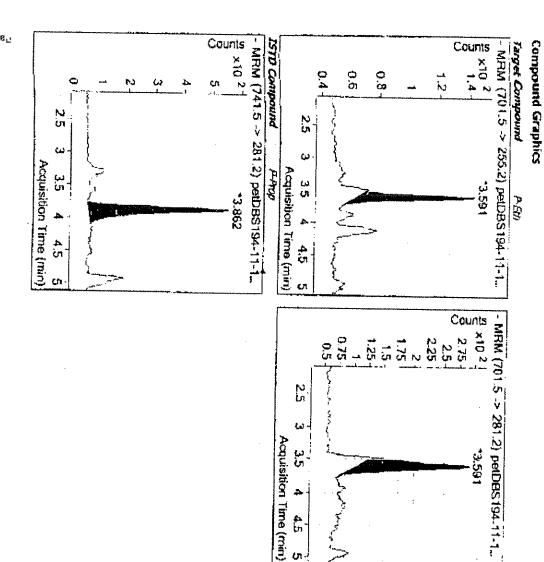
Page 7 of 48

Production_xisx

Printed at: 1:01 PM on: 7/14/2011

Production.xlsx

Quant Sample Report (ISTD)



En

Page 8 of 48

Batch Info

Batch Data Path D:\MassHunter\Data\07131 \\QuantResuts\pedbs194-11.batch.bin

Report Time Last Callb Update Analysis Time

7/14/2011 1:00 PM 7/14/2011 1:00 PM

Analysis Info

Acq Time

7/14/2011 3:39

Sample Name And Method File OFF THE pet085194 11-13.a

pet DBS.m

E STOP Sample Type

Sample

Sample Pos

P2-E1

SampleAmount

Quantitation Results

Target Compound
P-Eth

13-C

TNAMO 701.5 -> 25.2

701.5 -> 255.2

全人 701.5 -> 281.2

곡

3.556

1505

69.08

80.69

Quant Area Qual Area **516**E

On Column

Final Cont Ratio

260,35

X

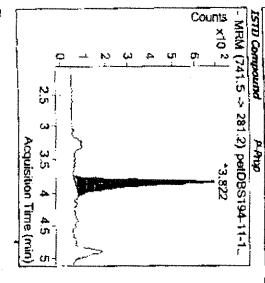
X ac

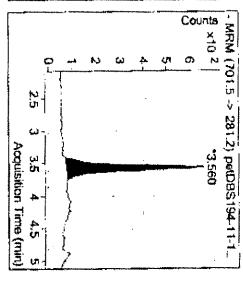
186,90 347,10 % Range 30.00

Page 11 of 48

Production xlsx

Printed at: 1:01 PM on: 7/14/2011





0.75

0.5

Ņ

3.5

بر تان ا

Acquisition Time (min)

Counts x10 2

2.25 2.25 1.75 1.25 Compound Graphics

Target Compound

MRM (701.5 -> 255.2) petDBS194-11-1_

P-Eth

*3.55B

_
Α.
•
-
-
-
-
*
•

Batch Data Path D:\MassHunter\Data\071311\QuantResults\petdbs194-11.batch.bin

Last Callb Update Report Time Analysis Time 7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM

Analysis Info

Acq Time

7/1-W2011 3:56

Data File

Acq Nethod File Sample Name 9 pet DBS.m perces194-11-15.d

Sample Type Sumple

DAR. SampleAnnount Sample Pos 13-Z4

Quantitation Results

# # # # # # # # #	Target Compound P-Eth D-Eth
701.5 -> 255.2 701.5 -> 255.2 701.5 -> 255.2	701.5 -> 255.2
701.5 -> 281.2	QUAL 701.5 -> 281.2
3.544 4.082	R
4	Quant Area
1342	Qual Area
0.36	Оп Срадина
95.0	Final Conc
15426.95	Ratio

186,90 186.90 I 347.10 347.10 T.

% Range 30.00 30.06 00.06

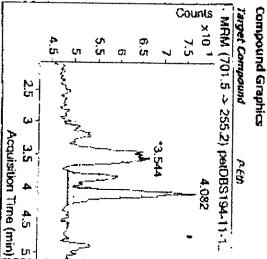
Page 13 of 48

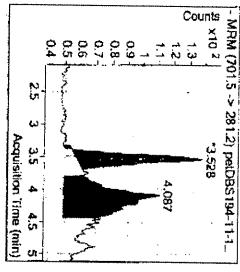
Production.xlsx

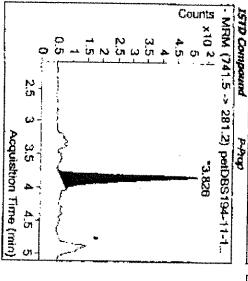
Ġ

PEB

4.082







Production.xlsx

Ç⊅ jo 60 ağeş

Page 14 of 48

Lato

Batch Data Path D:\MassHunner\Data\071311\QuantResults\peidbs194-11.balch.bin

Last Callb Update Report Time Analysis Time 7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM

Analysis Info

Sample Name Sample Type Data File Acq Time Acq Method File Sample 877648 pet DBS.m petD65194-11-22.d 7/14/2011 4:56

SempleAmount Sumple Pos

P2-D2

TOVE !

Quantitation Results

P-EM	Target Compound P-Eth	
701.5 -> 255.2	QUANT -> 255.2	
•	ZT2 <- \$102 Trnb	
3.748	27	
2429	Quant Area	
Š	Qual Area	
365.41	On Column	
365,41	Final Conc. Ratio	
Min 186.98		
Max 377.10		
Max		

Page 21 of 48

Production, xlsx

Counts

ÇI ÇI

Į,

Ŋ

3.5

4.5

cn

Acquisition Time (min)

Ņ

Compound Graphics

Terget Compound

- MRM (701.5 -> 255.2) peiDBS194-11-2_

PEU

*3,748

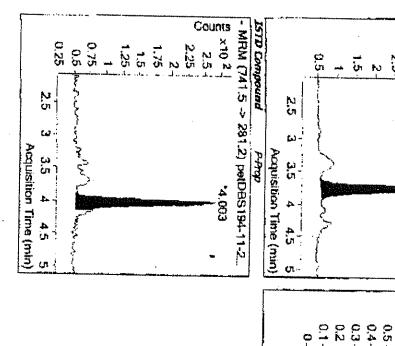
Counta

0.8

- MRM (701.5 -> 281.2) pelDBS194-11-2_

*3.748





Page 27 of 48

Production.xlsx

Printed at: 1:01 PM pm: 7/14/2011



United States Drug Testing Laboratories 1700 S. Mount Prospect Road Des Plaines, Illinois 60018 847.375.0770 Ph 847.375.0775 Fax 800.235.2367 Ph www.usdil.com

LICENSURES AND REGISTRATIONS

Ç.

United States Drug Testing Laboratories

1700 S. Mount Prospect Road Des Plaines, fillnois 60018 847.375.0770 Ph 847.375.0775 Fax 800.235.2367 Ph www.usdtl.com

United States Drug Testing Laboratories operates under the following licensures and registrations:

State of Illinois #0023341

Drug Enforcement Administration #RL0155843

Ill. Dept. of Professional Regulation #003-097-00731-1

College of American Pathologist (FUDT) #3754202

H.H.S. - CL1A '88 #14D0712964

H.H.S. - Medicare #14-8570

State of Florida - Clinical Laboratory #L800009692

State of Lowa approved laboratory list

State of Pennsylvania #027225

State of Maryland #973

State of Oklahoma #8182

NY State Dept. of Bealth #814035A0

PATRICIA R. RECUPERO, J.D. M.D.

BUTLER HOSPITAL
THE LAW AND BEHAVIORAL HEALTH PROGRAM
345 BLACKSTONE BOULEVARD
PROVIDENCE, RI 02906

TEL: (401) 455-6360 FAX: (401) 455-6252

PSYCHIATRIC EVALUATION DR. MICHAEL LANGAN

DATES OF EVALUATION:

November 6, 2013 – with Dr. Langan November 18, 2013 – with Dr. Langan December 3, 2013 – meeting with Dr. Langan's wife

WARNINGS: Prior to the examination I informed Dr. Langan that I was evaluating him at the request of himself and the Board of Medical Licensure for Massachusetts. He understood that I was a psychiatrist; that I would be reporting my findings to the Board, and that whatever he communicated to me could be revealed to the requesting party, to counsel, in a deposition, in a hearing, at a judicial proceeding, at a trial, or to other authorized persons. I informed him that we were not entering into a physician/patient relationship and that I was not undertaking to treat him. He understood all of these statements and agreed to continue with the examination. Dr. Langan indicated that he understood the process. Dr. Langan's wife was also given the same warnings preceding one of the evaluations and also agreed to continue with the examination.

IDENTIFICATION: Dr. Langan is a 51-year-old, white, married man who presents for an evaluation of fitness to practice medicine pursuant to a request of the Board of Registration in Medicine for Massachusetts and his own request.

SUMMARY OF CONCLUSIONS:

The following is a summary of my conclusions to a reasonable degree of medical certainty. The conclusions are explored in greater detail in the body of the report, beginning on page 7.

- (1) Dr. Langan is safe to return to the practice of medicine without further supervision.
- (2) Dr. Langan has an excellent prognosis and a very low risk of relapse.
- (3) Dr. Langan has not had an alcohol use, abuse, or dependence problem.

Psychiatric Evaluation of Dr. Michael Langan

- (4) The requirement that Dr. Langan attend AA and collect names and phone numbers of other attendees was inappropriate and in violation of AA norms and traditions.
- (5) Even if AA attendance logs were not a violation of traditional treatment norms, the management of the logs was inappropriate.
- (6) Even if the Board of Registration in Medicine decides that Dr. Langan requires additional treatment and supervision, PHS should not be involved in such supervision, because there has been an irremediable breakdown in the treatment alliance as a result of the actions of PHS.

HISTORY OF PRESENT ILLNESS:

Dr. Langan dates the onset of his current difficulties to approximately 2006, when he suffered shingles as a result of having been infected with chicken pox during medical school. At that time, he was prescribed Vicodin for pain. As he attempted to decrease the use of his Vicodin as his shingles symptoms subsided, he noted that he had withdrawal signs and symptoms. He described them as "like the flu." He would attempt to stop using Vicodin, but after 48 hours he "felt horrible." He consulted John Knight at Physicians Health Services, and at first rehabilitation was suggested, but they decided that he did not need it. However, he continued with intermittent use of Vicodin that was not at first detected during routine monitoring. After beginning work with the Physicians Health Service, he did not acknowledge that he was continuing to have difficulty withdrawing from the Vicodin and was continuing to use it no more than once a day at bedtime. He willingly went to rehabilitation upon disclosure of his using of the medication.

In January of 2007, he went to rehabilitation at Talbott in Georgia for approximately three and a half months. At that time he was given suboxone for approximately four days and withdrew over the next three days. He reports that after that withdrawal period, "it was over." By that he meant that he has never returned to opiate use. In April or May of 2007, he returned to work and began seeing Lauren Pollak at Mass General as well as a psychiatrist and a counselor.

Dr. Langan's discharge from Talbott is remarkable for two factors. One factor is a diagnosis of alcohol dependence, without any supporting history or evidence of withdrawal. The second is the multiple descriptions of his personality functioning based upon psychological testing. Subsequently, after a complaint to the Georgia Psychology Board, his MMPI results were amended. Dr. Langan reports that he worked with a neuropsychologist for testing after returning to Boston, and it was as a result of consultations with the neuropsychologist that the misinterpretation and misrepresentations were discovered.

He was informed that the board would like him to take naltrexone, so he complied. At that time, it was reported that his urine was positive for an opioid metabolite, and he was sent to McLean Hospital.

In January of 2008, it was reported that Dr. Langan had a positive toxicology screen for oxycodone (oxymorphone?) and a positive hair test for oxycodone. Dr. Langan contends that these were false positives, in part because his hair was over 15 cm long and could have reflected use prior to the beginning of his sobriety. While at Talbott, Dr. Langan had "an observed urine"

Psychiatric Evaluation of Dr. Michael Langan

drug screen ... which was negative for all tested substances. Ethyl glucuronide was negative. A 12-panel hair screen for drugs obtained on 3/26/08 was also negative."

Dr. Langan participated in the McLean ambulatory treatment center at Naukeag beginning on 6/20/08, with a discharge on 7/16/08. A letter from Raymond S. Levesque, LICSW, to PHS addressed the positive urine screen issue, stating:

"The third area at issue is the positive urinc screen, which is far less sure than other issues with Dr. Langan. It is unclear what to make of this screen, and my thoughts run in the following direction. The ability of this test to be certain are confounded by issues on both sides of this, such that it is probably not possible for us to ever know for certain what this means. One thought is that this indicates one data point without any behavioral observation. In other words, what are the behavioral manifestations of use? Dr. Langan had a psychotherapy appointment on the day of the screen with no observation of uncharacteristic deportment. After this, he had two tests, nail and hair, that were negative. In general, we cannot say what this means, but it is one test in many, and if use was so out of control it would seem that Dr. Langan would have had some behavioral signs."

Dr. Langan was discharged on naltrexone, 50 mg daily.

In June of 2009, Dr. Langan had a random drug test that was positive for EtG at 550 ng/mL and for ethyl sulfate (EtS) at 115 ng/mL. Follow-up testing on July 27 was positive at 277 ng/mL and 120 ng/mL, respectively. At that time, the issue of alcohol being present in asthma inhalers was discussed, and Dr. Langan was instructed to continue his use of inhalers for his asthma. PHS concluded there was no evidence of relapse.

No records or reports for calendar year 2010 were provided by the referring source. Documents provided by Dr. Langan (summarized in this report) for 2010 indicate that he was compliant with his PHS monitoring contract during this year.

On June 20, 2011, it was reported that Dr. Langan had a positive test for EtG at 11,700 ng/mL and EtS positive at 2070 ng/mL. On June 30, 2011 Dr. Langan had a positive test for EtG of 13,700 ng/mL and for EtS of 2270 ng/mL. At that time, he was using inhalers for his asthma. The test was reported by him to have always been positive because of this mild exposure. On July 1, 2011, PEth was positive at 365.4 ng/mL. Dr. Langan notes that the usual finding for sustained drinking on a PEth test was 20. He reports that he believes that his level of 365.4 ng/mL is the second-highest level in history. As a result of the positive finding on the PEth test, Dr. Langan was sent for "evaluation." Although he objected, he chose Hazelden.

On September 18, 2011, Dr. Langan entered treatment at the Hazelden Center and was discharged on September 22, 2011. No withdrawal symptoms were noted, and he completed the residential evaluation program. Upon discharge, he was noted to have sustained remission of opiate dependence and no diagnosis of alcohol dependence.

On October 27, 2011, Dr. Sanchez wrote to Dr. Langan, stating, "Although you have indicated that you have been abstinent, we have been faced with a challenge thus far, in that we have not been able to provide monitoring that definitely excludes the possibility that you may have ingested ethanol in violation of your contract." Specific recommendations were forwarded to PHS.

In December of 2011, Hazelden's recommendations were that there was no history of current or past alcohol abuse, but they recommended that he needed a program and should go to AA.

The July 1st test, which reported a positive PEth on July 28, was given an amended report. The amended report indicated that the "external chain of custody protocol was not followed ..." Subsequently, the positive PEth test was declared invalid. On December 12, 2011, a litigation package on the PEth testing was provided to Dr. Langan. There was also a letter from PHS requesting a change in the donor ID number and a change in chain of custody.

In October of 2012, PHS reported that Dr. Langan was noncompliant with his PHS monitoring contract, in that he repeatedly represented to PHS that he participated in required peer-support group meetings that he did not, in fact, attend. Dr. Langan believes that PHS misplaced the third page of his report of attendance, thereby documenting only two months, rather than three months, of activities. He subsequently resent the additional page. At the request of PHS, Dr. Langan transcribed the hand-written list. Minor difficulties in transcription were focused on in disputes with PHS.

in November of 2012, PHS reported that Dr. Langan had a positive EtG of 1540 ng/mL and an EtS of 490 ng/mL on November 13, 2012. A subsequent test on November 19 was reported positive for EtG at 707 ng/mL and EtS at 172 ng/mL.

On December 17, 2012, PHS reported that a conflict of interest had arisen between PHS and Dr. Langan, "such that ongoing monitoring by PHS will be unable to proceed effectively..." They recommended Dr. Langan be moved to new supervision.

The litigation package request and the failure to follow protocol, in Dr. Langan's mind, formed the basis of the PHS recommendation that he attend yet another rehabilitation program. He remains convinced that the report of October 2012 to the Board was in retaliation for his request for the litigation package and the exposure of the false report.

At this time, he became active in blogging and tweeting about the "fraudulent test." He complained about these findings and what he believed to be a manipulation of the testing by PHS to the Attorney General and the FBI. He believes that he would have been discharged from the program in March of 2012 but for the false laboratory report, which was followed by increased conditions by PHS.

DEVELOPMENTAL HISTORY: Dr. Langan was born in Portland, Oregon. He reports that his grandmother died of asthma when his mother was age 7. He was the older of two brothers. He attended the University of Portland and Oregon Health Sciences University. He reports that

he suffered from allergies and asthma and, as a result of his allergies, developed a scar on his cornea from rubbing his eyes. During high school, he was hospitalized three times with asthma. He engaged in sports, primarily baseball, but that was variable depending upon the pollen season. He reports having had a best friend with whom he engaged in running and developed a small entrepreneurial business with him.

He began dating at age 17. He reports he never smoked. His alcohol history was typical for high school and college utilization. He reports having been "sick" from drinking twice during his late high-school and early college years. He reports trying marijuana once but was paranoid and fearful of exacerbation of his asthma. He also tried mushrooms once.

During medical school, his drinking was mostly on a social basis and at most was two to three beers a night on the weekend. He was a resident at St. Vincent's Hospital and during that time did not have any substance abuse issues. During fellowship time, he drank even less, because he had less social life because his friends had left town.

He remained mostly a weekend social drinker until his mother died. At that point, he noted that he increased his drinking, but not to the point where he experienced negative consequences, and he continued to have difficulty avoiding opiate medications.

He reports an episode of shingles in 2006, which he described as very painful, "feeling your hair." His entire left side of his head bothered him. It felt like he had scraped his head on the ground. He had difficulty withdrawing from the Vicodin, as noted in the History of Present Illness.

PAST PSYCHIATRIC HISTORY: As a result of neuropsychological testing and his substance use evaluations, Dr. Langan has been diagnosed with Obsessive Compulsive Disorder and Attention Deficit Hyperactivity Disorder.

RELEVANT MEDICAL HISTORY: Asthma, as noted above. Pneumothorax, 2001. Shingles.

WORK HISTORY: He has worked as a geriatrician in the Mass General system since completing his fellowship. He is currently not working, as he has been prohibited from practicing medicine by the Board.

JOB PERFORMANCE: Multiple evaluations from his employer support excellent job performance. He was issued a Letter of Advice in 2004 regarding prescription of controlled substances for family members and significant others in non-emergency situations.

MEDICATIONS: Current medications include Vyvanse, Adderall, albuterol inhaler, and beclomethasone inhaler.

Michael L. Langan, MD 41 Kilsyth Road Brookline, MA 02445 617-640-3681

Attn: Deb Stoller, Senior Board Counsel Commonwealth of Massachusetts Board or Registration in Medicine

Dear Ms. Stoller,

Attached is a petition to invalidate my February 16, 2013 suspension based on 1. The fact that PHS engaged in forensic-fraud that was investigated, corrected and reported to PHS prior to my being reported as "non-compliant" to the Board by PHS violating M.G.L. 156 (B) Section 69 and 2. The multiple violations of the Establishment Clause of the 1st Amendment by both PHS and the Board as outlined in a letter from the Appignani Legal Center dated June 6, 2013 requesting that these violations be remedied. To date the Board has not addressed these issues.

I have attached Commonwealth of Massachusetts Supreme Judicial Court Justice Margot Botsford's decision regarding a petition for relief under writ of certiorari statute G.L. c. 249 § 4 stating these "allegations are serious" and that "plaintiff would appear entitled at least to re-petition the board to stay suspension of his medical license at this time.

Due to the serious nature of these allegations, the prima facie evidence of the fraud and the fact that the Board is well aware of the issues surrounding my case by reference to all previous pleadings, attachments and submissions I request that this re-petition be expedited and decided by the next Board meeting.

1/15/15

Respectfully

Michael Langan, M.D.

Medical License #151239

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION IN MEDIINE

Middlesex, ss.

In the Matter of Michael L. Langan License # 151239 Petition to Invalidate February 16, 2013 Board Order for Medical License Suspension

Attn: Deb Stoller, Senior Board Counsel, the Executive Director, and the Entire Board and Staff

Now comes, Michael Langan, and requests the following:

I hereby petition the Board of Registration in Medicine (hereinafter "Board") to invalidate the February 16, 2013 Board Order for Suspension based on the December 21st, 2011 Board Order finding that I violated Paragraph J of my October 8, 2008 non-disciplinary Letter of Agreement (LOA) consenting to "abide fully by all terms" of a 5-year "Physician Substance Abuse Monitoring" contract entered into with Physicians Health Service, Inc. (PHS) March 18, 2008 and originally scheduled to end March 18th, 2013.

This petition for invalidation is based on prima facie evidence that Physician Health Services Inc. engaged in unethical and criminal misconduct that was the direct, sole, and complete cause of all subsequent adverse events from July of 2011 until said suspension.

Attached is Commonwealth of Massachusetts Supreme Judicial Court Justice Margot Botsford's decision regarding a petition for relief under writ of certiorari statute G.L. c. 249 § 4 stating these "allegations are serious" and that "plaintiff would appear entitled at least to repetition the board to stay suspension of his medical license at this time. If he does so, and is aggrieved by the board's response, he would be entitled to seek review of the board's decision through an action in the nature of certiorari pursuant to G.L. c. 249 § 4 within sixty days of that decision."

Judge Botsford's decision was based solely on the "strict sixty day timing requirement of GL. c. 249 § 4. As the Board is aware, during those 60-days multiple inquiries/ petitions to the Board were made regarding the "denial" of my prior petition including requests for a statement of facts and reasoning, reconsideration and rehearing. These prior requests all remain unanswered by the Board.

Documentary evidence that PHS was notified the July 1, 2011 report of a positive alcohol biomarker (that led to all subsequent events) was "corrected" on October 4, 2012 was not involved in the decision to deny the prior petition to stay suspension. The corrected test was the result of a complaint filed with the College of American Pathologists (CAP) alleging laboratory misconduct in which USDTL added my ID# and a "chain-of-custody" to an already positive test on July 19th 2011 (19 days after the specimen was drawn) at the behest of PHS. CAP confirmed the misconduct and mandated USDTL correct the test and they did so on October 4, 2012 as documented in the attached letter to Dr. Luis Sanchez, then Medical Director of PHS. (Massachusetts Medical License # 36781),

Dr. Sanchez concealed this information and subsequently reported "non-compliance" with obtaining phone numbers from fellow attendees at AA meetings on October 16th 2012 and this subsequently led to my suspension.

I was informed of the amended test by Amy Daniels, the Chief Investigator for CAP in December of 2012 when she called to follow up on subsequent events.. When Dr. Sanchez, was confronted with this fact he issued the attached letter stating that PHS "had just found out" about the amended test. The documentary evidence shows that Dr. Sanchez was made aware of the "corrected" test 67-days prior to his admission of it and affirms the Board's recommended and approved evaluator Patricia Recupero's assertion that the report of "noncompliance" was in "retaliation for Dr. Langan's persistence" in uncovering the truth of the forensic fraud perpetrated by PHS. Dr. Sanchez was informed of the "corrected" test, concealed this fact and then reported me to the Board for non-compliance which led to my suspension.

According to:

M.G.L. 156 (B) Section 69:

Whoever knowingly makes, executes or publishes any report or statement required by the law of another state or country to be made, executed, or published by a corporation, or whoever causes the same to be done, within this commonwealth, which report or statement is false in any material representation, shall be punished by a fine of not more than five thousand dollars or by imprisonment for not more than three years, or both.

As this constitutes a criminal violation I am at this time repetitioning the Board to stay and invalidate the suspension immediately.

In addition to the now confirmed forensic fraud and attempts at coverup, the Board's suspension was in violation of the First Amendment Establishment Clause. This in itself should invalidate the suspension.

These violations have been elucidated by the Appignani Legal Center in a letter to the Massachusetts DPH, Board of Registration in Medicine, and PHS dated June 6, 2013 in which they request the State "remedy" the violations. This request was ignored.

The Establishment Clause violations are well settled legally and the Board violated the Establishment Clause multiple times including their refusal to allow an evaluation at a non-12 step assessment center, their mandate to attend three "12-step meetings per week" and "obtain a sponsor, and their suspension based on allegedly not doing so.

Morevover, the Board took it upon themselves to increase the thrice weekly meetings from three months (which was recommended by PHS) to two years. (this was done at the Board's own volition and is documented in E-mails between Attorney Scott Liebert and Board Attorney Tracy Ottina).

Due to the serious allegations of criminal activity perpetrated by PHS and the clear Establishment Clause violations I hereby petition the Board to invalidate the February 16, 2013 suspension, honor the original contract which would have ended in March of 2013 and address the fraud perpetrated by PHS licensees which involves forensic fraud, concealment, HIPPA violations (it is now documented that PHS perpetrated the fraud by changing a "forensic" specimen as "clinical" in violation of HIPPA—as a non-profit corporation they cannot send "clinical specimens" and the act is ultra vires. A complaint has been filed with the DHHS-OCR which is attached) and other unethical and criminal activity.

We also request that the Board correct the public record regarding the facts and that the Board address how the damage caused to the petitioner and his family (which includes civil rights and even Bill of Rights violations) be corrected.

Due to the serious nature of the allegations and the prima facie evidence supporting the allegations we request this be addressed no later than the next Board meeting if not sooner.

I incorporate herein by reference herein all previous pleadings, attachments and submissions by reference that have been submitted by me,

Rescpectfully,

Michael Langan, M.D. License # 151239

January 20, 2015

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS.

SUPREME JUDICIAL COURT FOR SUPFOLK COUNTY DOCKET NO. SJC-2014-0437

IN THE MATTER OF MICHAEL L. LANGAN, M.D.

MEMORANDUM OF DECISION ON MOTION TO DISMISS

In this action, the plaintiff, Michael L. Langan, M.D., challenges an August 6, 2014, decision of the Board of Registration in Medicine (board) that denied Langan's petition both to stay suspension of his medical license and to reconsider the board's earlier order (dated December 21, 2011) concluding that the plaintiff was in violation of an agreement between the plaintiff and the board dated October 8, 2008. The plaintiff seeks relief under the certiorari statute, G. L. c. 249, § 4, or alternatively under the superintendence statute, G. L. c. 211, § 3.

The plaintiff filed this action on October 2, 2014, seventy-seven days after the board issued its decision denying his petition to stay suspension and for reconsideration. Due to the strict sixty-day timing requirement of G. L. c. 249, § 4, Langan cannot seek certiorari review of the board's August 6, 2014 decision. See, e.g., Committee for Pub. Counsel Servs. v. Lookner. 47 Mass. App. Ct. 833, 835 (1999), and cases cited. Time has passed, however, and the plaintiff would appear to be entitled at least to repetition the board to stay suspension of his medical license at this time. If he does so, and is aggrieved by the board's response, he would be entitled to seek review of the board's decision through an action in the nature of certiorari pursuant to G. L. c. 249, § 4, within sixty days of that decision. See Hoffer v. Board of Registration in Med., 461 Mass. 451, 456-458 (2012). Because this alternative remedy exists, relief is not available

under G. L. c. 211, § 3. See, e.g., <u>MacDougall</u> v. <u>Commonwealth</u>, 447 Mass. 505, 510 (2006), quoting <u>Soja</u> v. <u>T.P. Sampson Co.</u>, 373 Mass. 630, 631 (1977).

The plaintiff's allegations are serious. Nonetheless, because this action was not filed within sixty days of the board's decision that he challenges, the motion to dismiss filed by DALA must be allowed.

Margor Botsford
Associate Justice

Dated: January 17, 2015



MAURA S. DOYLE CLÉRK

The Commonwealth of Massachusetts SUPREME JUDICIAL COURT

FOR SUFFOLK COUNTY

JOHN ADAMS COURTHOUSE

ONE PEMBERTON SQUARE, SUITE 1300 BOSTON, MASSACHUSETTS 02108-1707 WWW.5JCCQUNTYCLERK.COM

January 13, 2015

CASE INFORMATION (817) 357-1100 FACEIMILE (\$17) 557-1117

ATTORNEY SERVICES (517) 557-(050 FACSIMILE (617) 557-1055

William J. Keefe, Esquire 801-C Tremont Street Boston, MA 02118

No. SJ-2014-0437 RE:

IN THE MATTER OF MICHAEL L. LANGAN, M.D.

NOTICE OF DOCKET ENTRY

You are hereby notified that on January 12, 2015, the following

was entered on the docket of the above referenced case:

JUDGMENT: "This matter came before the Court, Botsford, J., and in accordance with the Memorandum of Decision of this date: It is ORDERED and ADJUDGED that the petition filed pursuant to G.L. c. 249, s. 4, or alternatively, under the superintendence statute, G.L. c. 211, s. 3, be, and the same hereby is, DISMISSED." (Botsford, J.)

Maura S. Doyle, Clerk

William J. Keefe, Esquire To: Debra G. Stoller, Esquire Jo Ann Shotwell Kaplan, Assistant Attorney General Julia Kobick, Assistant Attorney General Board of Registration in Medicine

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss.

SUPREME JUDICIAL COURT FOR SUFFOLK COUNTY No. SJ-2014-437

IN THE MATTER OF MICHAEL L. LANGAN, M.D.

JUDGMENT

This matter came before the Court, Botsford, J., and in accordance with the Memorandum of Decision of this date:

It is ORDERED and ADJUDGED that the petition filed pursuant to G.L. c. 249, § 4, or alternatively, under the superintendence statute, G.L. c. 211, § 3, be, and the same hereby is, DISMISSED.

By the Court, (Botsford, I.)

Assistant Clerk

Dated: January 12, 2015



MAURA S. DOYLE CLERK

The Commonwealth of Mussachusetts

SUPREME JUDICIAL COURT

FOR SUFFOLK COUNTY

JOHN ADAMS COURTHOUSE

ONE PEMBERTON SQUARE, SUITE 1300 BOSTON, MASSACHUSETTS 02108-1707 WWW.SICLDUNTYCLERI.COM

January 13, 2015

Case information (617) 557-1 150 Faceinile (617) 557-1 117

ATTORNET SERVICES (\$17) \$57-1050 FACSIMILE (\$17) \$57-1055

William J. Keefe, Esquire 801-C Tremont Street Boston, MA 02118

RE: No. SJ-2014-0437

IN THE MATTER OF MICHAEL L. LANGAN, M.D.

NOTICE OF DOCKET ENTRY

You are hereby notified that on January 12, 2015, the following

was entered on the docket of the above referenced case:

Memorandum of Decision on Motion to Dismiss: "...The plaintiff's allegations are serious. Nonetheless, because this action was not filed within sixty days of the board's decision that he challenges, the motion to dismiss filed by DALA must be allowed." (Botsford, J.)

Maura S. Doyle, Clerk

To: William J. Keefe, Esquire
Debra G. Stoller, Esquire
Jo Ann Shotwell Kaplan, Assistant Attorney General
Julia Kobick, Assistant Attorney General
Board of Registration in Medicine



Commonwealth of Massachusetts Board of Registration in Medicine

Division of Law and Policy 200 Harvard Mill Square, Suite 330 Wakefield, Massachusetts 01880 Telephone: (781) 876-8200 Fax: (781) 876-8380

STANCEL M. RILEY, JR. MD. EXECUTIVE DRECTOR

TEMOTHY P. MURRAY LIEUTENANT GOVERNOR

November 8, 2012

W. Scott Liebert, Esq. 37 Walnut St., Suite 200 Wellesley, MA 02481

Robert Harvey, Esq.
Board of Registration in Medicine
200 Harvard Mill Sq., Suite 330
Wakefield, MA 01880

Re: Michael Langan, M.D.

Dear Counsel,

Please be advised that on November 7, 2012, the Complaint Committee determined that Dr. Langan was in violation of his Letter of Agreement ("LOA"), as amended on February 1, 2012. The Complaint Committee based its decision on the following:

Dr. Langan's LOA, as amended, includes the following provisions:

- (J) Licensee entered into a Substance Use Monitoring Contract with PHS effective March 18, 2008. Licensee agrees to abide fully by all terms of such contract, which includes a provision that PHS will promptly inform the Committee of any lapse or violation of its terms by Licensee and provides for any necessary waivers of privilege or confidentiality by Licensee. The Licensee shall follow all PHS recommendations within seven (7) days and understands that, should be decline to do so (which includes an attempt to negotiate and/or dispute PHS' recommendation), his license may be immediately suspended. PHS shall submit quarterly reports to the Committee that shall summarize in detail the Licensee's compliance with the PHS contract.
- Y) Licensee shall participate in a minimum of three (3) 12-step meetings per week for the duration of his Letter of Agreement and shall submit proof of said participation to PHS in a form agreeable to PHS. Licensee shall develop an active 12-step sponsor relationship with someone who is not a healthcare professional. The Licensee shall have weekly communications with the sponsor, which shall be verified by PHS in a manner agreeable to PHS.
 - On October 19, 2012, Physician Health Services reported that Dr. Langan was not compliant with his monitoring contract in that he was repeatedly

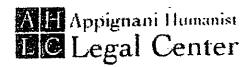
representing that he participated in required peer support group meetings when, in fact, he had not attended.

Failure to attend these peer group meetings and failure to abide by his PHS contract are violations of Paragraphs J and Y of Dr. Langan's Letter of Agreement, as amended.

As a result of their determination, the Complaint Committee has referred this matter to the full Board of Registration in Medicine for consideration of sanction. A scheduling letter will follow under separate cover.

Sincerely,

Jeanette R. Macht Deputy General Counsel



April 8, 2013

Executive Office of Health and Human Services
Attn: John Polanowicz, Secretary of Health and Human Services
One Ashburton Place
1 ith Floor
Boston, MA 02108

Board of Registration in Medicine
Attn: Robert Harvey, Esq.
cc: Kathleen S. Meyer, Candace L. Sloane, Gerald. B. Healy, Marianne E. Felice
200 Harvard Mill Sq., Suite 330
Wakefield, MA 01880

Physician Health Services, Inc.
Attn: Luis Sanchez, Director
cc: Linda Bresnahan, Director of Program Operations,
cc: Debra A. Grossbaum,
860 Winter Street
Waltham, MA 02451

Re: BRM and PHS Must Offer Secular Alternatives to AA/NA in Disciplinary Contracts

Ladies and Gentlemen:

I am writing to alert you to a serious separation of church and state concern. It has recently come to our attention that the State Board of Registration in Medicine ("BRM") required a doctor by the name of Michael Langan to attend 12-step substance abuse treatment programs (Alcoholies Anonymous ("AA") and Narcotics Anonymous ("NA")) as a condition of keeping his medical license. Both AA and NA are inherently religious programs. Mr. Langan was not offered the choice of a secular program. BRM's failure to inform doctors in need treatment of secular alternatives to religious 12-Step programs, in the context of the coercive state power involved, unconstitutional.

The American Humanist Association ("AHA") is a national nonprofit organization with over 10,000 members and 20,000 supporters across the country, including in Massachusetts. Our purpose is to protect one of the most fundamental principles of our democracy; the mandate requiring separation of church and state embodied in the Establishment Clause of the First Amendment.

It is our understanding that in December 2011 BRM entered into a letter of agreement ("LOA"), drafted by Physician Health Services, Inc. ("PHS"), with Langan, ordering him to participate "in a minimum of three 12-step meetings per week" and to develop an "active 12-step sponsor relationship" or lose his medical license. Langan was instructed to report his progress to PHS. In a letter dated December 22, 2011, describing the terms of the LOA, BRM warned that he "shall follow all PHS recommendations within seven (7) days and understands that, should he decline to do so

(which includes an attempt to negotiate and/or dispute PHS' recommendation), his license may be immediately suspended." Langan was never offered secular alternatives. Langan immediately objected to PHS stating that AA is not consistent with his own "beliefs and spirituality" and that admitting he is "powerless over something is the antithesis of my helief system." Langan asked for an alternative to 12-step programming. PHS denied his request. Langan reached out to a doctor who runs a local secular program and she accepted him into the physicians support group. Langan asked PHS if he could attend that program instead of AA but was told no. On November 8, 2012, BRM sent a letter to Langan's attorney indicating that Langan breached his LOA for failing to attend the 12-step meetings. On February 6, 2013, BRM suspended Langan's license for failing to attend the meetings.

The federal courts have made clear that for "the government to coerce someone to participate in religious activities strikes at the core of the Establishment Clause of the First Amendment." Inouye v. Kemna, 504 F.3d 705, 712 (9th Cir. 2007). It is "indisputable that the 12 Steps of Alcoholics Anonymous are religious in nature." Miner v. Goord, 354 Fed. Appx. 489, 491 (2nd Cir. 2009). The state may only require participation in such religious treatment programs if a "secular alternative... is provided." Id. at 492 (citing Griffin, 88 N.Y.2d at 677). The courts have unanimously concluded that the Establishment Clause is violated when the state conditions a benefit upon attendance of AA/NA without offering secular alternatives.

In Kerr v. Farrey, 95 F.3d 472, 474 (7th Cir. 1996) the Seventh Circuit held that requiring an inmate to attend NA meetings for parole eligibility violated the Establishment Clause. In that case, NA was the only program available and the inmate, like Langan and other physicians facing disciplinary charges in Massachusetts, was "subject to significant penalties if he refused to attend the NA meetings." Id. at 479. The Second Circuit reached a similar conclusion in Warner, 115 F.3d 1068 (2nd Cir. 1997), finding a probation condition requiring attendance at AA meetings violated the Establishment Clause. The court based its decision on the fact that "[n]either the probation recommendation, nor the court's sentence, offered Warner any choice among therapy programs," but "directly recommended A.A. therapy to the sentencing judge, without suggesting that the probationer might have any option to select another therapy program, free of religious content." Id. at 1075.

The state cannot put the anyone in the position of having to ask for the secular alternatives. Rather, the duty is on the State (or its agents) to make the option known and available. See Bausch v.

See Inouve, 504 F.3d at 710 (9th Cir. 2007); Warner v. Orange County Dep't of Probation, 115 F.3d 1068, 1074-75 (2th Cir. 1997) (unconstitutional to impose participation in AA/NA as a probation condition); affirmed, 173 F.3d 120, 121 (2nd Cir. N.Y. 1999), cert. denied sub nom., 528 U.S. 1003 (1999); Kerr v. Farrev, 95 F.3d 472, 479-80 (7th Cir. 1996); Alexander v. Schenk, 118 F. Supp. 2d 298, 301-02 (N.D.N.Y. 2000); Warburton v. Underwood, 2 F. Supp. 2d 306, 318 (W.D.N.Y. 1998); Ross v. Keelings, 2 F. Supp. 2d 810, 817-18 (E.D. Va. 1998); Messere v. Dennehy, 2007 U.S. Dist. LEXIS 65529, *17-18 (D. Mass. Aug. 8, 2007); Arnold v. Tenn. Board of Paroles, 956 S.W.2d 478, 484 (Tenn. 1997) (where program is religious and is the only one available, forced participation violates Establishment Clause); Griffin. 88 N.Y.2d at 691-92 (same); See also, Armstrong v. Beauclair, 2007 U.S. Dist. LEXIS 24008 (slip op.) (D. Idaho 2007) (striking down AANA requirement as parole condition where no secular alternatives were offered); Turner v. Hickman, 342 F. Supp. 2d 887, 895-97 (E.D. Cai. 2004) (same); Nusboum v. Terrangi, 210 F. Supp. 2d 784, 789-91 (E.D. Va. 2062); Bausch v. Sumjec, 139 F. Supp. 2d 1029 (E.D. Wis. 2001); Rauser v. Horn, 1999 U.S. Dist. LEXIS 22583, at *19-*20 (W.D. Pa. Nov. 2, 1999) (cocreed participation in NA/AA violated Establishment Clause), rev'd on other grounds, 241 F.3d 330 (3d Cir., 2001); Pirtle v. Cal. Bd. of Prison Terms, 611 F.3d 1015, 1024 (9th Cir. 2010) (noting that requiring prisoner to attend AA as a condition of parele would violate the First Amendment). Cf. In re. Garcia, 106 Wn. App. 625, 634-635 (Wash, Ct. App. 2001) (agreeing that "mandating attendance at [A.A.] classes" violates the Establishment Clause but finding no violation where "alternative classes without religious-based content were provided").

Like Langan, the immate regarded NA's "deterministic view of God to be in conflict with his own belief about free will."
 Specifically, Langan faced suspension of his medical license and was warned by BRM that disputing or even attempting to negotiate the terms of his contract forcing him to attend such meetings alone could result in immediate suspension.

Sumiec, 139 F. Supp. 2d 1029, 1034 (E.D. Wis. 2001) (ruling that the Establishment Clause was violated when the state presented a 12-step program as a condition of parole, even though plaintiff may not have objected, because the religious program "was presented to plaintiff as the only available and feasible alternative to revocation, he faced the 'force of law' and the 'threat of penalty.'"). As the court in Bausch noted, an individual cannot "be considered to have a choice when the available options are unknown to him." Id. at 1035. Indeed, it is the "government's obligation always to comply with the Constitution, rather than to do so only upon request." Id. As is the case here, the court emphasized the unequal bargaining power of the respective parties, noting that a parolee is "in no position to request concessions or to propose alternatives." Id.

In light the clear command of law that those who may coerce anyone into substance abuse treatment must inform them of secular alternatives, BRM clearly needs to change its policies and practices to bring them in line with the Constitution. Secular programs must be presented on equal footing with 12-Step ones in every regard, including discussions with doctors and in all BRM materials presented or made available to them.⁵

If you not aware of local secular programs, I can recommend SMART Recovery's group-based program. It is a resource for addiction recovery recognized by the American Academy of Family Physicians, the Center for Health Care Evaluation, the National Institute on Drug Abuse (NIDA), U.S. Department of Health and Human Services, and the American Society of Addiction Medicine. SMART Recovery offers group-based meetings throughout Massachusetts and the greater New England area on a frequent basis.

In the interest of avoiding any potential litigation, please notify me in writing about the steps you are taking to remedy this constitutional violation. Thank you for your time and attention to this matter.

Sincerely,

William J. Burgess, Esq. Appignani Humanist Legal Center American Humanist Association

See also Warner, 115 F.3d at 1075 (finding it coercive to sentence probationer to AA "without suggesting that the probationer might have any option to select another therapy program, free of religious content"); Rauser, 1999 U.S. Dist. LEXIS 22583, at *19 (W.D. Pa. 1999); Griffin, 88 N.Y.2d 674; Arnalet, 956 S.W.2d at 484 (Tenn. 1997).

The is our understanding that none of the programs currently listed on the PHS website are secular. See http://www.massmert.org/Content/NavigationMenu6/HelpingYourselforaColleague/Physician Peer Supp.htm. Additionally, the State Health and Human Services website, which provides a list of "substance abuse services," is comprised solely of AA/NA programs and does not list any secular alternatives. See http://www.mass.gov/eohbs/consumer/disability-services/services-by-typo/deaf-hb/substance-abuse-services/recovery-support-meetings.html

⁶ See http://www.smartrecovery.org/

⁷ See http://www.smartne.org/meetings.html



Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330 Wakefield, Massachusetts 01880 (781) 876-8200

Enforcement Division Fax: (781) 876-8381 Legal Division Fax: (781) 876-8380 Licensing Division Fax: (781) 876-8383

TIMOTRY P. MURRAY LIEUTENANT GOVERNOR

April 19, 2013

William J. Burgess, Esq. Appignani Humanist Legal Center American Humanist Association 1777 T Street NW Washington, D.C. 20009-7125

Dear Attorney Burgess,

I am in receipt of your letter dated April 8, 2013 which was sent to John Polanowicz, Secretary of MA Executive Office of Health and Human Services, Robert Harvey, Counsel with the MA of Board of Registration (Board) and Dr. Luis Sanchez of Physician Health Services, Inc. (PHS). I am responding on behalf of the Board members and Attorney Harvey.

The physician who you named in your letter currently has an open matter with the Board and therefore, it would be inappropriate for the Board members to receive your letter. Additionally, as you are not the attorney of record for the physician, I am unable to comment on the assertious you have made regarding the physician and his interaction with the Board and PHS.

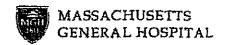
I assure you, however, that the Board adheres strictly to the applicable federal and state laws and regulations in every interaction it has with its licensees. If you have not done so already, you may wish to discuss your concerns with PHS counsel as to its contracts with physicians. Thank you.

Sincerely,

Benice 1. Benin

Brenda A. Beaton General Counsel

cc. John Polanowicz
Secretary, EOHHS
Dr. Luis Sanchez
Physician Health Services, Inc.





Massachusetts General Hospital Department of Pathology 55 Fruit Street, Bigelow 510 Boston, Massachusetts 02114-2466 Phones 617-726-3635 Fax: 617-726-9206

11/05/2012

Jacob Hafter, Esq, 7201 W. Lake Mead Blvd, Suite 210 Las Vegas, NV 89128

Subject: Blood Collection/Testing Performed on Michael L. Langan, MD on July 1, 2011

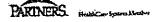
Dear Sir:

I write you to provide my professional opinion regarding the quality and validity of testing performed on Michael Langan's (MLL) blood drawn on July 1, 2011 by a Quest Diagnostics specimen collector, at the request of Mary Howard of Physician Health Services, Inc (PHS).

As background, I have directed the MGH Chemistry and Toxicology Laboratories for nearly thirty years, and have both a clinical and academic interest in drug and drug-of-abuse testing. I have implemented many serum, urine, and oral fluid drug-of-abuse testing programs at MGH, including ones that dealt with "chain-of-custody" and Medical Review Officer issues. Much of my clinical work involves drug-of-abuse test interpretation for MGH clinicians.

I reviewed the documents MLL provided me relating to the July 1, 2011 testing. I was astonished at the large number of errors (including so-called "fatal" ones) and out-of-SOP events that occurred during the blood collection, processing, and transportation between 7/1 and when the specimen was finally received (seven!) days later by USDTLabs (where testing was actually done several days later). This is a very unusual delay; how the specimen was stored by the clinical (not forensic/"chain-of-custody") lab at Quest is not documented. This represents a serious, if not fatal flaw in the testing of MLL's blood. As a comparison, recall a recent very public case involving Major League Baseball vs. a league MVP. A positive urine performance-enhancing drug test was invalidated because there was only a 2-3 day explainable delay (because of a weekend transportation issue) in sending a sample to the testing lab. I think the seven day delay here is indefensible and will result in the overturning of any decisions based on MLL's very-flawed 7/1/2011 testing.

The many other errors in sample collection, processing, and transportation to USDTLabs include:



- 1. PHS directed Quest to use a chain-of-custody form (CCF) twice in PHS's order that initiated the 7/1/11 testing. The Quest specimen collector did not use the required form.
- The collector then incorrectly used the PHS-to-Quest test order form, instead of a CCF. This resulted in fatal/significant errors noted in 3 below.
- 3. The documentation received by USDTLabs with the specimen on 7/8/11 did not have a date and time of specimen collection, proper ID of the collector, signature of the sample donor, or a tamper-proof seal affixed to the specimen.
- 4. On 7/1-7/2 someone (the 7/1 specimen collector?) incorrectly directed the sample to the clinical (not forensic/"chain-of-custody") QUEST lab in Cambridge, despite the clear instructions on the PHS order form. There the specimen sat for several days without documentation of its storage conditions.

By their own policy, upon receipt USDTLabs should have rejected the specimen because of the several fatal flaws involving chain-of-custody. They did not. Additionally, the Medical Review Officers (MROs) at both PHS and USDTL evidently ignored the fatal flaws and allowed the positive Phosphatidylethanolamine (PEth) result to be reported without any comment. As a standard of care, an MRO needs to investigate positive results to try and determine if there is an explanation(s) for them. The PHS MRO had an opportunity to clarify the 7/1/11 results when reviewing them. PEth is detectable for up to four weeks after exposure to ethanol, given its 4 day half-life. A repeat test drawn in the 7/15-7/20/2011 period, if negative for PEth, would have clarified the 7/1/11 result as a false-positive. Evidently the PHS MRO did nothing to clarify the situation, as PHS did not request a blood PEth test again on MLL until August, when it was too late to clarify the 7/1/11 test.

The actions PHS did take in July 2011 included requesting that Dr Langan's ID number be added to the already positive sample (19 days after specimen collection). They also requested that the lab report be updated to reflect that chain of custody was maintained. This second request is highly irregular. "Chain-of-Custody" never existed for MLL's 7/1/11 sample, and updating a report to say it did exist, many days after the fact, is wrong. Why PHS requested that chain of custody be added when there is not one is suspicious.

In conclusion, it appears from these documents that there is a purposeful and intentional act by PHS to show MLL's 7/1/11 test as valid when in reality this test was invalid, and

involved both fatal laboratory errors and lack of adequate MRO review of results. Anything based on MLL's 7/1/11 test as a confirmatory positive should be reversed, rectified, and remediated.

James C. Flord PhD

Dr. James G. Flood, PhD Director, Chemistry Laboratory Massachusetts General Hospital

Assistant Professor of Pathology Harvard Medical School

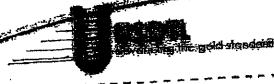
Blood collection instructions

Materials needed for collection

- requisition form
- forensic blood collection kit
- ▶ courier exempt human specimen overwrap
- 1. Verify the donor with a government-issued photo ID. (driver's license, state ID, passport)
- 2. Record the donor information on the requisition form.



- 3. Using one of the provided gray top Vacutainer tubes, execute blood draw following local Standard Operating Procedure. Discard the second valuatines tube if not needed.
- 4. Peel the long chain-of-custody label from the requisition form and affix over the capsof the transportate to place label over the cap will result in a "Rejected Specimen".
 - 5. Have the donor print, sign and date the donor consent certification on the requisition form.
 - 6. The collector should print, sign and date the collector certification on the requisition form.
 - 7. Place the specimen tube(s) into the plastic tube holder.
 - 8. Remove the adsorbent paper from the specimen bag and drape it over the tube between the two halves of the plastic tube holder.
 - 9. Place the plastic tube holder in the specimen bag and seal the bag.
 - 10. Place the requisition form and specimen bag into the exempt human specimen-labeled transport box and seal the box with the box seal sticker.
 - 11. Place the transport box into the courier's exempt human specimen overwrap shipping bag. Contact your courier for pick-up.





UNITED STATES DRUG TESTING LABORATORIES 1700 S. MOUNT PROSPECT ROAD DES PLAINES, ILLINGIS 60018-1804 847-375-0770 fax 847-375-0775

Report Luis Sanchez MD Physicians Health Services 860 Winter Street Waltham, MA 02451 Cust ID PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of 1310 Name NA Lab Sample-ID 877649

Lab Sampielli 0/1048 Donor ID 464430 Test Reason Not given

Type Blood

Collected 7/1/2011:00:00 Received 7/8/2011:10:48

Reported 7/20/2014 18:17

Tests Requested

PEth-BLD Phosphatidyl Ethanol			Sample POSITIVE		
Test	Result	Quantifiation	Screen Limit	Confirm	
PHOSPHATIDYL ETHANOL	POSITIVÉ		20 ng/mL	•	
Phosphatidyl Ethanol (LCMSMS.)	POSITIVE	385.4 ng/mi		20.0 ng/mil.	

Sample Comments

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 48143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011

N

Internal Cardification Hardcopy

4, Jois 20 2011 4 17.08 PM

Laboratory Charlettage (Said-1860) Scientific Director Dountes Laws



UNITED STATES DRUG TESTING LABORATORIES 1700 & MOUNT PROSPECT ROAD DES PLAINES, ILLINOIS 60018-1804 847-375-0770 tax 847-375-0775

Report Luis Conchox MD Physicians Health Services 880 Winter Street Watthem, MA 02451

CustiD PHSWMA Client Physicians Health Services Location Collector

Sample information

Chain of 481430 Name NA Lab Sample ID 877849 Donor ID 461430 Test Reason Not given Type- Blood Collected Received: 7/8/2011 10:45 Reported 7/14/2011 18:39

Tools Requested

Tests Requested	ente di	Sample POSIT	IVE	
PEth-BLD Phosphabity/ Ethanol	Result	Quantitation	Screen Limit	Confirm
PHOSPHATIDYL ETHANOL Phosphaticyl Ethanol (LCMSMS)	POSITIVE POSITIVE	365.4 ng/ml.	20 ng/mil.	20,0 ng/mL

internal Certification Hardcopy

Physics, Joy 14 2011 6.39-45 PM

ة غم يا سيوية

Charles Poplate, Pho Laboratory Scientific Director Doubles Lewis

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation
www.physicianteshiung

Litte T. Stocker, MID

866 Winder Street Walthern, MA 62451-8614 [781] 434-7404 - (2001) 372-2203 Fex (730) 885-5321

Date: July 19, 2011

To: United States Drug Testing Laboratories

Fax: 847-375-0775

Total minuber of pages: 3

Account Number: PHSWMA for Physicism Health Services

color Kendyll

RE: Specimen Chain of: 461430

Donor ID as listed: 461430

Donor ID: 1310

Collection Date: 7/1/2011 Received Date: 7/8/11

Please update the lab report to reflect the donor ID number as listed on the order: to 1310

Please update the lab report to reflect that chain of custody was maintained.

Requested by Mary Howard:

(bangia)

If you have any operations, picase call Linda Bresnahen 781-434-7404



United States Drug Testing Laboratories

1700-5. Mount Prospect Road Des Plaines, Illinois 60018 847.375.0775 Fox

847.375.0770 Ph.

800.235.2367 Ph

www.usdtLcom

SUMMARY OF RESULTS

ACCOUNT:

Physician Health Services

USDTL NUMBER:

877649

SPECIMEN ID:

1310 461430

MATRIX:

Blood

TEST REQUESTED: Phosphatidylethanol - Blood

INITIAL TEST

METHOD: Drug

Liquid Chrometography - Tandem Mass Spectrometry

Cutoff '

Response of

Result

(ng/mL)

Specimen (ng/mL)

Phosphatidylethanol

20

255.4

POSITIVE

CONFIRMATION TEST

METHOD:

Drug

Liquid Chromatography - Tandem Mass Spectrometry

Response of Cutoff

(ng/mL)

Specimen (ng/mL)

Phosphatidylethanol

20

365.4

POSTTIVE

Result

I certify that the specimen identified by the laboratory accession number above has been examined upon receipt, handled, and analyzed in accordance with this laboratory's Standard Operating Procedure. Dec 03, 2011

Toncs, MS, NRCC-TC ise President, Laboratory Operations

JUL-01-2011 FRT 12:23 PM

FAX NL

P. 01/01

PHYSICIAN HEALTH SERVICES, INC.

. A Minumchanetts Medical Society corporation west reference in the second

6404465

MAKEMS1-1/14 (781) 454-7404 - (800) 373-3783 Fex (781) 263-6121

Date: July 1, 2011

Pax in: Quest Diagnostics - 1180 Beacon Street, Brooklin

Fax#: (617) 739-2941

(plant 617-232-5733)



For collection on Friday, July 1 for PHS Participant # 1310.

Please order Test: Phosphatidyl Ethenol, USDTL Test Code PEthStat by writing this information on the chalu of custody form.

> The test requires Stal whole blood in purple, gray or green top tube.

Requested by Mary Howard M. Howard 7/1/11

If you have any questions please call me at: (781) 434-7404

Including a copy of this fax with the chain of costedy form may help with the send out by Samplayer Solutions: Sample to be sent for leading to:

DSDIL Midness:

1700 South Mount Prospect Rd. Des Plaines, IL 60018

(800) 235-2367

21001. dated

110.70cm

pt. Signature)

K:WHM5QuentAdd-On Testing:WEth testing/PEth Q-Brackline Liter

PHYSICIAN HEALTH SERVICES, INC.

A Massachuserts Medical Society corporation. www.physicianbeshis.org

Leie T. Sancheza, MD Director

gan Winter Stores Welcham, MA 12457-1414 (781): -134-74(+4 - (808) 323-1385 Faz (781: 893-5321

December 11, 2012

Robert Harvey, Esq. Physician Health & Compliance Board of Registration in Medicine 200 Harvard Mill Square, Suite 330 Wakefield MA 01880

RE: Michael Langan, M.D.

Dear Attorney Harvey:

Yesterday, December 10, 2012, Physician Health Services (PHS) received a revision to a laboratory test result for Dr. Michael Langan from a blood sample which he provided on July 1, 2011, which result was reported to you by letter of July 28, 2011 as positive for Phosphatidyl Ethanol (PEth). The amended report indicates that the "external chain of custody protocol [for that sample] was not followed per standard protocol."

PHS did not make a determination of relapse following that positive test, nor is PHS aware of any action taken by the Massachusetts Board of Registration in Medicine (MA BRM) as a result of the July 28, 2011 report. However, based on the amended report, PHS will continue to disregard the July 2011 PEth test result.

If you have any questions, please do not hesitate to contact me.

Sincerely

Luis T. Sanchez. A

cc; Michael Langan, M.D. Gary Chinman, M.D. Kenneth Minaker, M.D.

Timothy Wilens, M.D.

This information has been disclosed to you from records projected by Faderal confidentiality rules (42 CFR Part 2]. The Federal rules prohibit were from making any further dischours of this information acless further disclosure is expressly permitted by the written consent of the person to whem it permits of \$8 otherwise permitted by 42 CFR Part 2 A general authorization for the release of medical or other information is not sufficient for this propose. The federal rules restrict any use of the information to ainitially investigate or pain who are any alcohol or distriction parious

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation www.physiclanheslth.org

LUIS T. SANCHEZ, MD Director

860 Winter Street Waltham, MA 02451-1414 (781) 434-7404 - (800) 322-2303 Fax (781) 893-5321

October 23, 2012

Robert Harvey, Esq. Physician Health & Compliance Board of Registration in Medicine 200 Harvard Mill Square, Suite 330 Wakefield, MA 01880

RE: Michael Langan, M.D.

Dear Attorney Harvey:

This letter is to provide you with written documentation of a prior veroal report made on October 19, 2012 that Michael Langan, M.D. was non compliant with his Physician Health Services (PHS) monitoring contract in that he repeatedly represented to PHS that he participated in required peer support group meetings that he did not, in fact, attend.

PHS has recommended that Dr. Langan participate in an evaluation at a facility skilled in working with health care professionals. Upon completion of this assessment, PHS will consider how and whether ongoing PHS monitoring will proceed.

If you have any questions, please do not hesitate to confact me.

/mh

ec: Michael Langan, M.D. Gary Chinman, M.D.

> Cats information has been disclosed to you from records protocted by Federal confidentiality mies (42 CF4est 2). The Foderal rules prediits you from making any further discionare of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CPR Part 2. A general sufficiention for the reference of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to rindually investigate in prosecute any alcohol or drog piness patient.



January 12, 2012

Dr. Michael Langan Langan.MichaelL@mgh.harvard.edu Reference Number: 4989, 4990 CAP Number: 1147901

AU ID: 1176738

Dear Dr. Langan:

I am writing to confirm acknowledgement of your concerns regarding Quest Diagnostics Laboratory in Cambridge, MA and US Drug Testing Labs in Des Plaines. IL Thank you for bringing your concerns to the attention of the College of American Pathologists (CAP). We are currently investigating the issues that you raised.

Most investigations are completed within four months. You will be notified when this investigation is completed. If you have any questions, please contact me at 800-323-4040, extension 7471.

Sincerely,

Amy barriels, MT (ASCP) Manager, Investigations

Laboratory Accreditation Program

New Occument recent

Many

UNITED STATES DRUG TESTING LABORATORIES 1700 S, MOUNT PROSPECT ROAD DES PLAINES, ILLINOIS 60018-1804 847-375-0770 fex 847-375-0775

Report To Luis Sanctiez MD
Physicians Health Services
860 Winter Street
Waitham, MA 02451

Cust ID PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of Custody 1310

Name NA

Lab Sample ID 877649

Donor ID 461430

Test Reason Not given

Type Blood

Collected 7/1/2011 00:00

Received 7/8/2011 10:46

Reported 10/4/2012 12:50

Tests Requested

PEth-BLD Phosphelidyl Ethanol (Blood)		Sample POSITIVE			
	Result	Quantitation	Screen Limit	Confirm	
PHOSPHATIDYL ETHANOL	POSITIVE		20 ng/mi_	_	
Phosphatidyl Ethanol (LCMSMS)	POSITIVE	365.4 ng/mL		20.0 ng/mL	

Sample Comments

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 48143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011

APPENDED REPORT: EXTERNAL CHAIN OF CUSTODY PROTOCOL WAS NOT FOLLOWED PER STANDARD PROTOCOL.

Certification

Data approved by Joseph Jones on 10/4/2012

10/Y/12 Dey

Traceday, C-Tober 04, 2012 12:51:01 PM



UNITED STATES DRUG TESTING LABORATORIES 1700 S. MOUNT PROSPECT ROAD DES PLAINES, ILLINOIS 80018-1804 847-375-0770 EX 847-375-0775

Report Luis Sanchez MD
Physicians Health Services
860 Winter Street
Waltham, MA 02451

Cust ID PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of 1310
Name NA
Lab Sample ID 877649
Donor ID 481430

Test Reason Not given

Type Blood

Collected 7/1/2011/00:00 Received 7/8/2011 10:48 Reported 7/20/2011 16:17

Tests Requested

PEth-BLD Phosphatidyl-Ethanol (Blood)		Sample POSITIVE		
Test	Result	Quantitation	Screen Limit	Confirm
PHOSPHATIDYL'ETHANOL Phosphatidyl Ethanol (LCMSMS.)	POSITIVE POSITIVE	365.4 ng/mL	20 ng/ml.	20.0 ng/mL
	å*		•	

Sample Comments

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 48143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011

Internal Certification Hardcopy

1-14, Ji6, 20 2011 4 17 08 PM

Lebository Charlebage Cook #hD Scientific Director Doubles Lemis



UNITED STATES DRUG TESTING LABORATORIES 1700 S. MOLINT PROSPECT ROAD DES PLANES, ILLINOIS 50018-1804 847-375-0770 fax 847-375-0775

Deport Lois Sanchez MD Physicians Health Services 880 Winter Street Walthern, MA 02451

Custio PHSWMA Client Physicians Health Services Location Collector

Sample information

Chain of 461430

Name NA

Leb Sample ID 877649

Donor ID 461430

Test Reason Not given Type Blood

Collected

Received: 7/8/2011 10:46 Reported 7/14/2011 18:39

Tests Requested

Tests Requested Phosphatidyl Ethanol ((Biood)	Sample POSIT	IVE	
- Colonia	Result	Quantitation	Screen Limit 20 ng/mL	Confirm
PHOSPHATIDYLETHANOL Phosphatidyl Ethanol (LCMSMS)	POSITIVE	365.4 m/mL	\$0.46kmr	20.0 ng/ml_

FAX NO.

P. 01

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation was physician healthurg

Lais T. Sancher, MD precess 860 Winter Street Waltison, MA 02421-1814 (781) 434-7604 - [100) 322-2300 New (781) 893-5321

Date: July 19, 2011

To: United States Drug Testing Laboratorica

Fax: 847-375-0775
Total number of pages: 3

Account Number: PHSWMA for Physician Health Services

com: Kendyll

RE: Specimen Chain of: 461430

Donor ID as listed: 461430

Dozor ID: 1310

Collection Date: 7/1/2011 Received Date: 7/8/11

Please update the lab report to reflect the donor ID number as listed on the order; to 1310

Please update the lab report to reflect that chain of custody was maintained.

Requested by Mary Howard

(signed)

If you have any questions, please call Linda Bresnahan781-434-7404

FEX 7/19/211 Plequetty by

10 & 1310 De added to Eq

Almosty & Test of Property to

1310 Per 1

PHYSICIAN HEALTH SERVICES, INC.

A Massachusents Medical Society corporation

HTTM - 5 Catt C1254 T

Ixin T. Sanchez, MD

Director

860 Winter Street Wakham, MA 02451-1414 (781) 434-3404 • (809) 522-2303 Faz (781) 893-5321

July 29, 2011

Michael L. Langan, M.D. 41 Kilsyth Road Brookline, MA 02445

As you know, you recently tested positive for ethyl glucuronide on two occasions and for phosphanidyl ethanol on one occasion. At this time, Physician Health Services, Inc. (PHS) is recommending that you participate in an independent evaluation with a program skilled in working with health care practitioners to assist in the assessment of your current health in working. Below please find contact information for programs that can provide this service. Please contact one of the below providers to arrange for an evaluation.

- Msrworth Treatment Center 200 Lily Lake Road Waverly, PA 18471 (570) 563-1112.
- Hazelden
 15251 Pleasant Valley Road
 Center City, MN 55012
 (651) 213-4000
- Bradford Health Services-Warrior 1189 Albritton Road Warrior, AL 35180 (800) 333-1865

Please be advised that you are responsible for the fees associated with the chosen resource. Therefore, please address cost and payment arrangements directly with your chosen program prior to scheduling an appointment.

It is anticipated that you will contact one of the above programs by Angust 12, 2011. Once you have chosen a program, please sign the enclosed consent form to allow PHS to communicate with that program in extremes of your participation. This consent form can be faxed to PHS at (781) 893-5321.

Upon completion of the evaluation, PHS will be requesting a written report which we will consider when making recommendations for further services and continued monitoring. If you need additional resources, please let me know. If you have any questions, please contact Dr. Chinman at (617) 738-8900.

Sincerely

Lais T. Sanchez, A

/dinc Enclosures

cc: Gary Chimman, M.D.

This information is intended to payer as a general resource. No recommendation or endormment by Physician Health Services for the individual(s) or no vicus(s) listed is expressed or implied. Dits information does not constitute legal advice. Physician Health Services is not responsible for the recommendations of or the quotity of the work provided by any of the porties listed.

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation
www.physicianhealth.org

Luis T. Sanchez, MD Director

860 Winter Street Waltham, MA 02451-1416 [781] 434-7404 • (800) 322-2305 Fax (781) 893-532+

July 28, 2011

Robert Harvey, Esq.
Physician Health & Compliance
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

RE: Michael Langan, M.D.

Dear Attorney Harvey:

This letter is to provide you with written documentation of a prior verbal report made on July 19, 2011 that Dr. Michael Langan had a positive test for phosphatidyl ethanol at a level of 365.4 ng/mL on a random drug test on July 1, 2011.

Physician Health Services has requested that Dr. Langan participate in reevaluation at this time.

If you have any questions, please do not hesitate to contact me.

Sincerely

vic T CV

/mh

cc: Michael Langan, M.D. Gary Chinman, M.D. Scott Liebert, Esq.

This information has been illustrated to you freel mounts protected by Federal confidentiality rules (42 CFn fart 2). The Pederal rules probable you from making any further disclosure of this information states further disclosure in expressly parameted by the written consent of the person to whom it pertains at as otherwise privated by 42 CFR Part 2. A general multiprization for the release of modical or other information is not sufficient for this purpose. The Federal rules making any enter of the leftvinentum to criminally investigate or presentate any along a being subsite patient.

Fwd: Langan, Michael

Michael Langan [mllangan1@me.com] Saturday, December 29, 2012 8:05 PM

Langan, Michael L.M.D.

Attachments:Choateletter2012-12-28.pdf (263 KB)

Begin forwarded message:

From: "Knight, John" < John Knight@childrens.harvard.edu>

Date: December 29, 2012 2:18:51 PM

To: Michael Langan <mllangan @me.com>

Subject: RE: Langan, Michael

Not yet. Today I received the attached letter, attached were copies of my confidentiality agreements with PHS. You may pass it on to Mr. Hafter. Essentially they would like to gag me, because they pretty much Michael. know what I will have to say and that I am a very credible expert in this area.

Before I have to retain my own counsel, I shall try one more time to see if Corinne and John are willing to sit down with me and talk this through. Hope remains, but barely, for us to negotiate structural and procedural changes in PHS and its governing board. But it is quickly slipping away.

Thanks for your patience. Never doubt whose side I am on: I am on the side of Truth, and that supports your grievnce.

iohn

us, printing, or This CONFIDENTIAL MESSAGE is intended for you the recipient only, Federal Law prohibits forward atherwise showing the contents of this necessee to anyone cise without the sender's express permission. If you receive this message in error, please delete it and notify the sender immediately.

From: Michael Langan [mailto:mllangan1@me.com]

Sent: Friday, December 28, 2012 8:48 PM

To: Knight, John

Subject: Fwd: Langan, Michael

John - did you ever speak with Jacob Hafter?

Sent from my iPhone

Begin forwarded message:

From: Jacob Hafter < jhafter@hafterlaw.com> Date: December 28, 2012, 5:33:39 PM EST

To: "Harvey, Robert E (MED)" < robert e harvey@state.ma.us>

Ce: "Michael Langan (milangan i @me.com)" <milangan i @me.com>

Subject: RE: Langan, Michael

CHO AT E

m.F. Shirk

December 28, 2012

VIA EMAIL & CERTIFIED MAIL RETURN RECEIPT REQUESTED

John Kuight, M.D. 15 Freehingham Street Milton, MA 112186

Re: Physician Health Services

Dear De. Knight:

As you know, this Firm represents Physician Health Services, Inc. (PHS'). We write in response to your December 14, 2012 email to Corinne Broderick and Dr. John Framson regarding a PHS client.

Picase be advised that your disclusure of any confidential information concerning any PHS chiem of former chient, including but not limited to the client who you identified as "MI_ would be a breach of your Non-Disclosure and Associate Director Agreements with PHS, copies of which we enclose. Additionally, it would violate the Massachusetts Peer Review Statute, See M.G.L. Chapter 1.11, Sections 1, 2,03-2,05.

Please confirm at your earliest convenience that you have not disclosed, and will not disclose. any such protected information.

Acth anily knower

Transit Skirley isc

Thomas E. Shiricy

Enclosures

Connue Broderick (viu email & regular mail w encls.) Dr. John Fromson Ivia email & regular mail wi ench.)

gallinate for his form in the helpform yet. Her to be not dooste even

5608560v1

8. NON-DISCLOSURE

As an Associate Director of PHS your work is an integral part of the peer review process. You will sign and comply with the non-disclosure agreement which is attached and incorporated herein by reference. You will also comply with all applicable laws and regulations regarding confidentiality which pertain to PHS, including without limitation 42 USC 290dd-2, M.G.L. chapter 111, Section 204, and any rules and regulations pursuant thereto. You also agree to provide PHS with signed non-disclosure agreements from any support staff or additional personnel whom you permit to have access to otherwise confidential materials associated with PHS.

9. COMMUNICATIONS

All communications with third parties regarding PHS or any of the physicians referred to PHS shall be in accordance with paragraph 8 and under guidelines established by the Director. You shall not communicate with the Board of Registration in Medicine or other state or federal agencies regarding PHS policies. procedures, or participants without the express permission of the Director.

10. PROPRIETARY RIGHTS

Unless otherwise specified, all work performed under this Agreement, and all materials, products, or documents developed or prepared for PHS by you, are the property of PHS and all title and interest therein shall rest in PHS and shall be deemed to be a work made for hire and made in the course of the services rendered.

11. EFFECT OF TERMINATION

Unless otherwise requested by PHS, upon the completion of the Services or upon the earlier termination of this Agreement, (1) you shall immediately turn over to PHS all equipment, documents, information and other materials owned by PHS and/or developed pursuant to this Agreement, and (2) PHS shall have no further obligations to make any payment to you.

12 NOTICES

Any notices or communication under this Agreement shall be in writing and shall be hand delivered or sent by certified mail return receipt requested to the party receiving such communication at the address specified on Page 1 of this Agreement or such other address as either party may in the future specify in writing to the other party.

Documentation lets aware of Arthur mhelens to Document produced by lets showing I was trill PHYSICIAN HEALTH SERVICES, INC. to observe

A Mussachusetts Medical Society corporation www.physicianhealth.org

Luis T. Sanchez, MD Director

\$60 Winter Street 'Waitham, MA 02451-1414 (781) 434-7404 - ISOO: 322-2203 Faz (781) 893-5321

February 10, 2010

Kenneth Minaker, M.D. MGH Senior Health 165 Cambridge Street CPZ 502 Boston, MA 02114

RE: Michael Langan, M.D.

Dear Dr. Minaker:

I am writing in follow up to my letter to you of January 21, 2010 regarding Dr. Michael Langan. While the information in the letter is correct with respect to test results and the explanation that Dr. Langan provided for the positive EtG result, please note that given this explanation PHS considers Dr. Langan to be compliant with his PHS Substance Use Monitoring Contract. If you have any questions, please do not hesitate to contact me.

Sincerely

Luis T. Sanchez, M.D.

dg v: Michael

cc: Michael Langan, M.D.

J. Wesley Boyd, M.D., Ph.D.

The content of the co

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation www.physicleninealth.org.

Luis T. Sanchez, MD Director

January 21, 2010

860 Winter Street Waltham, MA 02451-1414 (781) 434-7404 + (800) 322-2303 Fax (781) 893-5321

Cynthia Hubbard Compliance Associate/Sr. Credentialing Specialist Tufts Health Plan 705 Mount Auburn Street Watertown, MA 02472



RE: Michael Langan, M.D.

Dear Ms. Hubbard:

Please accept this letter as documentation that Michael Langan, M.D. entered into his most recent Physician Health Services (PHS) Substance Use Monitoring Contract on March 18, 2008. A Behavioral Health Addendum to this contract became effective September 9, 2008. This contract is designed to guide and support compliance with monitoring and treatment, document his behavioral health, and to confirm abstinence from substances of abuse. The monitoring contract includes but is not limited to the following requirements:

- Monthly meetings with a PHS associate director.
- Meetings with therapist weekly for the first six months of the contract and then on a schedule determined by therapist.
- Prohibition on alcohol and drug use.
- Random urine screens twice a week for the first three months of the contract and then on a weekly basis.
- Notification to primary care physician, chief of service or other supervisor of nature of contract.
- Monitors submit quarterly reports to PHS.
- Poer support group meetings three times a week for the first three months and then on a weekly basis.

Dr. Langan was compliant with his contract until June 25, 2009 when he had a random drug test that was positive for ethyl glucuronide (EtG) at a level of 555 ng/mL and for ethyl sulfate (EtS) at a level of 115 ng/mL. This sample was also dilute with a creatinine level of 14.4 mg/dL and specific gravity of 1.002. Dr. Langan's testing was subsequently increased to three times a week for three weeks, the results of which were negative for substances of abuse.

In reviewing the positive test with Dr. Langan, he informed PHS that he is being prescribed two asthma inhalers. By FDA mandate, the inhaler manufacturers changed to ethyl alcohol propellants in January of 2009. Dr. Langan has provided PHS documentation of this medication. PHS has concluded that there was no evidence of relapse at that

If you have any questions, please feel free to contact me.

Sincerely

Leis T. Sanchez.

/dmc cc: Michael Langan, M.D.

J. Wesley Boyd, M.D., Ph.D.

ेविक विक्रियामकोको नेक नेका अपूर्व १९५५ क्षेत्रको विक्रम नेकाको क्ष्मिको १९५५ को नेका अपूर्व क्षम्याको १५५५ अर्थ But II The The reservence and and some median of to and a second of the most of the most of the second of १ वर्षः १ मा १ वर्षः सम्बद्धः १ वर्षाः वर्षः स्थानसम्बद्धाः स्थानसम्बद्धाः । १ वर्षः वर्षः सम्बद्धाः वर्षात्वा े हें हैं . हे हैं का आहे के आकर्तात और एके स्वार्थ आहे का किए हैं है . है है के किए के स्वार्ध्य का प्रत्यक्त नोटक्तावारीका १७ मध्य मध्यक्ति 😅 🦟 क्षा प्रमाणकाम्य निर्माणका मध्यक्ति वाल्यक्ति वाल्यक्ति वाल्यक्ति है। न्येयात्राक्षीर अध्यक्षात्राक्ष्यात् । व अध्यक्षात् । एक्ष्य विकासक्ष्य का विवास क्षेत्रका व्यक्तिकार

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation participation of the same

Luis T. Sancher, M.F. Figure 1

January 21, 2010

860 Winter Street Walibam, MA 02451-1414 17511 434-7404 + (500) 323-2305 Fax (781) 893-5321

Kenneth Minaker, M.D. MGH Senior Health 165 Cambridge Street CPZ 502 Boston, MA 02114

RE: Michael Langan, M.D.

Dear Dr. Minaker:

Please accept this letter as documentation that Michael Langan, M.D. entered into his most recent Physician Health Services (PHS) Substance Use Monitoring Contract on March 18, 2008. A Behavioral Health Addendum to this contract became effective September 9, 2008. This contract is designed to guide and support compliance with monitoring and treatment, document his behavioral health, and to confirm abstinence from substances of abuse. The monitoring contract includes but is not limited to the following requirements:

- Monthly meetings with a PHS associate director.
- Meetings with therapist weekly for the first six months of the contract and then on a schedule determined by
- Prohibition on alcohol and drug use.
- Random urine screens twice a week for the first three months of the contract and then on a weekly basis.
- Notification to primary care physician, chief of service or other supervisor of nature of contract.
- Monitors submit quarterly reports to PHS.
- Peer support group meetings three rimes a week for the first three months and then on a weekly basis.

Dr. Langan was compliant with his contract until June 25, 2009 when he had a random drug test that was positive for ethyl giucuronide (EtG) at a level of 555 ng/mL and for ethyl sulfate (EtS) at a level of 115 ng/mL. This sample was also dilute with a creatinine level of 14.4 mg/dL and specific gravity of 1.002. Dr. Langan's testing was subsequently increased to three times a week for three weeks, the results of which were negative for substances of abuse.

In reviewing the positive test with Dr. Langan, he informed PHS that he is being prescribed two asthma inhalers. By FDA mandate, the inhaler manufacturers changed to ethyl alcohol propellants in January of 2009. Dr. Langan has provided PHS documentation of this medication. PHS has concluded that there was no evidence of relapse at that

If you have any questions, please feel free to contact me.

cc: Michael Langan, M.D.

J. Wesley Boyd, M.D., Ph.D.

ितात प्रविद्यानिकारिका केवल निकास स्टीक्ट्रास्ट्रास्ट्री 🛫

THE THE PROPERTY THEY BOOK

further dischause a carried विवाधकार अध्यासीयम् ३५ ३८ । ४४ ।

and the state of the state of

the second state and in our pass of the second of the second second second second second second second second प्रतिकातीं में स्टब्स्क्स के ज्ञानस्तिक का अंग्रेट के अस्ट कीय से प्रतिकात

Luis T. Sanchez, MD Director

August 24, 2009

860 Winter Street Waltharm, MA 02451-1414 (781) 434-7404 - (800) 322-2363 Fax (781) 893-5321

Robert Harvey, Esq.
Physician Health & Compliance
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

RE: Michael Langan, M.D.

Dear Attorney Harvey:

This letter is in follow up on our letter to you of July 10, 2009, at which time we informed you that on June 25, 2009 Dr. Michael Langan submitted a dilute sample that was positive for ethyl glucuronide (EtG) at a level of 555 ng/mL and for ethyl sulfate (EtS) at a level of 115 ng/mL. Since that time Dr. Langan had a second test that was positive for EtG and EtS, on July 27, 2009, at levels of 277 ng/mL and 120 ng/mL respectively.

Dr. Langan has informed PHS that he is being prescribed two asthma inhalers. By FDA mandate, the inhaler manufacturers changed to ethyl alcohol propellants in January of this year. Dr. Langan has provided documentation of this medication. Physician Health Services (PHS) will be working with Dr. Langan to determine whether there are alternative options for asthma treatment that do not utilize an ethanol propellant. Meanwhile, PHS has advised him to continue to use this medication as needed and as directed by his treatment providers.

As previously noted, Dr. Langan's testing was increased and PHS has spoken to his monitors and treatment providers. Dr. Langan also understands the importance of decreasing fluid intake prior to testing to ensure that the urine is sufficiently concentrated to provide uncompromised results.

PHS has concluded that there is no evidence of relapse at this time.

If you have any questions, please do not hesitate to contact me.

Sincerciv

Vi. 11/2

Luis T. Sanchez, M.D.

/mh

cc: Michael Langan, M.D. John Knight, M.D. Susan Berg, Esq.

This inflations has been disclosed in you from records protected by Federal confidentiality rates (42 CFR fact 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly possitted by the written consent of the person to whom it partains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules sessifet any use of the information to criminally investigate or prosecute my alcohol or show purious.



April 8, 2013

Executive Office of Health and Human Services

Attn: John Polanowicz, Secretary of Health and Human Services One Ashburton Place 11th Floor Boston, MA 02108

Board of Registration in Medicine

Attn: Robert Harvey, Esq. cc: Kathleen S. Meyer, Candace L. Sloane, Gerald. B. Healy, Marianne E. Felice 200 Harvard Mill Sq., Suite 330 Wakefield, MA 01880

Physician Health Services, Inc.

Attn: Luis Sanchez, Director cc: Linda Bresnahan, Director of Program Operations, cc: Debra A. Grossbaum, 860 Winter Street Waltham, MA 02451

Re: BRM and PHS Must Offer Secular Alternatives to AA/NA in Disciplinary Contracts

Ladies and Gentlemen:

I am writing to alert you to a serious separation of church and state concern. It has recently come to our attention that the State Board of Registration in Medicine ("BRM") required a doctor by the name of Michael Langan to attend 12-step substance abuse treatment programs (Alcoholics Anonymous ("AA") and Narcotics Anonymous ("NA")) as a condition of keeping his medical license. Both AA and NA are inherently religious programs. Mr. Langan was not offered the choice of a secular program. BRM's failure to inform doctors in need treatment of secular alternatives to religious 12-Step programs, in the context of the coercive state power involved, unconstitutional.

The American Humanist Association ("AHA") is a national nonprofit organization with over 10,000 members and 20,000 supporters across the country, including in Massachusetts. Our purpose is to protect one of the most fundamental principles of our democracy: the mandate requiring separation of church and state embodied in the Establishment Clause of the First Amendment.

It is our understanding that in December 2011 BRM entered into a letter of agreement ("LOA"), drafted by Physician Health Services, Inc. ("PHS"), with Langan, ordering him to participate "in a minimum of three 12-step meetings per week" and to develop an "active 12-step sponsor relationship" or lose his medical license. Langan was instructed to report his progress to PHS. In a letter dated December 22, 2011, describing the terms of the LOA, BRM warned that he "shall follow all PHS recommendations within seven (7) days and understands that, should he decline to do so

(which includes an attempt to negotiate and/or dispute PHS' recommendation), his license may be immediately suspended." Langan was never offered secular alternatives. Langan immediately objected to PHS stating that AA is not consistent with his own "beliefs and spirituality" and that admitting he is "powerless over something is the antithesis of my belief system." Langan asked for an alternative to 12-step programming. PHS denied his request. Langan reached out to a doctor who runs a local secular program and she accepted him into the physicians support group. Langan asked PHS if he could attend that program instead of AA but was told no. On November 8, 2012, BRM sent a letter to Langan's attorney indicating that Langan breached his LOA for failing to attend the 12-step meetings. On February 6, 2013, BRM suspended Langan's license for failing to attend the meetings.

The federal courts have made clear that for "the government to coerce someone to participate in religious activities strikes at the core of the Establishment Clause of the First Amendment." Inouye v. Kemna, 504 F.3d 705, 712 (9th Cir. 2007). It is "indisputable that the 12 Steps of Alcoholics Anonymous are religious in nature." Miner v. Goord, 354 Fed. Appx. 489, 491 (2nd Cir. 2009). The state may only require participation in such religious treatment programs if a "secular alternative... is provided." Id. at 492 (citing Griffin, 88 N.Y.2d at 677). The courts have unanimously concluded that the Establishment Clause is violated when the state conditions a benefit upon attendance of AA/NA without offering secular alternatives.

In Kerr v. Farrey, 95 F.3d 472, 474 (7th Cir. 1996) the Seventh Circuit held that requiring an inmate to attend NA meetings for parole eligibility violated the Establishment Clause. In that case, NA was the only program available and the inmate, like Langan and other physicians facing disciplinary charges in Massachusetts, was "subject to significant penalties if he refused to attend the NA meetings." Id. at 479. The Second Circuit reached a similar conclusion in Warner, 115 F.3d 1068 (2nd Cir. 1997), finding a probation condition requiring attendance at AA meetings violated the Establishment Clause. The court based its decision on the fact that "[n]either the probation recommendation, nor the court's sentence, offered Warner any choice among therapy programs," but "directly recommended A.A. therapy to the sentencing judge, without suggesting that the probationer might have any option to select another therapy program, free of religious content." Id. at 1075.

The state cannot put the anyone in the position of having to ask for the secular alternatives. Rather, the duty is on the State (or its agents) to make the option known and available. See Bausch v.

¹ See Inouye, 504 F.3d at 710 (9th Cir. 2007); Warner v. Orange County Dep't of Probation, 115 F.3d 1068, 1074-75 (2nd Cir. 1997) (unconstitutional to impose participation in AA/NA as a probation condition); affirmed, 173 F.3d 120, 121 (2nd Cir. N.Y. 1999), cert. denied sub nom., 528 U.S. 1003 (1999); Kerr v. Farrey, 95 F.3d 472, 479-80 (7th Cir. 1996); Alexander v. Schenk, 118 F. Supp. 2d 298, 301-02 (N.D.N.Y. 2000); Warburton v. Underwood, 2 F. Supp. 2d 306, 318 (W.D.N.Y. 1998); Ross v. Keelings, 2 F. Supp. 2d 810, 817-18 (E.D. Va. 1998); Messere v. Dennehy, 2007 U.S. Dist. LEXIS 65529, *17-18 (D. Mass. Aug. 8, 2007); Arnold v. Tenn. Board of Paroles, 956 S.W.2d 478, 484 (Tenn. 1997) (where program is religious and is the only one available, forced participation violates Establishment Clause); Griffin, 88 N.Y.2d at 691-92 (same); See also, Armstrong v. Beauclair, 2007 U.S. Dist. LEXIS 24008 (slip op.) (D. Idaho 2007) (striking down AA/NA requirement as parole condition where no secular alternatives were offered); Turner v. Hickman, 342 F. Supp. 2d 887, 895-97 (E.D. Cal. 2004) (same); Nusbaum v. Terrangi, 210 F. Supp. 2d 784, 789-91 (E.D. Va. 2002); Bausch v. Sumiec, 139 F. Supp. 2d 1029 (E.D. Wis. 2001); Rauser v. Horn, 1999 U.S. Dist. LEXIS 22583, at *19-*20 (W.D. Pa. Nov. 2, 1999) (coerced participation in NA/AA violated Establishment Clause), rev'd on other grounds, 241 F.3d 330 (3d Cir. 2001); Pirtle v. Cal. Bd. of Prison Terms, 611 F.3d 1015, 1024 (9th Cir. 2010) (noting that requiring prisoner to attend AA as a condition of parole would violate the First Amendment). Cf. In re Garcia, 106 Wn. App. 625, 634-635 (Wash. Ct. App. 2001) (agreeing that "mandating attendance at [A.A.] classes" violates the Establishment Clause but finding no violation where "alternative classes without religious-based content were provided").

Like Langan, the immate regarded NA's "deterministic view of God to be in conflict with his own belief about free will."
 Specifically, Langan faced suspension of his medical license and was warned by BRM that disputing or even attempting to negotiate the terms of his contract forcing him to attend such meetings alone could result in immediate suspension.

Sumiec, 139 F. Supp. 2d 1029, 1034 (E.D. Wis. 2001) (ruling that the Establishment Clause was violated when the state presented a 12-step program as a condition of parole, even though plaintiff may not have objected, because the religious program "was presented to plaintiff as the only available and feasible alternative to revocation, he faced the 'force of law' and the 'threat of penalty.'"). As the court in Bausch noted, an individual cannot "be considered to have a choice when the available options are unknown to him." Id. at 1035. Indeed, it is the "government's obligation always to comply with the Constitution, rather than to do so only upon request." Id. As is the case here, the court emphasized the unequal bargaining power of the respective parties, noting that a parolee is "in no position to request concessions or to propose alternatives." Id.

In light the clear command of law that those who may coerce anyone into substance abuse treatment must inform them of secular alternatives, BRM clearly needs to change its policies and practices to bring them in line with the Constitution. Secular programs must be presented on equal footing with 12-Step ones in every regard, including discussions with doctors and in all BRM materials presented or made available to them.

If you not aware of local secular programs, I can recommend SMART Recovery's group-based program. It is a resource for addiction recovery recognized by the American Academy of Family Physicians, the Center for Health Care Evaluation, the National Institute on Drug Abuse (NIDA), U.S. Department of Health and Human Services, and the American Society of Addiction Medicine. SMART Recovery offers group-based meetings throughout Massachusetts and the greater New England area on a frequent basis.

In the interest of avoiding any potential litigation, please notify me in writing about the steps you are taking to remedy this constitutional violation. Thank you for your time and attention to this matter.

Sincerely,

William J. Burgess, Esq. Appignani Humanist Legal Center American Humanist Association

⁴ See also *Warner*, 115 F.3d at 1075 (finding it coercive to sentence probationer to AA "without suggesting that the probationer might have any option to select another therapy program, free of religious content"); *Rauser*, 1999 U.S. Dist. LEXIS 22583, at *19 (W.D. Pa. 1999); *Griffin*, 88 N.Y.2d 674; *Arnold*, 956 S.W.2d at 484 (Tenn. 1997).

It is our understanding that none of the programs currently listed on the PHS website are secular. See http://www.massmed.org/Content/NavigationMenu6/HelpingYourselforaColleague/Physician_Peer_Supp.htm.

Additionally, the State Health and Human Services website, which provides a list of "substance abuse services," is comprised solely of AA/NA programs and does not list any secular alternatives. See <a href="http://www.mass.gov/cohhs/consumer/disability-services/services-by-type/denf-hh/substance-abuse-services/recovery-per-denf-hh/substance-abuse-

support-meetings.html
See http://www.smartrecovery.org/

⁷ See http://www.smartne.org/meetings.html



June 6, 2013

Executive Office of Health and Human Services

Attn: John Polanowicz, Secretary of Health and Human Services One Ashburton Place 11th Floor Boston, MA 02108

Board of Registration in Medicine

Attn: Robert Harvey, Esq. cc: Kathleen S. Meyer, Candace L. Sloane, Gerald. B. Healy, Marianne E. Felice 200 Harvard Mill Sq., Suite 330 Wakefield, MA 01880

Physician Health Services, Inc.

Attn: Luis Sanchez, Director cc: Linda Bresnahan, Director of Program Operations,

cc: Linda Bresnanan, Director of Program Operations, cc: Debra A. Grossbaum,

860 Winter Street Waltham, MA 02451

Re: Request for PHS Policy Change to Explicitly Make Secular Alternatives Known and Available

Ladies and Gentlemen:

In response to our letter to you dated April 8, 2013, a copy of which is attached for your convenience, we received a letter from PHS, dated April 16, 2013, indicating that PHS agrees that it must make secular programs available to those facing disciplinary action by the BRM. We appreciate these efforts to ensure that substance abuse treatment programs for physicians operate in compliance with the Constitution, which requires that no one be coerced into participating in any religious program, such as AA, NA or other 12-Step programs.

In order to improve this system as it operates in Massachusetts, however, this letter proposes a few changes that will bring the system fully in line with best practices. We request that PHS amend its official policy as to this issue to make it more explicitly clear to participants that secular programs, expressly identified as such, are available.

According to the PHS letter, it is PHS' policy to include the following provision in PHS Substance Use Monitoring Contracts:

9. SUPPORT GROUPS

I will attend Alcoholics Anonymous, Narcotics Anonymous, or other support

groups throughout the term of this contract. My choice of support group is subject to the approval of the director of PHS.

While the above language does leave open the possibility that one need not attend an AA or NA program, it does not make it clear to someone who is unaware of the nature of those programs that they are indeed inherently religious in nature. It also does not explain that "other support groups," includes specifically non-religious groups. SMART Recovery groups, for example, have already been approved by PHS, but this is not expressly stated in the contract language in the way that AA and NA are.

Given this lack of specificity in the policy's language, especially in light of the unequal bargaining power of the doctor facing suspension and the PHS and the BRM provisions discouraging any sort of negotiating with the PHS, the current policy does not adequately solve the coercion problem discussed in our previous letter. It should be clear to the reader both that AA and NA are religious in nature and that secular alternatives are approved and available.

We feel that the change to the language of the policy shown below in bold red text would solve this problem:

9. SUPPORT GROUPS

I will attend Alcoholics Anonymous, Narcotics Anonymous, or a secular alternative to these faith-based programs, such as SMART Recovery and Rational Recovery, or other approved support groups throughout the term of this contract. My choice of support group is subject to the approval of the director of PHS.

In addition, the "independent evaluation" list given to physicians should not be limited to Marworth Treatment Center, Hazeldon, and Bradford Health Services, all of which are expressly and exclusively 12 Step facilities. This list should include a facility that operates in a completely secular manner, also explicitly identified as one that does so.

We thank you for your time and attention to this matter. Please inform us of any policy changes you make in response to this letter.

Sincerely,

Monica Miller, Esq.
William J. Burgess, Esq.
Appignani Humanist Legal Center
American Humanist Association

PATRICIA R. RECUPERO, J.D., M.D.

BUTLER HOSPITAL
THE LAW AND BEHAVIORAL HEALTH PROGRAM
345 BLACKSTONE BOULEVARD
PROVIDENCE, RI 02906

TEL: (401) 455-6360 FAX: (401) 455-6252

PSYCHIATRIC EVALUATION DR. MICHAEL LANGAN

DATES OF EVALUATION:

November 6, 2013 – with Dr. Langan November 18, 2013 – with Dr. Langan December 3, 2013 – meeting with Dr. Langan's wife

WARNINGS: Prior to the examination I informed Dr. Langan that I was evaluating him at the request of himself and the Board of Medical Licensure for Massachusetts. He understood that I was a psychiatrist; that I would be reporting my findings to the Board, and that whatever he communicated to me could be revealed to the requesting party, to counsel, in a deposition, in a hearing, at a judicial proceeding, at a trial, or to other authorized persons. I informed him that we were not entering into a physician/patient relationship and that I was not undertaking to treat him. He understood all of these statements and agreed to continue with the examination. Dr. Langan indicated that he understood the process. Dr. Langan's wife was also given the same warnings preceding one of the evaluations and also agreed to continue with the examination.

IDENTIFICATION: Dr. Langan is a 51-year-old, white, married man who presents for an evaluation of fitness to practice medicine pursuant to a request of the Board of Registration in Medicine for Massachusetts and his own request.

SUMMARY OF CONCLUSIONS:

The following is a summary of my conclusions to a reasonable degree of medical certainty. The conclusions are explored in greater detail in the body of the report, beginning on page 7.

- (1) Dr. Langan is safe to return to the practice of medicine without further supervision.
- (2) Dr. Langan has an excellent prognosis and a very low risk of relapse.
- (3) Dr. Langan has not had an alcohol use, abuse, or dependence problem.

- (4) The requirement that Dr. Langan attend AA and collect names and phone numbers of other attendees was inappropriate and in violation of AA norms and traditions.
- (5) Even if AA attendance logs were not a violation of traditional treatment norms, the management of the logs was inappropriate.
- (6) Even if the Board of Registration in Medicine decides that Dr. Langan requires additional treatment and supervision, PHS should not be involved in such supervision, because there has been an irremediable breakdown in the treatment alliance as a result of the actions of PHS.

HISTORY OF PRESENT ILLNESS:

Dr. Langan dates the onset of his current difficulties to approximately 2006, when he suffered shingles as a result of having been infected with chicken pox during medical school. At that time, he was prescribed Vicodin for pain. As he attempted to decrease the use of his Vicodin as his shingles symptoms subsided, he noted that he had withdrawal signs and symptoms. He described them as "like the flu." He would attempt to stop using Vicodin, but after 48 hours he "felt horrible." He consulted John Knight at Physicians Health Services, and at first rehabilitation was suggested, but they decided that he did not need it. However, he continued with intermittent use of Vicodin that was not at first detected during routine monitoring. After beginning work with the Physicians Health Service, he did not acknowledge that he was continuing to have difficulty withdrawing from the Vicodin and was continuing to use it no more than once a day at bedtime. He willingly went to rehabilitation upon disclosure of his using of the medication.

In January of 2007, he went to rehabilitation at Talbott in Georgia for approximately three and a half months. At that time he was given suboxone for approximately four days and withdrew over the next three days. He reports that after that withdrawal period, "it was over." By that he meant that he has never returned to opiate use. In April or May of 2007, he returned to work and began seeing Lauren Pollak at Mass General as well as a psychiatrist and a counselor.

Dr. Langan's discharge from Talbott is remarkable for two factors. One factor is a diagnosis of alcohol dependence, without any supporting history or evidence of withdrawal. The second is the multiple descriptions of his personality functioning based upon psychological testing. Subsequently, after a complaint to the Georgia Psychology Board, his MMPI results were amended. Dr. Langan reports that he worked with a neuropsychologist for testing after returning to Boston, and it was as a result of consultations with the neuropsychologist that the misinterpretation and misrepresentations were discovered.

He was informed that the board would like him to take naltrexone, so he complied. At that time, it was reported that his urine was positive for an opioid metabolite, and he was sent to McLean Hospital.

In January of 2008, it was reported that Dr. Langan had a positive toxicology screen for oxycodone (oxymorphone?) and a positive hair test for oxycodone. Dr. Langan contends that these were false positives, in part because his hair was over 15 cm long and could have reflected use prior to the beginning of his sobriety. While at Talbott, Dr. Langan had "an observed urine

drug screen ... which was negative for all tested substances. Ethyl glucuronide was negative. A 12-panel hair screen for drugs obtained on 3/26/08 was also negative."

Dr. Langan participated in the McLean ambulatory treatment center at Naukeag beginning on 6/20/08, with a discharge on 7/16/08. A letter from Raymond S. Levesque, LICSW, to PHS addressed the positive urine screen issue, stating:

"The third area at issue is the positive urine screen, which is far less sure than other issues with Dr. Langan. It is unclear what to make of this screen, and my thoughts run in the following direction. The ability of this test to be certain are confounded by issues on both sides of this, such that it is probably not possible for us to ever know for certain what this means. One thought is that this indicates one data point without any behavioral observation. In other words, what are the behavioral manifestations of use? Dr. Langan had a psychotherapy appointment on the day of the screen with no observation of uncharacteristic deportment. After this, he had two tests, nail and hair, that were negative. In general, we cannot say what this means, but it is one test in many, and if use was so out of control it would seem that Dr. Langan would have had some behavioral signs."

Dr. Langan was discharged on naltrexone, 50 mg daily.

In June of 2009, Dr. Langan had a random drug test that was positive for EtG at 550 ng/mL and for ethyl sulfate (EtS) at 115 ng/mL. Follow-up testing on July 27 was positive at 277 ng/mL and 120 ng/mL, respectively. At that time, the issue of alcohol being present in asthma inhalers was discussed, and Dr. Langan was instructed to continue his use of inhalers for his asthma. PHS concluded there was no evidence of relapse.

No records or reports for calendar year 2010 were provided by the referring source. Documents provided by Dr. Langan (summarized in this report) for 2010 indicate that he was compliant with his PHS monitoring contract during this year.

On June 20, 2011, it was reported that Dr. Langan had a positive test for EtG at 11,700 ng/mL and EtS positive at 2070 ng/mL. On June 30, 2011 Dr. Langan had a positive test for EtG of 13,700 ng/mL and for EtS of 2270 ng/mL. At that time, he was using inhalers for his asthma. The test was reported by him to have always been positive because of this mild exposure. On July 1, 2011, PEth was positive at 365.4 ng/mL. Dr. Langan notes that the usual finding for sustained drinking on a PEth test was 20. He reports that he believes that his level of 365.4 ng/mL is the second-highest level in history. As a result of the positive finding on the PEth test, Dr. Langan was sent for "evaluation." Although he objected, he chose Hazelden.

On September 18, 2011, Dr. Langan entered treatment at the Hazelden Center and was discharged on September 22, 2011. No withdrawal symptoms were noted, and he completed the residential evaluation program. Upon discharge, he was noted to have sustained remission of opiate dependence and no diagnosis of alcohol dependence.

Psychiatric Evaluation of Dr. Michael Langan

On October 27, 2011, Dr. Sanchez wrote to Dr. Langan, stating, "Although you have indicated that you have been abstinent, we have been faced with a challenge thus far, in that we have not been able to provide monitoring that definitely excludes the possibility that you may have ingested ethanol in violation of your contract." Specific recommendations were forwarded to PHS.

In December of 2011, Hazelden's recommendations were that there was no history of current or past alcohol abuse, but they recommended that he needed a program and should go to AA.

The July 1st test, which reported a positive PEth on July 28, was given an amended report. The amended report indicated that the "external chain of custody protocol was not followed ..." Subsequently, the positive PEth test was declared invalid. On December 12, 2011, a litigation package on the PEth testing was provided to Dr. Langan. There was also a letter from PHS requesting a change in the donor ID number and a change in chain of custody.

In October of 2012, PHS reported that Dr. Langan was noncompliant with his PHS monitoring contract, in that he repeatedly represented to PHS that he participated in required peer-support group meetings that he did not, in fact, attend. Dr. Langan believes that PHS misplaced the third page of his report of attendance, thereby documenting only two months, rather than three months, of activities. He subsequently resent the additional page. At the request of PHS, Dr. Langan transcribed the hand-written list. Minor difficulties in transcription were focused on in disputes with PHS.

In November of 2012, PHS reported that Dr. Langan had a positive EtG of 1540 ng/mL and an EtS of 490 ng/mL on November 13, 2012. A subsequent test on November 19 was reported positive for EtG at 707 ng/mL and EtS at 172 ng/mL.

On December 17, 2012, PHS reported that a conflict of interest had arisen between PHS and Dr. Langan, "such that ongoing monitoring by PHS will be unable to proceed effectively..." They recommended Dr. Langan be moved to new supervision.

The litigation package request and the failure to follow protocol, in Dr. Langan's mind, formed the basis of the PHS recommendation that he attend yet another rehabilitation program. He remains convinced that the report of October 2012 to the Board was in retaliation for his request for the litigation package and the exposure of the false report.

At this time, he became active in blogging and tweeting about the "fraudulent test." He complained about these findings and what he believed to be a manipulation of the testing by PHS to the Attorney General and the FBI. He believes that he would have been discharged from the program in March of 2012 but for the false laboratory report, which was followed by increased conditions by PHS.

<u>DEVELOPMENTAL HISTORY:</u> Dr. Langan was born in Portland, Oregon. He reports that his grandmother died of asthma when his mother was age 7. He was the older of two brothers. He attended the University of Portland and Oregon Health Sciences University. He reports that

Psychiatric Evaluation of Dr. Michael Langan

he suffered from allergies and asthma and, as a result of his allergies, developed a scar on his cornea from rubbing his eyes. During high school, he was hospitalized three times with asthma. He engaged in sports, primarily baseball, but that was variable depending upon the pollen scason. He reports having had a best friend with whom he engaged in running and developed a small entrepreneurial business with him.

He began dating at age 17. He reports he never smoked. His alcohol history was typical for high school and college utilization. He reports having been "sick" from drinking twice during his late high-school and early college years. He reports trying marijuana once but was paranoid and fearful of exacerbation of his asthma. He also tried mushrooms once.

During medical school, his drinking was mostly on a social basis and at most was two to three beers a night on the weekend. He was a resident at St. Vincent's Hospital and during that time did not have any substance abuse issues. During fellowship time, he drank even less, because he had less social life because his friends had left town.

He remained mostly a weekend social drinker until his mother died. At that point, he noted that he increased his drinking, but not to the point where he experienced negative consequences, and he continued to have difficulty avoiding opiate medications.

He reports an episode of shingles in 2006, which he described as very painful, "feeling your hair." His entire left side of his head bothered him. It felt like he had scraped his head on the ground. He had difficulty withdrawing from the Vicodin, as noted in the History of Present Illness.

<u>PAST PSYCHIATRIC HISTORY:</u> As a result of neuropsychological testing and his substance use evaluations, Dr. Langan has been diagnosed with Obsessive Compulsive Disorder and Attention Deficit Hyperactivity Disorder.

<u>RELEVANT MEDICAL HISTORY:</u> Asthma, as noted above. Pneumothorax, 2001. Shingles.

<u>WORK HISTORY:</u> He has worked as a geriatrician in the Mass General system since completing his fellowship. He is currently not working, as he has been prohibited from practicing medicine by the Board.

JOB PERFORMANCE: Multiple evaluations from his employer support excellent job performance. He was issued a Letter of Advice in 2004 regarding prescription of controlled substances for family members and significant others in non-emergency situations.

MEDICATIONS: Current medications include Vyvanse, Adderall, albuterol inhaler, and beclomethasone inhaler.

Psychiatric Evaluation of Dr. Michael Langan

MENTAL STATUS EXAMINATION:

ATTITUDE: He was cooperative, open, and engaged.

<u>APPEARANCE</u>: He was neatly groomed, maintained good eye contact, and showed no abnormal movements.

MOTOR ACTIVITY: He was slightly fidgety in his chair but was generally able to participate in the examination without disruptive motor activity.

SPEECH: Speech was of normal rate and rhythm. There was no evidence of pressured speech. His voice was modulated, and diction was clear.

THOUGHT PROCESS: Thoughts were well organized, clear, and directed.

THOUGHT CONTENT: Thought content showed no evidence of delusions, hallucinations, or other psychotic phenomena. He was focused on his perception of PHS as being punitive toward himself and deceptive in their administration. This pattern could be disrupted, but could become obsessional.

<u>PERCEPTION:</u> There was no evidence of auditory, visual, or other perceptual abnormalities.

MOOD: He denied any feelings of sadness, depression, or crying spells. He did not report any changes in appetite or self-esteem. He reported mild difficulty sleeping. He did not report excessive energy or racing thoughts. He denied impulsive and risky behaviors. He did not report any difficulties with food, eating, or body image. He reported no alcohol drinking nor urges to do so. He denied using any drugs at present. He did not endorse any symptoms of traumatic stress or paranoid beliefs. He denied any difficulties with anxiety except mild nervousness/anxiety and some difficulty relaxing, which is consistent with his current difficulties. He denied symptoms of panic attacks or obsessive behavior. He did not endorse any of the common symptoms of somatic conditions. He denied having any difficulties with anger or irritability.

SENSORIUM: There was no evidence of impairment in sensorium.

ORIENTATION: He was oriented to person, place, and time.

ATTENTION AND CONCENTRATION: No deficits in attention or concentration were noted.

DIAGNOSTIC FORMULATION:

Axis I: Opioid dependence in remission

Attention Deficit Disorder

Axis II: Obsessive-compulsive personality disorder features

Axis III: Asthma

Seasonal allergies Hyperlipidemia History of shingles

Axis IV: Occupational problems; currently unemployed due to actions restricting

his medical license in Massachusetts

Axis V: Current level of functioning: 80

Highest level of functioning in past year: 80

CONCLUSIONS AND RECOMMENDATIONS:

The following are my conclusions and recommendations, all to a reasonable degree of medical certainty.

(1) Dr. Langan is safe to return to the practice of medicine without further supervision.

Dr. Langan has never posed a danger to patients. There has been no introduction of any evidence that Dr. Langan's behavior or dependence upon oxycodone ever posed a danger to patient care. Rather, to the contrary, the opinions of his supervisors at Mass General Hospital have consistently been that he has provided exemplary care to his patients and behaved as a respected colleague.

During the course of his relationship with PHS, there have arisen several occasions where there have been disputes between Dr. Langan and the monitoring service. However, none of these occasions have illustrated a relapse to substance use after the initial periods of observation and detoxification at Talbott in Georgia.

Dr. Langan suffered an iatrogenic dependence on oxycodone as a result of his treatment of pain from his experience of shingles. Never was he demonstrated to have been impaired in his function as a physician, and no allegations of incompetence were raised.

During the course of his several years with PHS, he has not been shown to have used or misused alcohol while in the program. His utilization of asthma inhalers has produced several low positive EtG and EtS tests. Over the hundreds of testings, less than 10 would have been regarded as positive under MRO protocols in effect.

(2) Dr. Langan has an excellent prognosis and a very low risk of relapse.

It is important to note that Dr. Langan's initial contact with PHS was a result of his own perception that he was having difficulty stopping the use of an opioid, which had been prescribed for the treatment of pain associated with shingles. This iatrogenic dependence on an opioid occurred as a result of appropriate medical prescribing and use of the opioid pain medication.

The fact that Dr. Langan sought help when he was having difficulty tapering the medication without mandate or deterioration in his day-to-day activities indicates strongly that Dr. Langan has a commitment to sobriety. Dr. Langan's independent accessing of help for detoxification is a highly positive prognostic factor. Although Dr. Langan had initial difficulty in acknowledging his continued use and dependence upon the opioid medication, data suggests that this does not serve as warning factor for long-term inability to maintain sobriety. Dr. Langan has continued to avoid the use of opioids since his detoxification at Talbott and, in fact, reports having avoided dental procedures because of his inability to consider the use of any type of medication for the treatment of pain.

Dr. Langan demonstrates insight into his opioid problem and how it developed and the maladaptive response to his inability to taper the medication. This insight supports his continued commitment to sobriety.

(3) Dr. Langan has not had an alcohol use, abuse, or dependence problem.

As noted above, Dr. Langan sought treatment for an iatrogenic dependence upon opioids. He has not had difficulty with alcohol consumption during his adult years. His use of alcohol prior to enrolling in PHS was social and not maladaptive in any way.

There have been multiple conflicts between PHS and Dr. Langan over alleged alcohol consumption. Many of these conflicts revolved around positive findings of EtG on his laboratory testing. It is critical to understand the parameters and the inadequacy of EtG testing for forensic use and purposes such as the monitoring of a physician for purposes of relapse. I respectfully direct the Board to the 2012 SAMHSA document entitled, "The Role of Biomarkers in the Treatment of Alcohol Use Disorders, 2012 Revision." One portion of the document reads as follows:

"EtG is used in monitoring abstinence in clinical and justice system settings. However, whereas EtG can be measured at very low concentrations in vivo, the source of EtG cannot always be determined. Many products used or consumed daily (e.g., hand sanitizers and mouthwash) contain alcohol. Extraneous exposures, such as these, can elevate EtG levels, creating false positive responses. False positive responses can be detrimental in medical and forensic settings where an individual's freedom or career is in jeopardy. Recent investigations have aimed at identifying the degree to which extraneous exposures and conditions affect EtG levels to determine how EtG can be used successfully to indicate intentional alcohol use. In addition, more research

LITIGATION PACKAGE FOR

ACCOUNT:

Physician Health Services

USDTL NUMBER:

877649

SPECIMEN ID:

1310

461430

MATRIX:

Blood

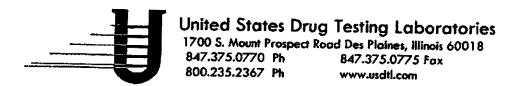


TABLE OF CONTENTS

SECTION	<u>PAGE</u>
Summary of Results	1
Chain of Custody Documents	6
Collection Instructions	10
Initial Test Documents	12
Confirmation Test Documents	27
Licensures and Registrations	42

SUMMARY OF RESULTS

ACCOUNT:

Physician Health Services

USDTL NUMBER:

877649

SPECIMEN ID:

1310

461430

MATRIX:

Blood



United States Drug Testing Laboratories

1700 S. Mount Prospect Road Des Plaines, Illinois 60018 847.375.0770 Ph 847.375.0775 Fax 800.235.2367 Ph www.usdtl.com

SUMMARY OF RESULTS

ACCOUNT:

Physician Health Services

USDTL NUMBER:

877649

SPECIMEN ID:

1310

461430

MATRIX:

Blood

TEST REQUESTED:

Phosphatidylethanol - Blood

INITIAL TEST

METHOD:

Drug

Cutoff

Liquid Chromatography - Tandem Mass Spectrometry Response of

Result

(ng/mL)

Specimen (ng/mL)

Phosphatidylethanol

20

255.4

POSITIVE

CONFIRMATION TEST

METHOD:

Drug

Liquid Chromatography - Tandem Mass Spectrometry

Cutoff

Response of

Result

(ng/mL)

Specimen (ng/mL)

Phosphatidylethanol

20

365.4

POSITIVE

I certify that the specimen identified by the laboratory accession number above has been examined upon receipt, handled, and analyzed in accordance with this laboratory's Standard Operating Procedure.

Jones, MS, NRCC-TC

ice President, Laboratory Operations



UNITED STATES DRUG TESTING LABORATORIES

1700 S. MOUNT PROSPECT ROAD DES PLAINES, ILLINOIS 60018-1804 847-375-0770 fax 847-375-0775

Papert Luis Sanchez MD
Physicians Health Services
860 Winter Street
Waltham, MA 02451

Cust ID PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of 461430

Name NA

Lab Sample ID 877649

Donor ID 461430

Test Reason Not given
Type Blood
Collected

Received 7/8/2011 10:46 Reported 7/14/2011 18:39

Tests Requested

PEth-BLD Phosphatidyl Ethanol (Blood)		f (Blood)	Sample POSITIVE		
Test	****	Resuit	Quantitation	Screen Limit	Confirm
PHOSPHATIDYL		POSITIVE		20 ng/mL	
Phosphatidyl Et	hanol (LCMSMS)	POSITIVE	365.4 ng/mL	*	20.0 ng/mL

Internal Certification Hardcopy

Transpay, July 14, 2011 6 39:45 PM

Laboratory Charles 30, 51, 4, 5 hD
Scientific Director Douales Lewis

P. 101

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation www.physicianhealth.org

Luis T. Sanchez, MD Director 860 Winter Street Waltham, MA 62451-1414 (781) 434-7404 - (800) 322-2303 Fax (781) 893-5321

Date: July 19, 2011

To: United States Drug Testing Laboratories

Fax: 847-375-0775

Total number of pages: 3

Account Number: PHSWMA for Physician Health Services

colon: Kendyll

RE: Specimen Chain of: 461430

Donor ID as listed: 461430

Donor ID: 1310

Collection Date: 7/1/2011 Received Date: 7/8/11

Please update the lab report to reflect the donor ID number as listed on the order: to 1310

Please update the lab report to reflect that chain of custody was maintained.

Requested by Mary Howard:

(signed)

If you have any questions, please call Linda Bresnahan 781-434-7404



UNITED STATES DRUG TESTING LABORATORIES

1700 S. MOUNT PROSPECT ROAD DES PLAINES, ILLINOIS 60018-1804 847-375-0770 fax 847-375-0775 Ş

Report Luis Sanchez MD
Physicians Health Services
860 Winter Street
Waltham, MA 02451

Cust ID PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of 1310
Name NA
Lab Sample ID 877649
Donor ID 461430

Test Reason Not given
Type Blood
Collected 7/1/2011 00:00
Received 7/8/2011 10:46
Reported 7/20/2011 16:17

Tests Requested

PEth-BLD Phosphatidyl Ethanol (Blood)		Sample POSITIVE			
Test		Result	Quantitation	Screen Limit	Confirm
PHOSPHATIDY Phosphatidyl	LETHANOL Ethanol (LCMSMS)	POSITIVE POSITIVE	365.4 ng/mL	20 ng/mL	20.0 ng/mL
Sample Com	ments				zo.v rightic

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 46143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011

1

Internal Certification Hardcopy

5 feet this 20, 2011 4 17 06 PM

Laboratory Chartellage/Sate48hD
Scientific Director: Douglas Lewis

CHAIN OF CUSTODY DOCUMENTS

PHYSICIAN HEALTH SERVICES, INC.

. A Massachusetts Medical Society corporation www.physiclunicalth.org

Luis T. Sonchez, MD Director 6600 4465

860 Winter Street Walthom, MA 82451-1-114 (781) 434-7494 - (800) 322-2393 Pex (781) 893-5321

Date: July 1, 2011

Fax to: Quest Diagnostics - 1180 Beacon Street, Brooklin-

Fax #: (617) 739-2941

(phone 617-232-5733)



For collection on Friday, July 1 for PHS Participant # 1310,

Please order Test: Phosphatidyl Ethanol, USDTL Test Code PEthStat by writing this information on the chain of custody form.

> The test requires 5ml whole blood in purple, gray or green top tube.

Requested by Mary Howard:

Millowed 7/1/11

If you have any questions please call me at: (781) 434-7404

Including a copy of this fax with the chain of custody form may help with the send out by Employer Solutions. Sample to be sent for testing to:

USDTL address:

1700 South Mount Prospect Rd. Des Plaines, IL 60018

(800) 235-2367

Batch 10815 07/02 A REO
1L JXRI
WC 461430 R

TIQ 70097

WC 461430 R R-0-0

TIQ 70091

WC 461430 B

Missoch

pt. Signature Xg//L

K:PHMS\Quosi\Add-On Testing\PEth testing\PEth_Q-Brnokline2.doc

Chain-of-Custody Specimen Receipt

1D 4101430

Receiver Certification	Receiver	Date	
I certify that the specimen received on this form was sealed in the appropriate container with the seal intact and the identification number and/or name on this form matches that on the specimen and the specimen was transferred to temporary laboratory storage.	(sign) (print) KYLA BOGAN	7/8/11	



1700 S. Mount Prospect Road [Des Plaines, II. 60018] (800) 285-2367 [www.usdtl.com

UNITED STATES DRUG TESTING LABORATORIES, INC

CHAIN OF CUSTODY FOR THE TRANSFER OF BLOOD TO LONG.TERM STORAGE

MATRIX:

Blood

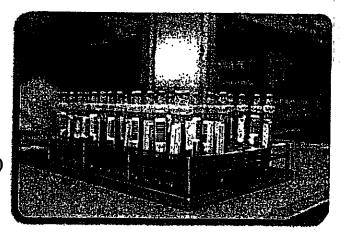
REC'D DATE:

July 2011

DATE	RELEASED BY	RECEIVED BY	PURPOSE
8/1/2011	Temp Storage Receiving Area	Janet McCylmmon	Select Specimens For Transfer to Long Terr Storage
8/1/2011	Janet McCrimmon	LONG TERM STORAGE	TRANSFER BLOOD TO LONG TERM STORAGE

COLLECTION INSTRUCTIONS

- ▶ requisition form
- ▶ forensic blood collection kit
- courier exempt human specimen overwrap
- 1. Verify the donor with a government-issued photo ID. (driver's license, state ID, passport)
- 2. Record the donor information on the requisition form.



- 3. Using one of the provided gray top Vacutainer tubes, execute blood draw following local Standard Operating Procedure. Discard the second Vacutainer tube if not needed.
- 4. Peel the long chain-of-custody label from the requisition form and affix over the cap of the transport tube. Have the donor initial and date the seal. Failure to place label over the cap will result in a "Rejected Specimen".
- 5. Have the donor print, sign and date the donor consent certification on the requisition form.
- 6. The collector should print, sign and date the collector certification on the requisition form.
- 7. Place the specimen tube(s) into the plastic tube holder.
- 8. Remove the adsorbent paper from the specimen bag and drape it over the tube between the two halves of the plastic tube holder.
- 9. Place the plastic tube holder in the specimen bag and seal the bag.
- 10. Place the requisition form and specimen bag into the exempt human specimen-labeled transport box and seal the box with the box seal sticker.
- 11. Place the transport box into the courier's exempt human specimen overwrap shipping bag. Contact your courier for pick-up.



1700 South Mount Prospect Road | Des Plaines, IL 60018 | (800) 235-2367 | www.useltl.com

INITIAL TEST DOCUMENTS

LCMS/ 24692 BLD LCSCRN

Created 7/8/2011 10:58

Analyst W. Tunstall

HBN 2713634

Status WP

Volume



Pos	Lab ID	Specir	nen ID	Note		Punc	hes/Volum	io Tun	e Analyte	
	877695							LOW		
	877696							HIGH		
٠	877697		tour vi		n	10 T	initial Color	NAME OF	The state of the	7/11/2011
	877698		1 1					CNB		
AL	877434	***************************************		<u> </u>	· (#) Swall Big	2	may it is a special or the second	A MID	PEth-BLO	
32	877438	···					<u>) </u>		PLE PET-BLDS	
Z	877541			-	•		<u>)</u> []*	4. 3.	LE PET-BLDS	PT7/12/2011
<u>.</u>	87754B				andia Minda			·**	LE PEth-BLD	7/12/2011
 Z	877550				為民族學派	7		SAMP	LE PEIN BLD	7/12/2011
 Z	877618			-)	SAMP	LE PEIh-BLD	7/12/2011
,	877622	到 影為	1.45.10	harran	Minala.	<u> </u>) Vivisi dibesi		LE PEIN-BLD	7/12/2011
	877624	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		en er kan in				SAMP	EPEH-BLO	7/12/2014
		1			第一个图象		う制態性	SAMP	EPEth-BLD	7/12/2011
<u></u>	877649					3)	SAMPI	E PEth-BLD	7/12/2011

- Jahr

1/01/1

Batch Wo	• '			
	.CMS/ 24692 Created 7 BLD LCSCRN Analyst V		713634 P Volume	
Al-unth	ROL SPIKE VOL (UL) for 0309[10 50 m 0309[13 50 m 0310/16 50 m	Internal Standard L Internal Standard S Spiking Standard L	Spike Vol (uL) 50 ot #_ (3641) Z 9504/	
Date	Released By			············
	TEMP STORAGE	Print: Pr	Purpose/Remarks	
7-8-4	REC AREA	Sign:	Transfer Aliquots from Specimen Containers	
7-8-11	Print: LEIGH ALTIZER Sign:	TEMP STORAGE REC	Return Specimens to Temporary Storage	-
	CHAIN OF CL	STODY - SCREENING	G ALIQUOTS	.
Date	Released By	Received By	Purpose/Remarks	7
7-8-11	Sign:	TEMP STORAGE EXTRACTION AREA	Transfer Aliquots to Extraction Area	
7/2/2	TEMP STORAGE EXTRACTION AREA	MARLANDIS MIMS	SAMPLE PHEPARATION	
7/8/11	P'MARLANDIS MIMS	RICHA SHAH	ample preparation	h
71811	RICHA SHAH	coust 11	Lews Analysis	37/41
	Lows # 11	LG/MS/Mo#_Y	LC/MS/MS Analysis	2/19
7/9/4	C/M8/M5 #	ROSEMARIERIOS	Transfer Aliquots	
Mark	ROSEMARIE RIOS	Disposal	Discore	

Batch Info

Batch Data Path

D:\MassHunter\Data\070811\QuantResults\petrlbs189-11.batch.bin

Analysis Time Report Time

7/9/2011 4:07 PM 7/9/2011 4:08 PM

Last Callb Update

7/9/2011 4:07 PM

Analysis Info

Acq Time Data File 7/9/2011 14:48 petOBS189-11a-10.d pet DBS.m

Acq Method File Sample Name

cal Calibration

Sample Type Level Sample Pos SampleAmount

1 P1-B1 3 0

Quantitation Results

Target Compound
P-Eth
P-Eth

QUANT 701.5 -> 255.2 701.5 -> 255.2

QUAL 701.5 -> 281.2

RY 3.567 Quant Area Qual Area 266 68

ial Area On Column 266 20.00

20.00

Final Conc Ratio 392.64

Min Max 274,40 509.60

% Range 30,00

Page 15 of 43

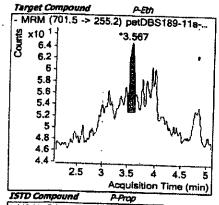
Production.xlsx

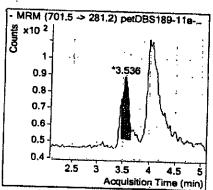
Page 29 of 34

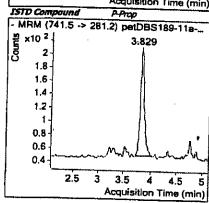
Printed at: 4:09 PM on: 7/9/2011

530 Strutten 58









Page 16 of 43

Production.xlsx

Page 30 of 34

Printed at: 4:09 PM on: 7/9/2011

の-の でいたいが 38

Batch Info

Batch Data Path

D:\MassHunter\Data\070811\QuantResults\petdbs189-11.batch.bin

Analysis Time • Report Time

7/9/2011 4:07 PM 7/9/2011 4:08 PM 7/9/2011 4:07 PM

Last Callb Update

Analysis Info Acq Time

7/9/2011 15:05 petDBS189-11a-12.d

Data Flie Acq Method Flie Sample Name

pet DBS.m

Sample Type Level Sample

Sample Pos SampleAmount P1-D1 3 N

Quantitation Results

Target Compound P-Eth	QUANT 701.5 -> 255.2	QUAL 701.5 -> 281.2	RT	Quant Area	a Qual Area 273	On Column	Final Conc		Min	Max	% Range
P-Eth	701.5 -> 255.2		3.493	60	275	9.91	9.91	453.49	274.40	509.60	30.00

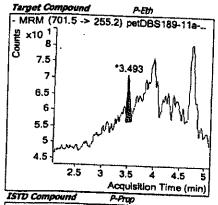
Tage 17 Of 40

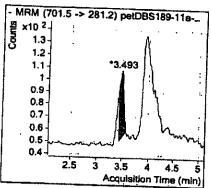
Production.xisx

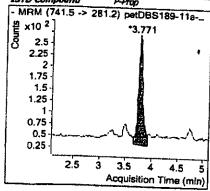
Page 33 of 34

Printed at: 4:09 PM on: 7/9/2011

++6 5:+2:+16 24







Page 18 of 43

Production.xlsx

Page 34 of 34

Printed at: 4:09 PM on: 7/9/2011

\$46 \$474,676 BS

Batch Info

Batch Data Path

D:\MassHunter\Data\070811\QuantResults\petdbs189-11.batch.bin

Analysis Time Report Time Last Calib Update 7/9/2011 4:07 PM 7/9/2011 4:08 PM 7/9/2011 4:07 PM

Analysis Info

Acq Time Data File

7/9/2011 14:57 petD8S189-11a-11.d pet D8S.m

Acq Method File Sample Name Sample Type

mid Sample

Level

Sample Pos P1-C1 SampleAmount 3 $\mathcal{O}^{(i)}$

Quantitation Results

Target Compound QUANT QUAL RT Quant Area Qual Area 701.5 -> 255.2 On Column P-Eth Min Max 701.5 -> 281.2 609 P-Eth 437.37 274.40 701.5 -> 255.2 509.60 30,00 3.523 139 25.93 25.93

X

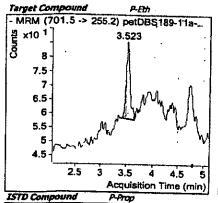
Page 19 of 43

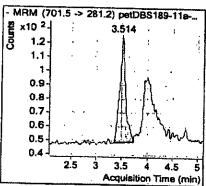
Production.xlsx

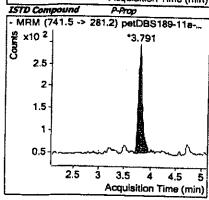
Page 31 of 34

Printed at: 4:09 PM on: 7/9/2011

Bro Bryzryio 88







Production.xlsx

Page 32 of 34

Printed at: 4:09 PM on: 7/9/2011

PRO SHAPPAR SE

Batch Info

Batch Data Path

D:\MassHunter\Data\070811\QuantResults\petdbs189-11.batch.bin

Analysis Time Report Time Last Callb Update 7/9/2011 4:07 PM 7/9/2011 4:08 PM 7/9/2011 4:07 PM

Analysis Info

Acq Time Data File

7/9/2011 0:31 petDBS189-11-13.d

Acq Method File Sample Name Sample Type pet D85.m high Sample

Level

Sample Pos P1-E1 SampleAmount 3 \mathcal{M}

Quantitation Results

Production.xisx

P-Eth	QUANT 701.5 -> 255.2	QUAL 701.5 -> 281.2	RT	Quant Area		On Column	Final Conc	Ratio	Mko	44	
P-Eth	701.5 -> 255.2		3.573	574	2017	82. 4 9	A2 40	351.59	274.40	Max 509.60	% Range 30.00

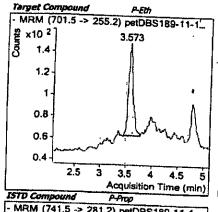
Page 21 of 43

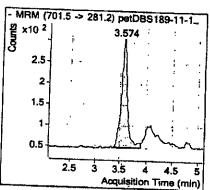
Page 5 of 34

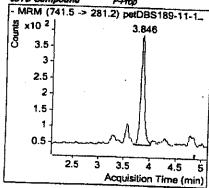
Printed at: 4:09 PM on: 7/9/2011

Bio Stepheno Se









Page 22 of 43

Production.xlsx

Page 6 of 34

Printed at: 4:09 PM on: 7/9/2011

\$60 @1751410 B\$

Batch Info

Batch Data Path

D:\MassHunter\Data\070811\QuantResults\petdbs189-11.batch.bin

Analysis Time Report Time

7/9/2011 4:07 PM 7/9/2011 4:08 PM 7/9/2011 4:07 PM

Last Calib Update

Analysis Info Acq Time

7/9/2011 0:48 petD8S189-11-15.d pet DBS.m

Acq Method File Sample Name Sample Type

neg Sample

Level Sample Pos

Data File

Sample Pos P1-F1
SampleAmount 3

 \mathcal{M}

Quantitation Results

Target Compound P-Eth P-Eth	QUANT 701.5 -> 255,2 701.5 -> 255,2	QUAL 701.5 -> 281.2	RT	Quant Area	Qual Area 1221	On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2 701.5 -> 255.2		3.693 3.963	5	****	0.56	0.56		274.40	509.60	30.00

J

30 43

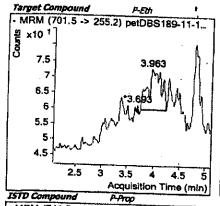
Production.xlsx

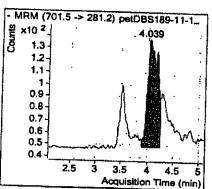
Page 7 of 34

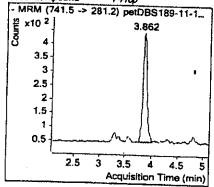
Printed at: 4:09 PM on: 7/9/2011

200 Birzheriù 86









Page 24 of 43

Production.xlsx

Page 8 of 34

Printed at: 4:09 PM on: 7/9/2011

910 2114 110 E8

Batch Info

Batch Data Path

D:\MassHunter\Data\079811\QuantResults\petribs189-11.batch.bin

Analysis Time Report Time Last Callb Update 7/9/2011 4:07 PM 7/9/2011 4:08 PM 7/9/2011 4:07 PM

Analysis Info

Acq Time Data File

7/9/2011 8:58 petDBS189-11-24.d pet DBS.m

Acq Method File Sample Name Sample Type

SampleAmount

877848 Sample

Level Sample Pos

P1-C3 3

Quantitation Results

Target Compound P-Eth P-Eth

QUANT 701.5 -> 255.2 701.5 -> 255.2

QUAL 701.5 -> 281.2

RT 3.556

Qual Area 4115 1301

On Column 255.42

Final Conc Rutio /316.23 274.40

509.60 /

30.00

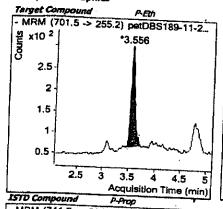
Page 25 of 34

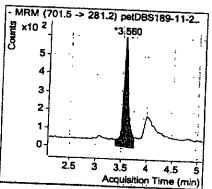
Printed at: 4:09 PM on: 7/9/2011

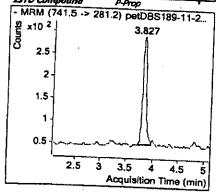
ಕ್ಕರ ಕೇಳಿಪ್ರೀಕರ ಪತಿ

Page 25 of 43

Production.xlsx







Page 26 of 4

Production.xlsx

Page 26 of 34

Printed at: 4:09 PM on: 7/9/2011

0:0 0:rurr0 85

CONFIRMATION TEST DOCUMENTS

Petdb0194-11 (07131160)

	ŧ	1	
	3		
	ź		
			. • •
			*1
			" [
	_		
•	,	4	
	æ		
	r		:
			1.5
	•		1
	В.	177	
	ŀ	1	
	и.		
	1		-
		11	1.71
	١.		- +-
			(j) k Iči
			1 1 1

Batch Batch	Worklist — LCMS/ 24829				····		_	1
Rule	PEIN CNF B		7/13/2011 09:41 S. Holmes	HBN Status	2714507 WP	Volum	e	,
Pos Lai	b ID Specimer	ı ID No	tor (in)	Punches	/Volume	Type	Analyte	i i
D/_ 879	712					LOW	PEth CONF	
<u>El</u> 879;		1. 1. 1. 1.	t tilbig i ttarrendamin i jakura suvat	Va		нюн	PEth CONF	
<i>F</i> 1. 879	100					CNB	PEIRCONF	7/14/20
87,97		-	સંત્રા હતા. જેવા માટે જેવા છે.			MID	PEth CONF	7/14/20
42 8768	368 32466	<u>f2</u> rer	UN(CS,X)	3		SAMPL	E PEth CONF	7/15/20
<u>62</u> 8775	682 <u>600</u> 0333	5RER	UN[CS,X]	3	_	SAMPLI	EPET CONF	7/16/201
20 8770	66 (87-743-	LIZ RER	UNICSXI	3		SAMPLE	Peth CONF	7/16/201
72 8776	49 46143	O RERI	UN[CS,X]	3				
7-4.						DAMPLE	PEIN CONF	7/18/201
2 87840	08 324 324	16649	eu no regione deservirones es	3	的可能和企作的特別	SAMPLE	・ 注答・ : 直見 PEth CONF	7/15/201
H un		•					· · · · · · · · · · · · · · · · · · ·	1/ 10/201
L CH	-							

Might file

Batch Worklist Batch LCMS/24829 Created 7/13/2011 09:41 HBN 2714507 Rule PEth CNF B Analyst S. Holmes Status WP Volume

CONTROL Calibrator Mid	SPIKE VOL (UL) 0309110 50W	Internal Standard Lot #C50211	
Low High	0309113 50W1 0310116 50W1	Internal Standard Spike Vol (uL) Spiking Standard Lot #	510
Kind OC Negative	03091130 5041	CNB Lot # <u>i767</u> Cal	950 W

CHAIN OF CUSTODY - SPECIMEN CONTAINERS

Desta			
Date	Released By	Received By	Purpose/Remarks
7-13-11	TEMP STORAGE REC AREA	Print: LEIGH ALTIZER	Transfer Aliquots from
		Sign:	Specimen Containers
7-13-11	Print: LEIGH ALTIZER	TEMP STORAGE REC	The state of the s
		AREA	Temporary Storage

CHAIN OF CUSTODY - SCREENING ALIQUOTS

Data		TOTAL CONFERMING ALIQUOIS							
Date	Released By	Received By	Purpose/Remarks						
7-13-U	PrintLEIGH ALTIZER Sign:	TEMP STORAGE EXTRACTION AREA	Transfer Aliquots to Extraction Area						
Maly	FEMP STORAGE EXTRACTION AREA	MARLANDIS MIMS	SAMPLE PREPARATION						
7/13/1	MARLANDIS MIMS	ERIC SKELNIK	Extraction						
Zlalu	ERIC SKELNIK	LCMSMS 11	censins Analysis						
2/14/4	COME MS LL ROSEMARIE RIOS	ROSEMADIE RIOS	Transfer Aliquois						
7/14/10	1	Distrand	O _{lsposal}						

Batch Info

Batch Data Path

D:\MassHynter\Data\071311\QuantResults\petdbs194-11.batch.bin

Analysis Time Report Time

7/14/2011 1:00 PM . 7/14/2011 1:01 PM

Last Calib Update

7/14/2011 1:00 PM

Analysis Info

Acq Time Deta File

7/14/2011 3:14 petDBS194-11-10.d

Acq Nethod File Sample Name

pet DBS.m cai

Sample Type

Calibration

Leve! Sample Pos P2-81

SampleAmount

Quantitation Results

Target Compound P-Eth P-Eth

QUANT 701.5 -> 255.2

701.5 -> 255.2

QUAL 701.5 -> 281.2

RT

3.485

800 300

Quant Area

Qual Area

On Column 20.00

20.00

Final Conc Ratio

Min 266.98 186.90

Max 347.10

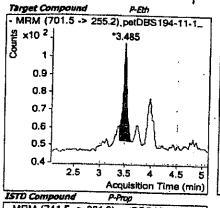
% Range 30.00

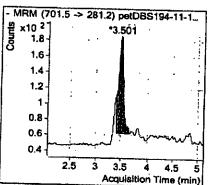
Production.xlsx

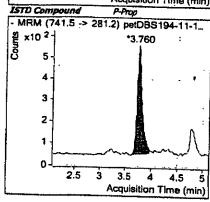
Page 5 of 48

Printed at: 1:01 PM on: 7/14/2011

Pro Strainto Se







Page 31 of 43

Production.xlsx

Page 6 of 48

Printed at: 1:01 PM on: 7/14/2011

290 Servere 58

Batch Info

Batch Data Path

D:\MassHunter\Data\071311\QuantResults\petdbs194-11.batch.bln

Analysis Time Report Time Last Calib Update

7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM

Analysis Info

Acq Time Data File Acq Method File

Level

7/14/2011 3:31 petDB5194-11-12.d pet DB5.m

Sample Name Sample Type

low Sample

Sample Pos SampleAmount P2-D1

Quantitation Results

Target Compound P-Eth P-Eth

QUANT 701.5 -> 255.2 701.5 -> 255.2

QUAL 701.5 -> 281.2

RT 3.587

140

Quant Area Qual Area 465

On Column 9.38

Final Conc Ratio 9.38

186.90 332.14

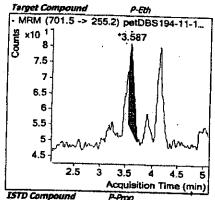
Max 347.10 30.00

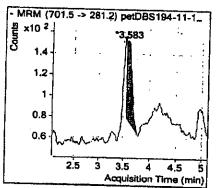
Production.xlsx

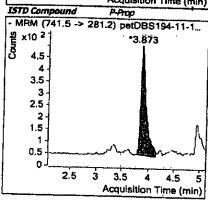
Page 9 of 48

Printed at: 1:01 PM on: 7/14/2011

Sec Service 55







Page 33 of 43

Production, xisx

Page 10 of 48

Printed at: 1:01 PM on: 7/14/2011

Deb Berneric 55

Batch Info

Batch Data Path

D:\MassHunter\Data\071311\QuantResults\petdbs194-11.batch.bin

Analysis Time Report Time Last Calib Update

7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM

Analysis Info

Acq Time Data File

7/14/2011 3:22 pet085194-11-11.d pet DBS.m

Acq Method File Sample Name

Sample

Sample Type Level

Sample Pos SempleAmount

P2-C1

Quantitation Results

Target Compound P-Eth P-Eth

QUANT 701.5 -> 255.2 701.5 -> 255.2

QUAL 701.5 -> 281.2

RT 3.591 Quant Area Qual Area 417

1352

27.52

On Column

Final Conc Ratio 27.52

323.97

Min 186.90

Max 347.10

% Range 30.00

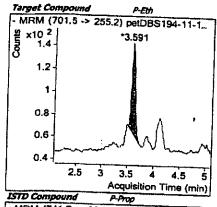
Production.xisx

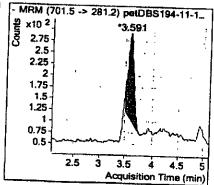
Page 7 of 48

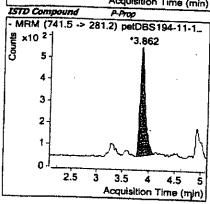
Printed at: 1:01 PM on: 7/14/2011

Sid Germeric 28

Page 34 of 43







Page 35 of 43

Batch Info

Batch Data Path

D:\MassHunter\Data\071311\QuantResults\petribs194-11.batch.bin

Analysis Time Report Time Last Callb Update 7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM

Analysis Info

Acq Time Data File

7/14/2011 3:39 petDBS194-11-13.d pet DBS,m

Acq Method File Sample Name Sample Type

SampleAmount

hìgh Sample

Level Sample Pos

P2-E1

Quantitation Results

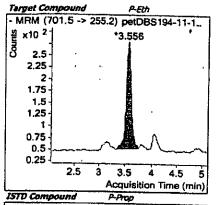
P-Eth	QUANT 701.5 -> 255.2	QUAL 701.5 -> 281.2	RT	Quant Area Qual Are	a On Column	Final Conc	Ratio	Min	Max	% Range
P-Eth	701.5 -> 255.2		3.556	1505	80.69	80 so	260.35	186.90	347.10	38.00

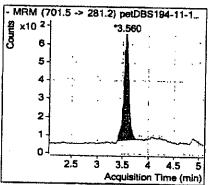
Production.xlsx

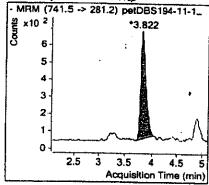
Page 11 of 48

Printed at: 1:01 PM on: 7/14/2011

0:0 5:/2:/:0 66







Page 37 of 43

Production.xlsx

Page 12 of 48

Printed at: 1:01 PM on: 7/14/2011

FIG. 5:45:4:0 83

Batch Info

Batch Data Path

D:\MassHunter\Data\071311\QuantResults\petdbs194-11.batch.bin

Analysis Time Report Time Last Calib Update

7/14/2011 1:00 PM 7/14/2011 1:01 PM 7/14/2011 1:00 PM

Analysis Info

Acq Time Data File

7/14/2011 3:56 petDBS194-11-15.d

Acq Method File Sample Name

pet DBS.m neg Sample

Sample Type Level

Sample Pos SampleAmount P2-F1

 \mathcal{N}

Quantitation Results

X

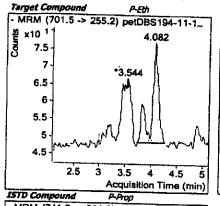
rage oo u ao

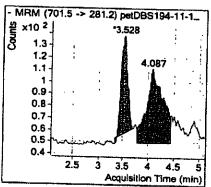
Production.xlsx

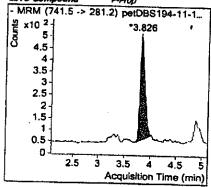
Page 13 of 48

Printed at: 1:01 PM on: 7/14/2011

5.0 5.71,7,0 58







Page 39 of 43

Production.xlsx

Page 14 of 48

Printed at: 1:01 PM on: 7/14/2011

65 014444B 016

Batch Info

Batch Data Path

D:\MassHunter\Data\071311\QuantResults\petribs194-11.batch.bin

Analysis Time Report Time 7/14/2011 1:00 PM 7/14/2011 1:01 PM

Last Calib Update 7/

odate 7/14/2011 1:00 PM

Analysis Info

Acq Time Data File 7/14/2011 4:56

Acq Method File

petDBS194-11-22.d pet DBS.m

Sample Name Sample Type 877849 Sample

Level Sample Pos

Page 40 of 43

P2-D2

SampleAmount

.

W

Quantitation Results

Target Compound QUANT QUAL RŤ Quant Area Qual Area On Column Final Conc Ratio P-Eth 701.5 -> 255.2 701.5 -> 281.2 5980 186.90 347.10 246.16 30.00 P-Eth 701.5 -> 255.2 3.748 2429 365.41

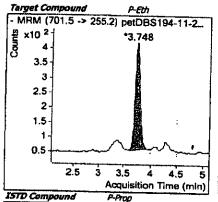
1

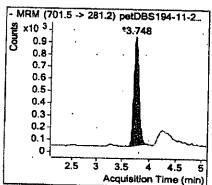
Production.xlsx

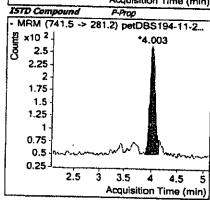
Page 21 of 48

Printed at: 1:01 PM on: 7/14/2011

950 - 51741779 - 56







Page 41 of 43

Production.xlsx

Page 22 of 48

Printed at: 1:01 PM on: 7/14/2011

5+0 E:+±+++0 65

United States Drug Testing Laboratories
1700 S. Mount Prospect Road Des Plaines, Illinois 60018
847.375.0770 Ph 847.375.0775 Fax
800.235.2367 Ph www.usdtl.com

LICENSURES AND REGISTRATIONS

United States Drug Testing Laboratories

1700 S. Mount Prospect Road Des Plaines, Illinois 60018 847.375.0770 Ph 847.375.0775 Fax 800.235.2367 Ph

www.usdtl.com

2000年7月2日日

United States Drug Testing Laboratories operates under the following licensures and registrations:

State of Illinois #0023341

Drug Enforcement Administration #RL0155843

III. Dept. of Professional Regulation #003-097-00731-1

#3754202 College of American Pathologist (FUDT)

H.H.S. - CLIA '88 #14D0712964

H.H.S. - Medicare #14-8570

State of Florida - Clinical Laboratory #L800009692

State of Iowa approved laboratory list

State of Pennsylvania #027225

State of Maryland #973

State of Oklahoma #8182

NY State Dept. of Health #814035A0 JUL-01-2011 FRI 12:23 PM

FAX NO.

P. 01/01

0

PHYSICIAN HEALTH SERVICES, INC.

A Masachusetts Medical Society corporation
www.physicianbankit.org

Luis Y. Sauches, MD

66004465

349 Winter Street Walthers, MA 23454-W14 (781) 454-7404 - (200) 323-2365 Feet (781) 888-6333

Date: July 1, 2011

Pax to: Quest Diagnostics - 1180 Beacon Street, Brooklin-

Fax#: (617) 739-2941

(phone 617-232-5733)



For collection on Friday, July 1 for PHS Participant # 1310.

Please order Test: Phosphatidyl Ethanol, USDTL Test Code PEthStat by writing this information on the chain of custody form.

> The test requires 5ml whole blood in purple, gray or green top tube.

Requested by Mary Howard:

hottomed 7/1/11

If you have any questions please call me at: (781) 434-7404

Including a copy of this fax with the chain of custody form may help with the send out by Employer Solutions. Sample to be sent for resting to:

USDTL address:

1700 South Mount Prospect Rd. Des Plaines, IL 60018

(800) 235-2367

Match 10018 57/02 A RES 11. WC 461430 R

WC 461430 A

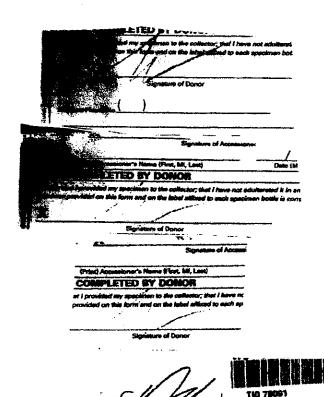
VC 461430 A WEIGH

al Eign

pt. Signature

K:\PHMS\Quon\Add-On Testing\PEth testing\PEth_Q-Bmokline2.duc

PHISCOCK PRINCOCK PRINCOCK



Forgel FIGNATURE

pt. Signature X PHMS\Quon\Add-On Testing\PEth testing\PEth_Q-Brnokline2.due

STEP 5: COMPLETED BY DONOR

STEP 5: COMPLETED BY DONOR

contify that I provided my specimen to the collector; that I have in members provided on that form and on the label affixed to and are

Signature of Tinnor



1310

With the sums

10 # 1310

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation www.physicianhealth.org

Luis T. Sanchez, MD Director

860 Winter Stree Waltham, MA 02451-1412 (781) 434-7404 • (800) 322-2303 Fax (781) 893-532+

July 28, 2011

Robert Harvey, Esq.
Physician Health & Compliance
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

RE: Michael Langan, M.D.

Dear Attorney Harvey:

This letter is to provide you with written documentation of a prior verbal report made on July 19, 2011 that Dr. Michael Langan had a positive test for phosphatidyl ethanol at a level of 365.4 ng/mL on a random drug test on July 1, 2011.

Physician Health Services has requested that Dr. Langan participate in reevaluation at this time.

If you have any questions, please do not hesitate to contact me.

Sincerely

pus Max

/mh

cc: Michael Langan, M.D. Gary Chinman, M.D. Scott Liebert, Esq.

this information has been disclosed to you from making any further disclosure of this information vales further disclosure is expressly permitted by the written consent of the person to whom it portains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict may use of the information to criminally investigate or prospecte my sleubel or drug above putient.



UNITED STATES DRUG TESTING LABORATORIES 1700 S. MOUNT PROSPECT ROAD DES PLAINES, ILLINOIS 60018-1804 847-375-0770 fax 847-375-0775

Report Luis Canchez MD Physicians Health Services 860 Winter Street Waltham, MA 02451

Cust ID PHSWMA Client Physicians Health Services Location Collector

Sample information

Chain of 461430 Name NA Lab Sample ID 877649 Donor ID 461430 Test Reason Not given Type Blood Collected Received 7/8/2011 10:48 Reported 7/14/2011 18:39

Tests Requested

PEth-BLD	Phosphatidyl Ethanol (Blood)		Sample POSITIVE		
Test		Result	Quantitation	Screen Limit	Confirm
PHOSPHATIO	YL ETHANOL	POSITIVE		20 ng/mL	
Phosphatidy	Ethanol (LCMSMS)	POSITIVE	365.4 ng/ml.		20.0 ng/ml.

Positive PEHL - NOTE NO 10 # 1310
NO Date of collection



***** * #6 4

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation wyw.physicianhealtk.org

Luis T. Sanchez, MD Director

Waltham, MA 02451-1614 (781) 434-7404 • (800) 322-2303 Per (781) 893-5321

Date: July 19, 2011

To: United States Drug Testing Laboratories

Fax: 847-375-0775 Total number of pages: 3

Account Number: PHSWMA for Physician Health Services

RE: Specimen Chain of: 461436

Donor ID as listed: 461430

Donor ID: 1310

Collection Date: 7/1/2011 Received Date: 7/8/11

Please update the lab report to reflect the donor ID number as listed on the order: to 1310

Please update the lab report to reflect that chain of custody was maintained.

If you have any questions, please call Linda Bresnahan781-434-7404

Request to all My 10 HD10 to



UNITED STATES DRUG TESTING LABORATORIES

1700 S. MOUNT PROSPECT ROAD DES PLAINES, ILLINOIS 60018-1804 847-375-0770 fax 847-375-0775

Report Luis Sanchez MD Physicians Health Services **860 Winter Street** Waltham, MA 02451

Cust ID PHSWMA Client Physicians Health Services Location Collector

Sample Information

Chain of 1310 Name NA Lab Sample ID 877649 Donor ID 461430 Test Reason Not given Type Blood Collected 7/1/2011 00:00 Received 7/8/2011 10:46 Reported 7/20/2011 18:17

Tests Requested

PEth-BLD	Phosphatidyl Ethanol (Blood)		Sample POSITIVE		
Test		Result	Quantitation	Screen Limit	Confirm
PHOSPHATIDY	ETHANOL	POSITIVE		20 ng/mL	····
Phosphatidyl E	Ethanol (LCMSMS.)	POSITIVE	385.4 ng/mL		20.0 ng/mL
Sample Com	mente		-	•	•

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR ID FROM 46143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011

internal Certification Hardcopy

- to, July 20 2011 4 17.08 PM

Laboratory

Charlesage-State (PhD Scientific Director Douglas Lawis



United States Drug Testing Laboratories

1700 S. Mount Prospect Road Des Plaines, Illinois 60018 847.375.0775 Fax 847.375.0770 Ph

800.235.2367 Ph

www.usdti.com

SUMMARY OF RESULTS

ACCOUNT:

Physician Health Services

USDTL NUMBER:

_ added.

SPECIMEN ID:

461430

MATRIX:

Blood

TEST REQUESTED:

Phosphatidylethanol - Blood

INITIAL TEST

METHOD:

Liquid Chromatography - Tandem Mass Spectrometry

Response of Cutoff

Result

Drug

(ng/mL)

Specimen (ng/mL)

Phosphatidylethanol

20

255.4

POSITIVE

CONFIRMATION TEST

METHOD:

Drug

Liquid Chromatography - Tandem Mass Spectrometry

Cutoff

Response of

Result

(ng/mL)

Specimen (ng/mL)

Phosphatidylethanol

20

365.4

POSITIVE

I certify that the specimen identified by the laboratory accession number above has been examined upon receipt, handled, and analyzed in accordance with this laboratory's Standard Operating Procedure.

Jones, MS, NRCC-TC

President, Laboratory Operations

Dec 03,2011

Date

Dec 03,2011

Date

Laboratory Operations

Date

Laboratory Operations

NoTE Date

Refraction

10. Months Late After

CAP MULLAJAHON

Page 2 of 43



Massachusetts General Hospital Department of Pathology 55 Fruit Street, Bigelow 510 Boston, Massachusetts 02114-2696 Phone: 617-726-9306 Fax: 617-726-9306

11/05/2012

Jacob Hafter, Esq. 7201 W. Lake Mead Blvd, Suite 210 Las Vegas, NV 89128

Subject: Blood Collection/Testing Performed on Michael L. Langan, MD on July 1, 2011

Dear Sir:

I write you to provide my professional opinion regarding the quality and validity of testing performed on Michael Langan's (MLL) blood drawn on July 1, 2011 by a Quest Diagnostics specimen collector, at the request of Mary Howard of Physician Health Services, Inc (PHS).

As background, I have directed the MGH Chemistry and Toxicology Laboratories for nearly thirty years, and have both a clinical and academic interest in drug and drug-of-abuse testing. I have implemented many serum, urine, and oral fluid drug-of-abuse testing programs at MGH, including ones that dealt with "chain-of-custody" and Medical Review Officer issues. Much of my clinical work involves drug-of-abuse test interpretation for MGH clinicians.

I reviewed the documents MLL provided me relating to the July 1, 2011 testing. I was astonished at the large number of errors (including so-called "fatal" ones) and out-of-SOP events that occurred during the blood collection, processing, and transportation between 7/1 and when the specimen was finally received (seven!) days later by USDTLabs (where testing was actually done several days later). This is a very unusual delay; how the specimen was stored by the clinical (not forensic/"chain-of-custody") lab at Quest is not documented. This represents a serious, if not fatal flaw in the testing of MLL's blood. As a comparison, recall a recent very public case involving Major League Baseball vs. a league MVP. A positive urine performance-enhancing drug test was invalidated because there was only a 2-3 day explainable delay (because of a weekend transportation issue) in sending a sample to the testing lab. I think the seven day delay here is indefensible and will result in the overturning of any decisions based on MLL's very-flawed 7/1/2011 testing.

The many other errors in sample collection, processing, and transportation to USDTLabs include:



- 1. PHS directed Quest to use a chain-of-custody form (CCF) twice in PHS's order that initiated the 7/1/11 testing. The Quest specimen collector did not use the required form.
- 2. The collector then incorrectly used the PHS-to-Quest test order form, instead of a CCF. This resulted in fatal/significant errors noted in 3 below.
- 3. The documentation received by USDTLabs with the specimen on 7/8/11 did not have a date and time of specimen collection, proper ID of the collector, signature of the sample donor, or a tamper-proof seal affixed to the specimen.
- 4. On 7/1-7/2 someone (the 7/1 specimen collector?) incorrectly directed the sample to the clinical (not forensic/"chain-of-custody") QUEST lab in Cambridge, despite the clear instructions on the PHS order form. There the specimen sat for several days without documentation of its storage conditions.

By their own policy, upon receipt USDTLabs should have rejected the specimen because of the several fatal flaws involving chain-of-custody. They did not. Additionally, the Medical Review Officers (MROs) at both PHS and USDTL evidently ignored the fatal flaws and allowed the positive Phosphatidylethanolamine (PEth) result to be reported without any comment. As a standard of care, an MRO needs to investigate positive results to try and determine if there is an explanation(s) for them. The PHS MRO had an opportunity to clarify the 7/1/11 results when reviewing them. PEth is detectable for up to four weeks after exposure to ethanol, given its 4 day half-life. A repeat test drawn in the 7/15-7/20/2011 period, if negative for PEth, would have clarified the 7/1/11 result as a false-positive. Evidently the PHS MRO did nothing to clarify the situation, as PHS did not request a blood PEth test again on MLL until August, when it was too late to clarify the 7/1/11 test.

The actions PHS did take in July 2011 included requesting that Dr Langan's ID number be added to the already positive sample (19 days after specimen collection). They also requested that the lab report be updated to reflect that chain of custody was maintained. This second request is highly irregular. "Chain-of-Custody" never existed for MLL's 7/1/11 sample, and updating a report to say it did exist, many days after the fact, is wrong. Why PHS requested that chain of custody be added when there is not one is suspicious.

In conclusion, it appears from these documents that there is a purposeful and intentional act by PHS to show MLL's 7/1/11 test as valid when in reality this test was invalid, and

involved both fatal laboratory errors and lack of adequate MRO review of results.

Anything based on MLL's 7/1/11 test as a confirmatory positive should be reversed, rectified, and remediated.

James C. Flood, PhD

Dr. James G. Flood, PhD

Director, Chemistry Laboratory Massachusetts General Hospital

Assistant Professor of Pathology Harvard Medical School

P. D1

08/15/14 83

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation www.physicianhesith.org

Light T. Sancher, MID Director 850 Winder Street Waltham, MA 02451-1414 (781) 434-7404 - (100) 322-2303 Pact (781) 893-5321

Date: July 19, 2011

To: United States Drug Testing Laboratories

Fax: 847-375-0775
Total number of pages: 3

Account Number: PHSWMA for Physician Health Services

cofn: Kendyll

RE: Specimen Chain of: 461430 Donor ID as listed: 461430

Donor ID: 1310

Collection Date: 7/1/2011 Received Date: 7/8/11

. Please update the lab report to reflect the donor ID number as listed on the order: to 1310

Please update the lab report to reflect that chain of custody was maintained.

Requested by Mary Howard:

(signed)

If you have any questions, please call Linda Bresnahan781-434-7404



UNITED STATES DRUG TESTING LABORATORIES 17:00 S..MOUNT PROSPECT ROAD DES PLAINES, ILLINOIS 60018-1804 847-375-0770 fax 847-375-0775

Report Luis Sanchez MD
Physicians Health Services
860 Winter Street
Waltham, MA 02451

Cust:iD PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of 481430

Name NA

Lab Sample ID 877649

Donor ID 481430

Test Reason Not given

Type Blood

Collected

Received 7/8/2011 10:48

Reported 7/14/2011 18:39

Tests Requested

PEth-BLD Phosphatidyl Ethano	(Blood)	Sample -POSITIVE		
Test	Result	Quantitation	Screen Limit	Confirm
PHOSPHATIDYL ETHANOL	POSITIVE	20 ng/mL		
Phosphatidyl-Ethanoi (LCMSMS)	POSITIVE	385,4 ng/mL		20.0 ng/mL



UNITED STATES DRUG TESTING LABORATORIES 1700 S. MOUNT PROSPECT ROAD DES PLAINES, ILL'INOIS 60018-1804 847-375-0770 fax 847-375-0775

Report Luis Senchez MD
Physicians Health Services
880 Winter Street
Waltham, MA 02451

Cust ID PHSWMA
Client Physicians Health Services
Location
Collector

Sample Information

Chain of 1310 Name NA Lab Sample (D 877649 Donor (D 461430 Test Reason Not given
Type Blood
Collected 7/1/2011:00:00
Received 7/8/2011 10:48
Reported 7/20/2011 16:17

Tests Requested

PEth-BLD Phosphatidyl-Ethai	Phosphatidyl Ethanol (Blood)		Sample: POSITIVE	
Test	Result	Quantitation	Screen Limit	Confirm
PHOSPHATIDYL ETHANOL	POSITIVE		20 ng/mL	
Phosphatidyl Ethanol (LCMSMS)	POSITIVE	385.4 ng/mL		20.0 ng/ml.

REVISED REPORT PER CLIENTS REQUEST

CORRECTED DONOR-ID FROM 46143 TO 1310

CORRECTED COLLECTION DATE TO 07/01/2011

Internal Cartification Hardcopy

- lai, July 20 2011 4 17,08 PM

Laboratory Charicaspe 5 (1648 hD)
Scientific Director Doubles Lawle