

IN THE SUPREME COURT OF OHIO

DISCIPLINARY COUNSEL,

Relator,

vs.

CAROLYN KAYE RANKE,

Respondent.

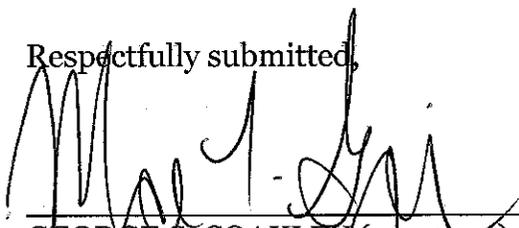
: Case No. 2011-0379

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:

MOTION TO REDACT
EXHIBIT "B" TO MOTION
FOR RECONSIDERATION

Now comes Respondent, Carolyn Kaye Ranke, by and through undersigned counsel, and hereby moves for redaction of personal identifiers contained in Exhibit "B" to her Motion for Reconsideration filed on September 30, 2011. This Motion is supported by the attached Memorandum.

Respectfully submitted,



GEORGE S. COAKLEY (0020419)
MARTIN T. GALVIN (0063624)-(Attorney of Record)
REMINGER CO., L.P.A.
1400 Midland Building
101 Prospect Avenue West
Cleveland, Ohio 44115-1093
(216) 687-1311
(216) 687-1841 - fax

*Attorneys for Respondent
Carolyn Kaye Ranke*

FILED
OCT 06 2011
CLERK OF COURT
SUPREME COURT OF OHIO

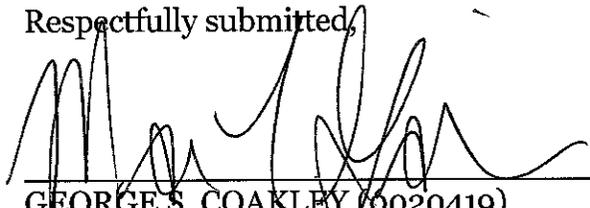
RECEIVED
OCT 06 2011
CLERK OF COURT
SUPREME COURT OF OHIO

FILED
OCT 06 2011
CLERK OF COURT
SUPREME COURT OF OHIO

MEMORANDUM IN SUPPORT

It has come to the attention of counsel for Respondent that personal identifiers as defined by Rule 44(H) of the Rules of Superintendence for the Court of Ohio were contained in Exhibit "B" to its Motion for Reconsideration filed on September 30, 2011. Pursuant to Sup.R. 45(D)(2) and S.Ct.Prac.R. 8.6, personal identifying information shall be redacted from documents filed with the Supreme Court. See also, *In re: P.S., et al.*, Case No. 2009-0854 (Order entered July 28, 2009, granting motion to redact). Accordingly, Respondent respectfully requests that the Court grant her motion for leave to redact the personal identifiers from Exhibit "B" from the Motion for Reconsideration of Record with this Court. A revised and redacted Exhibit "B" is attached hereto.

Respectfully submitted,



GEORGE S. COAKLEY (0020419)

MARTIN T. GALVIN (0063624)-(Attorney of Record)

REMINGER CO., L.P.A.

1400 Midland Building
101 Prospect Avenue West
Cleveland, Ohio 44115-1093
(216) 687-1311
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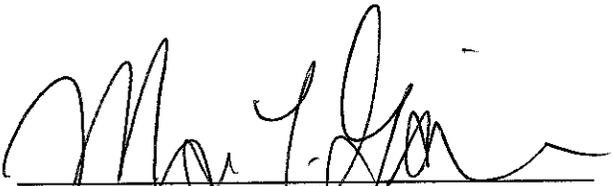
***Attorneys for Respondent
Carolyn Kaye Ranke***

CERTIFICATE OF SERVICE

A copy of the foregoing document was sent by regular U.S. mail on this 5th day of

October, 2011, to:

Philip A. King, Esq.
Asst. Disciplinary Counsel
Office of Disciplinary Counsel
250 Civic Center Drive, Ste. 325
Columbus, Ohio 43215



GEORGE S. COAKLEY (0020419)
MARTIN T. GALVIN (0063624)

**IN THE SUPREME COURT OF OHIO
PERSONAL IDENTIFIER FORM**

Disciplinary Counsel

Appellant,
Relator,
Petitioner, v.

 Carolyn Kaye Ranke

Appellee.
Respondent.

Case No. 2011-0379

Confidential Personal Identifiers Contained in Filing

(Rule 45(D) of the Rules of Superintendence for the Courts of Ohio. *Effective July 1, 2009*)

REFERENCE LIST

	COMPLETE PERSONAL IDENTIFIER	CORRESPONDING REFERENCE	LOCATION
	<i>Use this column to list the personal identifiers that have been redacted from the document that is to be placed in the case file.</i>	<i>Use this column to list the reference or abbreviation that will refer to the corresponding complete personal identifier.</i>	<i>Use this column to identify the document or documents where the reference appears in place of the personal identifier.</i>
1.	Respondent's Social Security number, residence address, and medical record/account number.		Exhibit B
2.			
3.			
4.			

Check if additional pages are attached.



 Signature of person submitting the information

October 5, 2011

 Date



KAMI KOLLMAN

CAROLYN RANKE

Gender: F DOB: 1964-03-10 Age: 46
Phone: (216)397-7633 Address: [REDACTED]

Result Detail

Operative Reports and Procedures: Operative Reports

Exam Date: 08/13/2010 00:00:00 Report Date:
Accession Number: 37493870 Facility: Richmond Heights
Medical Record Number: [REDACTED] Ordering Provider: Rock Lisa
Status: U Interpreting Physician:

University Hospitals
Richmond Medical Center
27100 Chardon Road
Richmond Heights, OH 44143

Patient Name: RANKE, CAROLYN
MRN: [REDACTED]
DOB: 03/10/1964
Encounter Number: 30639201
Date of Service: 08/13/2010
Patient Location: AOR AOR0 AOR023
Patient Type: O
Surgeon: Lisa Moreschi Rock, MD
Report Type: Operative Reports

POSTOPERATIVE DIAGNOSIS:
Right breast mass.

POSTOPERATIVE DIAGNOSIS:
Right breast mass.

OPERATION/PROCEDURE:
Right breast biopsy.

SURGEON:
Lisa Rock, MD.

ASSISTANT(S):
Boris Lerner, SA.

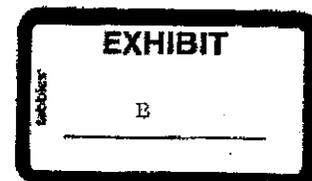
ANESTHESIA:
MAC.

ESTIMATED BLOOD LOSS:
Minimal.

COMPLICATIONS:
None.

SPECIMENS:
Right breast mass.

OPERATIVE INDICATIONS:
The patient is a 46-year-old female who is generally healthy. She noticed a lump in her right breast about a month ago. She did have a mammogram and ultrasound showing a large cyst in the 9 o'clock position of the right breast and an irregular solid nodule in the 1 o'clock position of the right breast. A fine needle aspiration was done of the lesion in the 1 o'clock position and atypical cells were seen. Plans for a right breast biopsy were discussed with her. The risks, benefits, and procedures were explained including the risk of



bleeding, infection, scar tissue formation, deformity of the area and anesthesia. She understood these risks and agreed to proceed.

OPERATIVE REPORT:

The patient was taken to the operating room, placed on the table in a supine position. A time-out was performed. The site had been marked preoperatively. She was prepped and draped in the usual sterile fashion, after receiving IV sedation without complication. 1% lidocaine with epinephrine was used to anesthetize an area at the areolar-cutaneous junction in the superior medial aspect of the right breast, and an incision was made at the areolar-cutaneous junction in the upper-inner quadrant with a 15 blade scalpel and taken down through the subcutaneous tissues. The lesion was about the 1 o'clock position. It had been marked, and dissection was done with Metzenbaum scissors in order to identify this mass. She did have very dense breast tissue in this entire area, and the firm area was grasped with a Lahey clamp and dissected from surrounding tissue with Metzenbaum scissors. This was then labeled with a short stitch superiorly and a long stitch laterally and sent to Pathology. There were no other palpable lesions. The area was irrigated and the irrigant was suctioned out. Hemostasis was achieved with Bovie electrocautery. Once there was adequate hemostasis, the superficial subcutaneous layer was closed with interrupted 3-0 Vicryl stitches and the skin was closed with a running subcuticular 4-0 Biosyn stitch. Dermabond and a dry sterile dressing were placed. She tolerated the procedure well and was transferred to the PACU in stable condition.

Dictated but not read

Lisa Rock, MD

DD: 08/13/2010 11:59 AM EST
TT: 08/13/2010 02:12 PM EST
DICTATION NUMBER: 260109
SPHERIS JOB NUMBER: 37493870

CC:



KAMI KOLLMAN

CAROLYN RANKE Gender: F DOB: 1964-03-10 Age: 46
Phone: (216)397-7633 Address: [REDACTED]

Result Detail

Operative Reports and Procedures: Operative Reports

Exam Date: 09/03/2010 00:00:00 Report Date:
Accession Number: 38073636 Facility: Richmond Heights
Medical Record Number: [REDACTED] Ordering Provider: Rock Lisa
Status: U Interpreting Physician:

University Hospitals
Richmond Medical Center
27100 Chardon Road
Richmond Heights, OH 44143

Patient Name: RANKE, CAROLYN
MRN: [REDACTED]
DOB: 03/10/1964
Encounter Number: 30699845
Date of Service: 09/03/2010
Patient Location: AOR AORD AORD14
Patient Type: O
Surgeon: Lisa Moreschi Rock, MD
Report Type: Operative Reports

POSTOPERATIVE DIAGNOSIS:
Right breast cancer.

POSTOPERATIVE DIAGNOSIS:
Right breast cancer.

OPERATION/PROCEDURE:
Right breast lumpectomy and right axillary sentinel lymph node biopsy.

SURGEON:
Lisa Rock, MD

ASSISTANT(S):
Hathaway.

ANESTHESIA:
General by laryngeal mask airway.

ESTIMATED BLOOD LOSS:
Minimal.

COMPLICATIONS:
None.

SPECIMENS:
Right breast tissue lumpectomy and right axillary sentinel lymph node.

OPERATIVE INDICATIONS:
The patient is a 46-year-old female who was noted to have a right breast lump. She underwent a biopsy which showed a 2 cm invasive ductal carcinoma with DCIS. The invasive cancer was 1 mm from the deep margin, and DCIS was less than 1 mm from the medial, superior, and anterior margins. Her surgical options were discussed with her. The patient has chosen to proceed with a lumpectomy and sentinel lymph node biopsy. She does understand that if the sentinel lymph

node is positive, we will proceed with a full axillary lymph node dissection. The risks, benefits, and procedures were reviewed including the risks of bleeding, infection, scar tissue formation, deformity of the area, lymphedema, decreased functional mobility of the right upper extremity, increased risk of infection of the right upper extremity, and general anesthesia. She understood all these risks and agreed to proceed.

OPERATIVE REPORT:

The patient was taken to the operating room, placed on table in the supine position. A time-out was performed, and she received general anesthesia by laryngeal mask airway without complication. She had previously undergone the injection of technetium-99 sulfur colloid into the breast 2 hours before surgery, then once general anesthesia was obtained, the injection of 4 cc of methylene blue was injected intradermally in 4 periareolar areas and massaged into the breast for 5 minutes. She was prepped and draped in the usual sterile fashion. The sentinel lymph node biopsy was performed first. An incision was made at the inferior aspect of the axillary hairline in the right axilla with a 15 blade scalpel and taken down through the subcutaneous tissues. The clavicopectoral fascia was incised. There was a blue lymphatic seen going directly into a lymph node which was stained blue. The Neoprobe was used to determine activity at the tumor site which was about 1300; however, the activity within the axilla was very low, the highest count was 13 and that was overlying this lymph node which was blue-stained. This lymph node was excised from the surrounding tissues. The lymphatics and small vessels were clipped with Surgiclips. Once the lymph node was completely removed, the count was 170. This was sent to Pathology as the right axillary sentinel lymph node for touch prep. There was no other activity within the axilla with the Neoprobe and no other blue-stained nodes were identified. There were no other palpable or suspicious nodes either. The sentinel lymph node was negative for metastatic disease. A deep layer was closed with interrupted 3-0 Vicryl stitches, a superficial layer was closed with interrupted 3-0 Vicryl stitches, and the skin was closed with a running subcuticular 4-0 Vicryl stitch. Next, the lumpectomy was performed. The patient had a previous incision at the areolar-cutaneous junction in the upper inner aspect of the right breast. This was opened with a 15 blade scalpel and taken down through the subcutaneous tissues. The biopsy cavity was identified. A seroma was drained, and then an area of tissue surrounding the entire biopsy cavity was excised with both the scalpel and Metzenbaum scissors. Once the cavity was completely excised, this lumpectomy tissue was labeled with a short stitch superiorly and a long stitch laterally and sent to Pathology. Hemostasis was achieved with Bovie electrocautery. After adequate hemostasis, the wound was irrigated and the irrigant was suctioned out. The anterior aspect of the dissection was just at the skin edge. A subcutaneous layer was closed with interrupted 3-0 Vicryl stitches and the skin was closed with a running subcuticular 4-0 Biosyn stitch. Steri-Strips, fluffs and a Surgi-Bra were placed. She tolerated the procedure well and was transferred to PACU in stable condition.

DICTATED BUT NOT READ

Lisa Rock, MD

DD: 09/03/2010 10:56 AM EST
PT: 09/04/2010 08:25 AM EST
DICTATION NUMBER: 296457
SPHERIS JOB NUMBER: 38073636

CC:
Mark Chapman MD, 2163815975



KAMI KOLLMAN

CAROLYN RANKE Gender: F DOB: 1964-03-10 Age: 46
Phone: (216)397-7633 Address: [REDACTED]

Result Detail

Imaging Studies: BONE SCAN/ WHOLE BODY

Exam Date: 08/25/2010 13:51:00 Report Date: 08/25/2010 15:09:00
Accession Number: 13652297 Facility: Case Medical Center
Medical Record Number: [REDACTED] Ordering Provider: LISA ROCK
Status: F Interpreting Physician: ROBERT JONES

DIVISION OF NUCLEAR MEDICINE

BONE SCAN, WHOLE BODY

CLINICAL HISTORY:

Recently diagnosed breast cancer.

COMPARISON:

CT chest abdomen and pelvis of the same day.

PROCEDURE: The patient received an intravenous dose of 27.1 mCi of Tc-99m MDP. Anterior and posterior whole body images of the skeleton were then acquired. Additional regional images were also obtained.

FINDINGS:

There is no definite evidence of osseous metastatic disease. Areas of uptake in the bilateral shoulders, right knee, and right foot are identified, most consistent with osteoarthritic degenerative change. Nonspecific diffuse breast uptake is noted bilaterally.

IMPRESSION:

No definite evidence of osseous metastatic disease.

I personally reviewed the image(s)/study and resident interpretation.

I agree with the findings as stated.

This examination was interpreted at University Hospitals of Cleveland/Case Medical Center.

Transcribed By: Interface, Powerscribe



KAMI KOLLMAN

CAROLYN RANKE Gender: F DOB: 1964-03-10 Age: 46
 Phone: (216)397-7633 Address: [REDACTED]

Result Detail

Imaging Studies: BD CT ABDOMEN W CE

Exam Date: 08/25/2010 13:00:00 Report Date: 08/26/2010 11:54:00
 Accession Number: 13652317 Facility: Case Medical Center
 Medical Record Number: [REDACTED] Ordering Provider: LISA ROCK
 Status: F Interpreting Physician: JOHN HAAGA

CT of the Chest, Abdomen and Pelvis with Contrast 8/25/2010

Clinical data: Breast cancer, staging

Technique: Using helical multidetector technique, volumetric data acquisition of the chest, abdomen and pelvis was obtained prior to and following intravenous administration of 90 ml of Optiray 320 under the routine chest, abdomen and pelvis protocol.

Examination was interpreted at University Hospitals Case Medical Center.

Comparison: None.

Findings:

CHEST:

The visualized thyroid appears within normal limits. No mediastinal, hilar or axillary lymphadenopathy is noted. Main pulmonary artery and its proximal branches demonstrate no gross filling defects to suggest pulmonary embolism. The heart is normal in size. There is no evidence of pericardial effusion. Esophagus is intact. Lungs are clear.

ABDOMEN & PELVIS:

Liver shows evidence of at least 3 very small cysts in the right and left lobe of the liver. The largest one measures 5.6 mm and is located in the segment 8.

The gallbladder, spleen, adrenal glands and pancreas are unremarkable. Left kidney is unremarkable with no evidence of renal stone or hydronephrosis.

Right kidney shows no abnormal finding and no evidence of renal stone or hydronephrosis.

The visualized small and large bowel appear normal in caliber without wall thickening or dilation.

The principal vascular structures of the abdomen and pelvis are unremarkable.

Left ovary has a large cyst measuring 4.1 cm. The uterus is enlarged and retroverted. Considering the above-mentioned findings, further evaluation with ultrasound is recommended.

There is no abdominopelvic lymphadenopathy evident.

There are no suspicious osseous lesions.

Impression:

1. Large cyst in the left ovary measuring 4.1 cm as well as enlarged retroverted uterus. Further evaluation with ultrasound is recommended.
2. Evidence of at least 3 small cysts in the right and left lobes of liver. The largest one measures 5.6 mm and is located in segment 8.
3. No evidence of abnormal lymph nodes in the chest, abdomen and pelvis.

I personally reviewed the study and resident interpretation. I agree with the findings as stated. Study was performed and interpreted at University hospital Case Medical Center.

Transcribed By: Interface, Powerscribe

RANKE, CAROLYN K. (3/10/1964)
Phone: (216) 397-7633

University Suburban Health Center

1611 South Green Road Suite 011
South Euclid, OH 44121
Phone (216)382-9735 Fax (216)382-3439

LISA M ROCK MD
3909 ORANGE PL.
STE 2300
CLEVELAND, OH 44122
(216) 831-8255

317560

46

0134265

F

DATE REPORTED 8/24/2010
10:23 AM

COLLECTED 8/24/2010
PART 8:31 AM

REFUSED DATE 8/24/2010
8:31 AM

cc: ROCK MD, LISA M

A copy of this report will be faxed to: ROCK MD, LISA M
Items were attached to this order: RESAL

TEST NAME	RESULT		UNITS	REFERENCE RANGE
	IN RANGE	OUT OF RANGE		
Renal Panel				
Glucose	94		mg/dL	65-100
Sodium	137		mmol/L	135-145
Potassium	4.1		mmol/L	3.5-5.5
Chloride		108 (H)	mmol/L	97-107
Bicarbonate		18 (L)	mmol/L	22-30
Urea Nitrogen	17		mg/dL	5-23
Creatinine	0.83		mg/dL	0.60-1.20
Albumin	3.2		g/dL	3.4-5.3
Calcium	9.1		mg/dL	8.5-10.5
Phosphorus	3.2		mg/dL	2.5-4.5

Glomerular Filtration Rate

Glomerular Filtration Rate 60 60

If the patient is African American, multiply the GFR result x 1.210

le



Department of Pathology
27100 Chardon Road
Richmond Hts., Ohio 44143
Phone: (440) 585-8420 Fax: (440) 585-8418

SURGICAL PATHOLOGY REPORT

Name: **RANKE, CAROLYN**

Accession #: **RS10-1690**

Date of Procedure: **9/3/2010**

Date Received: **9/3/2010**

Date Reported: **9/8/2010**

Med. Rec. #: [REDACTED]

Date of Visit: **9/3/2010**

Serv/Loc: **5/RH OR**

Race: **WHITE**

DOB/Sex: **3/10/1964 (Age: 46) F**

SS#: [REDACTED]

Other External #: [REDACTED]

Copy To:

Submitting Physician: **LISA M. ROCK, M.D.**
Attending Physician: **LISA M. ROCK, M.D.**
MARK S. CHAPMAN, M.D.

FINAL DIAGNOSIS

A. RIGHT SENTINEL LYMPH NODE:

-- 1 LYMPH NODE NEGATIVE FOR MALIGNANCY ON H&E AND AE 1/3 STAINS.

Note: AE 1/3 is performed on A1 and A2. Focally, AE 1/3 positive staining is identified on slide A2 which appears to be artifactual.

B. RT. BREAST TISSUE LUMPECTOMY:

- DUCTAL CARCINOMA IN SITU, HIGH GRADE WITH NECROSIS.
- ATYPICAL DUCTAL HYPERPLASIA AND FLAT EPITHELIAL ATYPIA.
- ATYPICAL LOBULAR HYPERPLASIA.
- POSTSURGICAL AND FIBROCYSTIC CHANGES.

Microinvasion: Not identified.

Size of DCIS: Present in 3 sections (0.9-cm).

Margins: Inferior: DCIS less than 1 mm (B18).

Ancillary studies: Previously performed (see RS10-1528).

Note

One or more of the reagents used to perform assays on this specimen MAY have contained components considered to be analyte specific reagents (ASR's). ASR's have not been cleared or approved by the U.S. Food and Drug Administration. These assays were developed and their performance characteristics determined by the Department of Pathology at University Hospitals of Cleveland. The assays were performed with appropriate positive and negative controls.

Electronically Signed Out By **MARIA S. RIMMERMAN, MD/MSR**

Intraoperative Consult Diagnosis

A: Touch Imprint: Right sentinel lymph node #1: One lymph node, negative for malignancy.

Clinical History:

LA

RANKE, CAROLYN

SURGICAL PATHOLOGY REPORT

RS10-1890

Breast cancer

Specimens Submitted As:

A: R SLN # 1

B: RT BREAST TISSUE LUMPECTOMY SHORT SUP LONG LATERAL

Gross Description:

A: Received fresh, "R SLN #1", is a yellow, fatty tissue piece, 2.5 x 2.3 x 0.8 cm. Sectioned to reveal a single, tan lymph node. Touch imprint made and lymph node and surrounding fat submitted in toto, A1-A3.

B: Received fresh, "R lumpectomy", is an oriented, dumbbell shaped yellow, fatty tissue piece, 13.5 x 6.5 x 3.0 cm in greatest dimension. One aspect of the specimen is shaggy and red, as in previous excision site. When these edges are opposed, the resulting tissue forms a more spherical specimen. Additionally, in this orientation, blue dye staining is now present on two adjacent pieces, rather than lying isolated on opposite ends of the specimen. Given this orientation, the specimen is inked superior green, inferior blue, anterior yellow, posterior black and site of presumed previous excision site orange. Lateral perpendicular margin B1. Medial perpendicular margin B2. Remaining specimen is sectioned lateral-medial to reveal yellow, fatty intermixed with white, fibrous-like tissue. No gross suspicious lesions. Representative, lateral-medial B3-B20 (B3-B18 each contain one full thickness tissue slice in two cassettes, alternating superior and inferior halves)

MSR

ttc/9/7/2010

CPT Code(s): A: RH 88307, RH TPS, RH 50252 IMMCY, RH 50252 IMMCY
B: RH 88307



KAMI KOLLMAN

CAROLYN RANKE Gender: F DOB: 1964-03-10 Age: 46
Phone: (216)397-7633 Address: [REDACTED]

Result Detail

Pathology Result: Richmond Pathology Department

Specimen Collected Date: 08/13/2010 14:44:00 Specimen Received Date: 08/13/2010 14:44:00
Order Number: RS10-1528 Ordering Provider: LISA ROCK
Medical Record Number: [REDACTED] Facility: Richmond Heights
Status: F

Department of Pathology
27100 Chardon Road
Richmond Hts., Ohio 44143
Phone: (440) 585-6420 Fax: (440) 585-6418

SURGICAL PATHOLOGY REPORT
Addendum Present

Name: RANKE, CAROLYN
Accession #: RS10-1528
Med. Rec. # [REDACTED]
Date of Procedure: 8/13/2010
Date of Visit: 8/13/2010
Date Received: 8/13/2010
Serv/Loc: 5/RH OR
Date Reported: 8/17/2010
Race: CAUCASIAN
DOB/Sex: 3/10/1964 (Age: 46) F
SS#: 279-66-9694
Submitting Physician: LISA M. ROCK, M.D. Other External #:
01653359 Copy To:

FINAL DIAGNOSIS

EXCISION RIGHT BREAST MASS
-- INVASIVE DUCTAL CARCINOMA
-- DUCTAL CARCINOMA IN SITU

Size of invasive tumor: 2 cm

Modified Bloom-Richardson grade: II
T
Angiolymphatic invasion: Not identified.

Size/Extent of DCIS: DCIS is within the infiltration component and extends into surrounding breast tissue.

% DCIS within invasive tumor mass: 25 %

Pattern and nuclear grade of DCIS: Cribriform and solid with high grade nuclei and necrosis.

Margins: Invasive carcinoma is at 1mm from the deep margin. DCIS is less than 1 mm from the medial, superior and anterior margins.

Ancillary studies: Estrogen and Progesterone receptor immunostains are positive (100% nuclear area)

Electronically Signed Out By PRABHA S. MURTHY, MD/PSM

Addendum/Procedures:
Addendum Date Ordered: 8/26/2010 Status: Signed Out
Date Complete: 8/26/2010
Date Reported: 8/26/2010

Addendum Diagnosis
{Not Entered}

Addendum Comment
FISH FOR DETECTION OF HER-2 GENE AMPLIFICATION (Pathvysion HER-2/neu DNA Probe by Vysis). Results are expressed as the averaged ratio HER-2/chromosome 17 signals in 20 nuclei.

Date Received: 08/24/2010
Date Completed: 08/25/2010
Source of Specimen: RIGHT BREAST
Paraffin Block No.: A4

TEST RESULTS:
Number of tumor cells counted: 20
Number of observers: 1
Average number of Her-2 signals/nucleus: 2.6
Average number of CEP 17 signals/nucleus: 2.1
Ratio of average Her-2/CEP 17: 1.2

INTERPRETATION: NEGATIVE (NON-AMPLIFIED)

NOTE: Patient's with a HER2/CEP FISH ratio of greater than or equal to 2.0 were considered eligible for treatment in the adjuvant trastuzumab trials. (References: Slamon et al. Breast Cancer Res Treat 94:S5, 2005 (Supp 1; Abs1); Romond et al. N Engl J Med 353: 1673-1684; Piccart-Gebhart, et al, N Engl J Med 353: 1659-1672, 2005; and HERA trial study, presented as late breaking abstract at 42nd Annual Meeting of the American Society of Clinical Oncology, Atlanta, GA, J Clin Oncol 24, 2006).

REFERENCE RANGES:
Ratio <1.8 Negative (non-amplified)
Ratio 1.8-2.2 Equivocal
Ratio >2.2 Positive (amplified)

Control results: External (amplified, equivocal, non-amplified) and internal controls perform as expected.

One or more of the reagents used to perform assays on this specimen MAY have contained components considered to be analyte specific reagents (ASR's). ASR's have not been cleared or approved by the U.S. Food and Drug Administration. These assays were developed and their performan



Department of Pathology
11100 Euclid Avenue
Cleveland, Ohio 44106-5000
Phone: (216) 844-1803 Fax: (216) 844-1810

CYTOLOGY REPORT

Name: **RANKE, CAROLYN**
Accession #: **C10-30353**
Date of Procedure: 8/3/2010
Date Received: 8/4/2010
Date Reported: 8/4/2010

Med. Rec. #: [REDACTED]
Race: **CAUCASIAN**
DOB/Sex: **3/10/1964 (Age. 46) F**
Other:

Other External #:

Submitting Physician: **LISA M. ROCK, M.D.**

FINAL CYTOLOGICAL INTERPRETATION

A. FINE NEEDLE ASPIRATION BREAST-RIGHT
--MARKEDLY ATYPICAL DUCTAL CELLS ARE PRESENT; ORIGIN FROM ADENOCARCINOMA TO BE EXCLUDED SEE NOTE
--FURTHER INVESTIGATION IS RECOMMENDED.

Note: The direct smears are acellular

Electronically Signed Out By FADI W. ABDUL-KARIM, MD/FWA/PWM

By the signature on this report, the individual or group listed as making the Final Interpretation/Diagnosis certifies that they have reviewed this case.

Clinical History

BREAST MASS

Source of Specimen

A FINE NEEDLE ASPIRATION BREAST-RIGHT

Gross Description

2 SLIDES AND 30cc CLEAR NEEDLE RINSE IN CYTOLYT

RANKE, CAROLYN

ROCK, LISA MORESCHI/Main
END OF REPORT

LR



Need Help?

Customer Service: 216-844-8299 or 1-800-859-5906
Monday-Friday 9:00am-4:00pm

To pay your bill online or access our online communication features, please go to
UHHospitals.org/PayMyBill

PAY THIS AMOUNT

PATIENT INFORMATION	
Insurance Name BLUE CROSS FEDERAL P	Policy # R59699452

PATIENT'S NAME		ACCOUNT NUMBER
CAROLYN RANKE		[REDACTED]
STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
5/23/2011	11/29/2010 - 11/29/2010	Upon Receipt

PATIENT INFORMATION
CAROLYN RANKE [REDACTED]

DESCRIPTION	CHARGE	PAYABLE	REMARKS
RADIOLOGY SERVICES			
DRUGS/INCIDENT RAD	\$150.00		
MRT	\$800.00		
MISCELLANEOUS	\$3,817.00		
TOTAL CHARGES	\$4,767.00		
PATIENT RESPONSIBILITY		\$27.45	
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.		PAY THIS AMOUNT	
		\$27.45	

pd
5-29-11

We are pleased that you selected UH Case Medical Center to meet your recent health care needs.

- Your insurance carrier has processed your charges and the balance remaining is what they have determined to be your responsibility.
- Your payment in full would be appreciated at this time.
- Please see reverse side for important information about UH Financial Assistance Programs.

Thank You.

Free Care Program (Hospital Services Only) As a resident of the State of Ohio, you may be eligible for the Care Assurance Program if your income is at or below the Federal Poverty Guidelines based on your family size. Please see the back of this Statement for the guidelines.



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PAY THIS AMOUNT
\$75.00

Insurance Name	Policy #
BLUE CROSS FEDERAL P	R50699452

PATIENT'S NAME	ACCOUNT NUMBER
CAROLYN RANKE	[REDACTED]

STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
8/19/2011	8/13/2010 - 8/13/2010	Upon Receipt

CAROLYN RANKE
[REDACTED]

OUTPATIENT SURGICAL SERVICES		
DRUG/DETAIL CODE		\$58.35
LABORATORY		\$110.00
PATHOLOGY LAB		\$1,902.00
RECOVERY ROOM		\$570.00
ANESTHESIA		\$534.00
OR SERVICES		\$1,342.00
TOTAL CHARGES		\$4,516.35
ANTHEM PAYMENTS		-\$1,336.00
ANTHEM ADJUSTMENTS		-\$3,105.35
PATIENT RESPONSIBILITY		\$75.00

pd
9-6-11

We are pleased that you selected UH Richmond Medical Center to meet your recent health care needs.

- Your insurance carrier has processed your charges and the balance remaining is what they have determined to be your responsibility.
- Your payment in full would be appreciated at this time.
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Thank You.

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\$75.00

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University Hospitals
UH Case Medical Center

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\$75.00

Insurance Name BLUE CROSS FEDERAL P	Policy # R59699452
-----------------------------------------------	------------------------------

PATIENT'S NAME CAROLYN RANKE		ACCOUNT NUMBER [REDACTED]
STATEMENT DATE 2/11/2011	SERVICE DATE(S) From Through 1/26/2011 - 1/26/2011	DUE DATE Upon Receipt

PATIENT'S NAME CAROLYN RANKE

IRELAND CANCER CENTER SERVICES		
RADIATION RX		\$839.00
TOTAL CHARGES		\$839.00
ANTHEM PAYMENTS		-\$428.40
ANTHEM ADJUSTMENTS		-\$335.60
PATIENT RESPONSIBILITY		\$75.00
<p style="text-align: center;"><i>pd 2-19</i></p>		
<p>Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.</p>		PAY THIS AMOUNT \$75.00

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UH Case Medical Center

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PAY THIS AMOUNT
\$75.00

Insurance Name		Policy #	
BLUE CROSS FEDERAL P		R59699452	

PATIENT'S NAME		ACCOUNT NUMBER
CAROLYN RANKE		[REDACTED]
STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
2/11/2011	1/25/2011 - 1/25/2011	Upon Receipt

PATIENT ID NUMBER	
CAROLYN RANKE	
[REDACTED]	

IRELAND CANCER CENTER SERVICES			
RADIATION RX		\$839.00	
TOTAL CHARGES		\$839.00	
ANTHEM PAYMENTS			-\$428.40
ANTHEM ADJUSTMENTS			-\$335.60
PATIENT RESPONSIBILITY			\$75.00
<i>pd 2-12</i>			
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.		PAY THIS AMOUNT	
		\$75.00	

We are pleased that you selected UH Case Medical Center to meet your recent health care needs.

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PAY THIS AMOUNT

PATIENT'S NAME		ACCOUNT NUMBER
CAROLYN RANKE		
STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
2/10/2011	1/24/2011 - 1/24/2011	Upon Receipt

Insurance Name	Policy #
BLUE CROSS FEDERAL P	R59699452

PATIENT NAME
CAROLYN RANKE

IRELAND CANCER CENTER SERVICES			
RADIATION RX		\$745.00	
TOTAL CHARGES		\$745.00	
ANTHEM PAYMENTS		-\$372.00	
ANTHEM ADJUSTMENTS		-\$298.00	
PATIENT RESPONSIBILITY			\$75.00
<i>pd 2-17</i>			
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.		PAY THIS AMOUNT	
		\$75.00	

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PAY THIS AMOUNT
\$75.00

Insurance Information	
Insurance Name	Policy #
BLUE CROSS FEDERAL P.	R59699452

PATIENT'S NAME		ACCOUNT NUMBER
CAROLYN RANKE		[REDACTED]
STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
2/08/2011	1/18/2011 - 1/18/2011	Upon Receipt

Patient Information	
PATIENT NAME	[REDACTED]

Item	Amount	Amount	Amount
IRELAND CANCER CENTER SERVICES			
RADIATION RX	\$745.00		
TOTAL CHARGES	\$745.00		
ANTHEM PAYMENTS		-\$372.00	
ANTHEM ADJUSTMENTS		-\$298.00	
PATIENT RESPONSIBILITY			\$75.00
2-18-11			
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.			PAY THIS AMOUNT \$75.00

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PAY THIS AMOUNT

75.00

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Insurance Name		Policy #	
BLUE CROSS FEDERAL P		R59690452	

PATIENT'S NAME		ACCOUNT NUMBER	
CAROLYN RANKE		[REDACTED]	
STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE	
1/26/2011	1/06/2011 - 1/06/2011	02/10/11	

PATIENT'S NAME	
CAROLYN RANKE	
[REDACTED]	

DATE	DESCRIPTION	CHARGE	PAID	BALANCE
1/06/2011	OP UHC ICC Recurring	\$861.00	\$0.00	-\$786.00
	RADIATION RX		\$861.00	
	ANTHEM INSURANCE PAYMENT			-\$441.60
	BALANCE TRANSFER FROM PAYER			-\$75.00
	ANTHEM INSURANCE CSA - REMIT W/O			-\$344.40
	BALANCE TRANSFER TO GUARANTOR			\$75.00
<i>pd 2-9-11</i>				
PREVIOUS BALANCE	\$0.00	COLUMN TOTAL	\$861.00	\$0.00
This statement will include any additional charges, payments, or adjustments that did not appear on your previous statement.				PAY THIS AMOUNT
				\$75.00

Our records indicate this balance to be your responsibility. Please submit your payment in full immediately. Thank you.

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PAY THIS AMOUNT

\$75.00

INSURANCE INFORMATION	
Insurance Name BLUE CROSS FEDERAL P	Policy # R59899452

PATIENT'S NAME		ACCOUNT NUMBER
CAROLYN RANKE		
STATEMENT DATE	SERVICE DATE(S) From-Through	DUF DATE
2/04/2011	1/19/2011 - 1/19/2011	Upon Receipt

PATIENT ID NUMBER
CAROLYN RANKE [REDACTED]

DESCRIPTION		CHARGE	PAID	BALANCE
IRELAND CANCER CENTER SERVICES				
RADIATION RX		\$745.00		
TOTAL CHARGES		\$745.00		
ANTHEM PAYMENTS			\$372.00	
ANTHEM ADJUSTMENTS			\$298.00	
PATIENT RESPONSIBILITY				\$75.00
<i>pd 2-11-11</i>				
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.				PAY THIS AMOUNT
				\$75.00

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Thank You.

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University Hospitals

UH Case Medical Center

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Monday-Friday 9:00am-4:00pm

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PAY THIS AMOUNT

INSURANCE INFORMATION	
Insurance Name BLUE CROSS FEDERAL P	Policy # R59699452

PATIENT'S NAME CAROLYN RANKE	ACCOUNT NUMBER [REDACTED]
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STATEMENT DATE 1/31/2011	SERVICE DATE(S) From-Through 1/14/2011 - 1/14/2011	DUE DATE Upon Receipt
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PATIENT INFORMATION
CAROLYN RANKE [REDACTED]

IRELAND CANCER CENTER SERVICES		
RADIATION RX	\$1,029.00	
TOTAL CHARGES	\$1,029.00	
ANTHEM PAYMENTS		-\$542.40
ANTHEM ADJUSTMENTS		-\$411.60
PATIENT RESPONSIBILITY		\$75.00
<i>pd 2-11-11</i>		
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.		PAY THIS AMOUNT \$75.00

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University Hospitals

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\$75.00

Insurance Name	Policy #
BLUE CROSS FEDERAL P	R59699452

PATIENT'S NAME	ACCOUNT NUMBER
CAROLYN RANKE	[REDACTED]

STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
1/24/2011	1/05/2011 - 1/05/2011	02/08/11

PATIENT NAME
CAROLYN RANKE

DATE	DESCRIPTION	CHARGE	PAID	BALANCE
1/05/2011	OP UHC ICC Recurring	\$861.00	\$0.00	-\$786.00
	RADIATION RX		\$861.00	
	ANTHEM INSURANCE PAYMENT			-\$441.60
	BALANCE TRANSFER FROM PAYER			-\$75.00
	ANTHEM INSURANCE CSA - REMIT W/O			-\$344.40
	BALANCE TRANSFER TO GUARANTOR			\$75.00

paid 2-6-11

PREVIOUS BALANCE	CHARGES	PAID	ADJUSTMENTS	CURRENT BALANCE
\$0.00	\$861.00	\$0.00		-\$786.00

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to pay your bill online or if you have billing questions go to <http://UHHospitals.org/PayMyBill>

We are pleased that you selected UH Case Medical Center to meet your recent health care needs.

PAY THIS AMOUNT

If you have any questions, please call 216-844-8299 or 800-859-5906 M-F, 9:00 am - 4:00 pm

75.00

INSURANCE INFORMATION	
Insurance Name	Policy #
BLUE CROSS FEDERAL P	RS9699452

PATIENT'S NAME		ACCOUNT NUMBER
CAROLYN RANKE		[REDACTED]
STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
1/11/2011	12/06/2010 - 12/06/2010	01/26/11

PATIENT NAME
CAROLYN RANKE
[REDACTED]

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
12/06/2010	OP UHC ICC Recurring	\$7,641.00	\$0.00	-\$7,566.00
	RADIATION RX		\$7,641.00	
	ANTHEM INSURANCE PAYMENT			-\$4,586.01
	BALANCE TRANSFER FROM PAYER			-\$75.00
	ANTHEM INSURANCE CSA - REMIT W/O			-\$2,978.99
	BALANCE TRANSFER TO GUARANTOR			\$75.00
<i>1-25-11</i>				
PREVIOUS BALANCE		\$0.00	ACCOUNT TOTALS	\$7,641.00
This statement will include any additional charges, payments, or adjustments that did not appear on your previous statement.			PAY THIS AMOUNT	
			\$75.00	

Our records indicate this balance to be your responsibility. Please submit your payment in full immediately. Thank you.

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KAMI KOLLMAN

CAROLYN RANKE Gender: F DOB: 1964-03-10 Age: 46
 Phone: (216)397-7633 Address: [REDACTED]

Result Detail

Operative Reports and Procedures: Operative Reports

Exam Date: 08/13/2010 00:00:00 Report Date:
 Accession Number: 37493870 Facility: Richmond Heights
 Medical Record Number: [REDACTED] Ordering Provider: Rock Lisa
 Status: U Interpreting Physician:

University Hospitals
 Richmond Medical Center
 27100 Chardon Road
 Richmond Heights, OH 44143

Patient Name: RANKE, CAROLYN
 MRN: [REDACTED]
 DOB: 03/10/1964
 Encounter Number: 30639201
 Date of Service: 08/13/2010
 Patient Location: AOR AOR0 AOR023
 Patient Type: O
 Surgeon: Lisa Moreschi Rock, MD
 Report Type: Operative Reports

POSTOPERATIVE DIAGNOSIS:
 Right breast mass.

POSTOPERATIVE DIAGNOSIS:
 Right breast mass.

OPERATION/PROCEDURE:
 Right breast biopsy.

SURGEON:
 Lisa Rock, MD.

ASSISTANT(S):
 Boris Lerner, SA.

ANESTHESIA:
 MAC.

ESTIMATED BLOOD LOSS:
 Minimal.

COMPLICATIONS:
 None.

SPECIMENS:
 Right breast mass.

OPERATIVE INDICATIONS:
 The patient is a 46-year-old female who is generally healthy. She noticed a lump in her right breast about a month ago. She did have a mammogram and ultrasound showing a large cyst in the 9 o'clock position of the right breast and an irregular solid nodule in the 1 o'clock position of the right breast. A fine needle aspiration was done of the lesion in the 1 o'clock position and atypical cells were seen. Plans for a right breast biopsy were discussed with her. The risks, benefits, and procedures were explained including the risk of

bleeding, infection, scar tissue formation, deformity of the area and anesthesia. She understood these risks and agreed to proceed.

OPERATIVE REPORT:

The patient was taken to the operating room, placed on the table in a supine position. A time-out was performed. The site had been marked preoperatively. She was prepped and draped in the usual sterile fashion, after receiving IV sedation without complication. 1% lidocaine with epinephrine was used to anesthetize an area at the areolar-cutaneous junction in the superior medial aspect of the right breast, and an incision was made at the areolar-cutaneous junction in the upper-inner quadrant with a 15 blade scalpel and taken down through the subcutaneous tissues. The lesion was about the 1 o'clock position. It had been marked, and dissection was done with Metzenbaum scissors in order to identify this mass. She did have very dense breast tissue in this entire area, and the firm area was grasped with a Lahey clamp and dissected from surrounding tissue with Metzenbaum scissors. This was then labeled with a short stitch superiorly and a long stitch laterally and sent to Pathology. There were no other palpable lesions. The area was irrigated and the irrigant was suctioned out. Hemostasis was achieved with Bovie electrocautery. Once there was adequate hemostasis, the superficial subcutaneous layer was closed with interrupted 3-0 Vicryl stitches and the skin was closed with a running subcuticular 4-0 Biosyn stitch. Dermabond and a dry sterile dressing were placed. She tolerated the procedure well and was transferred to the PACU in stable condition.

DICTATED BUT NOT READ

Lisa Rock, MD

DD: 08/13/2010 11:59 AM EST
TT: 08/13/2010 02:12 PM EST
DICTATION NUMBER: 280109
SPHERIS JOB NUMBER: 37493870

CC:



KAMI KOLLMAN

CAROLYN RANKE Gender: F DOB: 1964-03-10 Age: 46
 Phone: (216)397-7633 Address: [REDACTED]

Result Detail

Operative Reports and Procedures: Operative Reports

Exam Date: 09/03/2010 00:00:00 Report Date:
 Accession Number: 38073636 Facility: Richmond Heights
 Medical Record Number: [REDACTED] Ordering Provider: Rock Lisa
 Status: U Interpreting Physician:

University Hospitals
 Richmond Medical Center
 27100 Chardon Road
 Richmond Heights, OH 44143

Patient Name: RANKE, CAROLYN
 MRN: [REDACTED]
 DOB: 03/10/1964
 Encounter Number: 30699845
 Date of Service: 09/03/2010
 Patient Location: AOR AORO AOR014
 Patient Type: O
 Surgeon: Lisa Moreschi Rock, MD
 Report Type: Operative Reports

POSTOPERATIVE DIAGNOSIS:
 Right breast cancer.

POSTOPERATIVE DIAGNOSIS:
 Right breast cancer.

OPERATION/PROCEDURE:
 Right breast lumpectomy and right axillary sentinel lymph node biopsy.

SURGEON:
 Lisa Rock, MD

ASSISTANT(S):
 Hathaway.

ANESTHESIA:
 General by laryngeal mask airway.

ESTIMATED BLOOD LOSS:
 Minimal.

COMPLICATIONS:
 None.

SPECIMENS:
 Right breast tissue lumpectomy and right axillary sentinel lymph node.

OPERATIVE INDICATIONS:
 The patient is a 46-year-old female who was noted to have a right breast lump. She underwent a biopsy which showed a 2 cm invasive ductal carcinoma with DCIS. The invasive cancer was 1 mm from the deep margin, and DCIS was less than 1 mm from the medial, superior, and anterior margins. Her surgical options were discussed with her. The patient has chosen to proceed with a lumpectomy and sentinel lymph node biopsy. She does understand that if the sentinel lymph

node is positive, we will proceed with a full axillary lymph node dissection. The risks, benefits, and procedures were reviewed including the risks of bleeding, infection, scar tissue formation, deformity of the area, lymphedema, decreased functional mobility of the right upper extremity, increased risk of infection of the right upper extremity, and general anesthesia. She understood all these risks and agreed to proceed.

OPERATIVE REPORT:

The patient was taken to the operating room, placed on table in the supine position. A time-out was performed, and she received general anesthesia by laryngeal mask airway without complication. She had previously undergone the injection of technetium-99 sulfur colloid into the breast 2 hours before surgery, then once general anesthesia was obtained, the injection of 4 cc of methylene blue was injected intradermally in 4 periareolar areas and massaged into the breast for 5 minutes. She was prepped and draped in the usual sterile fashion. The sentinel lymph node biopsy was performed first. An incision was made at the inferior aspect of the axillary hairline in the right axilla with a 15 blade scalpel and taken down through the subcutaneous tissues. The clavicopectoral fascia was incised. There was a blue lymphatic seen going directly into a lymph node which was stained blue. The Neoprobe was used to determine activity at the tumor site which was about 1300; however, the activity within the axilla was very low, the highest count was 13 and that was overlying this lymph node which was blue-stained. This lymph node was excised from the surrounding tissues. The lymphatics and small vessels were clipped with Surgiclips. Once the lymph node was completely removed, the count was 170. This was sent to Pathology as the right axillary sentinel lymph node for touch prep. There was no other activity within the axilla with the Neoprobe and no other blue-stained nodes were identified. There were no other palpable or suspicious nodes either. The sentinel lymph node was negative for metastatic disease. A deep layer was closed with interrupted 3-0 Vicryl stitches, a superficial layer was closed with interrupted 3-0 Vicryl stitches, and the skin was closed with a running subcuticular 4-0 Vicryl stitch. Next, the lumpectomy was performed. The patient had a previous incision at the areolar-cutaneous junction in the upper inner aspect of the right breast. This was opened with a 15 blade scalpel and taken down through the subcutaneous tissues. The biopsy cavity was identified. A seroma was drained, and then an area of tissue surrounding the entire biopsy cavity was excised with both the scalpel and Metzenbaum scissors. Once the cavity was completely excised, this lumpectomy tissue was labeled with a short stitch superiorly and a long stitch laterally and sent to Pathology. Hemostasis was achieved with Bovie electrocautery. After adequate hemostasis, the wound was irrigated and the irrigant was suctioned out. The anterior aspect of the dissection was just at the skin edge. A subcutaneous layer was closed with interrupted 3-0 Vicryl stitches and the skin was closed with a running subcuticular 4-0 Biosyn stitch. Steri-Strips, fluffs and a Surgi-Bra were placed. She tolerated the procedure well and was transferred to PACU in stable condition.

DICTATED BUT NOT READ

Lisa Rock, MD

DD: 09/03/2010 10:56 AM EST
TT: 09/04/2010 08:25 AM EST
DICTATION NUMBER: 296457
SPHERIS JOB NUMBER: 38073636

CC:
Mark Chapman MD, 2163815975



KAMI KOLLMAN

CAROLYN RANKE Gender: F DOB: 1964-03-10 Age: 46
Phone: (216)397-7633 Address: [REDACTED]

Result Detail

Imaging Studies: BONE SCAN/ WHOLE BODY

Exam Date: 08/25/2010 13:51:00 Report Date: 08/25/2010 15:09:00
Accession Number: 13852297 Facility: Case Medical Center
Medical Record Number: [REDACTED] Ordering Provider: LISA ROCK
Status: F Interpreting Physician: ROBERT JONES

DIVISION OF NUCLEAR MEDICINE

BONE SCAN, WHOLE BODY

CLINICAL HISTORY:

Recently diagnosed breast cancer.

COMPARISON:

CT chest abdomen and pelvis of the same day.

PROCEDURE: The patient received an intravenous dose of 27.1 mCi of Tc-99m MD9. Anterior and posterior whole body images of the skeleton were then acquired. Additional regional images were also obtained.

FINDINGS:

There is no definite evidence of osseous metastatic disease. Areas of uptake in the bilateral shoulders, right knee, and right foot are identified, most consistent with osteoarthritic degenerative change. Nonspecific diffuse breast uptake is noted bilaterally.

IMPRESSION:

No definite evidence of osseous metastatic disease.

I personally reviewed the image(s)/study and resident interpretation.

I agree with the findings as stated.

This examination was interpreted at University Hospitals of Cleveland/Case Medical Center.

Transcribed By: Interface, Powerscribe



KAMI KOLLMAN

CAROLYN RANKE

Gender: F
Phone: (216)397-7633DOB: 1964-03-10
Address: [REDACTED]

Age: 46

Result Detail

Imaging Studies: BD CT ABDOMEN W CE

Exam Date: 08/25/2010 13:00:00 Report Date: 08/26/2010 11:54:00
 Accession Number: 13652317 Facility: Case Medical Center
 Medical Record Number: [REDACTED] Ordering Provider: LISA ROCK
 Status: F Interpreting Physician: JOHN HAAGA

CT of the Chest, Abdomen and Pelvis with Contrast 8/25/2010

Clinical data: Breast cancer, staging
 Technique: Using helical multidetector technique, volumetric data acquisition of the chest, abdomen and pelvis was obtained prior to and following intravenous administration of 90 ml of Optiray 320 under the routine chest, abdomen and pelvis protocol.
 Examination was interpreted at University Hospitals Case Medical Center.

Comparison: None.

Findings:

CHEST:

The visualized thyroid appears within normal limits. No mediastinal, hilar or axillary lymphadenopathy is noted. Main pulmonary artery and its proximal branches demonstrate no gross filling defects to suggest pulmonary embolism. The heart is normal in size. There is no evidence of pericardial effusion. Esophagus is intact.
 Lungs are clear.

ABDOMEN E T E PELVIS:

Liver shows evidence of at least 3 very small cysts in the right and left lobe of the liver. The largest one measures 5.6 mm and is located in the segment 8.
 The gallbladder, spleen, adrenal glands and pancreas are unremarkable.
 Left kidney is unremarkable with no evidence of renal stone or hydronephrosis.
 Right kidney shows no abnormal finding and no evidence of renal stone or hydronephrosis.
 The visualized small and large bowel appear normal in caliber without wall thickening or dilation.
 The principal vascular structures of the abdomen and pelvis are unremarkable.
 Left ovary has a large cyst measuring 4.1 cm. The uterus is enlarged and retroverted. Considering the above-mentioned findings, further evaluation with ultrasound is recommended.
 There is no abdominopelvic lymphadenopathy evident.
 There are no suspicious osseous lesions.

Impression:

1. Large cyst in the left ovary measuring 4.1 cm as well as enlarged retroverted uterus. Further evaluation with ultrasound is recommended.
2. Evidence of at least 3 small cysts in the right and left lobes of liver. The largest one measures 5.6 mm and is located in segment 8.
3. No evidence of abnormal lymph nodes in the chest, abdomen and pelvis.

I personally reviewed the study and resident interpretation. I agree with the findings as stated. Study was performed and interpreted at University hospital Case Medical Center.
 Transcribed By: Interface, Powerscribe

RANKE, CAROLYN K. (3/10/1964)
Phone: (216) 397-7633

University Suburban Health Center
1611 South Green Road Suite 011
South Euclid, OH 44121
Phone (216)382-9705 Fax (216)382-3439

LISA M ROCK MD
3909 ORANGE PL.
STE 2300
CLEVELAND, OH 44122
(216) 831-8255

317560

46

0134265

F

DATE REPORTED 8/24/2010
10:23 AM

COLLECTION DATE 8/24/2010
8:31 AM

SE. ENV. DATE 8/24/2010
8:31 AM

cc: ROCK MD, LISA M

A copy of this report will be faxed to: ROCK MD, LISA M
Items were attached to this order: RENAL

TEST NAME	RESULT		UNITS	REFERENCE RANGE
	IN RANGE	OUT OF RANGE		
Renal Panel				
Chloride	93		mg/dL	65-100
Sodium	137		mmol/L	135-145
Potassium	4.4		mmol/L	3.5-5.5
Chloride		108 (U)	mmol/L	97-107
Bicarbonate		18 (U)	mmol/L	22-30
Urea Nitrogen	17		mg/dL	5-23
Creatinine	0.81		mg/dL	0.60-1.20
Albumin	3.2		g/dL	3.4-5.3
Calcium	9.1		mg/dL	8.5-10.5
Phosphorus	3.2		mg/dL	2.5-4.5

Glomerular Filtration Rate

Glomerular Filtration Rate 74.1 60

IF the patient is African American, multiply the GFR result x 1.210

LE



Department of Pathology
27100 Chardon Road
Richmond Hts., Ohio 44143
Phone: (440) 585-6420 Fax: (440) 585-6418

SURGICAL PATHOLOGY REPORT

Name: **RANKE, CAROLYN**
Accession #: **RS10-1690**
Date of Procedure: **9/3/2010**
Date Received: **9/3/2010**
Date Reported: **9/8/2010**

Med. Rec. #: [REDACTED]
Date of Visit: **9/3/2010**
Serv. oc: **S/RH OR**
Race: **WHITE**
DOB/Sex: **3/10/1964 (Age: 46) F**
SS#: [REDACTED]
Other External #: [REDACTED]
Copy To:

Submitting Physician: **LISA M. ROCK, M.D.**
Attending Physician: **LISA M. ROCK, M.D.**
MARK S CHAPMAN, M.D.

FINAL DIAGNOSIS

- A. RIGHT SENTINEL LYMPH NODE:**
- 1 LYMPH NODE NEGATIVE FOR MALIGNANCY ON H&E AND AE 1/3 STAINS.

Note: AE 1/3 is performed on A1 and A2. Focally, AE 1/3 positive staining is identified on slide A2 which appears to be artifactual.

- B. RT. BREAST TISSUE LUMPECTOMY:**
- DUCTAL CARCINOMA IN SITU, HIGH GRADE WITH NECROSIS.
- ATYPICAL DUCTAL HYPERPLASIA AND FLAT EPITHELIAL ATYPIA.
- ATYPICAL LOBULAR HYPERPLASIA.
- POSTSURGICAL AND FIBROCYSTIC CHANGES.

Microinvasion: Not identified.

Size of DCIS: Present in 3 sections (0.9-cm).

Margins: Inferior: DCIS less than 1 mm (B18).

Ancillary studies: Previously performed (see RS10-1528).

Note

One or more of the reagents used to perform assays on this specimen MAY have contained components considered to be analyte specific reagents (ASR's). ASR's have not been cleared or approved by the U.S. Food and Drug Administration. These assays were developed and their performance characteristics determined by the Department of Pathology at University Hospitals of Cleveland. The assays were performed with appropriate positive and negative controls.

Electronically Signed Out By **MARIA S. RIMMERMAN, MD/MSR**

Intraoperative Consult Diagnosis

A: Touch imprint: Right sentinel lymph node #1: One lymph node, negative for malignancy.

Clinical History:

RANKE, CAROLYN

SURGICAL PATHOLOGY REPORT

RS10-1890

Breast cancer

Specimens Submitted As:

A R SLN #1

B RT BREAST TISSUE LUMPECTOMY SHORT SUP LONG LATERAL

Gross Description:

A: Received fresh, "R SLN #1", is a yellow, fatty tissue piece, 2.5 x 2.3 x 0.8 cm. Sectioned to reveal a single, tan lymph node. Touch imprint made and lymph node and surrounding fat submitted in toto, A1-A3.

B: Received fresh, "R lumpectomy", is an oriented, dumbbell shaped yellow, fatty tissue piece, 13.5 x 6.5 x 3.0 cm in greatest dimension. One aspect of the specimen is shaggy and red, as in previous excision site. When these edges are apposed, the resulting tissue forms a more spherical specimen. Additionally, in this orientation, blue dye staining is now present on two adjacent pieces, rather than lying isolated on opposite ends of the specimen. Given this orientation, the specimen is inked superior green, inferior blue, anterior yellow, posterior black and site of presumed previous excision site orange. Lateral perpendicular margin B1 Medial perpendicular margin B2. Remaining specimen is sectioned lateral-medial to reveal yellow, fatty intermixed with white, fibrous-like tissue. No gross suspicious lesions. Representative, lateral-medial B3-B20 (B3-B18 each contain one full thickness tissue slice in two cassettes, alternating superior and inferior halves).

MSR

ttc/8/7/2010

CPT Code(s): A: RH 86307, RH TPS, RH 50252 IMMCY, RH 50252 IMMCY
B: RH 86307

First Clinical Gateways

KAMI KOLLMAN



CAROLYN RANKE

Gender: F
Phone: (216)397-7633

DOB: [REDACTED] Age: 46
Address: [REDACTED]

Result Detail

Pathology Result: Richmond Pathology Department

Specimen Collected Date: 08/13/2010 14:44:00 Specimen Received Date: 08/13/2010 14:44:00
Order Number: RS10-1528 Ordering Provider: LISA ROCK
Medical Record Number: 01653359 Facility: Richmond Heights
Status: F

Department of Pathology
27100 Chardon Road
Richmond Hts., Ohio 44143
Phone: (440) 585-6420 Fax: (440) 585-6418

SURGICAL PATHOLOGY REPORT
Addendum Present

Name: RANKE, CAROLYN
Accession #: RS10-1528
Med. Rec. # [REDACTED]
Date of Procedure: 8/13/2010
Date of Visit: 8/13/2010
Date Received: 8/13/2010
Serv/Loc: 5/RH OR
Date Reported: 8/17/2010
Race: CAUCASIAN
DOB/Sex: 3/10/1964 (Age: 46) F
SS#: 279-66-9694
Submitting Physician: LISA M. ROCK, M.D.
01653359 Copy To:

Other External #:

FINAL DIAGNOSIS

EXCISION RIGHT BREAST MASS
-- INVASIVE DUCTAL CARCINOMA
-- DUCTAL CARCINOMA IN SITU

Size of invasive tumor: 2 cm

Modified Bloom-Richardson grade: II

Angiolymphatic invasion: Not identified.

Size/Extent of DCIS: DCIS is within the infiltration component and extends into surrounding breast tissue.

‡ DCIS within invasive tumor mass: 25 ‡

Pattern and nuclear grade of DCIS: Cribriform and solid with high grade nuclei and necrosis.

Margins: Invasive carcinoma is at 1cm from the deep margin. DCIS is less than 1 mm from the medial, superior and anterior margins.

Ancillary studies: Estrogen and Progesterone receptor immunostains are positive (100% nuclear area)

Electronically Signed Out By PRABHA S. MURTHY, MD/PSM

<https://portal.uhhospitals.org/portal-physician/clinical.results-category?pid=0001129474>

09/21/2010

Addendum/Procedures:
 Addendum Date Ordered: 8/26/2010 Status: Signed Out
 Date Complete: 8/26/2010
 Date Reported: 8/26/2010

Addendum Diagnosis
 (Not Entered)

Addendum Comment
 FISH FOR DETECTION OF HER-2 GENE AMPLIFICATION (Pathvysion HER-2/neu DNA Probe by Vysis). Results are expressed as the averaged ratio HER-2/chromosome 17 signals in 20 nuclei.

Date Received: 08/24/2010
 Date Completed: 08/25/2010
 Source of Specimen: RIGHT BREAST
 Paraffin Block No.: A4

TEST RESULTS:
 Number of tumor cells counted: 20
 Number of observers: 1
 Average number of Her-2 signals/nucleus: 2.6
 Average number of CEP 17 signals/nucleus: 2.1
 Ratio of average Her-2/CEP 17: 1.2

INTERPRETATION: NEGATIVE (NON-AMPLIFIED)

NOTE: Patient's with a HER2/CEP FISH ratio of greater than or equal to 2.0 were considered eligible for treatment in the adjuvant trastuzumab trials. (References: Slamon et al. Breast Cancer Res Treat 94:S5, 2005 (Supp 1; Abs1); Romond et al, N Engl J Med 353: 1673-1684; Piccart-Gebhart, et al, N Engl J Med 353: 1689-1692, 2005; and HERA trial study, presented as late breaking abstract at 42nd Annual Meeting of the American Society of Clinical Oncology, Atlanta, GA, J Clin Oncol 24, 2006).

REFERENCE RANGES:
 Ratio <1.8 Negative (non-amplified)
 Ratio 1.8-2.2 Equivocal
 Ratio >2.2 Positive (amplified)

Control results: External (amplified, equivocal, non-amplified) and internal controls perform as expected.

One or more of the reagents used to perform assays on this specimen MAY have contained components considered to be analyte specific reagents (ASR's). ASR's have not been cleared or approved by the U.S. Food and Drug Administration. These assays were developed and their performance



Department of Pathology
11100 Euclid Avenue
Cleveland, Ohio 44106-500
Phone: (216) 844-1603 Fax: (216) 844-1810

CYTOLOGY REPORT

Name: **RANKE, CAROLYN**
Accession #: **C10-30353**
Date of Procedure: 8/3/2010
Date Received: 8/4/2010
Date Reported: 8/4/2010

Med. Rec. #: [REDACTED]
Race: CAUCASIAN
DOB/Sex: 3/10/1964 (Age: 46) F
Other:

Other External #:

Submitting Physician: LISA M ROCK, M.D

FINAL CYTOLOGICAL INTERPRETATION

A FINE NEEDLE ASPIRATION BREAST-RIGHT
--MARKEDLY ATYPICAL DUCTAL CELLS ARE PRESENT; ORIGIN FROM ADENOCARCINOMA TO BE EXCLUDED- SEE NOTE.
--FURTHER INVESTIGATION IS RECOMMENDED

Note: The direct smears are acellular

Electronically Signed Out By FADI W ABDUL-KARIM, MD/FWA/PWM

By the signature on this report, the individual or group listed as making the Final Interpretation/Diagnosis certifies that they have reviewed this case.

Clinical History

BREAST MASS

Source of Specimen

A FINE NEEDLE ASPIRATION BREAST-RIGHT

Gross Description

2 SLIDES AND 30cc CLEAR NEEDLE RINSE IN CYTOLYT

RANKE, CAROLYN

ROCK LISA MORESCHI/Main
END OF REPORT

LR



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INSURANCE INFORMATION	
Insurance Name	Policy #
BLUE CROSS FEDERAL P	R59699452

PATIENT'S NAME		ACCOUNT NUMBER
CAROLYN RANKE		[REDACTED]
STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
5/23/2011	11/29/2010 - 11/29/2010	Upon Receipt

PATIENT INFORMATION	
CAROLYN RANKE	[REDACTED]

CHARGES		AMOUNT
RADIOLOGY SERVICES		
DRUGS/INCIDENT RAD		\$150.00
MRT		\$800.00
MISCELLANEOUS		\$3,817.00
TOTAL CHARGES		\$4,767.00
PATIENT RESPONSIBILITY		\$27.45
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.		PAY THIS AMOUNT
		\$27.45

pd
5-29-11

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PATIENT'S NAME CAROLYN RANKE	ACCOUNT NUMBER [REDACTED]
----------------------------------------	-------------------------------------

STATEMENT DATE 8/19/2011	SERVICE DATE(S) From-Through 8/13/2010 - 8/13/2010	DUE DATE Upon Receipt
------------------------------------	--------------------------------------------------------------	---------------------------------

PATIENT NAME CAROLYN RANKE	[REDACTED]
--------------------------------------	------------

OUTPATIENT SURGICAL SERVICES		
DRUG/DETAIL CODE	\$58.35	
LABORATORY	\$110.00	
PATHOLOGY LAB	\$1,902.00	
RECOVERY ROOM	\$570.00	
ANESTHESIA	\$534.00	
OR SERVICES	\$1,342.00	
TOTAL CHARGES	\$4,516.35	
ANTHEM PAYMENTS	-\$1,936.00	
ANTHEM ADJUSTMENTS	-\$3,105.35	
PATIENT RESPONSIBILITY		\$75.00
<p style="text-align: right;"><i>pd</i> 9-6-11</p>		
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.		PAY THIS AMOUNT \$75.00

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Insurance Name Policy #
BLUE CROSS FEDERAL P R59699452

PATIENT'S NAME ACCOUNT NUMBER
CAROLYN RANKE

STATEMENT DATE **SERVICE DATE(S) From-Through** **DUE DATE**
2/11/2011 1/26/2011 - 1/26/2011 Upon Receipt

PATIENT'S NAME
CAROLYN RANKE

IRELAND CANCER CENTER SERVICES			
RADIATION RX		\$839.00	
TOTAL CHARGES		\$839.00	
ANTHEM PAYMENTS			-\$428.40
ANTHEM ADJUSTMENTS			-\$335.60
PATIENT RESPONSIBILITY			\$75.00
<i>pd 2-19</i>			
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.		PAY THIS AMOUNT \$75.00	

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PATIENT'S NAME		ACCOUNT NUMBER
CAROLYN RANKE		[REDACTED]
STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
2/11/2011	1/25/2011 - 1/25/2011	Upon Receipt

Insurance Name	Policy #
BLUE CROSS FEDERAL P	R59699452

PATIENT NAME
CAROLYN RANKE
[REDACTED]

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Thank You.

IRELAND CANCER CENTER SERVICES		
RADIATION RX	\$839.00	
TOTAL CHARGES	\$839.00	
ANTHEM PAYMENTS		-\$428.40
ANTHEM ADJUSTMENTS		-\$335.60
PATIENT RESPONSIBILITY		\$75.00
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.		PAY THIS AMOUNT
		\$75.00

pd 2-19

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INSURANCE INFORMATION	
Insurance Name	Policy #
BLUE CROSS FEDERAL P	R59699452

PATIENT'S NAME	ACCOUNT NUMBER
CAROLYN RANKE	

STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
2/10/2011	1/24/2011 - 1/24/2011	Upon Receipt

PATIENT INFORMATION
CAROLYN RANKE

CHARGES		PAYMENTS		TOTAL	
IRELAND CANCER CENTER SERVICES					
RADIATION RX		\$745.00			
TOTAL CHARGES		\$745.00			
ANTHEM PAYMENTS			-\$372.00		
ANTHEM ADJUSTMENTS			-\$298.00		
PATIENT RESPONSIBILITY					\$75.00
<i>paid 2-19</i>					
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.				PAY THIS AMOUNT	
				\$75.00	

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Insurance Name		Policy #	
BLUE CROSS FEDERAL P		R59699452	

PATIENT'S NAME	ACCOUNT NUMBER
CAROLYN RANKE	

STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
1/26/2011	1/06/2011 - 1/06/2011	02/10/11

PATIENT NAME
CAROLYN RANKE

DATE	DESCRIPTION	CHARGE	PAID	BALANCE
1/06/2011	OP UHC ICC Recurring	\$861.00	\$0.00	-\$786.00
	RADIATION RX		\$861.00	
	ANTHEM INSURANCE PAYMENT			-\$441.60
	BALANCE TRANSFER FROM PAYER			-\$75.00
	ANTHEM INSURANCE CSA - REMIT W/O			-\$344.40
	BALANCE TRANSFER TO GUARANTOR			\$75.00
<i>pd 2-9-11</i>				
PREVIOUS BALANCE	\$0.00	COLUMN TOTALS	\$861.00	\$0.00
This statement will include any additional charges, payments, or adjustments that did not appear on your previous statement.			PAY THIS AMOUNT	
			\$75.00	

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Insurance Name BLUE CROSS FEDERAL P		Policy # R59699452	
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PATIENT'S NAME CAROLYN RANKE		ACCOUNT NUMBER [REDACTED]
STATEMENT DATE 2/04/2011	SERVICE DATE(S) From Through 1/19/2011 - 1/19/2011	DUE DATE Upon Receipt

PATIENT'S NAME CAROLYN RANKE	[REDACTED]
----------------------------------------	------------

IRELAND CANCER CENTER SERVICES			
RADIATION RX		\$745.00	
TOTAL CHARGES		\$745.00	
ANTHEM PAYMENTS		-\$372.00	
ANTHEM ADJUSTMENTS		-\$298.00	
PATIENT RESPONSIBILITY			\$75.00
<i>pd 2-11-11</i>			
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.		PAY THIS AMOUNT \$75.00	

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\$75.00

INSURANCE INFORMATION	
Insurance Name BLUE CROSS FEDERAL P	Policy # R59699452

PATIENT'S NAME		ACCOUNT NUMBER
CAROLYN RANKE		
STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
1/31/2011	1/14/2011 - 1/14/2011	Upon Receipt

PATIENT INFORMATION
CAROLYN RANKE
[REDACTED]

DESCRIPTION		AMOUNT	
IRELAND CANCER CENTER SERVICES			
RADIATION RX		\$1,029.00	
TOTAL CHARGES		\$1,029.00	
ANTHEM PAYMENTS		-\$542.40	
ANTHEM ADJUSTMENTS		-\$411.60	
PATIENT RESPONSIBILITY			\$75.00
<i>pd 2-11-11</i>			
Please refer to your insurance Explanation of Benefits for details regarding your responsible balance.		PAY THIS AMOUNT \$75.00	

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\$75.00

PATIENT INFORMATION	
Insurance Name BLUE CROSS FEDERAL P	Policy # R59699452

PATIENT'S NAME	ACCOUNT NUMBER
CAROLYN RANKE	

STATEMENT DATE	SERVICE DATE(S) From Through	DUE DATE
1/24/2011	1/05/2011 - 1/05/2011	02/08/11

PATIENT INFORMATION
CAROLYN RANKE

DESCRIPTION	CHARGE	DISCOUNT	ADJUSTMENT	BALANCE
1/05/2011 OP UHC ICC Recurring	\$861.00	\$0.00		-\$786.00
RADIATION RX		\$861.00		
ANTHEM INSURANCE PAYMENT			-\$441.60	
BALANCE TRANSFER FROM PAYER			-\$75.00	
ANTHEM INSURANCE CSA - REMIT W/O			-\$344.40	
BALANCE TRANSFER TO GUARANTOR			\$75.00	
TOTAL DUE	\$861.00	\$0.00		-\$786.00

pd 2-6-11

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If you have any questions, please call 216-844-8299 or 800-859-5906 M-F, 9:00 am - 4:00 pm

PAY THIS AMOUNT

\$75.00

Insurance Name BLUE CROSS FEDERAL P	Policy # R69699452
-----------------------------------------------	------------------------------

PATIENT'S NAME CAROLYN RANKE	ACCOUNT NUMBER [REDACTED]	
STATEMENT DATE 1/19/2011	SERVICE DATE(S) From-Through 12/30/2010 - 12/30/2010	DUE DATE 02/03/11

PATIENT NAME CAROLYN RANKE	[REDACTED]
--------------------------------------	------------

DESCRIPTION	CHARGE	PAID	BALANCE
12/30/2010 OP UHC ICC Recurring	\$2,121.00	\$0.00	-\$2,046.00
RADIATION RX		\$2,121.00	-\$1,218.81
ANTHEM INSURANCE PAYMENT			-\$75.00
BALANCE TRANSFER FROM PAYER			-\$927.19
ANTHEM INSURANCE CSA - REMIT W/O			\$75.00
BALANCE TRANSFER TO GUARANTOR			
PREVIOUS BALANCE	\$0.00	COLUMN TOTAL	\$2,121.00
This statement will include any additional charges, payments, or adjustments that did not appear on your previous statement.			PAY THIS AMOUNT \$75.00

paid 2-1-11

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University Hospitals

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We are pleased that you selected UH Case Medical Center to meet your recent health care needs.

If you have any questions, please call 216-844-8299 or 800-859-5906 M-F, 9:00 am - 4:00 pm

PAY THIS AMOUNT
\$75.00

Insurance Name		Policy #	
BLUE CROSS FEDERAL P		R59699452	

PATIENT'S NAME	ACCOUNT NUMBER
CAROLYN RANKE	[REDACTED]

STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
1/11/2011	12/06/2010 - 12/06/2010	01/26/11

CAROLYN RANKE
[REDACTED]

DESCRIPTION	CHARGES	ADJUSTMENTS	NET CHARGE
12/06/2010 OP UHC ICC Recurring	\$7,641.00	\$0.00	-\$7,566.00
RADIATION RX		\$7,641.00	
ANTHEM INSURANCE PAYMENT			-\$4,586.01
BALANCE TRANSFER FROM PAYER			-\$75.00
ANTHEM INSURANCE CSA - REMIT W/O			-\$2,979.99
BALANCE TRANSFER TO GUARANTOR			\$75.00
PREVIOUS BALANCE	\$0.00		
COLUMN TOTALS	\$7,641.00	\$0.00	-\$7,566.00
This statement will include any additional charges, payments, or adjustments that did not appear on your previous statement.			PAY THIS AMOUNT
			\$75.00

Our records indicate this balance to be your responsibility. Please submit your payment in full immediately. Thank you.

1-25-11

Free Care Program (Hospital Services Only) As a resident of the State of Ohio, you may be eligible for the Care Assurance Program if your income is at or below the Federal Poverty Guidelines based on your family size. Please see the back of this Statement for the guidelines.



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\$75.00

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INSURANCE INFORMATION	
Insurance Name	Policy #
BLUE CROSS FEDERAL P	R58699452

PATIENT'S NAME	ACCOUNT NUMBER
CAROLYN RANKE	

STATEMENT DATE	SERVICE DATE(S) From-Through	DUE DATE
12/28/2010	12/09/2010 - 12/09/2010	01/17/11

PATIENT INFORMATION
CAROLYN RANKE

DESCRIPTION	CHARGE	DISCOUNT	NET AMOUNT
12/09/2010 OP UHC ICC Recurring	\$861.00	\$0.00	-\$786.00
RADIATION RX		\$861.00	-\$450.21
ANTHEM INSURANCE PAYMENT			-\$75.00
BALANCE TRANSFER FROM PAYER			-\$335.79
ANTHEM INSURANCE CSA - REMIT W/O			\$75.00
BALANCE TRANSFER TO GUARANTOR			

pd 1-9-11

PREVIOUS BALANCE	\$0.00	COLUMN TOTALS	\$861.00	\$0.00	-\$786.00
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This statement will include any additional charges, payments, or adjustments that did not appear on your previous statement. **PAY THIS AMOUNT \$75.00**

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