EXHIBIT L

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St., Baltimore, Maryland 21201
P.O. Box 2935, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

County
Clinic/Facility
Census Tract

BLOOD LEAD SCREEN/CONFIRMATION

Physician
Street
Town
Zip
Physician's Telephone

TYPE OR PRINT LEGIBLY

Patient's SS # ___ / ___ / ____ Case #
Patient Featherstone, Kiona Lab. No.
(Last Name, First, Middle)
Date of Birth 9/11/93 (Month Day Year) Sex M ☐ F ☒ Race B
Jackson, Sharon
(Mother's Name if Patient is a Child) (Telephone No.)
Address 2418 Jefferson St
City Balto County State MD Zip 21205

Medical Assistance No. 309407639930 State ☐ Federal ☐
Other Third Party Policy Number
Group Affiliation
Individual Payer (Health Dept.) N/C ☐ A ☐ B ☐ C ☐ D ☐

Occupation (Adult) Employment Address
Hospitalized ☐ (Where) Receiving Chelation Therapy ☐
Date Specimen Taken 9/14/94 Received Reported SEP 20 1994
ama 9/18/94 K

LABORATORY REPORT

Type of Specimen	Blood Lead (ug/dL)
Venous (Vacutainer)	
~~Capillary~~ (Microtainer)	20

Remarks: Called Seb (Sue Porter) 9/20/94 KS 2:40

Analyst(s) T Fly, MPH
Lead Lab, Tel. (410) 225-6086 or 6087

DHMH-56 3/93 ORIGINAL-LABORATORY 50M

CENTRAL LAB SERVICES/JHH
MEYER B-154
600 N. WOLFE ST.
BALTIMORE, MD 21287
SEND RESULTS TO:

TAC CLINIC
MASTER APPROVED
PARK 150 ED
955-3055

County ______

Clinic/Facility ______

Census Tract ______

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

A0250503 BE 0139 45

BLOOD LEAD SCREEN/CONFIRMATION

Physician JHH/SUE PORTER/TAC
Street 600 N WOLFE ST
955-3055 BALTO.MD.21287
Town RESULTS TO:CLS-MEYER
R-1 MD Zip

Physician's Telephone ______

TYPE OR PRINT LEGIBLY

Patient's SS # __/__/__ Case # 0266 6357

Patient Featherstone, Kean A (Last Name, First, Middle) Lab. No. 25-037538

Date of Birth 9 / 11 / 93 (Month, Day, Year) Sex M ☐ F ☒ Race B

Jackson Sharon (Mother's Name if Patient is a Child) 276 2648 (Telephone No.)

Address 2418 Jefferson st

City Baltimore County ______ State Md Zip 21205

Medical Assistance No. 303349884930

Other Third Party ______ State ☐ Federal ☐

Group Affiliation ______ Policy Number ______

Individual Payer (Health Dept.) N/C ☐ A ☐ B ☐ C ☐ D ☐

Occupation (Adult) ______ Employment Address ______

Hospitalized ☐ ______ (Where) Receiving Chelation Therapy ☐

Date Specimen Taken 12/12/94 Received ______ Reported 12/13/94

LABORATORY REPORT

Type of Specimen	Blood Lead (ug/dL)
Venous (Vacutainer) (circled)	23
Capillary (Microtainer)	

Remarks: LT not DHMH tube
rel Sue 12-14-94 3:45 TG

Analyst(s) M. Qi'ail AA.J

Lead Lab. Tel. (410) 225-6086 or 6087

DHMH-56 3/93

ORIGINAL - LABORATORY

50M

County ______

Clinic/Facility ______

Census Tract ______

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

25-208971

95 AP 17 0900600

BLOOD LEAD SCREEN/CONFIRMAT

95 APR 17 PM 2:12

Physician JHH/SUE PORTER/PAC
Street 600 N WOLFE ST
Town 955-3055 BALTO, MD Zip 21287
RESULTS TO: CLS-METER
Physician's Telephone 3-154

TYPE OR PRINT LEGIBLY

Patient's SS # ___/___/___ Case # 0266 6357

Patient Featherstone Keona (Last Name, First, Middle) Lab. No. ______

Date of Birth 9/11/93 (Month Day Year) Sex M ☐ F ☒ Race 3

Sharon Jackson (Mother's Name if Patient is a Child) 276 2648 (Telephone No.)

Address 2418 Jefferson st

City Baltimore County ______ State md Zip 21205

Medical Assistance No. 305349819 30 State ☐ Federal ☐
Other Third Party ______ Policy Number ______
Group Affiliation ______
Individual Payer (Health Dept.) N/C ☐ A ☐ B ☐ C ☐ D ☐

Occupation (Adult) ______ Employment Address ______

Hospitalized ☐ ______ (Where) Receiving Chelation Therapy ☐

Date Specimen Taken 4/14/95 Received ______ Reported ______ 1995
oral. 4-18-95

LABORATORY REPORT

Type of Specimen	Blood Lead (ug/dL)
(Venous) (Vacutainer)	20
Capillary (Microtainer)	

Remarks: LT Not DHMH Tube

Plume DE Bertiner 4-18-95 2:15 6

Analyst(s) [illegible]

Lead Lab. Tel. (410) 225-6086 or 6087

DHMH-56 3/93 ORIGINAL - LABORATORY 50M