

AR-1

Accountability Review Findings

Dates of Review: June 6 –10, 2011

Office Reviewed: Seattle Office

Reviewing Office: Policy, Regulations and Procedure Branch

Review Period: May 1, 2010 through April 30, 2011

Category 1	Case Demographics and Customer Service
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	98
Number of cases with errors:	14
Number of Indicators Reviewed:	1241
Number Indicators with Yes (passed)	1061
Number of Indicators with No (errors):	21
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)):	98%
$\frac{Y}{(Y+N)}$ = weighted average	

FINDINGS: Describe Findings.

Overall, the Seattle District Office was very proficient in the category of Case Demographics and Customer Service. The following five elements were reviewed: Case Create, Employee, Survivor Claimant(s), Authorized Representative, and Customer Service. A major trend in this category involved errors in the case create and customer service elements. The reviewers stated that almost half of all noted deficiencies in this category was for the element, case create. Incorrect filing dates were entered in ECMS and a number of the claimed medical conditions were not entered in ECMS or were incorrectly designated. Additionally, it was noted that the employees' and

survivors' names, and addresses in ECMS was different than what was submitted on the claim forms. For example: middle initials were missing, first and middle names were reversed.

Overall, the findings for Case Demographics and Customer Service were very good and with an implementation of continually comparing the claim form demographics to ECMS at every step in the adjudication process, and correcting any errors, the error rate in this category should improve.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

REVIEWER(s):	DATE:
Barry Davidson	June 10, 2011

AR-1

Accountability Review Findings

Dates of Review: June 6 –10, 2011

Office Reviewed: Seattle Office

Reviewing Office: Policy, Regulations and Procedure Branch

Review Period: May 1, 2010 through April 30, 2011

Category 2	Development
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	98
Number of cases with errors:	35
Number of Indicators Reviewed:	2907
Number Indicators with Yes (passed)	1245
Number of Indicators with No (errors):	55
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)):	96%
$\frac{Y}{(Y+N)}$ = weighted average	

FINDINGS: Describe Findings.

The District Office scored fairly well in the category of development. The following elements were reviewed: Employment, Medical, Survivorship, Special Exposure Cohort (SEC), National Institute for Occupational Safety and Health (NIOSH), Causation, Impairment Development and Coding, Wage Loss Development and Coding, and Wage Loss ECMS Calculator.

The District Office excelled in the medical and survivorship development elements, they had a perfect score for survivorship and few errors in medical development. The Wage Loss ECMS

Calculator and Wage Loss Development and Coding appeared to be the most problematic elements followed by Employment, Causation, and NIOSH development.

Element #1 (Employment)

The most significant trend appeared to be the lack of development for employment information. Cases accepted based on SEC inclusion were poorly developed and lacked supporting documentation. There were instances where the claim was accepted under a SEC class, but the evidence suggested less than the required 250 days of employment. Furthermore, the employment development letters did not clearly explain the information that was required or necessary to complete the adjudication of the claim. It was further noted that DAR records were not requested in all of the cases where the employment was questionable; Social Security records were not appropriately used to verify the claimed employment, and subcontractor employment development lacked the necessary development required to establish a contractual relationship. Additionally, the CPWR and their BTCOMP database were not utilized in the development of subcontractor employment. When there are inconsistencies between the claimed and verified employment, the CE's did not document (in a memo to the file) how or why the employment was being considered or not being considered. Lastly, the verified employment dates were either entered incorrectly or missing from ECMS altogether. This is important because verified employment should be recorded in ECMS.

Element # 2 (Medical)

There were only 2 deficiencies in this element and no significant trends were identified. One item noted was that a claimed toxic exposure was not reported in a SOAF on the DMC referral. Otherwise the development was commendable.

Element # 3 (Survivorship)

There were no errors in this element.

Element # 4 (SEC)

The most significant trend appears to be the lack of development to determine the required 250 days of employment. Some of the SEC development letters were long and confusing as to what information was being requested, or what information the District Office already had in the case file. DAR requests should have been used more frequently in order to verify the SEC employment. In the cases where there is a DAR CD in the case file, the documentation supporting the employment should have been printed out for reference. For cases where the employment is less than the 250 day period, there should have been a memo in the file documenting why the employment should be considered to be acceptable under the SEC. The SEC screening codes were not completed correctly in ECMS on a number of cases and not all of the claimants had the SEC screening codes entered into ECMS for their claims. There were also instances where a SEC screening worksheet was either completed incorrectly or missing from the case file. Lastly, it was found that the SEC development process did not identify the information properly; a requirement to completing the SEC development process. It also appears that documentation substantiating inclusion to SEC was not included in the case files. Since there are a significant number of cases in the District Office which have the potential of being a part of one of the many SECs, this development process needs to be completed with a higher

standard in mind. The objective of the SEC development should be to drive the case to acceptance, and deny only when there is not enough evidence obtained to accept the claim.

Element #5 (NIOSH)

There were no significant trends, but in some cases the incorrect diagnosis date was entered into either ECMS or on the NSRD, applicable NIOSH codes were missing from ECMS or the NIOSH code was not accurately entered in the appropriate part of ECMS. A NR code was entered into ECMS E, (there was a NI entered into E), but was entered into ECMS B. Additionally, the NIOSH claim status dates were inconsistent in ECMS with what was reported on the NSRDs. The IREP versions and PoC's entered into ECMS were incorrect. Finally, there was one case where the PoC information was incorrectly entered into ECMS, even though the medical condition was coded as being accepted.

Element # 6 (Causation)

The most significant trend identified was that the development letters are lengthy and confusing. Some of the letters were 3-4 pages long and requested a combination of information such as medical, employment and survivorship when some of these issues were already supported by the evidence in the case file. There were instances where the CE requested a Health Physicist, Industrial Hygienist and or a DMC review and even though the report(s) was either not received or incomplete, they proceeded to issue decisions. In more than one instance, a DMC review was requested after the treating physician had submitted medical narrative report supporting the medical condition and exposure to a toxic substance. Additionally, SEM searches conducted were not utilized properly and when referenced in development letters or decisions, copies of the search were not included in the case file to validate why or what search criteria's were used.

Wage Loss Development and Coding and the Wage Loss ECMS Calculator

The wage loss and ECMS calculator sections are being grouped into one reference since they are related and some of the deficiencies are closely linked to each other. In reviewing the wage loss development letters they were found be long and confusing. The information requested in the development letters was not case specific. More significantly, there were cases where survivor wage loss was not developed. Additionally, the Social Security records in the case files that were used to document the claimed wage loss were incomplete, or the years were questionable. Wage loss ECMS coding was also another issue. Specifically, there was a case where the NWL code was entered with the date of the letter from the claimant stating they did not wish to pursue the wage loss claim (rather than received date) and in another the date of the NWL code was based on the date of letter from the claims examiner to the claimant (where no response was received).

Regarding the use of the wage loss calculator, there were a few survivor's and employee's claims with no indication that the wage loss calculator was used as there were no wage loss calculator printouts on file. The printouts that were on file were not signed by both the examiner and reviewer.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

REVIEWER(s):	DATE:
Melvin F. Teal	June 10, 2011

AR-1

Accountability Review Findings

Dates of Review: June 6 –10, 2011

Office Reviewed: Seattle Office

Reviewing Office: Policy, Regulations and Procedure Branch

Review Period: May 1, 2010 through April 30, 2011

Category 3	Recommended Decisions
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	95
Number of cases with errors:	44
Number of Indicators Reviewed:	2660
Number Indicators with Yes (passed)	2113
Number of Indicators with No (errors):	96
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)):	96%
$\frac{Y}{(Y+N)}$ = weighted average	

FINDINGS: Describe Findings.

Overall the District Office scored well in the area of Recommended Decisions. The following elements were reviewed: decision correspondence; written quality and formatting, statement of the case, findings of fact, conclusions of law, and ECMS coding. Significant trends were identified throughout this category but the most notably trend was the fact that the claims examiners did not fully explain the basis or rationale for their decisions. Specifically, claims examiners did not fully explain how 250 days were or were not reached for inclusion in the Special Exposure Cohort. There were two cases that did not appear to have employment evidence substantiating 250 days,

five cases where the RD did not fully explain how DOE sub-contractor employment was determined, and a number of cases in which claims examiners did not fully explain benefit amounts.

Element #1 (Decision Correspondence; RD introduction, Written Quality & Formatting)

Three (3) cases were found with errors regarding Question 6 which asked whether the Introduction corresponded to the Conclusions of Law (CoL). These errors included the mention of a denial of skin cancer due to maximum benefits in the Introduction, but not mentioning this in the CoL, another mentioned that claims for lung, bone and throat cancers were denied, but no mention of these in the CoL. The last mentioned a condition being denied under Part E in the introduction, when the CoL denied it under Part B.

Nine (9) cases were found with errors regarding Question #9 which asked whether the overall quality of the correspondence and RD were written using language that is clearly understood and free of substantial errors. The category identified instances where the language in the RD's did not clearly communicate or explain certain aspects of the case such as explaining (1) why wage loss was being awarded, (2) how 250 days of employment in the SEC was reached or (3) how an impairment rating resulted in an increased impairment award. Additionally, errors found in cover letters and introductions to RDs included identifying the wrong cancer, using the wrong date of a cited Director's Order and not including the dollar amounts of awards in cover letters or introductions.

Element #2 (Statement of the Case (SoC))

Eight (8) cases were found with errors regarding Question #3 which asked whether the RD addressed the covered and/or non-covered employee, to explain why, and the source of the employment evidence. Of the eight with errors, five were instances where the claims examiner did not fully explain how 250 days of employment were met for inclusion in the SEC. Additionally, these five subcontractor cases all neglected to develop key components needed for findings of DOE subcontractor employment.

Fourteen cases (14) were found with errors regarding Question #5 which asked whether the SoC communicates the actions taken to establish the claim and those taken by the CE to assist the claimant in remedying any deficiency. These errors were largely comprised of things missing from the SoC such as information about causation development, information about vacating an earlier, relevant decision, not mentioning which version of the AMA guides were being used, not mentioning a prior RD on the topic being adjudicated, not explaining that the maximum payable was reached under Part E, and not explaining an SEC cancer in the logical context of explaining the significance of inclusion into the SEC.

Five cases (5) were found with errors regarding Question #6 which asked whether the amount and computation of an award was correct and whether the amount was explained and a copy of the computations are in the case file. Three cases did not fully explain wage loss, one case did not include the specific dollar amount awarded to the claimants, and one case did not award the correct amount to the claimant.

Element #3 (Findings of Fact (FoF))

Ten (10) cases were found with errors regarding Question #2 which asked whether the Findings of Fact conformed to the totality of evidence in the case file. Two cases involved findings of subcontractor employment that did not conform to the totality of the evidence; three did not fully explain the findings needed to establish inclusion in the SEC (creation of class, parameters for inclusion in the class and then findings of how employee met those parameters). One error failed to mention that skin cancer was denied due to the maximum amount of compensation on the case was already paid, another did not mention wage loss in the FoF when SOC indicated that the employee died 30 years before retirement age. In another, there was no finding that non-filing children would have been over the age of 18 at the time of payment.

Four (4) cases were found with errors regarding Question #3 which asked whether the Findings of Fact were limited to those necessary to support the Conclusions of Law. One case detailed a DMC finding on causation, but neglected to mention that there was a prior decision in the case accepting the claim for causation and impairment. This would have been a better FoF upon which to base the denial of the claim for increased impairment. Another error involved a statement stating impairment was accepted but the decision was actually about wage loss. The errors regarding inappropriately counting employment in the SEC also permeated this indicator.

Element #4 (Conclusions of Law (CoL))

Four (4) cases were found with errors regarding Question #1 which asked if a claim is accepted, is it specifically stated what benefits are being awarded. One error is referring to an impairment award when it is actually wage loss. In another case, the CoL states twice the award is \$150K and twice the award is \$125, without really explaining that the claimant is receiving a total of \$275, combined under Parts B and E (as written, the CoL are such that someone could they were to be paid \$550K.).

Five cases (5) were found with errors regarding Question #5 which asked if a claim is denied, is it specified what is denied and why the claimant is not entitled to benefits. One case denied mesothelioma due to maximum compensation having already been paid, but should have explored payment of medical benefits for this condition. Another case did not mention why the skin cancer was denied (max. benefits paid), while another case stated the incorrect reason for a denial. One case gave no reason why the claimant was not entitled Part E benefits for lung, bone and throat cancers, another did not identify the condition that was being denied (multiple myeloma).

Four cases (4) were found with errors regarding Question #6 which asked whether the conclusions were reflective of appropriate use of discretion to arrive at a claimant oriented outcome. Two errors involved the granting of subcontractor employment in the SEC when the employment evidence in the case did not substantiate 250 days. In another case, additional development (obtaining HP response and DAR on additional claimed facilities) should have been completed prior to the RD. The other three errors involved filing status effective dates and unclear writing.

Element #5 (ECMS Coding)

Four cases (4) were found with errors regarding Question #1 which asked whether entered RD codes, including primary decision codes, secondary decision codes, reflect the wording in the RD

and the correct status effective date. One survivor claim that was denied was still coded R, one status was coded AO-CAU but should have been coded AO-CAW, one case should have been coded D5 not D4, and another case that was a pure denial was coded for partial accept, partial deny.

Three (3) cases were found with errors regarding Question #2 which covered SEC coding. One case was only coded SER for Canoga, but should also have been coded SER for DeSoto and Downey as the employee had qualifying time at each facility. Two cases were not coded for SE, but instead had an SER code backfilled.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

REVIEWER(s):	DATE:
Karoline Anders	6/13/2011

AR-1

Accountability Review Findings

Dates of Review: June 6 –10, 2011

Office Reviewed: Seattle Office

Reviewing Office: Policy, Regulations and Procedure Branch

Review Period: May 1, 2010 through April 30, 2011

Category 4	Post RD Objections
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	14
Number of cases with errors:	6
Number of Indicators Reviewed:	315
Number Indicators with Yes (passed)	165
Number of Indicators with No (errors):	6
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)):	96%
$\frac{Y}{(Y+N)}$ = weighted average	

FINDINGS: Describe Findings.

The Seattle FAB scored very well in this category. The following elements were reviewed: Hearings and ECMS Coding. Element 1 (Hearing Pre-Scheduling) pertained to the National Office FAB only, so it was not reviewed. The deficiencies consisted mostly of untimely mailing of hearing transcripts. Specifically, a hearing representative mentioned that 20 days were allowed after the receipt of transcript to correct errors but failed to advise the claimant that the hearing record would remain open for 30 days following the hearing.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

REVIEWER(s):	DATE:
Hang Tung	June 10, 2011

AR-1

Accountability Review Findings

Dates of Review: June 6 –10, 2011

Office Reviewed: Seattle Office

Reviewing Office: Policy, Regulations and Procedure Branch

Review Period: May 1, 2010 through April 30, 2011

Category 5	Final Decisions
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	95
Number of cases with errors:	42
Number of Indicators Reviewed:	3222
Number Indicators with Yes (passed)	2261
Number of Indicators with No (errors):	92
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)):	96%
$\frac{Y}{(Y+N)}$ = weighted average	

FINDINGS: Describe Findings.

Overall, the Seattle FAB had very good results in the category of Final Decisions. In this category the following elements were reviewed: Decision Correspondence- FD Introduction; Written Quality & Formatting, Statement of the Case, Claimant response to RD, Findings of Fact, Conclusions of Law, Remands, and ECMS Coding. Significant trends were identified in the Statement of the Case, Findings of Facts, and Conclusions of Law.

Element #1 (Decision Correspondence: FD Introduction, Written Quality)

The Seattle district office did a very good job in this category and no significant trends were identified. However, in four decisions where the condition was being accepted, denied or deferred was not properly summarized. There were also two cases in which the information in the cover letter and header was inaccurate. There was one decision in which the authorized representative was not copied. There was one decision in which a previously adjudicated condition was being denied.

Element #2 (Statement of the Case (SOC))

In this Element, the FAB correctly listed the claimants and their relationship to the employee in all cases that were reviewed, and it appears that explanations on accepted claims subject to an offset/surplus were well written. However, there were 12 decisions in which the Statement of the Case did not communicate the actions taken to establish the claim under review. This includes a discussion of the HP referral; a discussion on why medical evidence was not sufficient to establish a diagnosis; and accepted conditions that were not clearly stated. There were decisions on file in which the medical history or employment history was not sufficient to support the Findings of Facts. Specifically, two of the final decisions did not fully establish the SEC employment evidence. There are additional isolated deficiencies related to medical evidence not establishing a diagnosed condition, the lack of discussion to the applicable development regarding diagnosis and causation, the lack of discussion of the survivorship evidence, and the lack of explanation of the amount being awarded. In addition to these findings, it is also noted that the SOC section of the final decision indicated that an impairment evaluation was completed by a DMC, when in fact; the impairment was completed by the claimant's physician of choice.

Element #3 (Claimant Response to the RD)

For claimant response to recommended decisions, there were two final decisions in which the employee's objections were not addressed. For example, a claimant submitted an objection on the employment information reported to NIOSH but it was not addressed in the FD. In another case, FAB failed to address the claimant's objection by not providing a discussion on the lack of documentation submitted to establish causation.

Element #4 (Findings of Facts (FOF))

In the Findings of Fact section, there were 11 claims in which the Findings of Fact did not agree with the totality of the evidence in the case file, to include, employment evidence, medical evidence and survivorship eligibility. There were seven claims in which the specific FOF do not support the Conclusions of Law such as lack of findings of diagnosis of relevant condition, lack of Findings of Fact linking wage-loss to covered illness and lack of SEC employment. There were isolated factual errors relating to filing dates and incorrect employment findings. There was a case which contained no FOF section, and a case in which survivorship and medical condition were not discussed. There was also a case that did not discuss wage loss eligibility, and a case that did not discuss the employment evidence to support the SEC.

Element #5 (Conclusions of Law (COL))

There were three isolated cases in which the conclusions do not indicate the specific amount of award to each party, the conclusions did not award medical benefits to the estate of the deceased employee, and a survivor was addressed in an employee claim. There were two final decisions

with excessive legal citations. Nine decisions did not reflect an appropriate conclusion to the claimant's case such as a possible remand due to incomplete development of employment and impairment evidence. There was one case that did not explain the variance between the recommended decision and the final decision.

Element #6 (Remands)

There were no substantive errors found in this category.

Element #7 (ECMS Coding)

There were four claims with incorrect coding relating to the final decision, three of which were related to primary decision codes. It was also found that the SE/SEF codes were either missing in ECMS or were coded incorrectly.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

REVIEWER(s):	DATE:
Mary Jo Fortune	6/10/2011

AR-1

Accountability Review Findings

Dates of Review: June 6 –10, 2011

Office Reviewed: Seattle Office

Reviewing Office: Policy, Regulations and Procedure Branch

Review Period: May 1, 2010 through April 30, 2011

Category 6	Post FD Actions
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	34
Number of cases with errors:	6
Number of Indicators Reviewed:	334
Number Indicators with Yes (passed)	111
Number of Indicators with No (errors):	7
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)):	94%
$\frac{Y}{(Y+N)}$ = weighted average	

FINDINGS: Describe Findings.

Overall, the Seattle FAB did a great job in this category. There were seven (7) deficiencies found during the review. There was one error found regarding reconsideration requests. The employee submitted two EE-4s from coworkers. A search of ECMS found that these coworkers also had claims filed under EEOICPA and one of them was actually compensated. The FAB denied the reconsideration request although it appeared that additional investigation was warranted in this claim.

The one area that requires attention in this Category is Reopening Requests. Four of the seven deficiencies were found under this element and they were all related to reopening requests completed by the district office. The first failed to state that the reopening request was within the delegated authority of the District Office. The next error was in a cover letter and it stated “you have verified employment” when the case was actually a survivor’s claim. The other error did not clearly explain the reason for the denial and finally, the Director’s Order vacated the final decision when it should have vacated the reconsideration denial.

The remaining two errors were related to ECMS coding. One error involved the received date of the reconsideration request. ECMS noted the reconsideration request was received on July 30, 2010 as received in the FAB. However, the reconsideration request was first received in the District Office on July 26, 2010 and the earlier date of receipt should have been used in ECMS. The second error involved coding of a Director’s Order. An MD code should have been entered for August 13, 2010 but instead there were two MD codes entered, one for August 13, 2010 and one for August 20, 2010.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

REVIEWER(s):	DATE:
Janie Dunn	6/10/2011

AR-1

Accountability Review Findings

Dates of Review: June 6 –10, 2011

Office Reviewed: Seattle Office

Reviewing Office: Policy, Regulations and Procedure Branch

Review Period: May 1, 2010 through April 30, 2011

Category 7	Awards
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Number of cases included in AR:	100
AR Sample Size (total # of cases reviewed for this category):	78
Number of cases with errors:	16
Number of Indicators Reviewed:	1027
Number Indicators with Yes (passed)	621
Number of Indicators with No (errors):	20
Acceptable Rating:	75%
Rating for Review (weighed average for all the indicators = Indicators with Yes divided by Indicators with (Yes+No)):	97%
$\frac{Y}{(Y+N)}$ = weighted average	

FINDINGS: Describe Findings.

Overall the District Office scored very well in the area of Awards. The following two elements were reviewed: Benefit Procedures and ECMS Coding. Majority of the deficiencies were related to ECMS Coding (17 errors) while Benefit Procedures only had 3 errors.

Of the 17 ECMS errors identified, 5 were deficient due to either an incorrect medical status effective date or no medical status effective date being listed at all. Another 5 errors were found in deceased employee claims, primarily due to the related final decision not being linked to the

accepted medical condition(s) on the employee's claim or no C3 code being entered in the claim status history. This is significant because medical benefits awards would be adversely impacted due to inaccurate or incomplete ECMS coding. Four (4) deficiencies were due to accepted secondary cancers being coded as D-denied, instead of A-accepted in survivor claims. The remaining 4 errors were due to an incorrect ICD-9 code and/or incorrect AOP amount and receive dates.

Of the 3 errors found in Benefit Procedures, 2 were because the claimant did not receive a medical benefits letter explaining the benefits available for the accepted medical condition(s), and the other was due to an accepted EN-20 that had incomplete account holder(s) information.

IMPROVEMENTS SINCE LAST ACCOUNTABILITY REVIEW:

CIRCUMSTANCES BEYOND MANAGEMENT CONTROL:

OTHER SIGNIFICANT FINDINGS:

REVIEWER(s):	DATE:
Mojdeh Harvesf	6/13/2011