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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

THE COALITION FOR MERCURY-FREE DRUGS (CoMeD, Inc.), a non-profit organization, Lisa Sykes, Mark R. Geier, M.D., Ph.D., David A. Geier, B.A. and Paul G. King, PhD, Plaintiffs, -versus- Michael O. Leavitt as Secretary, Department of Health and Human Services and Andrew C. von Eschenbach as Commissioner of The United States Food and Drug Administration, Defendants.	1:09-CV 00015 (RBW)

DECLARATION OF SUSAN ELIZABETH KREIDER

I, Susan Elizabeth Kreider, declare under penalty of perjury pursuant to 28 U.S.C. 1746 that the following information is true to best of my knowledge and belief and that if called to testify in this matter I could testify competently to these facts.

In all aspects of CoMeD's lawsuit, CoMeD, of which I am a member, is representing my interests. I was a woman of child-bearing age in August 1990 when I enrolled at Abington Memorial Hospital Dixon School of Nursing (AMH DSON). Only after being accepted into the 3-year Diploma Program and passing a physical examination which included a comprehensive review of systems which was deemed "WNL," quitting my full time job, and relocating my place of residence was I **informed by AMH DSON instructors that I must receive a flu shot and hepatitis B vaccination series in order to participate in clinical practice in the hospital.**

The registered nurse in Student Health vaguely warned me of extremely rare serious side effects when dutifully I presented for my shots. I was unaware that **no Lot #s or manufacturer names were recorded for any of 8 vaccines administered to me September 1990 – November 1991,** including:

- 1st recombinant hepatitis B vaccine, Engerix, September 1990 (25 mcg. Hg.)
- a tetanus "booster," September 1990 (25 mcg. Hg.)
- 2nd recombinant hepatitis B vaccine, October 1990 (25 mcg. Hg.)
- 1st 'Seasonal' influenza vaccine, November 1990 (25 mcg. Hg.)
- 3rd recombinant hepatitis B vaccine, March 1991 (25 mcg. Hg.)
- 1st MMR vaccine, May 1991 (no Hg., administered at Chestnut Hill Hospital (CHH) where I was employed as a nurse extern)
- 2nd MMR vaccine, June 1991 (no Hg., also at CHH)
- 2nd 'Seasonal' influenza vaccine, November 1991 (25 mcg. Hg.)

My thrice signed and dated Consent Form for the hepatitis B vaccine series, I noted years later, was a **Consent Form for "Heptavax," the poorly accepted serum-**

derived hepatitis B vaccine of the 1980s, presumably obsolete by this time. Any warnings listed were mild and/or self-limiting: low-grade fever, swelling at the injection site, etc. There was no indication that I might develop permanent disability, nor indication of any thoughtfulness with respect to safety or efficacy going into their preparation of this legal document.

Over the course of my freshman year mild but progressive symptoms insidiously developed. New vague tingling in my right hand became glove and stocking paresthesias that translated into a double-footed driving technique. I had a minor automobile accident as a result of diminished proprioception. Loss of fluidity was especially noticeable climbing and descending steps and mounting the van from the remote employee/student parking lot. During this time I received counsel from a favorite nursing instructor, Sondra Baird, RN. From her seat across her desk from me she noted that my hands were blue. "That is not normal," she said with concern. She advised me to report to the bi-weekly AMH Rheumatology Clinic which coincidentally was scheduled the day I was due for my 3rd hepatitis B vaccine.

A medical evaluation began, starting with highly abnormal serologies indicative of autoimmunity. Systemic Lupus Erythematosus was ruled out. Electromyography demonstrated peripheral sensory nerve irregularities. In May 1993 I was just barely able to ascend and descend the bleachers without using a cane to graduate with my class. Jobs in nursing were not abundant at this time due to the 3rd-party payers' attention to new diagnostic related groups (DRG) impact to healthcare employment opportunities. As a graduate nurse I accepted full-time employment at Eagleville Hospital (EH) in Montgomeryville, PA.

In the Fall of 1993 I missed two weeks of work as Staff RN. What started as an upper respiratory infection with a pustule on one of my inflamed tonsils led to persistent vomiting and black tongue when I discontinued penicillin to which the swabbed culture wasn't sensitive. My loss of appetite and 10 pounds — 8% of body weight — was unusual for me.

Winter 1993-94 was an icy wonderland in Philadelphia and the outlying northwest region; I fell 18 times and experienced intention tremors faced with sheet after sheet of icy terrain. It became necessary to rely on a cane for balance even when the landscape thawed. As possible I would put the cane down and pick up dumbbells to walk 5-mile treks on Forbidden Drive in Fairmount Park for practice, hoping to shake off the paresthesias.

Both medical and professional staff and patients at EH noticed my increasing ambulatory challenges. In March 1994 a family practice doctor of osteopathy, Elizabeth Carroll, DO assisted me in ruling out multiple sclerosis and provided a referral to the regional expert neurologist for peripheral neuropathy. He ruled-out Sjögren's Disease, Cancer, Vitamin B6 toxicity and **diagnosed 'Peripheral Sensory Neuronopathy' of idiopathic origin** following a battery of serological and radiologic exams, EMG and surgeries that included: right lower lobe thoracotomy to confirm a benign lymph node, minor salivary gland biopsy, and left sural nerve biopsy.

He referred me to another rheumatologist who prescribed high dose Prednisone and then a steroid 'pulse' — neither regime being effective, but resulting in overgrowth of systemic Candida. I refused to "Try methotrexate."

An EH administrator said, "You should talk to Anne, the dental hygienist. You walk like she does. She believes she was injured by the hepatitis B vaccine."

I spoke to Anne — petite, newly married. **Initially she had refused the vaccines but succumbed to pressure she stated she felt she was under because her then fiancé was also an EH employee in maintenance and was likewise being encouraged to receive a recombinant hepatitis B vaccine.**

Meeting with Anne and her husband in their home they told me that Anne reacted to her 1st hepatitis B vaccine: within 24 hours losing bowel and bladder control. Following her 2nd hepatitis B vaccine she became numb from her waist down and was diagnosed with transverse myelitis, then later multiple sclerosis. She showed me the Vaccine Adverse Event Reporting System (VAERS) report her physician wrote. She showed me the package insert of the Engerix recombinant hepatitis B vaccine listing transverse myelitis, multiple sclerosis and Guillain-Barré Syndrome among rare serious neurologic effects; also hypoesthesia. **I likewise completed a Vaccine Adverse Event Reporting System (VAERS) report without any Lot #s or well recognized diagnosis.**

Shortly thereafter we met with attorney Michael Hugo when he was visiting in Philadelphia from Boston, then one of only 4 attorneys in the country representing vaccine complainants. Mr. Hugo was unable to represent us at this time. Next Anne left work, fully disabled. We became estranged; she said that I wasn't "Angry enough." I soldiered on, changing jobs for the purpose of advancing my career. Reportedly she divorced, moving out of state to live with her parents.

I turned myself over to the authorities requesting hand controls to drive. The process required taking classes and relicensure.

USPS Certified / return receipt letters were sent to AMH DSON, AMH Student Health, AMH Pharmacy, AMH Risk Management in my effort to obtain Lot #s for completion of my VAERS report. The nurse from Student Health provided me copies of

my limited vaccination records with a note. Other departments were unresponsive. An AMH pharmacist was unwilling to assist me when contacted by phone.

DSON instructor, Dr. Van Parys taught the class 'Legal Aspects in Nursing.' In 1994 I called to speak to her regarding onset of 'Undifferentiated Connective Tissue Disease' and what came to be recognized as 'Guillain-Barré Syndrome, Sensory Variant,' occurring pursuant to vaccination. When I requested help in obtaining information to complete my VAERS Report she abruptly ended our call, refusing further calls.

The recombinant hepatitis B vaccine series containing Thimerosal™ was recommended by the Center for Disease Control to be given to newborn babies in 1991, yet it was not covered by the 1986 Childhood Injury Act until August 1997. In 1995 after reviewing my VAERS Report and making a couple of attempts to get more complete information, the United States Food and Drug Administration (FDA) informed me that — while my complaint was serious — it was not included in the National Vaccine Injury Compensation Program's (NVICP) Table of Compensable Vaccines. In August 1997, when the NVICP expanded their inclusion criteria, the FDA made no attempt to contact me to inform me that I had two years to file a complaint.

In September 1998 I had a follow-up visit with the recognized regional expert in peripheral neuropathy. He failed to document that I inquired about whether the recombinant hepatitis B vaccine series might have caused my sensory neuropathy, to which he had glibly responded, "Perhaps it was a virus."

Thanks to ABC's television show '20/20' which aired in January 1999 I learned of immunologist Bonnie S. Dunbar, PhD, who believes that the recombinant hepatitis B vaccine is causing autoimmune disease particularly in Caucasians. I went to the expense

and effort to submit blood samples both to her and the lab of Dr. Kennedy for investigation proving a 'molecular mimicry' theory but her lab at Baylor College of Medicine was reportedly trashed by a hurricane. Despite her interest in my case and her research, our communication ceased. I heard that she had moved to Africa. http://www.vaccinationnews.com/DailyNews/May2001/BonDunLet.htm.

Thanks to the National Vaccine Information Center (NVIC) for making me aware of a hearing of the U.S. House Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform being chaired by John Mica (R-Fl.) on May 18, 1999 about the safety of the hepatitis B vaccine. I attended that hearing where I heard FDA testimony that 90-99% of doctors do not report vaccine adverse events; this was certainly my experience. The networking opportunity was invaluable. It was here that I introduced myself to Clifford J. Shoemaker, Esq. who filed my Petition as Complainant to the NVICP within five weeks of my statue of limitations expiring.

Soon thereafter I acquired a computer and learned that most of the vaccines I had received contained Thimerosal. Following that I had the horrible learning that my dental amalgams contain +/- 50% metallic mercury so that an average filling weighs 0.5 grams. **Calculating conservatively based on this information: 5-6 grams of mercury were in my mouth at the time I was repeatedly bolused intramuscularly with ethylmercury in my vaccines.** Predating the vaccinations, in 1987, a dentist preparing to retire as I was leaving a job with "Good insurance" recommended placement of 6 porcelain crowns. **I was not informed that the teeth underneath the crowns were being prepared with mercury amalgam**, sometimes deceptively referred to as "Silver fillings." In addition to the crowns I had 6 multi-surface amalgam fillings in place.

Since 2000 I have been under the medical care of Woodlands Healing Research Center in Quakertown, PA where a Fellow of the American Academy of Environmental Medicine, Harold E. Buttram, MD, managed my care until his retirement in December 2007. Through our tenacious study among the things learned was that I am 'allergic' to the mercury family of compounds as well as aluminum and formaldehyde. These are liberally present in vaccines as adjuvant or bi-product from the manufacturing process (See Exhibit 1). I arranged to have the dental amalgam removed safely, because it can be dangerous to be exposed to by inhalation, but also as quickly as possible. After the dentist Andrea Brockman, DDS removed the amalgam underneath the first crown she got the idea to take digital photos of the remaining amalgam, both in the fillings and underneath the 5 remaining crowns. (See Exhibit 2.) 'Amalgam tattoos' were later removed from the gumline, surgically. Biopsies of my jawbone showed high levels of toxicity; these reports are available on request.

Dr. Brockman provided me with references to books where I became familiar with the study *Maternal-fetal distribution of mercury (203Hg) released from dental amalgam fillings* by M. J. Vimy, Y. Takahashi and F. L. Lorscheider, Department of Medicine, Faculty of Medicine, University of Calgary, Alberta, Canada http://ajpregu.physiology.org/cgi/content/abstract/258/4/R939. I took new interest in the development of my large 'simple' right renal cyst (5 cm. in 1994 -> 9 cm. in 2006) and suspected it being related to my mercury assault over the years which included regular consumption of seafood.

Also concerning was development of a small lesion on the left kidney suspicious for renal cystic adenocarcinoma, enhancing > 30 Hounsfield units when examined radiologically in 2002. I observed that the day after fish ingestion I developed sustained

left-sided lumbar muscle spasm requiring heat and Skelaxin, but since removal of the amalgam and strict avoidance of high-mercury seafood the muscle spasms have abated; the suspicious lesion now appears to be just a simple cyst.

Mr. Christopher Eden, urologist with the Royal College in Hampshire, England performed a laparoscopic renal cystectomy in 2007 (See Exhibit 3.) As indicated in his consult he was empathetic to my concerns about the cyst wall containing mercury; Doctors' Data (DD) in Chicago, IL was awaiting the specimen for heavy metals evaluation, as I had arranged by telephone, but Mr. Eden informed me that he was not permitted to send "Bio hazardous material" internationally unless he prepared the specimen on a slide which DD said would have rendered the specimen useless for this purpose. I hadn't given Mr Eden enough advance warning for his usual pathologists to make these arrangements but I am grateful to him for removing the acquired material. Had I been left in the hands of local American urologists I had previously consulted I would have had to settle for a laparoscopic marsupialized cyst following the May 2006 drainage of > 400 cc. of clear, slightly yellow fluid culture (-) for infection.

My place of employment, the Hospital of the University of Pennsylvania (HUP), asks me to present to Occupational Medicine annually to formally decline the annual influenza vaccine. When I reported in 2006 the RN had already drawn the vaccine from the vial and was ready to stick me when I hollered that I was there to *refuse* vaccination. **The RN could not tell me whether the vaccine contained Thimerosal.**

In 2007 and 2008 HUP's Department of Occupational Medicine offered an Influenza Vaccine Declination Form printed on red paper. It visually alerts the RN when an individual is declining vaccination and offers at least a dozen statements to check off for their reason(s). I check off almost all of them except, "I don't feel I need the Influenza

vaccine because I will be off on sabbatical during this time," and such, because I have numerous reasons except this and I want them to know that I am completing my form with cognizance and due consideration. My criticism of the form is that there is only marginal room for expansive open-ended responses.

A forerunner in this area of specialization, the Law Offices of Clifford Shoemaker, Esq. were inundated with Complainants to the NVICP about the recombinant hepatitis B vaccine — he same vaccine about which Bonnie Dr. Dunbar had testified to Congress her medical students were obliged to select "The safest vaccine ever," for a correct/passing response among their multiple choice questions in their credentialing Texas Medical Board Exam. In order to expedite my claim Mr. Shoemaker transferred my Petition to the Maglio, Christopher and Toale Law Firm in Sarasota, FL with his assurance that he would still be available for consultation.

Anne Carrión Toale, Esq. deftly guided me through the process of NVICP litigation. Finally on February 2, 2007 five personal witnesses who knew me before I entered AMH DSON, including myself, recollected the progression of insidious events marking the 1991 onset of my immuno neurologic disorder at the 'Onset Hearing' in U.S. Federal District Court in Philadelphia, PA. Special Master Christian J. Moran ruled in my favor that the recombinant hepatitis B vaccines I received were temporally associated.

In preparation for the 'Causation Hearing,' Ms. Toale put out a search for potential medical experts and it is notable that David H. Trock, MD, FACP, Assistant Clinical Professor of Medicine at Yale University School of Medicine, Chief of Rheumatology at Danbury Hospital, submitted his first NVICP expert report in response to reviewing my claim, supporting the assertion that hepatitis B vaccine could more likely than not have been the agonist for onset of my 'Undifferentiated Connective Tissue

Disease,' drawing similarities to Lupus and citing the extensive work of Mark R Geier, MD, PhD and David A. Geier, BA, both Plaintiffs.

Ms. Toale was as surprised as I was a few months later when an unsigned report was provided by Thomas F. Morgan, MD, Clinical Assistant Professor, Department of Neurosciences at Brown University School of Medicine, Board Certified Neurologist and Independent Medical Examiner rendering a more specific diagnosis of 'Guillain-Barré Syndrome, Sensory Variant' (GBS) following review of my medical records. The regional peripheral neuropathy expert should have recognized this based on pathology specific to the dorsal root ganglion. Dr. Morgan also cited Geier and Geier.

The case settled in March 2008 almost 17 years to the day since I submitted to a 3rd hepatitis B vaccine, about a month before the 'Causation Hearing,' after rejection of multiple offers, the first of which would have put to rest medical expense incurred during the interim time with no savings left for an uncertain future whose potential had become derailed by the reckless behavior of both industry and so-called medical regulatory bodies.

I contacted the GBS/CIDP Foundation International and received their booklet for patients and families. In a couple of paragraphs it makes minimal reference to GBS being provoked by vaccination despite that there is a well recognized association as listed on vaccine package inserts. Their recommendations were neutral with respect to receiving further annual flu shots. Not surprisingly there is a support group for 'People Who Have Been Diagnosed With GBS More than Once,' to whom they can refer.

Among the experts on the GBS/CIDP FI Medical Board was a colleague of the regional peripheral neuropathy expert. In 1994 he wrote the report about my sural nerve biopsy tissue sample: "Chronic, moderately severe indolently-active pure sensory

neuropathy." I attempted to get an appointment with him because his careful wording had supported my vaccine claim which required a temporal association within 45 days. A scheduling supervisor would not allow me to get an appointment although it had been 8 years since I had seen the regional neuropathy expert who would have treated me as a new patient. "They stick together," she revealed when requiring me to take my business elsewhere.

On August 22, 2009 I attended the 'H1N1 Flu CDC Public Engagement Hearing' in Trevose, Pa, one of ten such meetings being held in the country organized by The Keystone Center, http://www.keystone.org/H1N1/BucksCounty. Dr. Harold E. Buttram agreed to meet me there and expressed his delight that many of the audience asked insightful questions.

The questions I posed to the CDC Official early on in the meeting were as follows:

1. Since 2001 vaccine manufacturers were required to make children's vaccines available with minimal amounts of Thimerosal — the preservative that is 49.6% mercury by weight. Why then almost immediately did the Government start recommending the annual flu shot containing Thimerosal to expanding age groups of children?
2. In 2004 when there was a widely reported shortage of 'regular' flu vaccines containing Thimerosal why were pregnant women targeted as a priority group to receive the vaccine? And finally,
3. Why has the FDA not required vaccine manufacturers to remove Thimerosal as a preservative from all vaccines when the technology has been available for at least 8 years now?

Most questions posed by the public to the CDC Official were answered at least after she consulted with 'experts.' **By the end of the day my questions were left unanswered.**

The CDC Official bumbled her presentation of a PowerPoint slide about the incidence of GBS, minimizing its severity claiming only 1 case in 1-3 million people! By the end of the day she recanted her misstatement acknowledging 1 case in 100,000 (.001% of the population) associated with the 1976 Swine Flu Vaccine debacle. Her clarification contradicts what is reported by the GBS/CIDP FI: that the incidence of GBC is typically 1 case per 100,000 but following the 1976 Swine Flu Vaccine the incidence doubled to 2 cases per 100,000, when it was withdrawn from the market. This PowerPoint slide was not among copies of other slides presented in my packet of materials provided to me for my participation at the meeting.

Because public participants asked questions regarding use of squalene as adjuvant as well as Thimerosal as a preservative in the H1N1 Swine Flu vaccine, **the CDC Official clarified that healthy volunteers in the clinical trials underway were receiving vaccines that did not contain adjuvant.**

When first I learned that pregnant women are being targeted to receive Pregnancy Category C Drugs containing mercury I suspected intent by the vaccine advisory groups to obfuscate the issue of whether children develop regressive autism or whether they are born autistic.

Thimerosal used as a preservative in RhoGAM given to females in their 28th week of gestation who have negative Rh factor blood may likewise be contributing to the onset of multiple sclerosis in some pregnant women and neurodevelopmental disorders in their fetuses. Why is Thimerosal™ still present in some of these formulas specifically

manufactured for use during pregnancy? At least one mercury-free formula is available; reportedly it is expensive, must be special ordered, and is difficult to find. http://www.whale.to/a/rhogam.html

By now there has been adequate time to compare the 15% of pregnant females who have complied with flu shot recommendation vs. the 85% deemed 'non-compliant' for such outcomes as: visits to the Emergency Room within 3 months, onset of multiple sclerosis in the mother, neurodevelopmental disorders in their babies, and even fetal demise.

In light of an alarming and as yet 'unexplained' increase in Alzheimer's Disease in the elderly, why are they, too, targeted to receive annual flu shots containing mercury? Moreover, why do vaccines targeting this group contain aluminum hydroxide as adjuvant?

In summary, I hope that this Declaration has succeeded in communicating the following points:

1. Women of child-bearing years — as well as others — are being told to get vaccines and feel they have no choice but to accept as it is being presented as a condition of education, employment, or exaggerated benefit vs. risk
2. Vaccination consent forms may be inaccurate and fail to communicate potential serious side effects
3. Persons who administer vaccines often do not know whether they contain Thimerosal and may provide false assurance
4. Vaccines are contraindicated for persons with allergies to ingredients but testing is not performed to screen for these conditions

5. Documentation of vaccination administration is poor and may not comply with minimal regulatory guidelines
6. Many physicians are unable to recognize vaccine adverse event occurrences
7. Many physicians are reluctant to report vaccine adverse event occurrences http://www.jstor.org/pss/3767311?cookieSet=1

8. VAERS the voluntary post-surveillance monitoring system is deeply flawed by design
9. Because vaccine manufacturers are not liable for vaccine injury they have little incentive to ensure safety and efficacy of their products
10. Vaccine adverse events may provide a new revenue stream for the pharmaceutical industry by creating a market for new drugs to treat resultant chronic illnesses
11. CVS is offering financial incentive to administer flu shots in their pharmacy http://www.freemania.net/blog/cvs-5-25-coupon-100-coupon-booklet-flu-shot/

12. The FDA and CDC has done little to address these problems
13. Designated 'Officials' may be ill-informed about the many safety issues, and
14. Vaccine formulas injected into healthy volunteers in clinical trials are not representative of what vaccines may actually be administered to the general public which includes targeted pregnant women and children

The Hospital of the University of Pennsylvania announced today that it is requiring employees receive both H1N1 and seasonal influenza vaccines. Nobody in our office is symptomatic now, but I am concerned because in past years *after* the vaccination campaign my colleagues have gotten sick — coughing and sneezing all over the place — and I became sick, too.

Signed this 25th of September, 2009 at Philadelphia , Pennsylvania .

Susan Elizabeth Kreider / Susan Elizabeth Kreider

169 W Queen Lane
Philadelphia, PA 19144-6274

CLIFFORD MATERIALS REACTIVITY TESTING REPORT

Laboratory Services by Clifford Consulting & Research, Inc., CLIA 06D0669295
2275-J Waynoka Road; Colorado Springs, CO 80915-1635 Phone (719) 550-0006
James F. Ransdell, MD, Laboratory Director & Clinical Consultant
Walter J. Clifford, MS, RM(AAM), BLD, FIAOMT, President & General Manager

Patient Name: Susan Kreider
CCR Ref No: 20411
Date Received: 5 Apr 2000
Date Reported: 5 Apr 2000

Professional Ordering Testing:
Dr. Harold Buttram
5724 Clymer Road
Quakertown, PA 18951
215-536-1890

POSITIVE TEST FINDINGS:

The following chemical groups and families of compounds were observed to show reactivity in this patient. Restorative products containing these groups in a dissociable, ionizable, separable or volatile form MAY NOT BE SUITABLE for this patient, or may require concurrent body burden reduction and/or risk management if used.

- Aluminum Group
- *Arsenic Group
- *Beryllium Group
- Cadmium Group
- Chromium Group
- Cobalt Group
- Formaldehyde
- Lanthanum Group
- *Lead Group
- *Mercury Group
- *Nickel Group
- Polyethimines Group
- Tannins Group
- Tantalum Group
- *Thallium Group
- Toluenes Group

NEGATIVE TEST FINDINGS:

The following chemical groups and familes of compounds were observed to show no reactivity at the time of testing.

- Acetates Group
- Acrylates Group
- Antimony Group
- Barium Group
- Benzil
- Bis-GMA
- Bismuth Group
- Boron Group
- Butyrates Group
- Carboxylate Group
- Cellulose Group
- Cerium Group
- *Cesium Group
- Copper Group
- Eugenol
- Europium
- Fluorides Group
- Gallium Group
- Germanium Group
- Gold Group
- Hafnium Group
- Hexanes Group
- Hydroxyapatite Group
- Indium Group
- Iridium Group
- Iron Salts / Oxides Group
- Lithium Group
- Malienate Group
- Manganese Group
- Molybdenum Group
- Neodimium Group
- Niobium Group
- O-Phosphoric Acid Group
- Osmium Group
- Palladium Group
- Phenols Group
- Platinum Group
- Polyethers Group
- Polysulfides Group
- Polyvinyls Group
- Quinone Group
- Rhenium Group
- Rhodium Group
- Rubidium Group
- Ruthenium Group
- Samarium Group
- Scandium Group
- Selenium Group
- Silanes Group
- Silicates Group
- Silver Group
- Strontium Group
- Styrenes Group
- Tellurium Group
- Terbium Group
- Tin Group
- Titanium Group
- Trihexalamines Group
- Tungsten Group
- *Uranium Group
- Urethanes Group
- Vanadium Group
- Xylenes Group
- Ytterbium Group
- Yttrium Group
- Zinc Salts Group
- Zirconium Group

* Chemical groups and families not regarded as safe for any internal or contact use, based on information from the World Health Organization and national toxicology groups. Inclusion here is for purpose of total body burden assessment and cross-reactivity considerations.

Selected Materials of Special Interest for Dr. Harold Buttram

CLIFFORD MATERIALS REACTIVITY TESTING REPORT

Laboratory Services by Clifford Consulting & Research, Inc., CLIA 06D0669295
4775 Centennial Blvd., Ste. 112 * Colorado Springs, CO 80919 USA * (719) 550-0008(office)
James F. Ransdell, MD, Laboratory Director & Clinical Consultant
Walter J. Clifford, MS, RM(AAM), BLD, FIAOMT, President & General Manager

Patient Name: Susan Kreider
CCR Ref No: 27470
Date Received: 10 Jun 2002
Date Reported: 10 Jun 2002

Professional Ordering Testing:
Dr. Harold Buttram
5724 Clymer Road

Quakertown, PA 18951
215-536-1890

POSITIVE TEST FINDINGS:

The following chemical groups and families of compounds were observed to show reactivity in this patient. Restorative products containing these groups in a dissociable, ionizable, separable or volatile form MAY NOT BE SUITABLE for this patient, or may require concurrent body burden reduction and/or risk management if used.

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- *Arsenic Group
- *Beryllium Group
- Bismuth Group
- Cadmium Group
- Chromium Group
- Eugenol
- Formaldehyde
- Indium Group
- *Lead Group
- *Mercury Group
- *Nickel Group
- Palladium Group
- Phenols Group
- Polyethimines Group
- Tannins Group
- Toluenes Group
- Ytterbium Group

NEGATIVE TEST FINDINGS:

The following chemical groups and familes of compounds were observed to show no reactivity at the time of testing.

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- Acrylates Group
- Barium Group
- Benzil
- Bis-GMA
- Boron Group
- Butyrates Group
- Carboxylate Group
- Cellulose Group
- Cerium Group
- *Cesium Group
- Cobalt Group
- Copper Group
- Europium
- Fluorides Group
- Gallium Group
- Gemanium Group
- Gold Group
- Hafnium Group
- Hexanes Group
- Hydroxyapatite Group
- Iridium Group
- Iron Salts / Oxides Group
- Lanthanum Group
- Lithium Group
- Malienate Group
- Manganese Group
- Molybdenum Group
- Neodimium Group
- Niobium Group
- O-Phosphoric Acid Group
- Osmium Group
- Platinum Group
- Polyethers Group
- Polysulfides Group
- Polyvinyls Group
- Quinone Group
- Rhenium Group
- Rhodium Group
- Rubidium Group
- Ruthenium Group
- Samarium Group
- Scandium Group
- Selenium Group
- Silanes Group
- Silicates Group
- Silver Group
- Strontium Group
- Styrenes Group
- Tantalum Group
- Tellurium Group
- Terbium Group
- *Thallium Group
- Tin Group
- Titanium Group
- Trihexalamines Group
- Tungsten Group
- *Uranium Group
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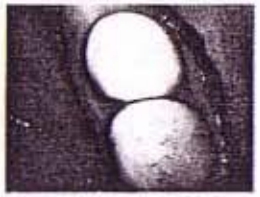
Selected Materials of Special Interest for Dr. Harold Buttram


3/28/00


5/4/00 ↑ underneath crowns for example


5/10/00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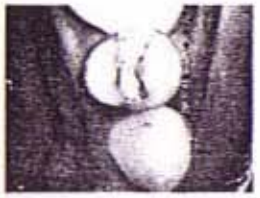
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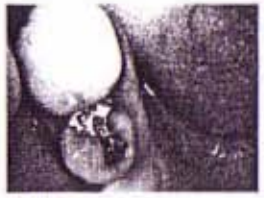
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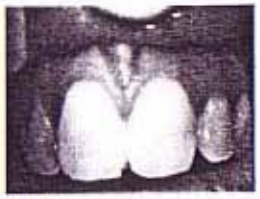
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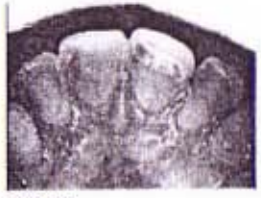
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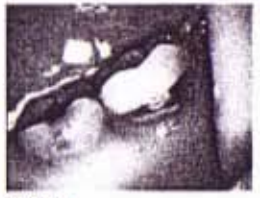
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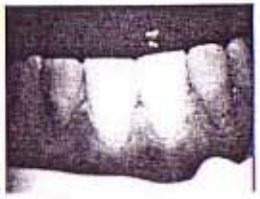
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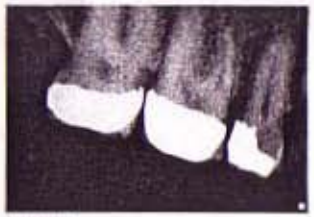
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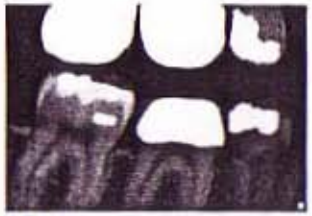
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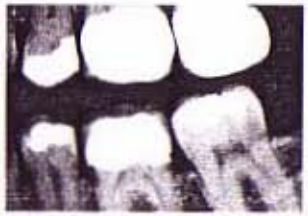
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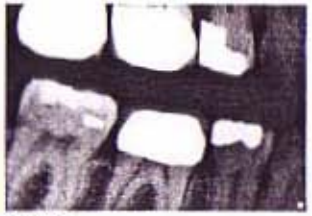
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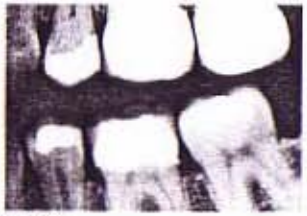
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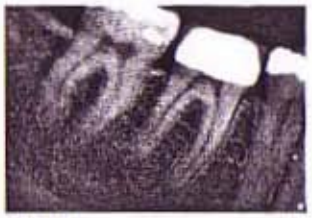
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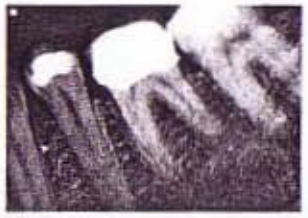
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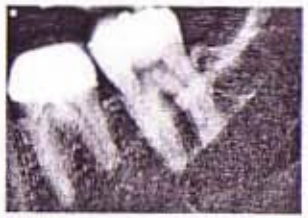
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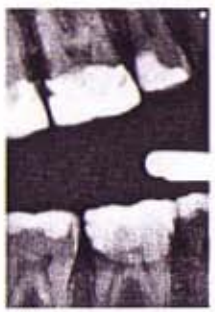
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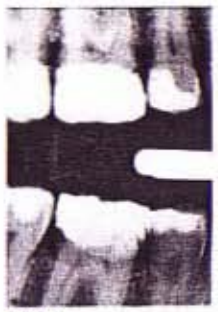
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