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SUBJECT'S NAME	CASE ID#	SERIAL TYPE#	DATE ENTRY	CTD USP

1073946

DATE: 07-17-2007
 CLASSIFIED BY 65179 DMH/KSR/TM
 REASON: 1.4 (C)
 DECLASSIFY ON: 07-17-2032

ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED EXCEPT
 WHERE SHOWN OTHERWISE

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SUBJECT'S NAME	CASE ID#	SERIAL TYPE #	DATE IDENTITY	CTD	USP
[Redacted]				✓	✓
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[Redacted]

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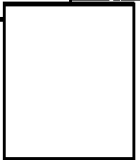
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE ENTITY	CTD/USP
[REDACTED]					✓
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					✓
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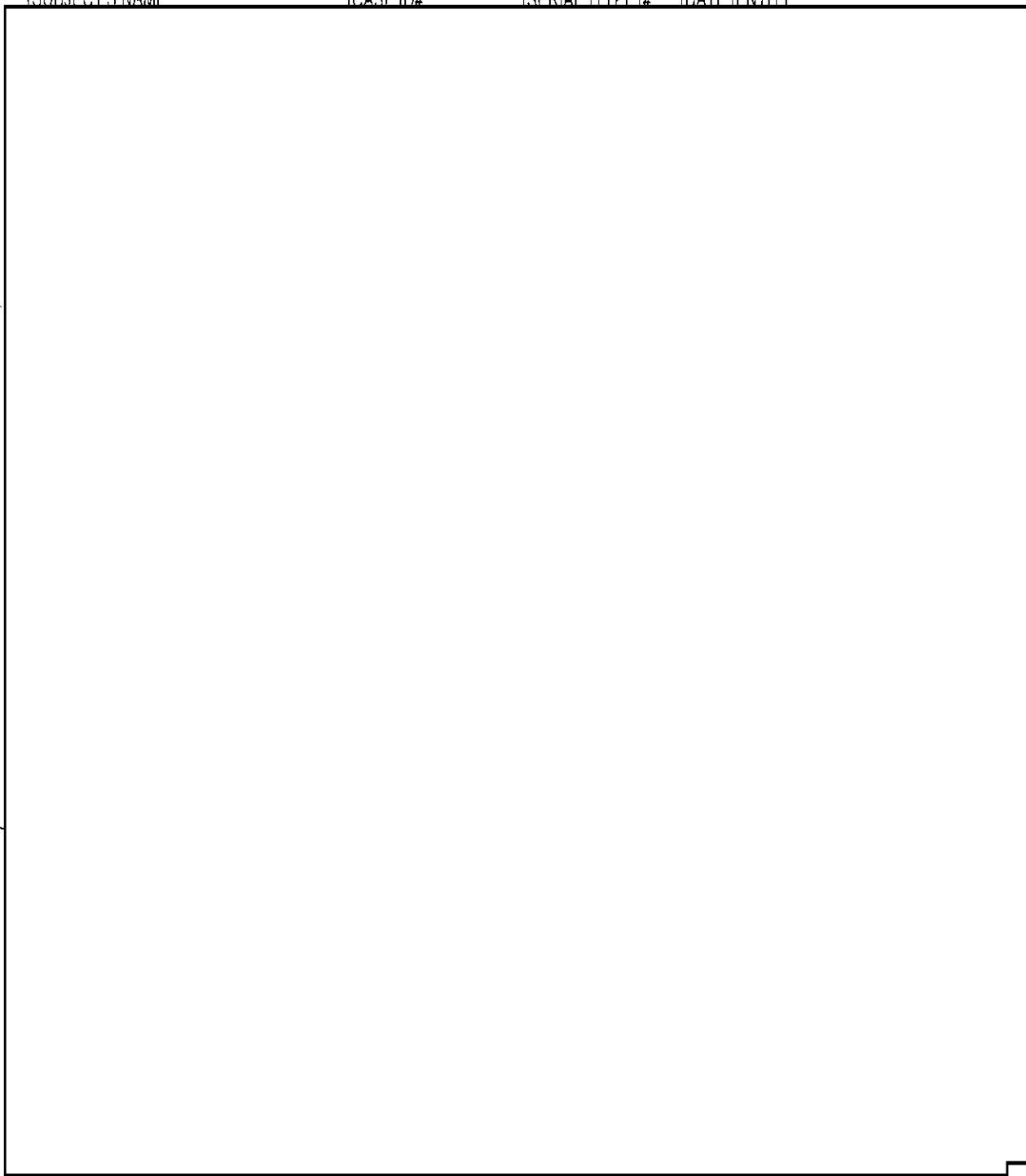
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
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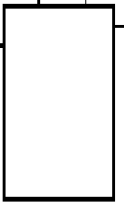


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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	IDENTITY	CTD	USP
[REDACTED]						✓	✓
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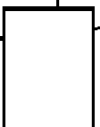
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	✓	✓
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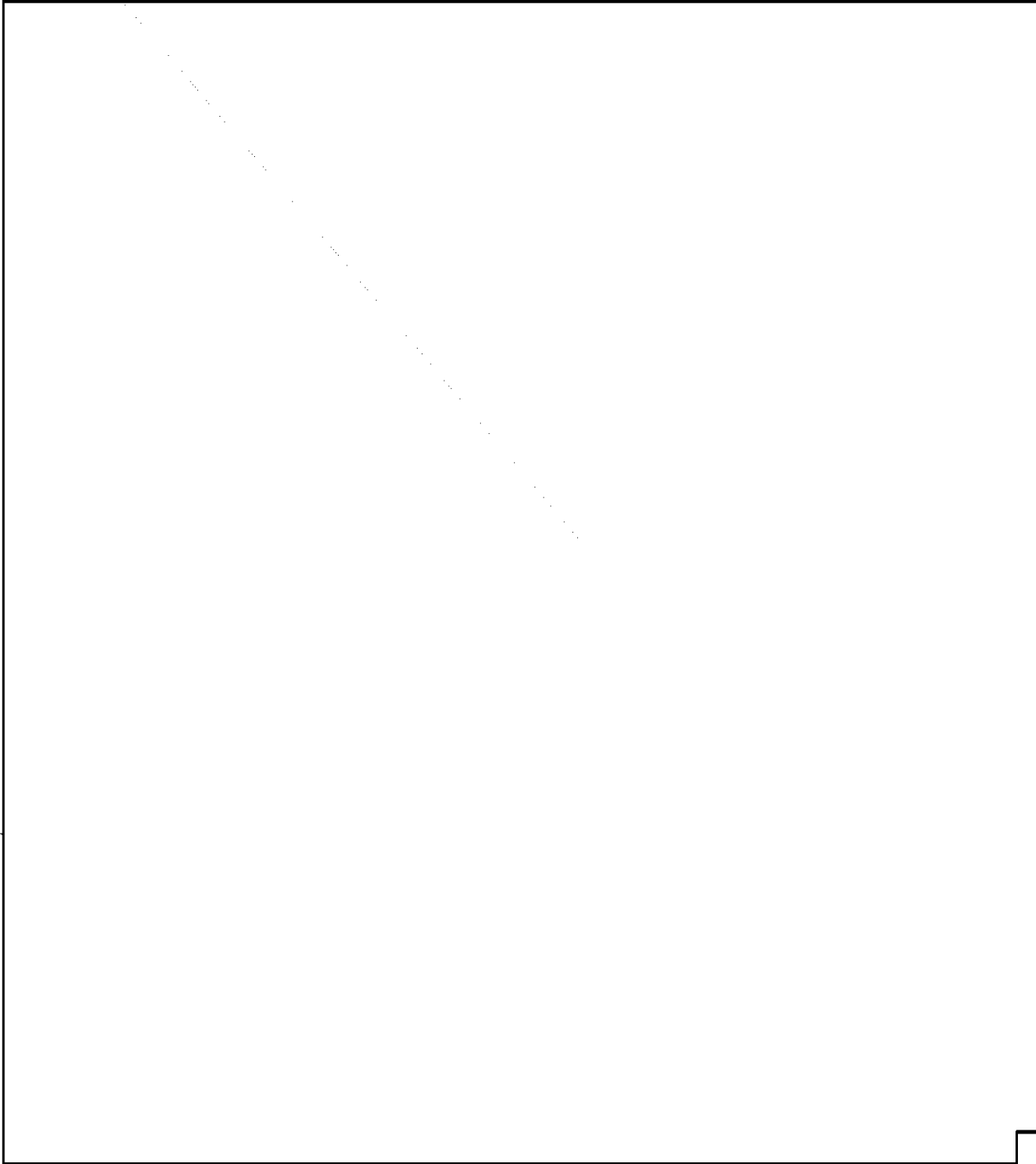
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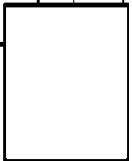
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Wednesday 6/21/05

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
[Redacted Area]						✓	✓
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Total Entries

[Empty Box]

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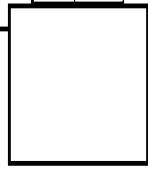
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
<div data-bbox="56 955 121 1333" data-label="Text"> <p>b1 b6 b7C b2 b7E b4 b7D b7A</p> </div>						✓	✓
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD √	USP √
[REDACTED]						✓	✓
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Tuesday 9/20/05

SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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[Empty box]

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Total Entry [Arrow pointing to empty box]

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
						✓	✓
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Friday 9/22/05

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD ✓	USP ✓
<i>[Redacted]</i>						✓	

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Total Entries
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[Redacted]

[Redacted]

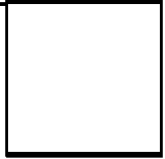
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	CTD	USP	
						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY		CTD	USP
[REDACTED]						<input type="checkbox"/>	✓	✓
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[REDACTED]

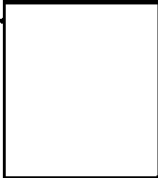
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
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[REDACTED]						✓	✓
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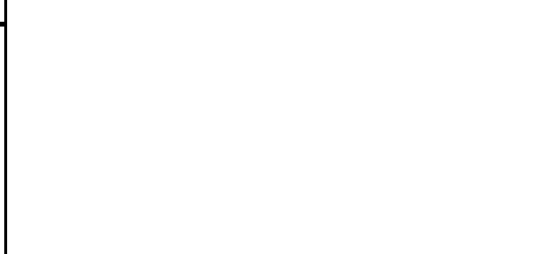
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
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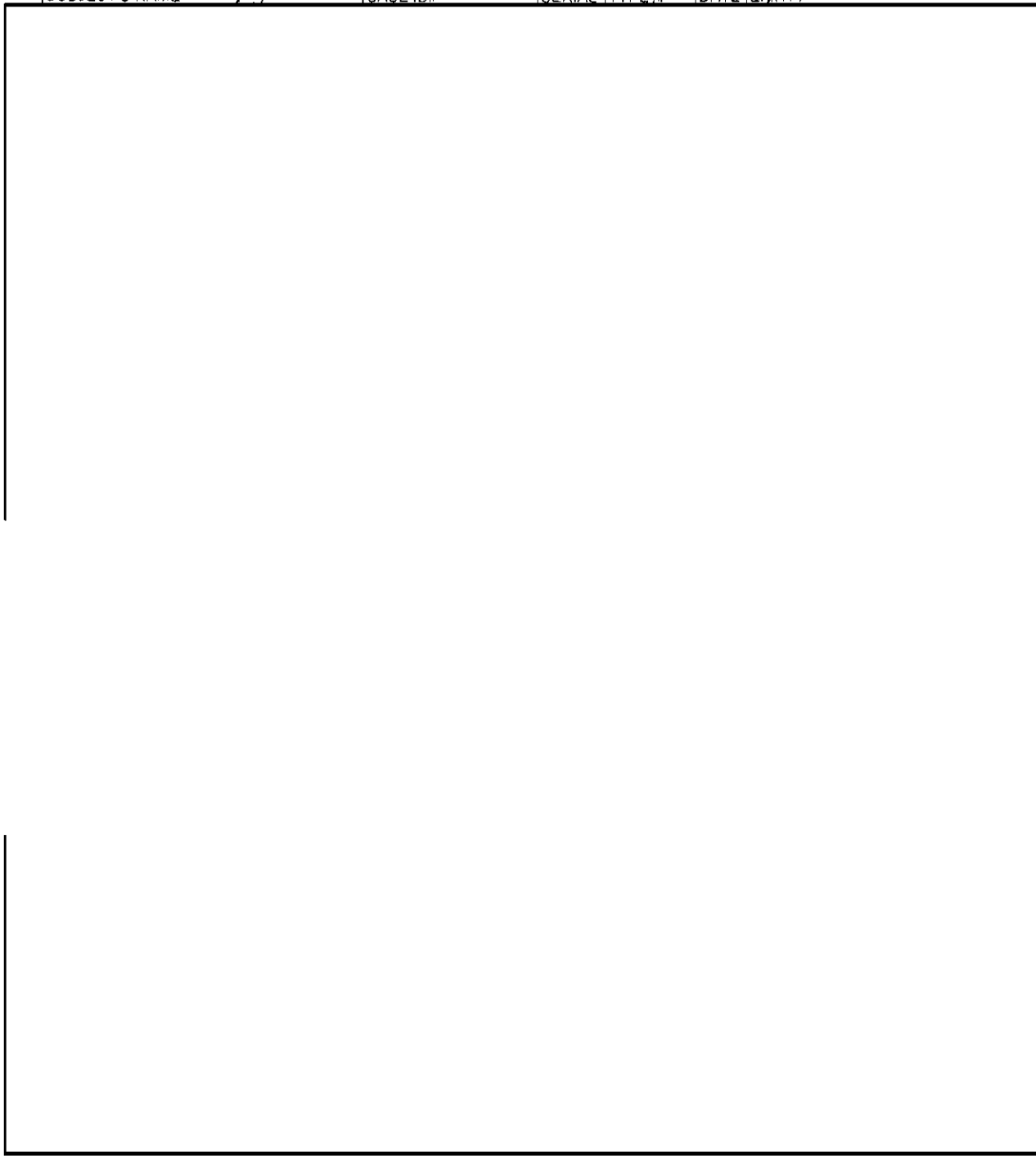
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Saturday 9/17/05

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD √	USP √
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Saturday 9/17/05

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP						
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Saturday 9/17/05

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
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Saturday 9/10/05

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD √	USP √
[REDACTED]						√	√
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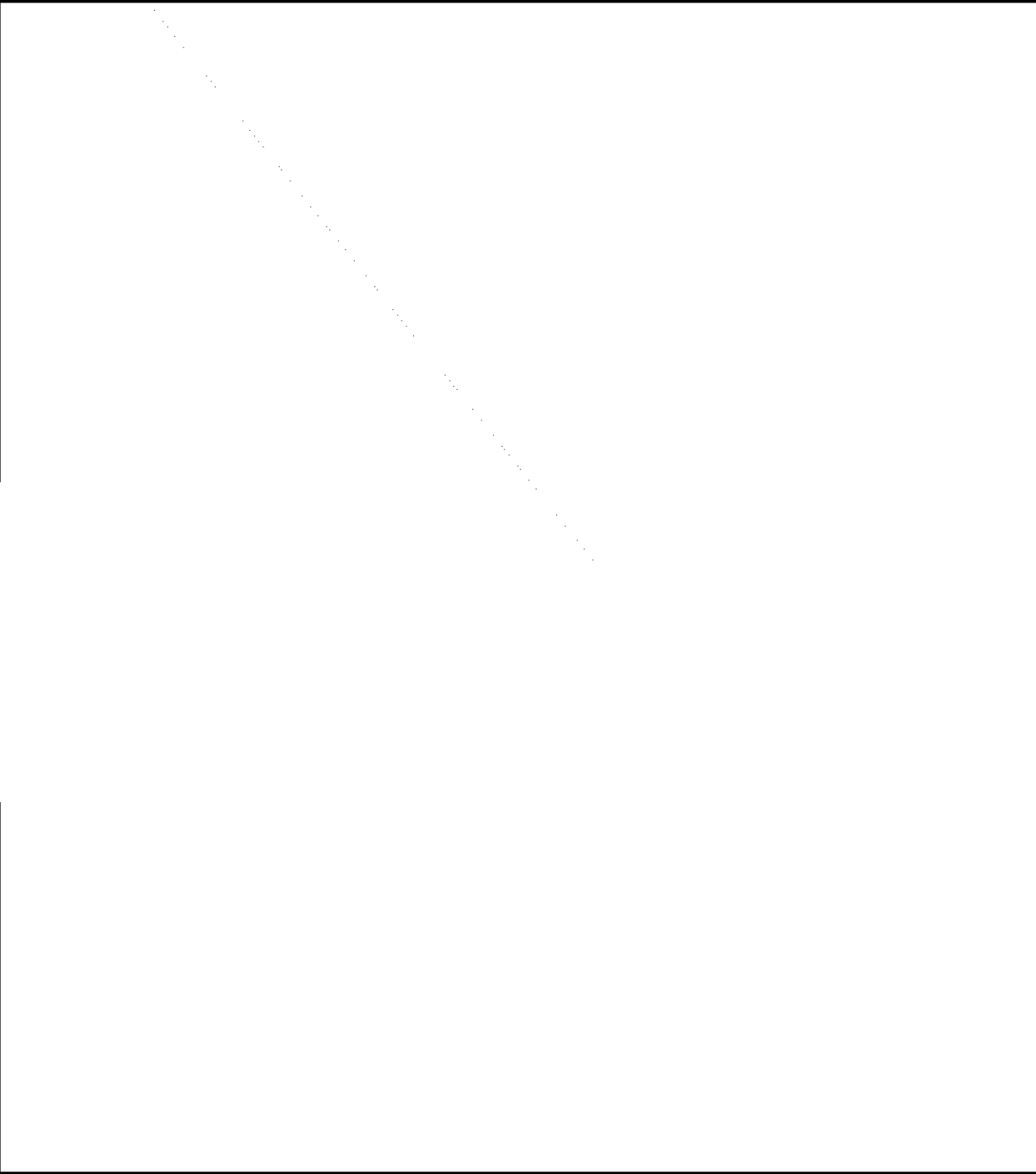
SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE ENTITY	CTD	USP
					✓	✓

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD √	USP √
							

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
[REDACTED]						✓	✓
						✓	✓
						✓	✓
						✓	✓
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY		CTD	USP
[REDACTED]								✓
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY		CTD √	USP √
[REDACTED]							✓	✓
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							✓	
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
[REDACTED]						✓	✓
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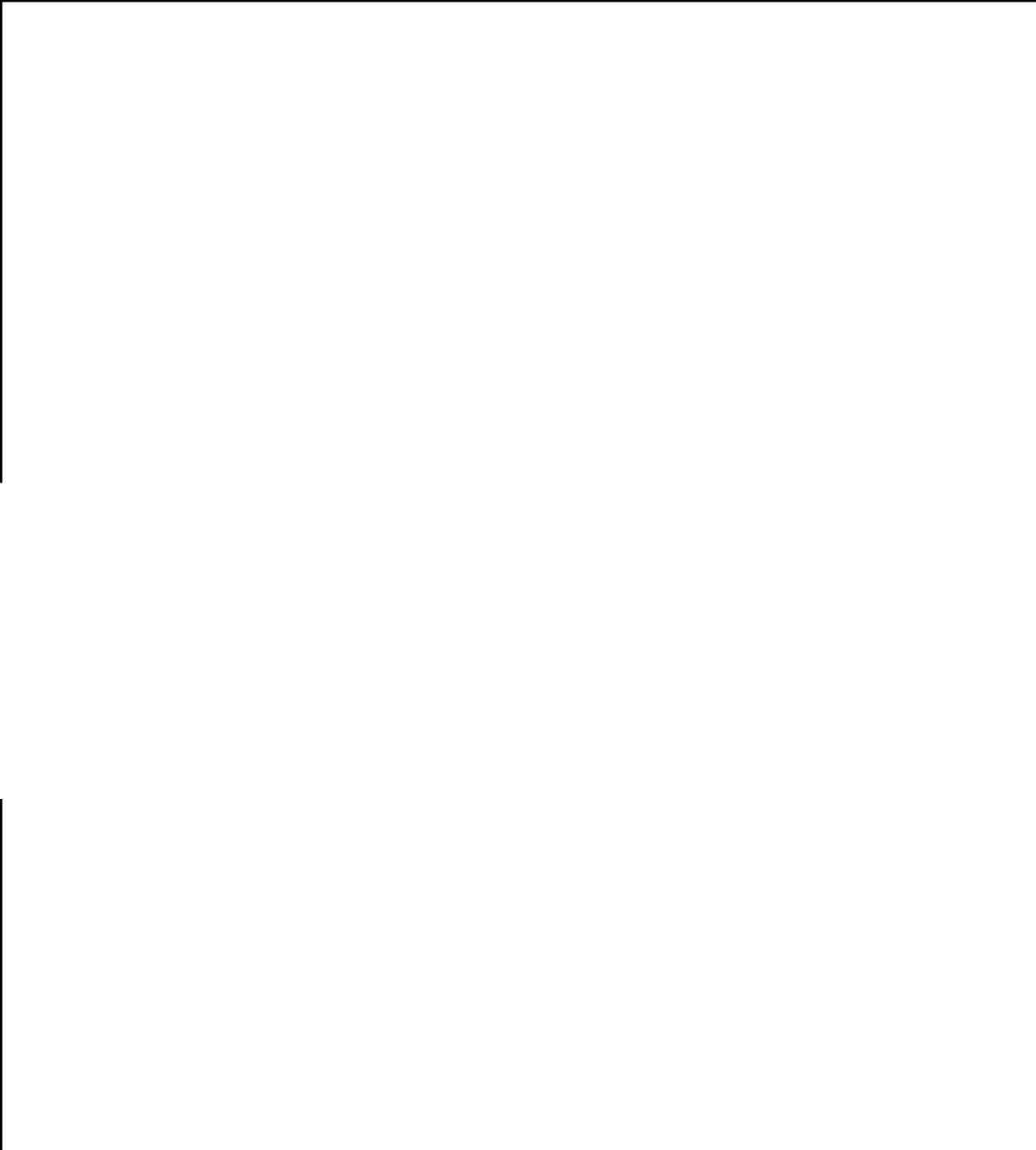
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
						✓	✓

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
[REDACTED]						✓	✓
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Saturday 9/3/05

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
<i>Diagonal line</i>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
[REDACTED]						✓	✓
						✓	✓

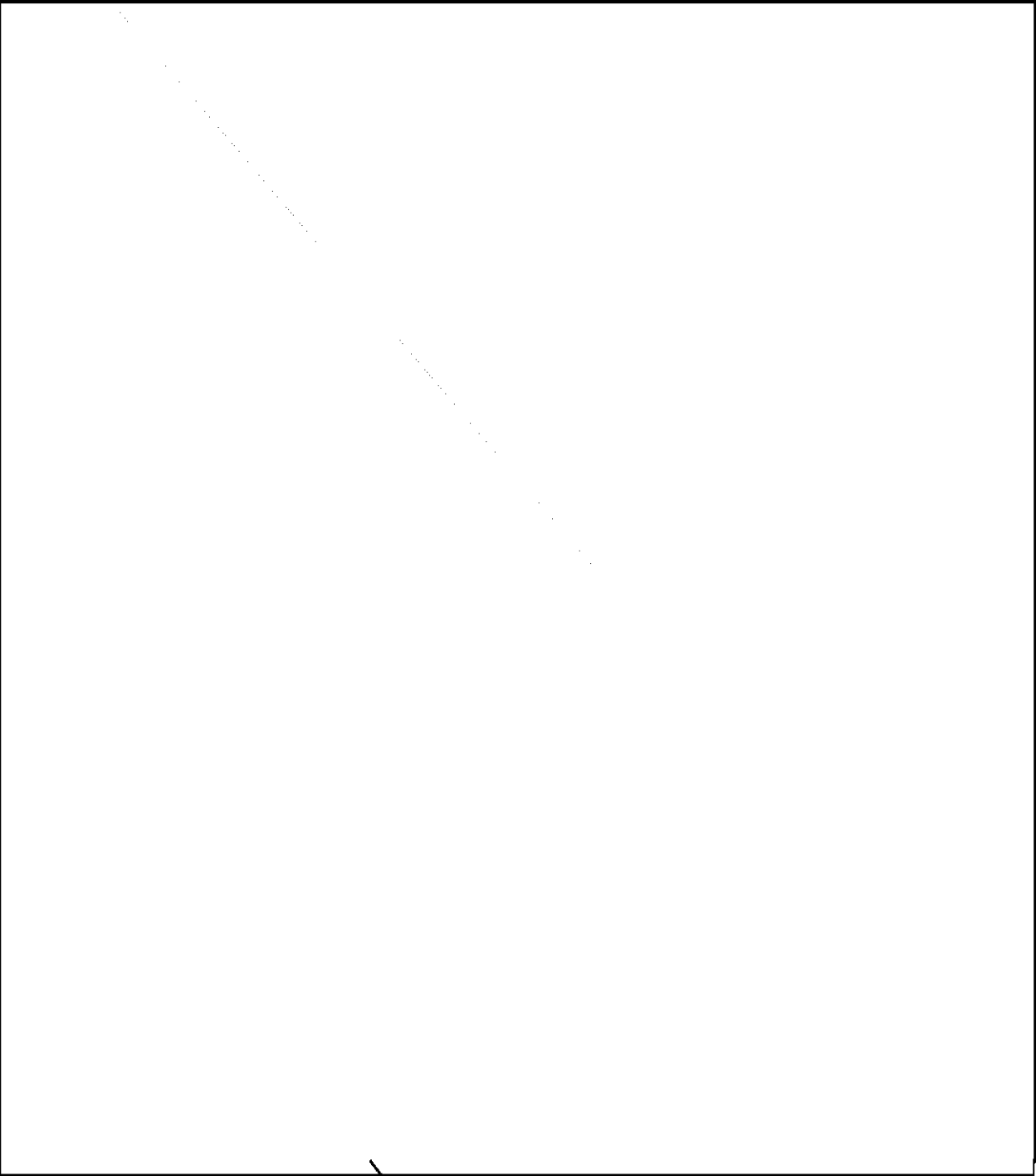
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[REDACTED]

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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE / ENTITY	CTD	USP
					✓	✓
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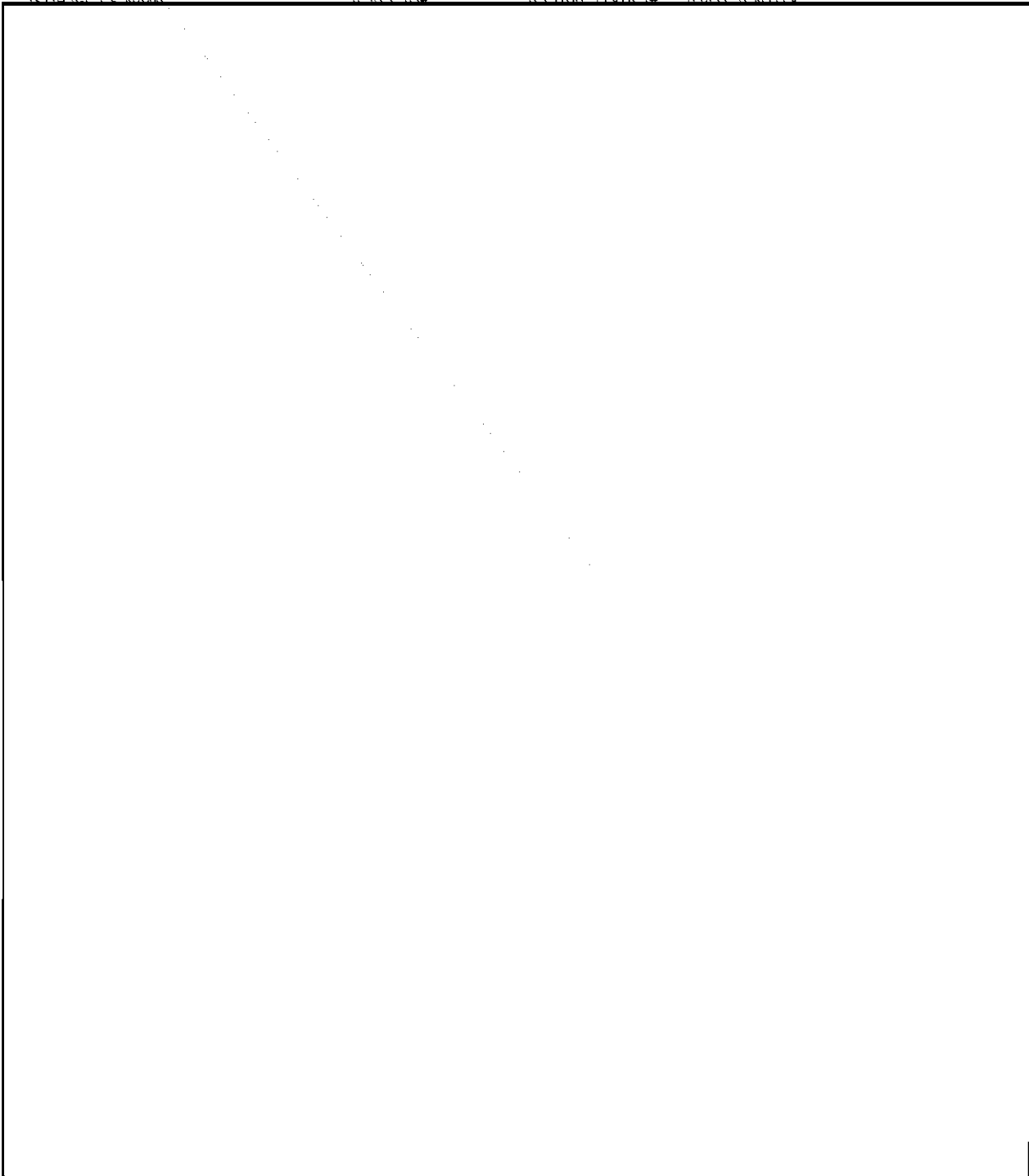
SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
[REDACTED]						✓	✓
						✓	✓
						✓	✓
						✓	✓
						✓	✓
						✓	✓
						✓	✓
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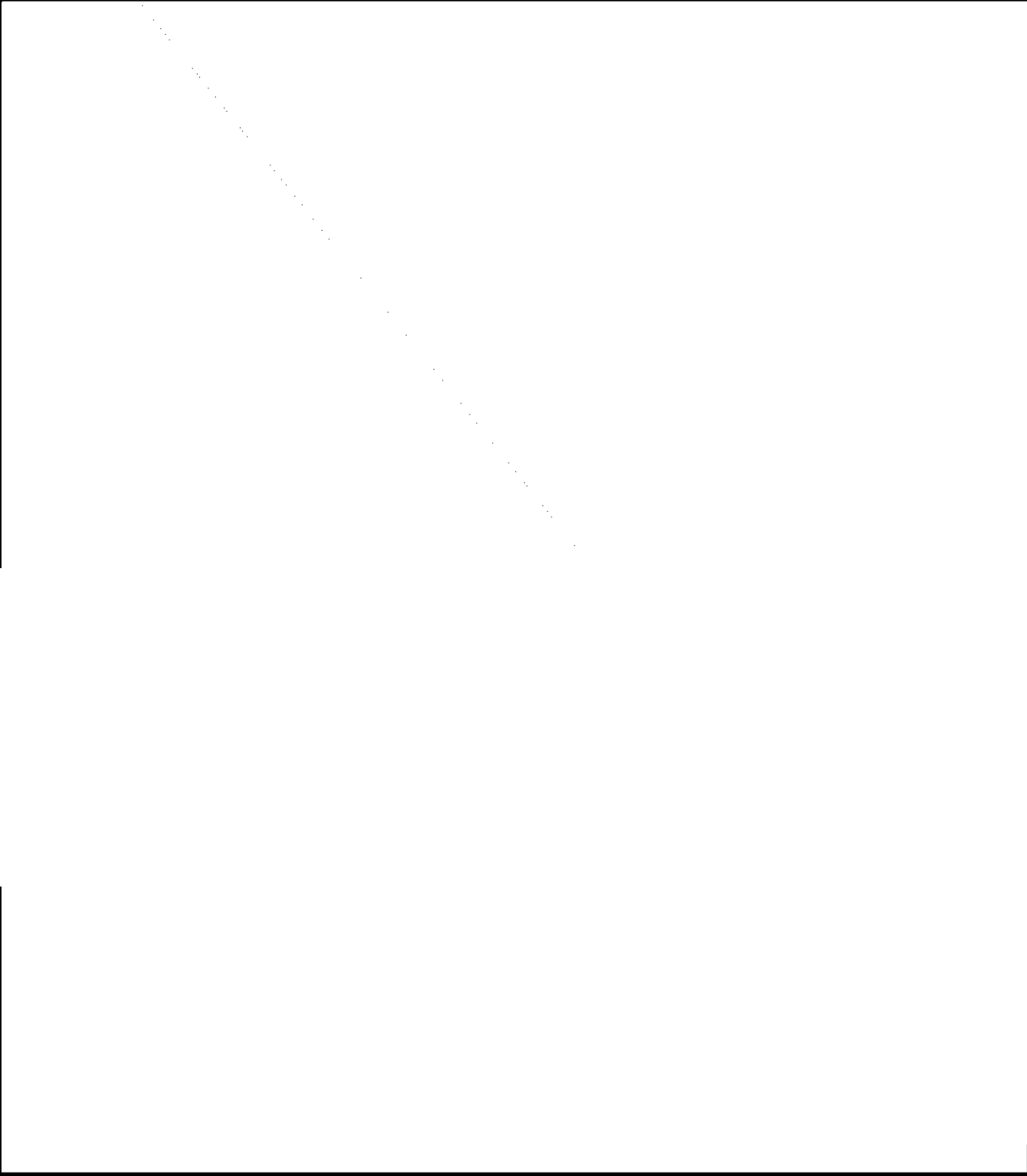
SUBJECT'S NAME	PAGE ID#	SERIAL	TYPE #	DATE	ENTRY	CTD	USP
						✓	✓
						✓	✓
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Tuesday 8/23/05

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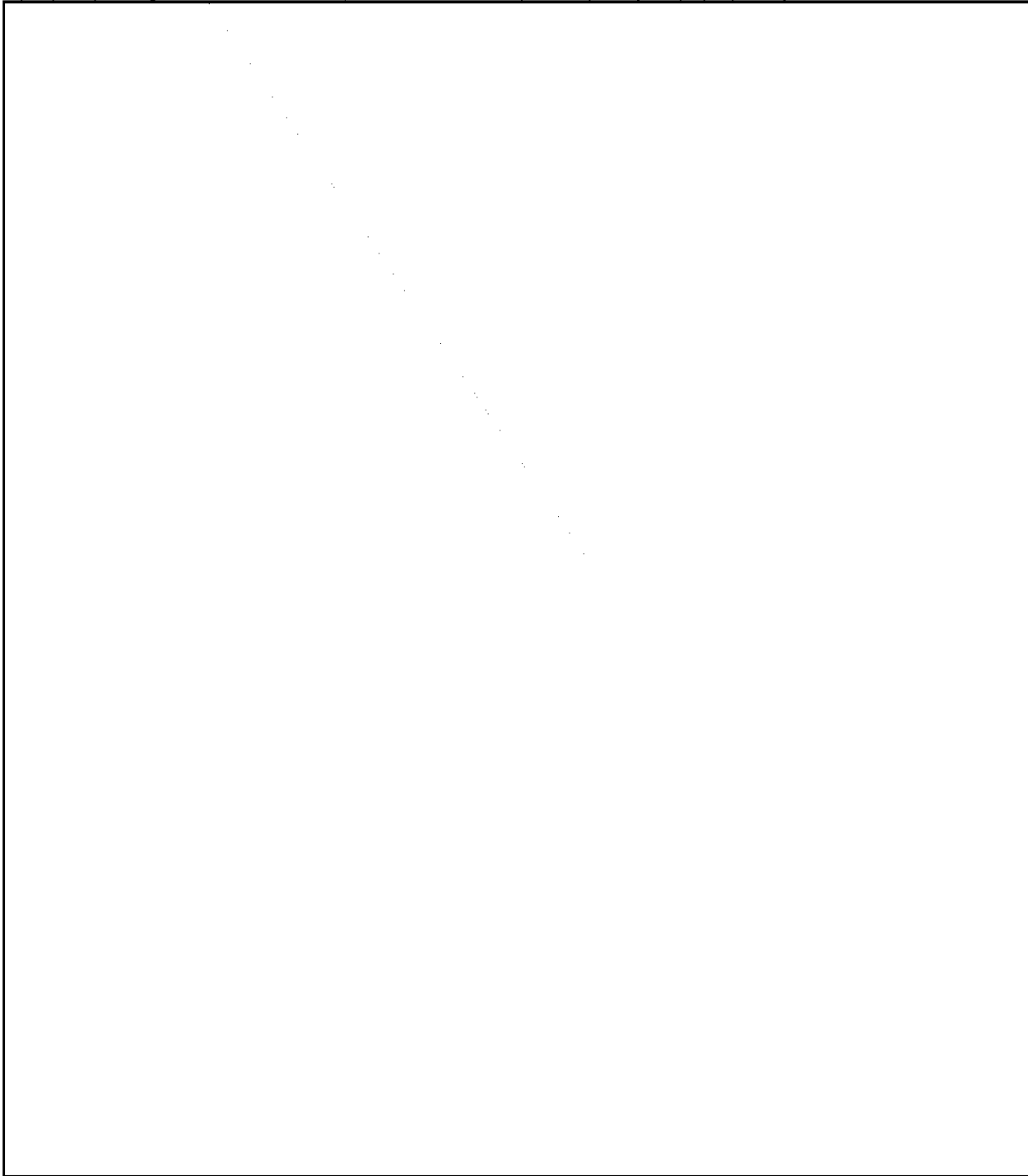
SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
[REDACTED]						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
[REDACTED]						✓	✓
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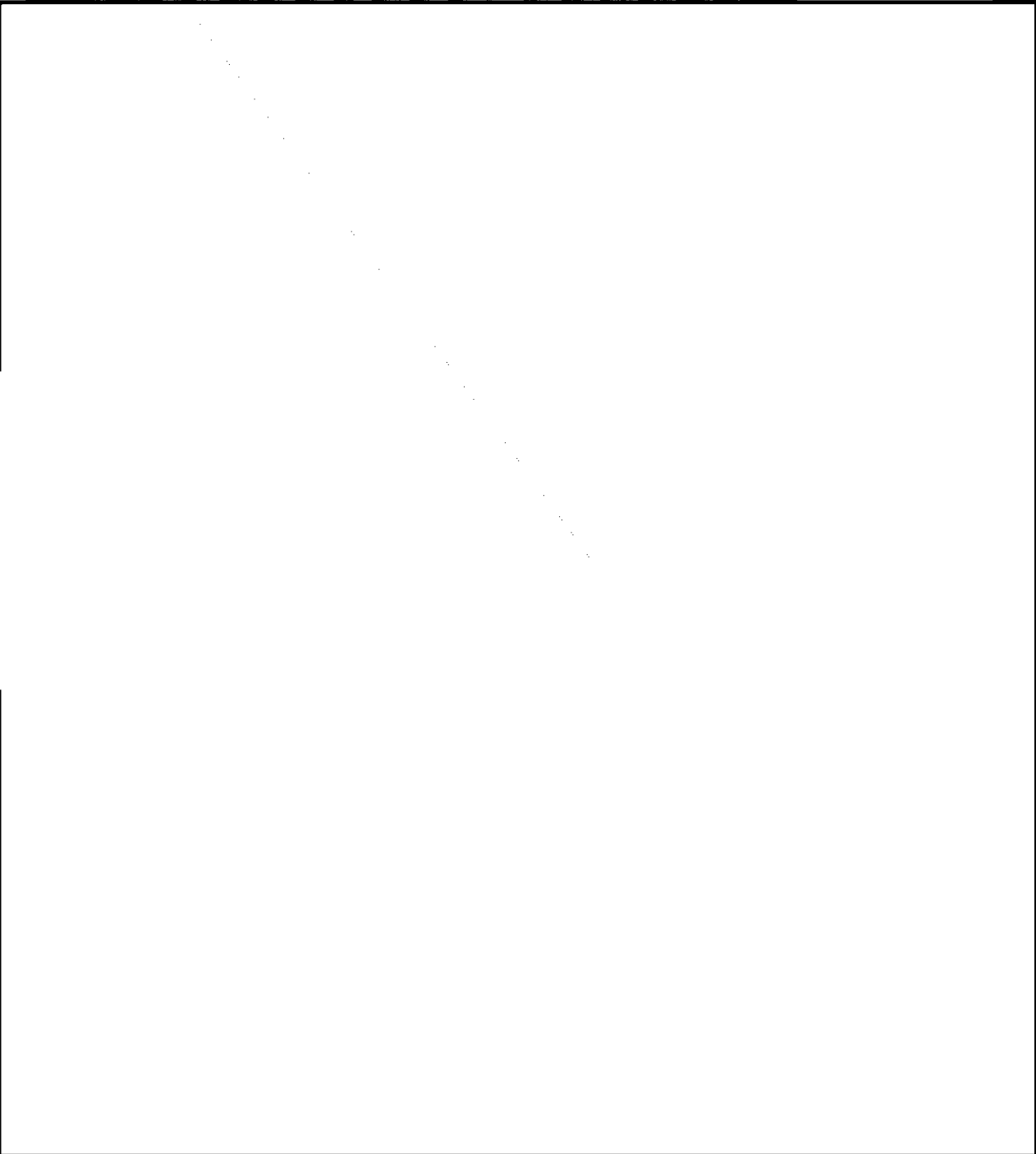
SUBJECT'S NAME	CASE ID#	SERIAL TYPE #	DATE ENTITY	CTD	USP
				✓	✓
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
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Saturday 8/20

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	ME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
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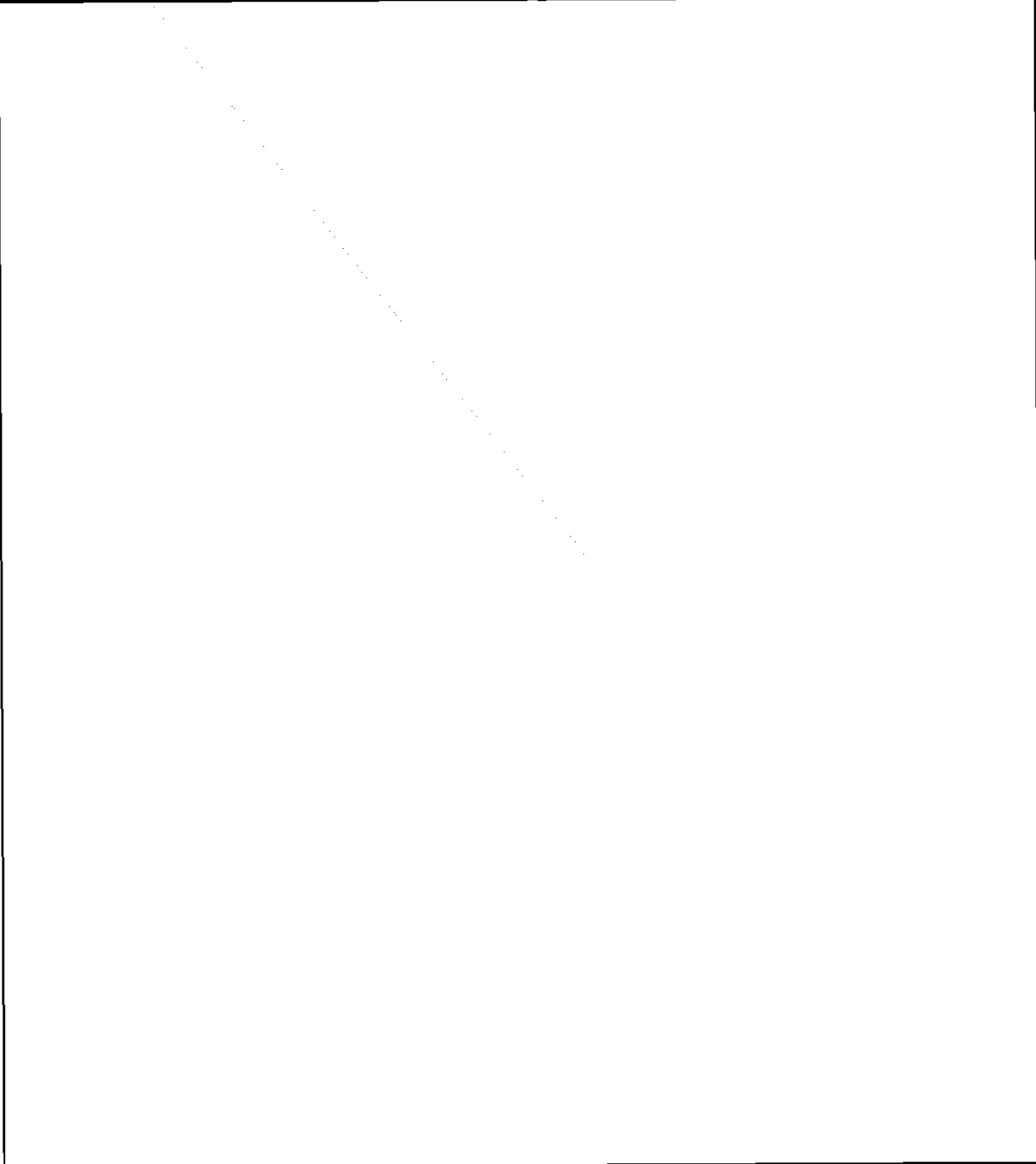
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
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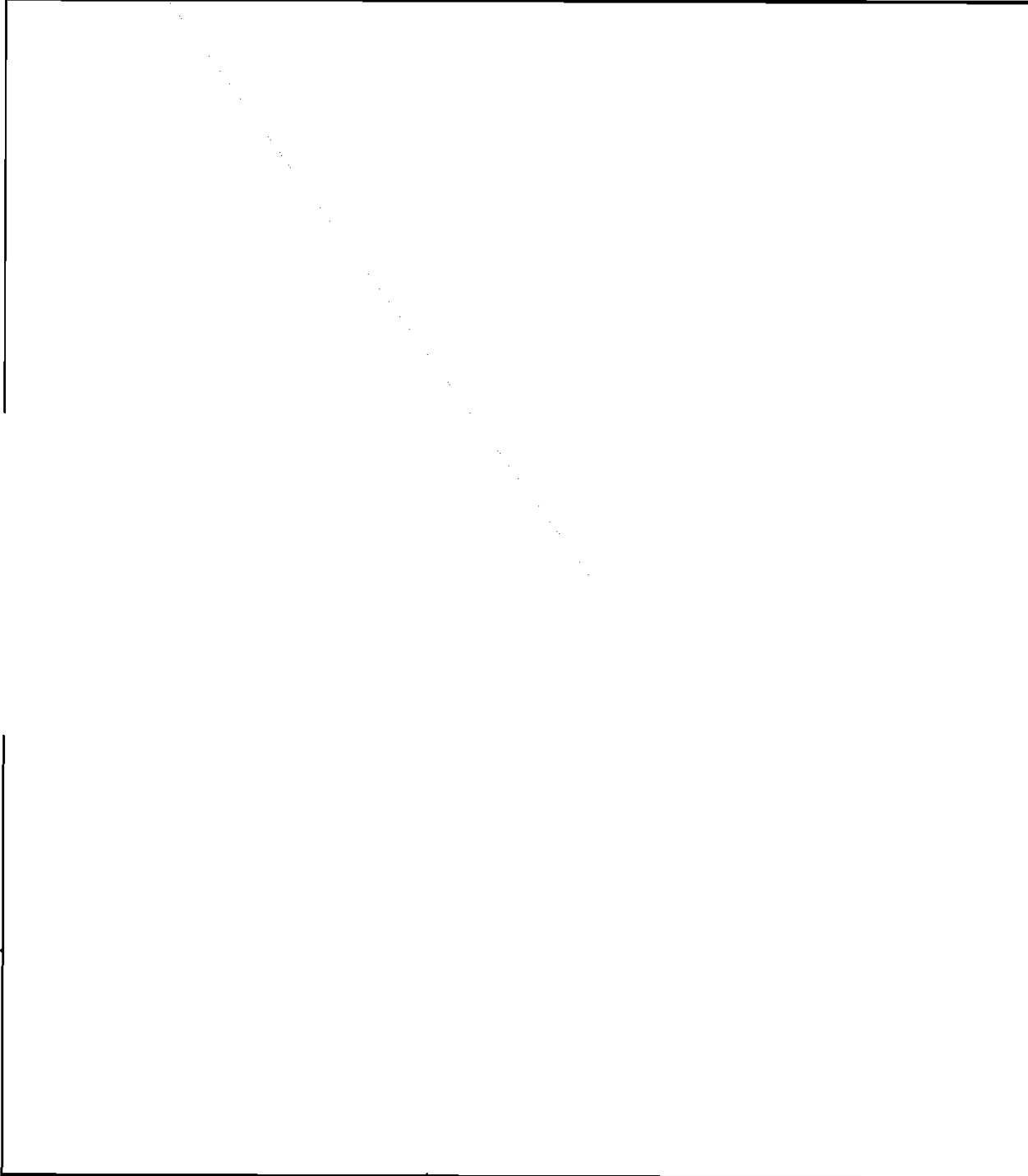
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Tues. 8/16/05

SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE ENTITY	CTD	USP
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SUBJECT'S NAME	CASE ID#	SERIAL	TYPE #	DATE	ENTITY	CTD	USP
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