

EXHIBIT D

Proof of my case:

Posts made claim that I have HIV, which I do not:

HIV negative test results:

Oct 2006 negative test result:

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<p>QUEST DIAGNOSTICS INCORPORATED CLIENT SERVICE 813.972.7100</p> <p>SPECIMEN INFORMATION SPECIMEN: TP370255Q REQUISITION: 3230237 LAB REF NO:</p> <p>COLLECTED: 10/02/2006 11:30 RECEIVED: 10/03/2006 02:15 REPORTED: 10/03/2006 16:27</p>	<p>PATIENT INFORMATION KUBIT, ANNA</p> <p>██████████ Age: 22 GENDER: F Fasting: U ██████████</p>	<table border="1" style="border-collapse: collapse;"> <tr> <td>REPORT STATUS Final</td> </tr> </table> <p>ORDERING PHYSICIAN</p> <p>CLIENT INFORMATION</p> <p>ADVANCED TESTING CENTER/PWN</p>	REPORT STATUS Final
REPORT STATUS Final			

Test Name	In Range	Out of Range	Reference Range	Lab
HIV-1 AB SCREEN N/REFL	NON-REACTIVE		NON-REACTIVE	TP

***NOTE: A NON-REACTIVE RESULT INDICATES THAT HIV-1 (HTLV-III) ANTIBODIES HAVE NOT BEEN FOUND IN THIS PATIENT SPECIMEN. A NON-REACTIVE RESULT, HOWEVER, DOES NOT PRECLUDE PREVIOUS EXPOSURE OR INFECTION WITH HIV-1.

Performing Laboratory Information:
TP Quest Diagnostics-Tampa 4325 E Fowler Ave Tampa FL 33617 Laboratory Director: Kirat Patel

May 2008 negative result:

HIV ANTIBODY TEST		LOCAL LABORATORY																	
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH		 TARZANA TREATMENT CENTERS Integrated Behavioral Healthcare																	
SPECIMEN DATE: (mm/dd/yy) <u>05/01/08</u>		7101 Laird Avenue Rossmore, CA 91335																	
RETURN APPOINTMENT DATE: (mm/dd/yy) <u>05/01/08</u>		(818) 342-5897 ext. 2158 (818) 345-6256 fax www.tarzanahc.org																	
GENDER: <input type="checkbox"/> (1) MALE <input checked="" type="checkbox"/> (2) FEMALE <input type="checkbox"/> (3) M-F <input type="checkbox"/> (4) F-M		ESTER OCON • Risk Reduction Counselor/Health Educator																	
DATE OF BIRTH: (mm/dd/yyyy) <u>[REDACTED]</u>		INCORPORATED IN 1972 TARZANA • REDLANDS • ROSHARON • LONG BEACH • LANCASTER																	
RESIDENCE COUNTY: <u>LA</u>		COMMUNITY HEALTH SERVICES • COMMUNITY EDUCATION COMMUNITY HEALTH PROMOTION • COMMUNITY HEALTH ASSESSMENT • COMMUNITY HEALTH EVALUATION																	
RESIDENCE ZIP CODE: <u>91010-7118</u>		<u>Community</u>																	
CONFIDENTIAL TESTING USE ONLY																			
LAST NAME: <u>Kubit, Anna</u>		LABORATORY USE ONLY																	
SSN: (last 4 digits, 0000 if unknown) <u>0000</u>		ELISA: <input type="checkbox"/> (1) REACTIVE <input type="checkbox"/> (2) NON-REACTIVE																	
SOUNDEX CODE: <u>[REDACTED]</u>		SUPPLEMENTAL TEST PERFORMED:																	
RAPID TEST USE ONLY		<input type="checkbox"/> (1) IFA <input type="checkbox"/> (1) WESTERN BLOT																	
LOT NUMBER: <u>0100000000</u>		<input type="checkbox"/> (1) REACTIVE <input type="checkbox"/> (1) REACTIVE																	
EXPIRATION DATE: (mm/yy) <u>08/08</u> COUNSELOR/TECH INITIALS: <u>[REDACTED]</u>		<input type="checkbox"/> (2) NON-REACTIVE <input type="checkbox"/> (2) NON-REACTIVE																	
SPECIMEN: <input type="checkbox"/> (1) ORAL <input type="checkbox"/> (2) FINGERSTICK <input type="checkbox"/> (3) VENIPUNCTURE		<input type="checkbox"/> (3) NONSPECIFIC/UNSATISFACTORY <input type="checkbox"/> (3) INDETERMINATE																	
<table border="1"> <thead> <tr> <th colspan="2">BEGIN TEST</th> <th colspan="2">END TEST</th> </tr> <tr> <th>TIME</th> <th>TEMPERATURE</th> <th>TIME</th> <th>TEMPERATURE</th> </tr> </thead> <tbody> <tr> <td><u>7:30</u> AM</td> <td><u>98.6</u> F</td> <td><u>8:00</u> AM</td> <td><u>98.6</u> F</td> </tr> <tr> <td><input type="checkbox"/> PM</td> <td></td> <td><input type="checkbox"/> PM</td> <td></td> </tr> </tbody> </table>		BEGIN TEST		END TEST		TIME	TEMPERATURE	TIME	TEMPERATURE	<u>7:30</u> AM	<u>98.6</u> F	<u>8:00</u> AM	<u>98.6</u> F	<input type="checkbox"/> PM		<input type="checkbox"/> PM		SUMMARY INTERPRETATION:	
BEGIN TEST		END TEST																	
TIME	TEMPERATURE	TIME	TEMPERATURE																
<u>7:30</u> AM	<u>98.6</u> F	<u>8:00</u> AM	<u>98.6</u> F																
<input type="checkbox"/> PM		<input type="checkbox"/> PM																	
RESULT: <input type="checkbox"/> (1) PRELIMINARY POSITIVE (Indicate confirmatory specimen)		<input type="checkbox"/> (1) HIV ANTIBODY DETECTED																	
<input checked="" type="checkbox"/> (2) NEGATIVE		<input type="checkbox"/> (2) NO HIV ANTIBODY DETECTED																	
<input type="checkbox"/> (3) INVALID, reason: _____		<input type="checkbox"/> (3) INCONCLUSIVE - SUBMIT ANOTHER SPECIMEN																	
CONFIRMATORY SPECIMEN GIVEN: <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO		<input type="checkbox"/> SEE ENCLOSED NOTE																	
LAB SPECIMEN		NOTE: _____																	
SPECIMEN: <input type="checkbox"/> (1) ORAL <input type="checkbox"/> (2) FINGERSTICK <input type="checkbox"/> (3) VENIPUNCTURE		DATE RECEIVED BY LAB: (mm/dd/yy) _____																	
		DATE REPORTED: (mm/dd/yy) _____																	

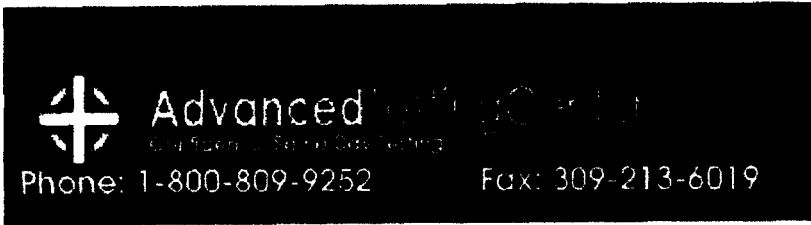
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RETURN THIS COPY TO TEST SITE

CDPH 8287 (7/07)

Official documents available upon request.

EXHIBIT D



To: Anna Kubit Fax: 866.746.1981
 From: Date: 10.03.2006
 Re: Test Results Pages: 2
 CC:
 Urgent For Review Please Comment Please Reply Please Recycle

CONFIDENTIAL

Thank you,

Advanced Testing Center

WARNING: THIS FAX CONTAINS CONFIDENTIAL MEDICAL INFORMATION. The medical information in this FAX message is confidential and protected by both State and Federal Law. It is unlawful for unauthorized persons to review, copy, disclose, or disseminate confidential medical information. If the reader of this warning is not the intended FAX recipient or the intended recipient's agent, you are hereby notified that you have received this FAX message in error and that review or further disclosure of the information contained in this FAX is strictly prohibited. If you have received this

ANNA KUBIT, PRO SE

239 293 6886

PATIENT INFORMATION
KUBIT, ANNA

REPORT STATUS Final

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 813.972.7100

~~DOB: 02/02/1984~~ Age: 22
GENDER: F Fasting: U

ORDERING PHYSICIAN

CLIENT INFORMATION

SPECIMEN INFORMATION
SPECIMEN: TP370255Q
REQUISITION: 3230237
LAB REF NO:

~~LAB: 0000000~~

ADVANCED TESTING CENTER/PWN

COLLECTED: 10/02/2006 11:30
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