Adelman et al v. Boy Scouts of America et al Doc. 279 Att. 4

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May 12, 2011

Robert Dwight Peltz
Leesfield & Partners
2350 S Dixie Hwy
Miami, FL 33133

RE: Adelman, Howard & Judith Sclawy as Co-PR/Michael Adelm v BSA
Our File No. 40756

Dear Bob:

We previously discussed submitting Michael's blood sample to a reference laboratory for testing. As you recall, William Hearn testified that his lab had blood samples, which if properly tested could identify the concentration of phenylpropanolamine and pseudophedrine in Michael's blood. Dr. Hearn recommended that, if it were to be tested, it should be sent to a reference laboratory called NMS Labs in Pennsylvania. He testified that there was probably a sufficient sample of blood left to conduct the forensic analysis.

I spoke with a representative at NMS Labs who indicated 1 ml of blood was sufficient to conduct testing. Dr. Hearn testified that the gray tube contained 2 ml of blood. The test code for the ephedrine panel – which tests for phenylpropanolamine and pseudophedrine – is 4023B. We must submit a Sample Submission Form, which is attached hereto. One must go to the current custodian of the blood and another to NMS with payment of $154.00. The defense will pay for the testing.

Please indicate whether this is acceptable and we will begin the process.

Very truly yours,

Kevin D. Franz
William Summers

WLS-KDF/jn
Encl.
Ubaldo J. Perez, Esq.
Greg Gaebe, Esq.
Frederick Hasty, Esq.

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NMS LABS
3701 West Road • PO Box 433A
Willow Grove, Pennsylvania 19090-0437
T 215.657.4900 • 800.522.6671 •
F 215.366.1501
www.nmslabs.com

SAMPLE SUBMISSION FORM

Prepayment and a written prescription or letter on corporate letterhead must accompany samples submitted using this form.

Submitting Agency Information (the party that will receive the laboratory report [no private individuals]):

Company Name:	
Address:	
Contact Person:	
Phone:	**Fax:**
Email:	
Payment Information (Supply Check #): *Submit Credit Card Information on Page 2*	
Have you used NMS Labs before?	**Yes** ☐ **No** ☐

Patient /Sample Information (information pertaining to the individual whose sample is submitted):

Individual / Patient Name:	Last	First	MI
Individual / Patient ID:			
Age:	**Gender:**	**Collection Date:**	**Collection Time:**
Specimen Type:		**Specimen Source:**	
History:			

Test Request(s) (supply test code as well as name of test):

Test Number	Test Name

Chain of Custody (start with submitting agency (hospital, crime lab) – Use only if necessary:

Date	Relinquished By	Received By	Purpose of Transfer

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F 215.366.1501
www.nmslabs.com

NMS Labs CREDIT CARD AUTHORIZATION FORM

All fees must be pre-paid prior to beginning any testing/services as a result of the testing/services ordered on this case.

By signing below, the credit card holder agrees to pay all fees associated with the testing services requested by the authorized agent ordering such services. When the specimen is submitted, the credit card holder will be billed upon completion of all testing. Invoices are generated at the end of each month. The charge(s) will appear on your credit card statement as "National Medical Services."

Please provide the Visa, MasterCard or American Express card number, expiration date, security code *(3-digit code on the back of the card at the end of the card number)* and name as it appears on the card.

Note: Personal checks are not accepted.

Card Holder Name: _____

Name as it appears on card (if different): _____

Billing Address: _____

_____

_____

Credit Card Information:

Visa #: _____ 3-digit security code: _____ Exp. Date: _____

MasterCard #: _____ 3-digit security code: _____ Exp. Date: _____

American Exp #: _____ 3-digit security code: _____ Exp. Date: _____

Card Holder's Telephone #: _____

NMS Labs will not discuss any information concerning the case with any facility/agency or individual without written permission from the client facility/agency submitting the sample(s). The submitting client on record is the authorized agent ordering the analyses and the location to receive the final results (unless otherwise instructed).

I hereby authorize NMS Labs to charge the credit card number I have provided as payment for all analyses associated with the submitted case.

Credit Card Holder Signature: _____ Date: _____

For NMS Use Only:

CSR: _____ Date Sent: _____

CREDIT AUTHORIZATION