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July 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 are finally ready to proceed with the testing of Michael's blood sample by NMS Labs. After conferring with defense counsel and NMS Labs forensic technicians, we believe that the best test to conduct is the "Amphetamines Panel." That panel includes all tests that the Ephedrine panel would involve but will also test for other types of amphetamines.

I attach several documents for your review: (1) a sample Amphetamines Panel, which lists what the panel tests for; (2) an Affidavit for Howard Adelman to execute and (3) an Affidavit for Judith Sclawy to execute. As you recall, the Miami-Dade Medical Examiner Department would not release the blood sample absent these Affidavits.

If you agree to the Amphetamines Panel and if Michael's parents consent to the Affidavit, please have them execute the same and mail me the originals. The ME requires that I submit the original signed affidavits.

Please contact me with any questions.

Very truly yours,

Kevin D. Franz
William L. Summers

WLS-KDF/jn
Encl.
cc: Rick Hasty, Esq.
Greg Gaebe, Esq.
Ubaldo Perez, Esq.

RECEIVED
JU
BY:

PLAINTIFF'S EXHIBIT 5

Test Summary Sheet for:

Amphetamines Panel, Blood (Forensic)

NMS LABS

Effective Date*: 6/21/2011

The following test codes are contained in this document:

1. 8215B Amphetamines Panel, Blood (Forensic)

The CPT Codes provided in this document are based on AMA guidlines and are for informational purposes only. NMS Labs does not assume responsibility for billing errors due to reliance on the CPT Codes listed in this document.

*The information contained in this document represents database configurations, as they will appear on the effective date listed above.

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com

1. 8215B Amphetamines Panel, Blood (Forensic)

Scope of Analysis:	Amphetamine [LC-MS/MS], Amphetamines [ELISA], Ephedrine [LC-MS/MS], MDA [LC-MS/MS], MDEA [LC-MS/MS], MDMA [LC-MS/MS], Methamphetamine [LC-MS/MS], Methylephedrine [LC-MS/MS], Norpseudoephedrine [LC-MS/MS], Phendimetrazine [LC-MS/MS], Phenmetrazine [LC-MS/MS], Phentermine [LC-MS/MS], Phenylpropanolamine [LC-MS/MS], Pseudoephedrine [LC-MS/MS], Selegiline [LC-MS/MS]
Method(s):	Enzyme-Linked Immunosorbent Assay (ELISA) High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)
Purpose:	Forensic Analysis
Category:	Antihistamine, Decongestant, Stimulant, Stimulant, Anorexogenic, Appetite Suppressant, Bronchodilator, Stimulant, Decongestant, Stimulant
Specimen Requirements:	2 mL Blood
Minimum Volume:	0.8 mL
Special Handling:	None
Specimen Container:	NMS Labs has no experimental or literature-based data regarding the choice of specific specimen collection containers for this test.
Transport Temperature:	Refrigerated
Light Protection:	Not Required
Rejection Criteria:	Received Room Temperature.
Stability:	Room Temperature: 2 day(s) Refrigerated: 14 day(s) Frozen (-20 °C): 16 day(s)

Method: Enzyme-Linked Immunosorbent Assay (ELISA)

Set-Up Days / TAT: Monday-Saturday 2nd Shift 1 day (after set-up)
CPT Code: 80101

Compound Name / Alias	Units	RL
Amphetamines	ng/mL	20

Reference Comment
Amphetamines are a class of central nervous system stimulant drugs, with some therapeutic uses, and a high potential for abuse.

Method: High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)

Set-Up Days / TAT: Monday-Friday 2nd Shift 3 days (after set-up)
CPT Code: 82145

Compound Name / Alias	Units	RL
Ephedrine	ng/mL	5.0

Reference Comment
Ephedrine is a naturally occurring, active stimulant of the sympathetic nervous system that may cause bronchodilation, vasoconstriction and increased cardiac activity. The drug has mild central nevous system stimulant effects. It is found in a number of Ephedra plant species. Ephedrine is used therapeutically as a nasal decongestant and bronchodilator. A number of food supplements containing Ephedra alkaloids (that provide between 8 and 24 mg per dose) are sold as stimulants and aids for weight loss.

Ephedrine is metabolized by the liver primarily to phenylpropanolamine (norephedrine). From 70 - 80% of an oral dose is eliminated in the 48 hour urine as the parent compound, with about 4% being present as phenylpropanolamine.

Peak plasma concentrations 1 hour after taking a single 24 mg oral dose were reported to be 100 ng/mL; during chronic total daily 45 mg oral use in 3 equal doses, a plasma concentration of 95 ng/mL was measured at 4 hr, and 65 ng/mL at 6 hr after an additional 15 mg dose. Fatalities with ephedrine have been reported with blood concentrations that range from 3500 - 21000 ng/mL.

Methylephedrine	ng/mL	5.0

Reference Comment
Methylephedrine is a compound with pharmacological activity that is qualitatively similar to ephedrine. The compound is used for pharmaceutical purposes in Europe; it is also a component of some dietary supplements. No clinical studies that involved the efficacy and safety of methylephedrine were found in the published literature.

Ephedrine-containing dietary supplements are products composed of natural herbs, primarily from the plant genus Ephedra, that contain ephedrine and closely related alkaloids. The Ephedra alkaloids in these products are predominantly ephedrine and pseudoephedrine (87 - 100%), with small amounts of methylephedrine (3 - 5% of the total alkaloid content) in some products.

Compound Name / Alias	Units	RL
Pseudoephedrine	ng/mL	5.0

Reference Comment

Pseudoephedrine is a sympathomimetic decongestant used to treat respiratory symptoms of allergies and the common cold. It is commonly found in both prescription and non-prescription cold/allergy remedies either alone or in combination with antihistamines, antitussives, expectorants, and/or analgesics. The usual oral adult dosage of pseudoephedrine in immediate-release preparations is 60 mg every 4 to 6 hours; the usual oral dosage for extended-release preparations is either 120 mg every 12 hours or 240 mg once daily.

Pseudoephedrine is metabolized to a small extent in the liver by N-demethylation to form cathine (norpseudoephedrine). About 90% of a dose is excreted in the urine within 36 hours. Between 55 - 75% of a dose is excreted as unchanged drug, the remainder as metabolites with less than 1% excreted as norpseudoephedrine. The elimination in urine is pH-dependent, increasing with acidification and decreasing with alkalinization (tubular reabsorption occurs at pH > 7.0). Due primarily to the pH-dependent differences in excretion, the elimination half-life of pseudoephedrine may vary from 3 to 16 hours.

Following a 60 mg oral dose, a mean peak plasma level of 200 ng/mL at 3 hours was reported; after a 180 mg oral dose, the mean peak plasma level was 800 ng/mL. A postmortem blood concentration of 19000 ng/mL was reported in a fatal case. Pseudoephedrine may exhibit postmortem redistribution; the mean heart/femoral ratio reported is 1.5 (range, 0.9 - 2.2).

Phenylpropanolamine Norephedrine; PPA	ng/mL	5.0

Reference Comment

Phenylpropanolamine is a synthetic sympathomimetic drug; potencies and pharmacological effects are approximately equivalent to ephedrine. The compound is normally available as the hydrochloride salt of the racemic mixture. Phenylpropanolamine is not a controlled substance. At one time the drug was administered orally in doses between 6 and 50 mg for use as a decongestant, often in combination with antihistamines and analgesics in 'cold' remedies. In addition, the drug was widely used as an over-the-counter (OTC) diet aid in doses between 25 and 75 mg. Phenylpropanolamine was removed from the US market beginning in November 2000 due to concerns over its cardiovascular toxicity. Phenylpropanolamine (also known as norephedrine) is a metabolite of ephedrine and a minor metabolite of amphetamine.

Reported peak plasma concentrations of phenylpropanolamine following a 50 mg dose averaged 180 ng/mL at 1 to 2 hrs. Average peak plasma concentrations of 280 ng/mL were reported 6 hrs following administration of 150 mg phenylpropanolamine in a sustained-release formulation to 6 volunteers.

Phenylpropanolamine is capable of causing dizziness, palpitations, tachycardia, nervousness, insomnia, hypertension, and cardiac arrhythmias. Single doses of 50 to 75 mg have produced anxiety, agitation, hallucinations, and tremor in susceptible persons. Slightly higher doses have caused severe headache and hypertensive crisis in a number of individuals. In one deliberate fatal overdose case, a blood concentration of 48000 ng/mL was reported.

Norpseudoephedrine Cathine	ng/mL	5.0
Amphetamine	ng/mL	5.0

Reference Comment

Amphetamine (Adderall, Dexedrine) is a Schedule II phenethylamine CNS-stimulant. It is used therapeutically in the treatment of narcolepsy and obesity and also in the treatment of hyperactivity in children. Amphetamine has a high potential for abuse. When used in therapy, initial doses should be small and increased gradually. In the treatment of narcolepsy, amphetamine is administered in daily divided doses of 5 to 60 mg. For obesity and children with attention deficits, usual dosage is 5 or 10 mg daily.

Following a single oral dose of 10 mg amphetamine sulfate, a reported peak blood concentration of 40 ng/mL was reached at 2 hr. Following a single 30 mg dose to adults, an average peak plasma level of 100 ng/mL was reported at 2.5 hr. A steady-state blood level of 2000 - 3000 ng/mL was reported in an addict who consumed approximately 1000 mg daily.

Overdose with amphetamine can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory and/or cardiac failure. Reported blood concentrations in amphetamine-related fatalities ranged from 500 - 41000 ng/mL (mean, 9000 ng/mL). Amphetamine is also a metabolite of methamphetamine, benzphetamine and selegiline.

Phentermine Adipex-P®; Ionamin®; Pro-Fast®	ng/mL	10

Reference Comment

Phentermine is the alpha-methyl derivative of amphetamine and is used as an anorectic agent. Following a single oral dose of 0.375 mg/kg, peak blood concentrations average 90 ng/mL at 4 hr. During chronic therapy of 30 mg per day, plasma phentermine concentrations average 360 ng/mL (range 180 - 510 ng/mL).

Adverse reactions to normal or elevated doses of phentermine include nervousness, tremor, confusion, headache, hallucinations and psychotic episodes. Phentermine may also contribute to heart valve disorders, particularly when taken in combination with fenfluramine.

Blood concentrations of phentermine following fatal overdoses are reported to range from 1500 - 7600 ng/mL.

Compound Name / Alias	Units	RL
Methamphetamine	ng/mL	5.0

Reference Comment

d-Methamphetamine is a DEA schedule II stimulant drug capable of causing hallucinations, aggressive behavior and irrational reactions. Chemically, there are two forms (isomers) of methamphetamine: l- and d-methamphetamine. The l-isomer is used in non-prescription inhalers as a decongestant and has weak CNS-stimulatory activity. The d-isomer has been used therapeutically as an anorexigenic agent in the treatment of obesity and has potent CNS-, cardiac- and circulatory-stimulatory activity. Amphetamine and norephedrine (phenylpropanolamine) are metabolites of methamphetamine. d-Methamphetamine is an abused substance because of its stimulatory effects and is also addictive.

A peak blood concentration of methamphetamine of 20 ng/mL was reported at 2.5 hr after an oral dosage of 12.5 mg. Blood levels of 200 - 600 ng/mL have been reported in methamphetamine abusers who exhibited violent and irrational behavior. High doses of methamphetamine can also elicit restlessness, confusion, hallucinations, circulatory collapse and convulsions.

*In this case, the level of methamphetamine determined has not been differentiated according to its isomeric forms. Differentiation of the isomers of methamphetamine is available upon request.

MDA	ng/mL	5.0

Adam; Methylenedioxyamphetamine

Reference Comment

3,4-Methylenedioxyamphetamine (MDA) is an amphetamine derivative and a chemical analogue of 3,4-methylenedioxymethamphetamine (MDMA). This compound is abused for its central nervous system stimulant and hallucinogenic properties. Illicit forms of the drug have been found containing 50 to 250 mg of the substance as the hydrochloride salt and can be used either orally or by injection. Occasionally these preparations contain related substances such as MDMA. In addition to being used itself as a drug of abuse, MDA is a metabolite of MDMA.

There is no reliable information available on the blood concentrations expected following commonly abused doses of MDA. Peak plasma concentrations of MDMA of 110 ng/mL were reported 2 hours following an oral administration of a 50 mg dose of MDMA hydrochloride salt to a male volunteer. The peak concentration of the MDA metabolite was reported as 28 ng/mL at 4 hours.

Overdose with MDA may result in agitation, tremor, tachycardia, rapid breathing, dilated pupils, increased body temperature, muscular rigidity, convulsions and coma. Fatalities with the use of MDA have been reported in which the blood concentrations of the compound were between 1800 - 26000 ng/mL.

MDMA	ng/mL	5.0

Ecstasy; Methylenedioxymethamphetamine

Reference Comment

3,4-Methylenedioxymethamphetamine (MDMA) is a DEA Schedule I controlled substance and is a synthetic sympathomimetic compound with mixed stimulant, psychotropic, and hallucinogenic activities. It was used briefly as an adjunct to psychotherapy, but because of widespread abuse it has now been reclassified as a DEA Schedule I compound. It has been most commonly administered orally, in doses between 100 and 150 mg, as the hydrochloride salt.

Peak plasma concentrations of MDMA of 110 ng/mL were achieved 2 hr following an oral administration of a 50 mg dose of the hydrochloride salt to a 74 kg male volunteer. The peak concentration of the major metabolite 3,4-methylenedioxyamphetamine (MDA) of 28 ng/mL was achieved 4 hr after the administration. In urine, 65% of a dose is eliminated as MDMA, and 3% as MDA, within three days after the administration.

An administration of 200 mg MDMA produced visual hallucinations, confusion agitation, coma, and hypotension. The MDMA serum concentration in the patient was reported to be 7000 ng/mL. In a second case, an administration of 150 mg of MDMA to a healthy 18 year-old female resulted in death from ventricular fibrillation. Postmortem toxicology findings were blood MDMA of 1000 ng/mL, and blood ethanol of 40 mg/dL.

MDEA	ng/mL	10

Eve; Methylenedioxyethylamphetamine

Reference Comment

A single oral 140 mg dose given to 6 adults produced peak plasma concentrations that averaged 260 ng/mL at 2.2 hours.

Selegiline	ng/mL	5.0

Eldepryl®

Reference Comment

Selegiline is a levorotatory derivative of methamphetamine. The drug is indicated for use in the treatment of Parkinson's disease and is generally taken orally as a 5 mg capsule twice daily, at breakfast and at lunchtime. The mechanism of action of selegiline is selective inhibition of monoamine oxidase.

Selegiline is metabolized to a variety of compounds including N-desmethylselegiline, selegiline-N-oxide and l-methamphetamine. The latter compound is further metabolized to p-hydroxy-l-methamphetamine and l-amphetamine. Mean blood concentrations reported following a single 10 mg oral dose of selegiline to 10 volunteers were 0.90 ng/mL, 7.8 ng/mL, 10 ng/mL and 3.6 ng/mL for selegiline, N-desmethylselegiline, l-methamphetamine and l-amphetamine, respectively. Mean serum concentrations reported following chronic dosages of 10 mg daily for 22 months of selegiline were 7.4 ng/mL, 19 ng/mL and 7.5 ng/mL for N-desmethylselegiline, l-methamphetamine and l-amphetamine, respectively; selegiline was present in only trace amounts.

NMS Labs
3701 Welsh Road, Willow Grove, PA 19090
800-522-6671
nms@nmslabs.com

Compound Name / Alias	Units	RL
Phendimetrazine Bontril®; Prelu-2®	ng/mL	10

Reference Comment

Phendimetrazine is a DEA schedule III sympathomimetic that is frequently used as an anorectic agent. It is primarily metabolized to phenmetrazine, another active sympathomimetic. The usual adult range is 35 mg two to three times per day. These compounds have a high potential for abuse. Following a recommended therapeutic dose of 35 mg, an average blood concentration of 90 ng/mL is seen at one hour.

Toxic effects are the same as with other sympathomimetics (i.e. anxiety, tremors, tachycardia, confusion, aggressive behavior, convulsions, coma and death). Reported postmortem blood levels of 300 and 700 ng/mL have been documented in two fatalities due to phendimetrazine.

Phenmetrazine Preludin®	ng/mL	5.0

Reference Comment

Phenmetrazine is a sympathomimetic CNS-stimulant used in the short-term treatment of obesity. The appetite suppressant effects of this compound are not direct and probably result from the CNS-stimulation. Because of its stimulant activity, phenmetrazine has a high potential for abuse. The compound used to be available in single 25 mg doses or in sustained-release dosage form in units of 75 mg; it was withdrawn from the United States market several years ago and is currently a DEA Schedule II controlled substance.

Following a single 75 mg oral dose, a reported average peak plasma concentration was 130 ng/mL (range, 0 - 240 ng/mL) at t2 hrs. After a single oral 75 mg sustained-release administration, an average peak plasma level of 70 ng/mL was reported at 5 hrs.

In overdose, phenmetrazine produces dizziness, anxiety, tremor, tachycardia, hypertension, hallucinations, arrhythmias, convulsions, coma and circulatory collapse. In a series of reported phenmetrazine-related fatalities, reported blood concentrations ranged from 100 - 4900 ng/mL (mean, 1100 ng/mL).

40756

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
MIAMI DIVISION

Howard Adelman and Judith Sclawy,
as Co-Personal Representatives of
The Estate of Michael Sclawy-Adelman,

Plaintiffs,

vs.

CASE NO: 1:10-CV-22236-ASG
Magistrate: ALAN S. GOLD

Boy Scouts of America, a Foreign
Corporation;
The South Florida Council Inc.,
Boy Scouts of America;
Plantation United Methodist Church;
Howard K. Crompton, individually; and
Andrew L. Schmidt, individually,

Defendants.
_____/

AFFIDAVIT OF HOWARD ADELMAN AUTHORIZING RELEASE OF MICHAEL SCLAWY-ADELMAN'S BLOOD SAMPLE

STATE OF FLORIDA)
)ss
COUNTY OF _____)

BEFORE ME, the undersigned authority, on this day personally appeared, HOWARD ADELMAN, who after being first duly sworn, under oath, certify that the statements set forth in this Affidavit are true to the best of his information and belief and upon personal knowledge and says:

1. My name is HOWARD ADELMAN and I am the father of Michael Sclawy-Adelman.

I am over eighteen years of age, and I am competent to testify in matters contained in this Affidavit.

2. As Michael Sclawy-Adelman's father, I have full authority to authorize the release of the blood sample to NMS Labs currently in the custody and control of the Miami-Dade County Medical Examiner Department.
3. I hereby authorize the Miami-Dade County Medical Examiner Department to release Michael Sclawy-Adelman's blood sample to NMS Labs located at 3701 Welsh Road - PO Box 433A, Willow Grove, Pennsylvania, 19090-0437.
4. Attached to this Affidavit is the NMS Labs Sample Submission Form, which indicates that blood was drawn from Michael Sclawy-Adelman on approximately May 10, 2009 and indicates the Test Name as amphetamines panel.
5. I understand that this information is confidential and will only be released as specified in this authorization. This authorization is valid from one year from the date of signature, or until the sample has been furnished as requested.

FURTHER AFFIANT SAYETH NAUGHT

_____

HOWARD ADELMAN

STATE OF FLORIDA)
) SS.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 2011, by _____, who is personally known to me, or who has produced _____ as identification, and who did take an oath.

_____

(Seal)
Signature of person taking acknowledgment

_____

Name of officer taking acknowledgment

_____

Title or rank

_____

Serial number

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
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Howard Adelman and Judith Sclawy,
as Co-Personal Representatives of
The Estate of Michael Sclawy-Adelman,

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The South Florida Council Inc.,
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Plantation United Methodist Church;
Howard K. Crompton, individually; and
Andrew L. Schmidt, individually,

Defendants.
_____/

AFFIDAVIT OF JUDITH SCLAWY AUTHORIZING RELEASE OF MICHAEL SCLAWY-ADELMAN'S BLOOD SAMPLE

STATE OF FLORIDA)
)ss
COUNTY OF _____)

BEFORE ME, the undersigned authority, on this day personally appeared, JUDITH SCLAWY, who after being first duly sworn, under oath, certify that the statements set forth in this Affidavit are true to the best of her information and belief and upon personal knowledge and says:

1. My name is JUDITH SCLAWY and I am the mother of Michael Sclawy-Adelman. I am

over eighteen years of age, and I am competent to testify in matters contained in this Affidavit.

2. As Michael Sclawy-Adelman's mother, I have full authority to authorize the release of the blood sample to NMS Labs currently in the custody and control of the Miami-Dade County Medical Examiner Department.
3. I hereby authorize the Miami-Dade County Medical Examiner Department to release Michael Sclawy-Adelman's blood sample to NMS Labs located at 3701 Welsh Road - PO Box 433A, Willow Grove, Pennsylvania, 19090-0437.
4. Attached to this Affidavit is the NMS Labs Sample Submission Form, which indicates that blood was drawn from Michael Sclawy-Adelman on approximately May 10, 2009 and indicates the Test Name as amphetamines panel.
5. I understand that this information is confidential and will only be released as specified in this authorization. This authorization is valid from one year from the date of signature, or until the sample has been furnished as requested.

FURTHER AFFIANT SAYETH NAUGHT

_____

JUDITH SCLAWY

STATE OF FLORIDA)
) SS.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 2011, by _____, who is personally known to me, or who has produced _____ as identification, and who did take an oath.

_____
(Seal)
Signature of person taking acknowledgment

_____
Name of officer taking acknowledgment

_____
Title or rank

_____
Serial number