



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
POST OFFICE BOX 2649
HARRISBURG, PA 17105-2649
www.dos.pa.gov

01/19/2016

VERIFICATION/CERTIFICATION OF LICENSE

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME: TRAXLER, SARAH
LICENSE TYPE: Medical Physician and Surgeon
LICENSE #: MD447970
LICENSE STATUS: Active
LICENSE ISSUE DATE: 02/27/2013
LICENSE EXPIRATION DATE: 12/31/2016
DISCIPLINARY HISTORY: NO Disciplinary Action Exists

A handwritten signature in black ink, appearing to read 'I. Harlow'.

Ian J. Harlow, Commissioner
Bureau of Professional and Occupational Affairs



TARGET SHEET

Board: Medicine

Licensee Full Name:
SARAH ANN TRAXLER

License No:
MD447970

3083487_LIC_1_02/27/2013

MD447970

(01/2012)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@pa.gov

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

**APPLICATION FOR A LICENSE TO PRACTICE MEDICINE
WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED
MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)**

Submit the \$35 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEEES ARE NOT REFUNDABLE.** Check or money order must be in U.S. funds. Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

314468

**TO BE COMPLETED BY APPLICANT
(Please print or type)**

NAME:	Last <i>TRAXLER</i>	First <i>SARAH</i>	Middle <i>ANN</i>
ADDRESS:	Street [REDACTED]		
City <i>MINNEAPOLIS</i>	State <i>MN</i>	ZIP <i>55418</i>	
DATE OF BIRTH:	Month [REDACTED] Day [REDACTED] Year [REDACTED]	SOCIAL SECURITY NUMBER:	[REDACTED]
EMAIL ADDRESS:	[REDACTED] <i>@umn.edu</i>		
PHONE NUMBER:	[REDACTED]		
If your medical/licensure records are listed under another name or names, please list below:			
APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE):		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU PREVIOUSLY HELD A PA MEDICAL TRAINING LICENSE?:		<input type="checkbox"/> YES - LICENSE NO. _____	<input checked="" type="checkbox"/> NO

APPLICATION FOR UNRESTRICTED LICENSE - AMERICAN														
NAME OF APPLICANT:		Last TRAXLER			First SARAH			Middle ANN						
NAME & ADDRESS OF MEDICAL SCHOOL														
1. NAME OF MEDICAL SCHOOL:		Oregon Health and Science University												
ADDRESS OF SCHOOL:		3181 SW Sam Jackson Park Rd Portland, OR 97239-3098												
DATE OF ATTENDANCE:		FROM	Month	Day	Year	TO	Month	Day	Year					
			8		2007		6	7	2009					
2. NAME OF MEDICAL SCHOOL:														
ADDRESS OF SCHOOL:														
DATE OF ATTENDANCE:		FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:		Month	Day	Year
EXAMINATION INFORMATION														
CHECK LICENSING EXAMINATION(S) PASSED:		<input type="checkbox"/> FLEX		STATE WHERE TAKEN _____				DATE TAKEN COMPONENT 1: _____ COMPONENT 2: _____						
		<input type="checkbox"/> NATIONAL BOARD		PART I:		PART II:		PART III:						
		<input checked="" type="checkbox"/> USMLE		STEP 1: 6/2006		STEP 2: 6/2007 + 1/2009		STEP 3: 10/2010						
		<input type="checkbox"/> LMCC - CANADIAN												
		<input type="checkbox"/> STATE BOARD		INDICATE STATE WHERE TAKEN: _____										
ACGME POST GRADUATE TRAINING														
PGY1 HOSPITAL:		University of Minnesota				FROM: (MM/DD/YYYY) 6/8/2009			TO: (MM/DD/YYYY) 6/6/2010					
PGY2 HOSPITAL:		Same				FROM: (MM/DD/YYYY) 6/7/2010			TO: (MM/DD/YYYY) 6/5/2011					

LEGAL QUESTIONS

You must answer the following questions.

If you answer "YES" to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. **Sign and date below.**

		Yes	No
1.	Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in any jurisdiction? <u>If yes, list the jurisdiction(s) here:</u>		X
2.	Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		X
3.	Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		X
4.	Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		X
5.	Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		X
6.	Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
7.	Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		X
8.	Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Pennsylvania Department of State Professional Health Monitoring Program.		
9.	Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number, filing date, and the date you were served.</u>		X

SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare Information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Board any information, files or records requested by the Board.


Signature of Applicant

Date

12/31/2012

no

(01/2012) BL

PENNSYLVANIA STATE BOARD OF MEDICINE				
VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING (Graduates of American/Canadian Medical Schools)				
SECTION 1 - TO BE COMPLETED BY APPLICANT				
NAME:		Last <i>TRAXLER</i>	First <i>SARAH</i>	Middle <i>ANN</i>
1.	If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.			
2.	Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty.			
3.	If training was completed at more than one hospital, duplicate this form and submit to each hospital.			
SECTION 2 - TO BE COMPLETED BY PROGRAM DIRECTOR WHERE THE GRADUATE TRAINING OCCURRED				
If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.				
HOSPITAL WHERE TRAINING WAS COMPLETED:		<i>University of Minnesota</i>		
NAME OF SPONSORING INSTITUTION:		<i>University of Minnesota</i>		
LOCATED IN:		CITY <i>Minneapolis</i>	STATE <i>MN</i>	
1ST YEAR	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	PGY LEVEL
	<i>06/08/09</i>	<i>06/05/2010</i>	<i>OBGYN</i>	<i>1</i>
2ND YEAR	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	PGY LEVEL
	<i>06/06/2010</i>	<i>06/05/2011</i>	<i>OBGYN</i>	<i>2</i>
"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified." If there has been disciplinary action regarding this applicant, please provide a separate statement outlining the details.				
If the hospital has no seal or stamp to affix to this document, I will have the form notarized to verify that it was completed by this hospital.				
Signature of Program Director <i>[Signature]</i>			Date <i>1/22/2013</i>	
(Seal)		Notary Signature <i>Jammy Pederson</i>		
		Notary Commission Expiration Date		
Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381			Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110	

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE



RECEIVED DIRECT

PENNSYLVANIA STATE BOARD OF MEDICINE

VERIFICATION OF MEDICAL EDUCATION
(For Graduates of American/Canadian Medical Schools)

SECTION 1 - TO BE COMPLETED BY APPLICANT

NAME:	Last TRAXLER	First SARAH	Middle ANN
NAME OF MEDICAL SCHOOL:	OREGON HEALTH & SCIENCE UNIVERSITY		
LOCATION:	PORTLAND, OR		

Submit the verification of medical education form to your medical school and request the school return the completed form directly to the Board in an official school envelope.

SECTION 2 - TO BE COMPLETED BY DEAN OR REGISTRAR OF MEDICAL SCHOOL

NAME OF MEDICAL SCHOOL:	OREGON HEALTH & SCIENCE UNIVERSITY		
NAME OF MEDICAL STUDENT:	Last TRAXLER	First SARAH	Middle ANN
DATE STUDENT BEGAN TO ATTEND THIS MEDICAL SCHOOL:	Month AUG	Day 30	Year 2004
DATE OF GRADUATION:	Month JUNE	Day 4	Year 2009

I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT

Mickie S. Bush

SIGNATURE OF DEAN/REGISTRAR:	MICKIE S. BUSH Registrar		
DATE:	Month 1	Day 17	Year 2013

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.

(Seal of School)

DO NOT RETURN THIS FORM TO THE APPLICANT

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2849
HARRISBURG, PA 17105-2849
717-783-1400/717-787-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

RECEIVED
JAN 14 2013

Financial Aid / Registrar



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Winter Road, Suite 300, Dallas, TX 76039-3856 -- Telephone (817) 868-4000

Date: 01/03/2013

Recipient:

Pennsylvania State Board of Medicine
ATTN: Tammy Dougherty
2601 N Third Street
Harrisburg, PA 17110

Examinee ID#: 5-169-176-4
Date of Birth: [REDACTED]

314468

Examinee: Traxler, Sarah Ann
Alt Name(s):

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/15/2006	Pass	226	182	92	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/18/2007	Pass	235	182	95	75	

Clinical Skills (CS)*

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
01/24/2009	Pass					

USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
MINNESOTA 10/18/2010	Pass	221	187	93	75	

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

JAN 03 2013

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

mD

BL

550000079232347
Process Date: 01/23/2013
Page: 1 of 1

TRAXLER, SARAH ANN - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: TRAXLER, SARAH ANN
Date of Birth: [REDACTED] Gender: FEMALE
Organization Name: UNIVERSITY OF MINNESOTA
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Work Address: 420 DELAWARE STREET SE, MMC #395, MINNEAPOLIS, MN 55455
Social Security Number: [REDACTED] NPI: 1538301650
License: PHYSICIAN INTERN/RESIDENT (MD), NO LICENSE, OBSTETRICS & GYNECOLOGY
Professional School(s): OREGON HEALTH AND SCIENCE UNIVERSITY (2009)

B. PAYMENT INFORMATION

Credit Card Information: [REDACTED]
NPDB Charge: \$8.00* NPDB Bill Reference Number: N30286290
HIPDB Charge: \$8.00* HIPDB Bill Reference Number: H30286290
* Each charge will appear separately on your credit card statement
Transaction Date: 01/23/2013 Additional Paper Copies Requested: 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 01/23/2013

The following report types have been searched:		
Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s): No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s): No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s): No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s): No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s): No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

No Reports Found

FEB 22 2013

the DataBank

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

5500000079232347
Process Date: 01/23/2013
Page: 1 of 1

To: TRAXLER, SARAH ANN

████████████████████
MINNEAPOLIS, MN 55455

From: National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank
Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended and Section 1921 of the Social Security Act and the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Reconciliation Act of 1990, expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of Federal and State health care programs. This legislation authorizes the NPDB to collect certain adverse State licensure actions, as well as any negative action or finding that a State licensing authority, peer review organization, or private accreditation organization has concluded against a health care practitioner or health care entity.

Section 1128E of the Social Security Act was established by Section 221 (a) of Public Law 104-191, The Health Insurance Portability and Accountability Act of 1996, as amended. This legislation established the HIPDB to combat fraud and abuse in health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers. The HIPDB collects and releases information related to adverse licensure actions, health care related convictions and judgments; exclusions from Federal and State health care programs and other adjudicated actions or decisions.

Regulations governing the NPDB are codified at 45 CFR part 60 and Section 1921 and the HIPDB are codified at 45 CFR part 61. Responsibility for operating the NPDB resides with the U.S. Department of Health and Human Services, Health Resources Services Administration, Division of Practitioner Data Banks. Responsibility for operating the HIPDB resides with the U.S. Department of Health and Human Services, Office of Inspector General, and the Health Resources Services Administration, Division of Practitioner Data Banks.

Reports from the NPDB and HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment affiliation, contracting or licensure decisions. NPDB/HIPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a Federal or State health plan and an adverse licensure action). The NPDB-HIPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence of the individual named in the report.

All information received from the NPDB and HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB and/or HIPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB/HIPDB web site (<http://www.npdb-hipdb.hrsa.gov>) or contact the NPDB/HIPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 8:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

FEB 22 2013

Sarah Traxler

Minneapolis, MN 55418

@umn.edu

MEDICAL EDUCATION

Oregon Health and Science University School of Medicine, Portland, Oregon
M.D., 06/2009

08/2004 - 06/2009

WORK EXPERIENCE

UNIVERSITY OF MINNESOTA, Minneapolis, MN; OB/Gyn Resident
Residency Coordinator: Phillip Rauk, MD

06/2009 - present

RESEARCH EXPERIENCE

UNIVERSITY OF MINNESOTA, Minneapolis, Minnesota; Co-investigator
Supervisor: Amy Jonson, MD

06/2010 - present

"Natural History of Uterine Cancer after Uterine Morcellation," looks at treatment strategies and outcomes in patients referred to gynecologic oncology for diagnosis of uterine cancer after morcellation.

Supervisor: Melissa Geller, MD

"Chemotherapy Brain" after treatment for ovarian cancer – Does it exist? is a joint project with the psychiatry department investigating short- and long-term cognitive effects in patients undergoing chemotherapy for ovarian cancer. Not only do we test patients using a battery of computer competencies, blood testing is also done to identify patients with the APOE4 gene (a gene associated with Alzheimer's disease) to determine if these patients are more susceptible to cognitive decline.

The Federation of State Medical Boards
of the United States, Inc.
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
FAX (817) 868-4099

BOARD ACTION CLEARANCE REPORT

February 4, 2013

Pennsylvania State Board of Medicine
Attn: Tammy Dougherty
PO Box 2649
Harrisburg, PA 17105

Re: Board Action Query Dated: February 4, 2013
Your Reference Number: BLONG
FSMB Batch Number: BQ2199423

The following is a report of the search results from the Board Action Data Bank as of February 4, 2013
for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of February 4, 2013

Item	Name	DOB	School	Yr/Grad	Request ID
1	TRAXLER, SARAH			2006	26261407
LICENSE HISTORY <u>State Board</u> No License Information Available					

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.state.pa.us/med
February 22, 2013

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

SARAH ANN TRAXLER
[REDACTED]
MINNEAPOLIS MN 55418

9849

EVALUATOR: BRENDA 1742

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information (www.npdb-hipdb.com) – **NPDB & HIPDB** reports are required. **Must provide original documents of both reports.**

APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link **duplicate licenses/address changes/application status**. First time users will be required to register and create a user ID and password. Your registration code to register is: **WMVkaopg**

Sincerely,

Pennsylvania State Board of Medicine



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2848
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.state.pa.us/med
February 4, 2013

SARAH ANN TRAXLER
[REDACTED]
MINNEAPOLIS MN 55418

9849

Telephone: 717-783-1400/787-2381
Fax: 717-787-7789

EVALUATOR: BRENDA 1742

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- **Verification of ACGME Approved Graduate Medical Training must be received DIRECTLY from the Hospital(s) in official, sealed hospital envelope.**
- **BOTH the National Practitioner Data Bank AND the Healthcare Integrity and Protection Data Bank self query disclosure information (www.npdb-hipdb.com) – NPDB & HIPDB reports are required. Must provide original documents of both reports.**

APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: **WMVkaopg**

Sincerely,

Pennsylvania State Board of Medicine



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
POST OFFICE BOX 2649
HARRISBURG, PA 17105-2649
www.dos.pa.gov**

05/26/2015

VERIFICATION/CERTIFICATION OF LICENSE

This is to certify that the individual named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME: Traxler, Sarah
LICENSE TYPE: Medical Physician and Surgeon
LICENSE #: MD447970
LICENSE STATUS: Active
LICENSE ISSUE DATE: 02/27/2013
LICENSE EXPIRATION DATE: 12/31/2016
DISCIPLINARY HISTORY: NO Disciplinary Action Exists

A handwritten signature in black ink, appearing to read 'I. Harlow'.

Ian J. Harlow, Acting Commissioner
Bureau of Professional and Occupational Affairs



TARGET SHEET

Board: Medicine

Licensee Full Name:
SARAH ANN TRAXLER

License No:
MD447970

3083487_LIC_2_11/25/2014

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 STATE BOARD OF MEDICINE

RENEWAL APPLICATION - PHYSICIAN AND SURGEON (MD)

SARAH ANN TRAXLER
 Full Name

[Redacted]
 Street Address

PHILADELPHIA PA 19107
 City State Zip Code

MD 447970
 License Number

RETURN TO:

State Board of Medicine
 PO Box 8414
 Harrisburg, PA 17105-8414

Check if appropriate

ADDRESS CHANGE - The address above is a new address and not on file with the Board.

NAME CHANGE - The name above is not the current name on the licensure records. (You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed - questions answered, signed and dated.

I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements. Renewal must be completed and fee is required.

SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

YES	NO	If you answered yes to questions 2 through 13, provide details AND attach certified copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
✓		1. Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: <u>Minnesota Med License</u>
	✓	2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
	✓	3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
	✓	4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
	✓	5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
	✓	6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
	✓	7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
	✓	8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
	✓	9. Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
	✓	10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the immoderate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. If you answered "Yes" to question 11, are you currently participating in the Pennsylvania Professional Health Monitoring Program?

		If you answered yes to questions 2 through 13, provide details AND attach certified copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.	
YES	NO		
✓		13. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you.	
✓		**If you previously reported the complaint to the Board provide the docket number _____	
	✓	14. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.	
		15. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	

SECTION B – CONTINUING EDUCATION – SELECT ONE BELOW. You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2016.

- During this renewal cycle (1/1/13-12/31/14) I have completed the required 100 hours of continuing education with at least 20 hours in courses granted AMA Category 1 approval and at least 12 credit hours in approved activities in the area of patient safety/risk management.
- I am currently enrolled/have participated in an accredited training program during this renewal cycle (1/1/13-12/31/14) and I am exempt from the continuing education requirement.
- My initial license was issued during this renewal cycle (1/1/13-12/31/14) therefore; I am exempt from the continuing education requirement.

SPECIAL NOTICE TO ALL HEALTH-RELATED LICENSEES AND FUNERAL DIRECTORS

ACT 31 OF 2014 – INITIAL TRAINING AND CONTINUING EDUCATION IN CHILD ABUSE RECOGNITION AND REPORTING REQUIREMENTS

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Public Welfare (DPW), is providing advance notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DPW-approved training in child abuse recognition and reporting requirements as a condition of licensure.

Additionally, EFFECTIVE WITH THE FIRST LICENSE RENEWAL AFTER JANUARY 1, 2015, all health-related licensees and funeral directors applying for the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

Please note that Act 31 applies to all health-related licensees, regardless of whether they are subject to the continuing education requirements of the applicable board.

More information regarding this requirement will be posted on the BPOA website when it is available. Act 31 may be reviewed at the following link:

<http://www.legis.state.pa.us/cfdocs/legis/LU/uconaCheck.cfm?btType=HTM&yr=2014&sessind=0&smthWind=0&act=31>

SECTION C – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____

Date: 10/10/2014

EXPIRATION DATE: →	December 31, 2014
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$360.00
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
LATE FEE – \$5.00 per month, or part of a month will be assessed if postmarked AFTER 12-31-14	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY: DECEMBER 1, 2014	

STATE OF MINNESOTA

IN DISTRICT COURT

COUNTY OF HENNEPIN

FOURTH JUDICIAL DISTRICT

CASE TYPE: PERSONAL INJURY

**Merlin Aguilar, on behalf of herself,
individually, as well as on behalf of
her child, N.A.,**

Plaintiff,

vs.

**Hennepin Healthcare Systems, Inc.,
d/b/a Hennepin County Medical
Center, Dr. Elizabeth E. Doty, Dr.
Virginia Lupo, Dr. Abbey Lynn
Mello, Dr. Sarah A. Traxler, Dr.
David Wigren, Dr. Jennifer Ann
Willetta, f/k/a Jennifer Ann Lueth,
Dr. Megan M. Zaander, John Doe
and Jane Roe,**

Defendants.

SUMMONS

File No.

Judge

THIS SUMMONS IS DIRECTED TO DEFENDANT.

- I. **YOU ARE BEING SUED.** The Plaintiff has started a lawsuit against you. The Plaintiff's Complaint against you is attached to this Summons. Do not throw these papers away. They are official papers that affect your rights. You must respond to this lawsuit even though it may not yet be filed with the Court and there may be no court file number on this Summons.

2. **YOU MUST REPLY WITHIN 20 DAYS TO PROTECT YOUR RIGHTS.** You must give or mail to the person who signed this Summons a **written response** called an Answer within 20 days of the date on which you received this Summons. You must send a copy of your Answer to the person who signed this Summons located at: Paul A. Sortland, Sortland Law Office, 431 South Seventh Street, Suite 2440, Minneapolis, Minnesota 55415.
3. **YOU MUST RESPOND TO EACH CLAIM.** The Answer is your written response to the Plaintiff's Complaint. In your Answer you must state whether you agree or disagree with each paragraph of the Complaint. If you believe the Plaintiff should not be given everything asked for in the Complaint, you must say so in your Answer.
4. **YOU WILL LOSE YOUR CASE IF YOU DO NOT SEND A WRITTEN RESPONSE TO THE COMPLAINT TO THE PERSON WHO SIGNED THIS SUMMONS.** If you do not Answer within 20 days, you will lose this case. You will not get to tell your side of the story, and the Court may decide against you and award the Plaintiff everything asked for in the Complaint. If you do not want to contest the claims stated in the Complaint, you do not need to respond. A default judgment can then be entered against you for the relief requested in the Complaint.

5. **LEGAL ASSISTANCE.** You may wish to get legal help from a lawyer. If you do not have a lawyer, the Court Administrator may have information about places where you can get legal assistance. **Even if you cannot get legal help, you must still provide a written Answer to protect your rights or you may lose the case.**
6. **ALTERNATIVE DISPUTE RESOLUTION.** The parties may agree to or be ordered to participate in an alternative dispute resolution process under Rule 114 of the Minnesota General Rules of Practice. You must still send your written response to the Complaint even if you expect to use alternative means of resolving this dispute.

Dated this 30th day of September, 2014



Paul A. Sortland (#103573)
SORTLAND LAW OFFICE, PLLC
431 South Seventh Street, Suite 2415
Minneapolis, Minnesota 55415

██████████@sortland.com



Louis D. Bass (#0005198)
LAW OFFICES OF LOUIS D. BASS,
P.A.

431 South Seventh Street, Suite 2475
Minneapolis, Minnesota 55415

██████████@gmail.com

ATTORNEYS FOR PLAINTIFF

STATE OF MINNESOTA
COUNTY OF HENNEPIN

IN DISTRICT COURT
FOURTH JUDICIAL DISTRICT

CASE TYPE: PERSONAL INJURY

**Merlin Aguilar, on behalf of herself,
individually, as well as on behalf of
her child, N.A.,**

Plaintiff,

vs.

**Hennepin Healthcare Systems, Inc.,
d/b/a Hennepin County Medical
Center, Dr. Elizabeth E. Doty, Dr.
Virginia Lupo, Dr. Abbey Lynn
Mello, Dr. Sarah A. Traxler, Dr.
David Wigren, Dr. Jennifer Ann
Willette, f/k/a Jennifer Ann Lueth,
Dr. Megan M. Zaander, John Doe
and Jane Roe,**

Defendants.

COMPLAINT

File No.

Judge

Plaintiff, Merlin Aguilar, for her cause of action against Defendants, states and alleges as follows:

PARTIES

- I. Plaintiff, Merlin Aguilar, is a resident of the State of Minnesota, residing at Minneapolis.

2. N.A. is the minor son of Merlin Aguilar, who was born on the [REDACTED] 2010, at Hennepin County Medical Center, in Minneapolis, Minnesota.
3. Defendant, Hennepin Healthcare, Inc., a publicly created corporation pursuant to Minnesota Law 2005, Chapter 125, more commonly known as Hennepin County Medical Center or HCMC, is a medical facility with its main place of business at Minneapolis, Minnesota.
4. Defendant Elizabeth E. Doty is a physician, duly authorized to practice medicine in the State of Minnesota, authorized to practice at Hennepin County Medical Center, and elsewhere. Plaintiff believes that Dr. Doty still resides and has her offices in the State of Minnesota.
5. Defendant Virginia R. Lupo is a physician, duly authorized to practice medicine in the State of Minnesota, authorized to practice at Hennepin County Medical Center, and elsewhere. Plaintiff believes that Dr. Lupo still resides and has her offices in the State of Minnesota.
6. Defendant Abbey L. Mello is a physician, duly authorized to practice medicine in the State of Minnesota, authorized to practice at Hennepin County Medical Center, and elsewhere. Plaintiff believes that Dr. Mello still resides and has her offices in the State of Minnesota.

7. Defendant, Sarah A. Traxler, is a physician, who, at the time in question, was duly authorized to practice medicine in the State of Minnesota. At the time of the incident, Plaintiff believes that Dr. Traxler was a resident at Hennepin County Medical Center. Plaintiff believes that Dr. Traxler is now a resident of the State of Pennsylvania.
8. Defendant David I. Wigren is a physician, duly authorized to practice medicine in the State of Minnesota, authorized to practice at Hennepin County Medical Center, and elsewhere. Plaintiff believes that Dr. Wigren still resides and has his offices in the State of Minnesota.
9. Defendant Jennifer Ann Willette, f/k/a Jennifer Ann Lueth is a physician, who, at the time in question, was duly authorized to practice medicine in the State of Minnesota. At the time of the incident, Plaintiff believes that Dr. Willette was a resident at Hennepin County Medical Center. Plaintiff believes that Dr. Willette is now a resident of the State of Wisconsin.
10. Defendant Megan M. Zaander is a physician, who, at the time in question, was duly authorized to practice medicine in the State of Minnesota. At the time of the incident, Plaintiff believes that Dr. Zaander was a resident at Hennepin County Medical Center. Plaintiff believes that Dr. Zaander is now a resident of the State of Oregon.
11. Defendant John Doe is a placeholder for potential additional defendants whose identity may become known as this case progresses.

12. Defendant Jane Roe is a placeholder for potential additional defendants whose identity may become known as this case progresses.

FACTUAL BACKGROUND

13. Plaintiff, Merlin Aguilar, realized she was pregnant in early 2010. From that time, she received regular health check ups by the personnel at Hennepin County Medical Center. Plaintiff, however, had a high risk pregnancy which required frequent monitoring.
14. Merlin Aguilar presented herself to Hennepin County Medical Center frequently, as needed, and was seen by the doctors and health care personnel at HCMC.
15. In this process, Merlin Aguilar placed her trust and confidence with the doctors and other personnel that treated her at Hennepin County Medical Center during her pregnancy. A doctor-client relationship existed between the physicians that she met at Hennepin County Medical Center and herself, and on behalf of her unborn son.
16. In the early course of her pregnancy, Merlin Aguilar suffered an assault by her boyfriend, and a fall from a horse. Plaintiff recovered from both of these incidents without any harm to the fetus.
17. In an examination of March 16, 2010, a bedside ultrasound determined the child was approximately nine weeks, five days of gestational age.

18. The pregnancy was further complicated by other aspects, including cholecystitis, requiring a cholecystectomy.
19. Despite these issues, Merlin Aguilar continued with her pregnancy, which should have resulted in a normal healthy child.
20. On September 8, 2010, Plaintiff, Merlin Aguilar, reported to the health care providers at HCMC that she was gushing fluid, and continued leaking. She felt she had urinated, and had contractions since that time.
21. Later in the day, the Plaintiff was further examined for possible premature rupture of membranes.
22. Plaintiff was also seen on September 16, September 17, and September 19 at Hennepin County Medical Center for contractions and other issues. According to HCMC and the medical staff, the fetus was normal, and the Plaintiff was reassured.
23. Plaintiff, Merlin Aguilar, was also seen at the HCMC on September 22, and October 6, 2010. When she was seen at HCMC on October 6, 2010, by Dr. Jennifer Ann Lueth, Plaintiff was exhibiting symptoms that should have led the health care providers to examine her more carefully for ruptured membranes.
24. Chorioamnionitis is a known risk factor for brain injury, and the delayed diagnosis of this condition likely contributed to the outcome.

25. It also appears that the Pitocin administered and prescribed for Merlin Aguilar was excessive, and contributed to the brain injury through diminished oxygen transfer to the fetus.
26. On October 13, 2010, the Plaintiff returned to HCMC, and was seen by Dr. Sarah Traxler, among others, who was a resident being supervised by Dr. David Wigren. At that time, Merlin Aguilar complained of being quite uncomfortable and having some mucus-like discharge, thinking maybe she lost her mucus plug. Plaintiff was also seen by other health care providers at the hospital on that date, who also were aware that Plaintiff was leaking, and had probably ruptured her membranes.
27. Rather than examine the Plaintiff further for ruptured membranes, or other problems, as the standard of care would have required, the Plaintiff was told to ambulate for the next few hours (walk around), and present herself to labor and delivery for evaluation only if the contractions became regular or she has leakage of fluid.
28. At that time, it was decided that the patient would call regarding possible induction the next week, if not yet delivered.
29. The standard of care required that the mother and child be evaluated for ruptured membranes on October 13, 2010. A Foley bulb should not have been placed at this time. It also appears that the management during labor was not within the standard of care and contributed to the damages suffered.

30. If Merlin Aguilar would have been diagnosed with ruptured membranes on October 6 or October 13, 2010, she would have been induced then and the development of chorioamnionitis would have been avoided entirely. The persistent discharge or leaking required evaluation to rule out rupture of membranes for this reason. The doctors knew or should have known that chorioamnionitis is a known risk factor for brain injury. The delayed diagnosis of this condition directly led to the adverse outcome, due to the negligence of Defendants.
31. The actions of the resident should have been more closely supervised by Dr. Wigren, and others at HCMC. A proper supervision would have recognized that the Plaintiff was likely suffering from ruptured membranes, or other problems, and should have been examined further for the ruptured membranes. If this had been done, the Defendants would have realized that the Plaintiff had suffered ruptured membranes and the fetus should have been delivered immediately, or other cautions provided.
32. Three days later, on October 16, Merlin Aguilar came back to HCMC where she was seen by other health care providers, including Dr. Virginia R. Lupo, Dr. Elizabeth E. Doty. At the time, Plaintiff was unaware that Dr. Mello was a resident, being supervised by Dr. Virginia R. Lupo.
33. At that time, the Plaintiff reported that she had been having contractions for the previous four hours with an initial rate of two to three per minute that had been spaced

out to about eight minutes apart. The Plaintiff also complained that she had been suffering leakage for the past week, among other issues.

34. At this time, on October 16, 2010, the fetal status was Category II tracing. On this date, Plaintiff was seen by Dr. Megan M. Zaander, and others, who noted that Plaintiff was complaining about pain with her contractions, which were spacing out, and now felt at about five to ten minutes apart.
35. The standard of care would have indicated that a Foley bulb should not have been placed at that time. However, a Foley bulb was placed in Merlin Aguilar causing additional harm, including Plaintiff to suffer from chorioamnionitis, as well as other harm.
36. The nursing notes indicate that the Foley bulb was placed by a doctor, but the patient was crying after Foley bulb placement due to pain in the vagina. The Foley bulb fell out shortly after one o'clock in the afternoon while Plaintiff was sitting on a toilet.
37. During this time, there resident should have been more properly supervised by Dr. Doty or others. Had the actions been properly supervised, it would have been recognized that the Foley bulb was not placed properly, and the mother and child not treated properly. As a result, further complications ensued.
38. Later on October 16, Plaintiff was admitted for induction indicated by fetal heart tone. Later that day, nurses notes indicated that the patient was laboring with Pitocin

induction. Contractions were regular, though frequently not picked up well on monitors.

39. Notes by Dr. Zaander noted that the fetal heart rate was with a baseline of 150. Dr. Zaander erroneously categorized this as a normal. A true and correct analysis of the situation, including those of fetal status and fetal heart rate tracing would have shown otherwise.
40. On October 17, 2010, the patient was extremely uncomfortable, and shivering. The fetal heart rate showed a baseline of 170, with non reassuring fetal heart tracing. The plan at that time was to start gentamicin and clindamycin for suspected chorioamnionitis, which was started.
41. Later, in the afternoon of October 17, 2010, nursing notes indicated that the child was born. The notes of Dr. Elizabeth E. Doty notes, rather erroneously, that labor was spontaneous, and rupture of membranes was artificial. The fluid appearance was that of meconium. Complications were fetal tachycardia, and chorioamnionitis.
42. Upon his birth on [REDACTED] the nurses note respiratory distress of N.A., seizures, convulsions, and other difficulties. He was diagnosed as suffering from HIE (hypoxic-ischemic-encephalopathy), and had other problems, including convulsions, an abnormal electroencephalogram, indicating brain injury, as well as problems caused by chorioamnionitis, and meconium, including decelerations in the fetal heart rate.

43. The nursing notes also note that the labor was augmented, and the delivery was complicated by chorioamnionitis, meconium without aspiration. This would have required additional care to be administered to the child, in accordance with the proper standards. This additional care was not provided, again causing harm to the child.
44. Following delivery, on October 18, 2010, N.A. was also diagnosed as suffering from metabolic acidosis, and low CO₂, despite an aggressive wean off ventilator. He was extubated, as he had become hypocarbic.
45. An MRI was done on October 21, 2010, the MRI dates the injury at one to two days earlier, which is consistent with an injury during labor.
46. It does not appear from the records that ruptured membranes were diagnosed until a week after rupture of the membranes occurred, which led directly to the development of chorioamnionitis, which caused the child's brain injury. Use of the Foley bulb appears to have exacerbated this. Additional causes were excessive use of Pitocin during the induction of labor, which contributed to hypoxia and led to the brain injury. It also appears that there may have been an inappropriate choice of antibiotics by the doctors and hospital.
47. Induction of labor on October 13, when the Plaintiff was presented for evaluation, and, more likely than not, had ruptured her membranes earlier, would have prevented this injury. Use of normal levels of Pitocin would also have helped the child, N.A.

48. Several months after the birth, the child was found, as on April 6, 2011, to be suffering from significant microcephaly which was due to hypoxic-ischemic-encephalopathy due to some prenatal difficulty that was not detected by the doctors.
49. In his subsequent care, such as on April 29, 2011, he was found to be small, with height and weight at the eleventh percentile.
50. N.A. continues to suffer from multiple problems. He will never have a normal life, or become a thriving citizen due to the results of the actions of Defendants. In fact, Plaintiff N.A. will need continuing care, incurring significant medical expenses and other expenses for the rest of his life.
51. The standard of care would have required the health care providers to monitor the Plaintiff to be monitored more carefully and pursue more aggressive actions.
52. There were other negligent actions undertaken by the medical staff and health providers at HCMC which also contributed to the status of the child.

COUNT I

NEGLIGENCE

53. Plaintiffs reallege each and every paragraph of this Complaint.
54. During the time of her treatment at HCMC, Plaintiff was, at times, under the care of medical doctors, that she did not realize were residents. These residents, were doctors

who had just recently received their medical doctor degree, but had not yet completed their residency, and were still learning, under the supervision of other doctors.

55. It appears that during the times in question, these residents, including Dr. Traxler, and Dr. Zaander, among others, required adequate supervision and control.
56. Defendants were negligent in the care and treatment of Merlin Aguilar, as well as that of her fetus, now N.A., prior to his birth on [REDACTED]
57. The Defendants had a duty to treat the Plaintiff and her child with reasonable care. The facts of the case, however, indicates that reasonable care was not provided.
58. As a result of this negligence of the Defendants, Plaintiff N.A. will never grow to be a productive functioning adult. He will continue to suffer his microcephaly, and many other problems. He will never be able to talk, walk, or engage in normal communications with other persons.
59. N.A. will require constant medical care and attention throughout the rest of his life. He will be in an infantile state, and under continuous monitoring and observation.
60. But for the actions of Defendants, it was expected that N.A. would be born a normal, healthy child. Unfortunately, as a result of the actions of Defendants, particularly on October 13, 2010, following the time it appeared that the membranes of Merlin Aguilar had ruptured, and should have been examined, and N.A.'s fetal status and fetal heart

tracing, and other tests monitored more carefully, he would have been born a normal healthy child, and become a functioning productive member of society.

61. As a result of the negligence of Defendants, Plaintiffs have suffered substantial damages. These damages are persistent and ongoing.
62. Merlin Aguilar, in addition to the pain and suffering and the burden of caring for her disabled child, has incurred substantial medical expenses, many, but not all of which, have been covered by Medicaid or some other government program. She will likely be in debt to the government programs for the rest of her life because of the substantial catastrophic injuries to her child.
63. Merlin Aguilar will never see her child grow up to be a productive, functioning, and happy member of society. She will constantly care for her child, or be required to place the child in care where someone can monitor the child continuously.
64. N.A. will continue to suffer problems associated with his microcephaly, and other problems, be in constant pain, anguish, suffering, and will never become a productive, healthy, or functioning member of society. N.A. will continue to require constant medical care, incur significant medical expenses, and is otherwise damaged by the actions of Defendants.

COUNT II

NEGLIGENCE - FAILURE TO SUPERVISE

65. Plaintiffs reallege each and every paragraph of this Complaint.
66. At the time in question, it appears that some of the healthcare providers attending to Merlin Aguilar had only recently begun their residency programs at Hennepin County Medical Center. In this capacity, the doctors required adequate supervision and control.
67. Proper supervision of these residents would have provided them with instruction to avoid the negligence, outlined above, particularly concerning the diagnosis of the ruptured membrane, and care of the child through the chorioamnionitis, and other problems.
68. It appears that these residents were not adequately instructed or controlled during this procedure, causing significant harm to both the mother and child.
69. As a result, the Defendants are responsible to the Plaintiffs for all damages outlined above.

WHEREFORE, Plaintiffs demand judgment against Defendants for a reasonable sum in excess of \$50,000.00, together with their costs and disbursements herein.

Dated this 30th day of September, 2014



Paul A. Sortland (#103573)
SORTLAND LAW OFFICE, PLLC
431 South Seventh Street, Suite 2415
Minneapolis, Minnesota 55415

[REDACTED]
[REDACTED]@sortland.com



Louis D. Bass (#0005198)
LAW OFFICES OF LOUIS D. BASS,
P.A.
431 South Seventh Street, Suite 2475
Minneapolis, Minnesota 55415

[REDACTED]
[REDACTED]@gmail.com

ATTORNEYS FOR PLAINTIFF

ACKNOWLEDGMENT

Paul A. Sortland, by signing above, hereby acknowledge that costs, disbursements, witness fees, and reasonable attorney's fees, may be awarded, pursuant to Minnesota Statutes § 549.211, for a party acting in bad faith or asserting a frivolous claim.