

EmailTo [REDACTED]

EmailFrom:RA-STPALSNOTIFY@pa.gov

Subject:Provider Enrollment Deadline - Your Claims May Be Denied

Date Sent:06/13/2019



Provider Enrollment Deadline

Your Claims May Be Denied

The Pennsylvania Department of Human Services (DHS) has implemented the Affordable Care Act (ACA) provision requiring all CHIP network providers and practitioners who render, order, prescribe or bill for items or services to CHIP enrollees to be screened and enrolled with DHS.

Effective **July 1, 2019**, claims for services rendered to a CHIP enrollee that are submitted by a provider who does not have a PROMISe ID that corresponds to the location where the service(s) were rendered **will be denied** in accordance with DHS requirements.

If you would like to continue receiving payment for services rendered to CHIP enrollees, please complete your enrollment with the Department as soon as possible.

Enrollment information and the ability to enroll electronically are available at the following website: [CHIP Provider Enrollment](#). **Providers are encouraged to enroll electronically.**

If you have any questions or issues with the enrollment process, contact the Provider Enrollment Hotline at 1-800-537-8862, select options 2, 4 and finally option 2 to speak to a representative.

Pennsylvania Department of Human Services
Harrisburg, Pennsylvania

Please submit a copy of this letter and any additional documentation to the Board office. Upon receipt of the above requested information, consideration to your request will be made.

Sincerely,

State Board of Medicine

EmailTo [REDACTED]

EmailFrom:RA-STPALSNOTIFY@pa.gov

Subject:Provider Enrollment Deadline - Your Claims May Be Denied

Date Sent:06/13/2019



Provider Enrollment Deadline

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Pennsylvania Department of Human Services
Harrisburg, Pennsylvania

Medicine- Medical Physician and Surgeon-
Accredited School Graduate



AA0000524240

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	PUDER			First Name	KAROLINE		
Middle Name	SUZANNE			Suffix			
Full Name	KAROLINE SUZANNE PUDER						
SSN	8894	Date Of Birth	09/20/1963	Age	54	Gender	
ADDRESS DETAILS							
Street Address	[REDACTED]						
City/State/Zip	SOUTHFIELD Michigan 48034						
County	Oakland				Country	United States	
CONTACT DETAILS							
Phone number	[REDACTED]			Mobile Phone number			
Primary Email Address	[REDACTED]			Secondary Email Address			
EDUCATION DETAILS							
School Name	School Type	School Address	Degree	Major	Attended From	Attended To	Graduation Date
Mt. Sinai School of Medicine		1428 Madison Ave., NY NY 10029		MD	07/01/1986	06/15/1988	06/15/1988

CHECKLIST ITEMS

Checklist name	Status	Submitted Date	Expiration Date
Application	Pending Review	04/16/2018	04/16/2019
Application Fee	Completed	04/16/2018	04/16/2019
Child Abuse CE	Completed	04/16/2018	
Criminal History Check	Pending Review	04/16/2018	
Criminal History Check-Michigan	Pending Review	04/16/2018	
Databank Report	Pending Review	04/16/2018	
Education Verification	Not Received	04/16/2018	
Exam Results	Not Received	04/16/2018	
Graduate Training	Not Received	04/16/2018	
Letter of Good Standing (LOGS)	Not Received	04/16/2018	
Letter of Good Standing (LOGS)-Michigan	Not Received	04/16/2018	
Letter of Good Standing (LOGS)-New York	Not Received	04/16/2018	
OPIOID CE	Not Received	04/16/2018	
Resume/Curriculum Vitae	Pending Review	04/16/2018	

LEGAL QUESTIONS

Questions	Answer	Document Uploaded	File Name
1 Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in any health-related profession in any state or jurisdiction?	Y	No	
2 Please provide the profession and state or jurisdiction.	Physician-Michigan; Physician-New York	No	
3 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?	N	No	
4 Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
5 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?	N	No	
6 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.	N	No	
7 Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
8 Have you ever had your DEA registration denied, revoked or restricted?	N	No	

9	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
10	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	N	No	
11	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
12	Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		No	
13	Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the docket number, filing date, and the date you were served . Submit a statement which includes complete details of the complaints that have been filed against you.	Y	Yes	NOI breech.pdf
13	Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the docket number, filing date, and the date you were served . Submit a statement which includes complete details of the complaints that have been filed against you.	Y	Yes	statement regarding litigation2.docx
14	Docket Number:	MI 09-006715-NH	No	
15	Filing Date:	03/23/2009	No	
16	Date you were served:	05/15/2009	No	

STANDARD QUESTIONS

Questions		Answer
1	Will any of your supporting documents be submitted under another name or names?	N
2	Please list the other name(s)	
3	You must submit a copy of a legal document verifying the name(s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.	
4	Are you applying using FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE)?	N
5	Applicants may use the FCVS credentials verification service through the Federation of State Medical Boards to verify their medical education, post graduate training and examination scores. The Board will accept FCVS if primary source verification is provided. However, you will need to meet all Pennsylvania licensure requirements. Additional documents are required by the Board that are NOT included in the FCVS report but are detailed within the application instructions. It is the applicant's responsibility to ensure that these additional documents are provided to the Board as outlined in the application instructions.	
6	Have you previously held a Pennsylvania Graduate Medical Training License?	N
7	Please enter the License Number:	
8	List all of the states you have lived or worked in during the last 5 years.	Michigan

TRAINING DETAILS			
Post Graduate Training Level	Training Hospital Name	From	To
1	Mt Sinai Hospital	07/01/1988	06/30/1992
2	Hutzel Women's Hospital	07/01/1992	06/30/1994
EXAMINATION DETAILS			
Exam Name	Exam State	Exam Date	
National Boards (Part 1)		06/10/1986	
National Boards (Part 2)		09/29/1987	
National Boards (PART 3)		03/01/1989	
Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction			
Profession	State/Jurisdiction		
Physician	Michigan		
Physician	New York		
CONFIRMATION			
<input checked="" type="checkbox"/> All fees are non-refundable. Please check to continue with your transaction. (04/16/2018 21:07:36)			



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

**VERIFICATION OF LICENSURE
MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF April 08, 2018**

NAME: Karoline S Puder **BIRTHDATE:** [REDACTED]
ADDRESS: [REDACTED]
Detroit MI 482010000

TYPE: Medical Doctor **ORIGINAL DATE:** 03/18/1992
LICENSE NUMBER: 4301059142 **STATUS:** Active **EXPIRATION DATE:** 01/31/2020
OBTAINED BY: Endorsement

EXAM DATE EXAM TYPE EXAM SCORE OR RESULT
03/01/1989 NBME PASS

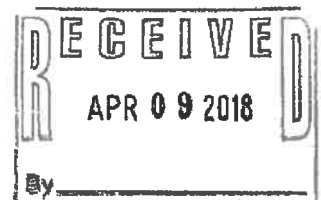
DISCIPLINARY ACTION NONE

OPEN FORMAL COMPLAINTS NONE

This verification was produced by VeriDoc on behalf of the State of Michigan with
license information last updated on: 4/7/2018.

RECEIVED DIRECT

BUREAU OF PROFESSIONAL LICENSING
611 W. OTTAWA - P.O. BOX 30670 - LANSING, MICHIGAN 48909
www.michigan.gov/bpl - 517-373-8068





Home Contact Us | FAQs | State Boards

Validation

This confirms that the attached licensure verification statement(s) for Karoline Puder, were sent to you from the VeriDoc website.

Thank you for using the VeriDoc system.

[Disclaimer](#) | [Privacy Policy](#)

RECEIVED DIRECT



Anderson, L'Oreal

From: ST, MEDICINE
Sent: Monday, April 9, 2018 7:29 AM
To: Anderson, L'Oreal
Subject: FW: License Verification Statement - Puder, Karoline (MD)
Attachments: v546046AA.pdf

From: support@veridoc.org [mailto:support@veridoc.org]
Sent: Sunday, April 8, 2018 4:34 PM
To: ST, MEDICINE <ra-medicine@pa.gov>
Subject: License Verification Statement - Puder, Karoline (MD)



Verification of Licensure Status

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified as coming from this site by clicking on the link below.

[Validate Verifications](#)

Physician: Puder, Karoline

Transaction ID: 546046

Confirmation Number: 14115412853131203236

Information from the attached verification can be refreshed for up to 6 months. To view an updated copy, click on link below.
[Michigan Board of Medicine](#)

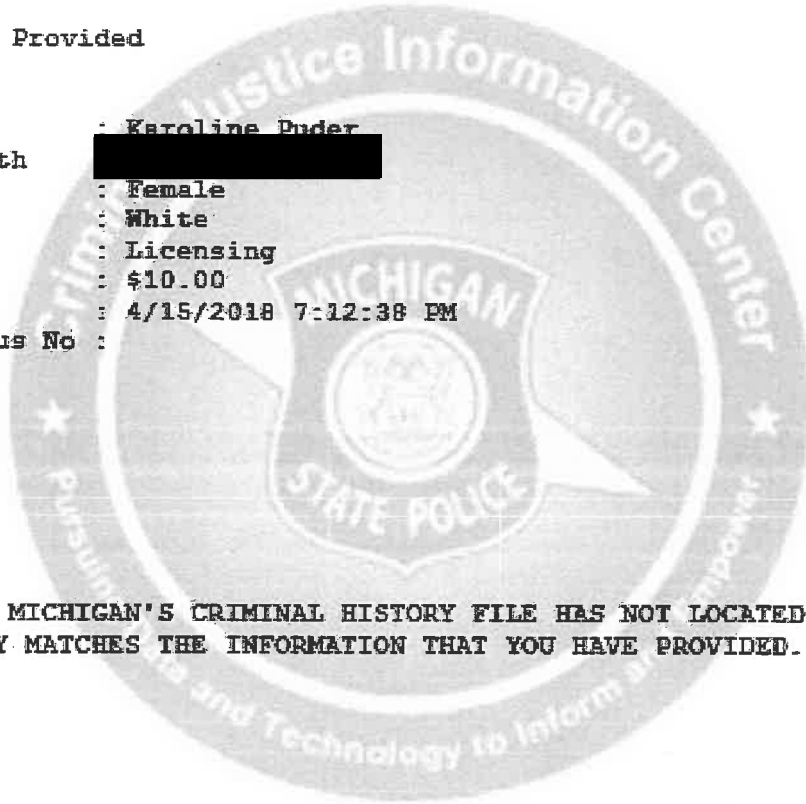
RECEIVED DIRECT





Information Provided

Name : Karoline Puder
Date of Birth : [REDACTED]
Gender : Female
Race : White
Reason : Licensing
Amount Paid : \$10.00
Order Date : 4/15/2018 7:12:38 PM
Miscellaneous No :



A SEARCH OF MICHIGAN'S CRIMINAL HISTORY FILE HAS NOT LOCATED A CRIMINAL RECORD THAT EXACTLY MATCHES THE INFORMATION THAT YOU HAVE PROVIDED.

AMA PRA Category 1 Credits™ and AAFP Prescribed Credit Certificate

This continuing medical education activity is provided by



This is to certify that

**karoline puder, MD
6071 W. Outer Drive
5th floor - Dept. Ob/Gyn
Detroit, MI 48235**

has participated in the educational activity

The Time Has Come: Identification and Treatment of Opioid Use Disorder

on

April 22, 2018

and has been awarded 1.50 *AMA PRA Category 1 Credit(s)™*.

Vindico Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Vindico Medical Education designates this enduring material for a maximum of 1.50 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This Enduring Material activity, The Time Has Come: Identification and Treatment of Opioid Use Disorder, has been reviewed and is acceptable for up to 1.50 Prescribed credit(s) by the American Academy of Family Physicians. AAFP certification begins 11/17/2017. Term of approval is for one year from this date. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AMA/AAFP Equivalency:

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to *AMA PRA Category 1 Credit(s)™* toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.

Thank you for your participation in this CME activity. We have received and scored your quiz, and you have achieved a passing grade.

Vindico Medical Education • 6900 Grove Road, Bldg. 100 • Thorofare, NJ 08086 • (856) 994-9400

Certificate Number: 68011418

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State Board of Medicine
2601 North Third Street
Harrisburg PA 17110



State Board of Medicine
P O BOX 2649
Harrisburg PA 17105-2649

BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS



VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
(Graduates of American/Canadian Medical Schools)

SECTION 1 - TO BE COMPLETED BY APPLICANT

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.

APPLICANT INFORMATION

NAME: Last	PUDER	First	KAROLINE	Middle	SUZANNE
OTHER NAME:					
DATE OF BIRTH:	[REDACTED]		LAST 4 DIGITS OF SSN:	[REDACTED]	
ADDRESS:	[REDACTED]				
CITY / STATE / ZIP:	SOUTHFIELD Michigan 48034				

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 thirty (30) days prior to the completion of the approved training. Forms postmarked or signed prior to the thirty days will not be accepted.

HOSPITAL WHERE TRAINING WAS COMPLETED:						The Mount Sinai Hospital	
NAME OF SPONSORING INSTITUTION:						Icahn School of Medicine at Mount Sinai	
LOCATED IN:		CITY		STATE		ACGME ACCREDITED	
		New York		New York			
PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY		YES	No	
1	7/1/1988	6/30/1989	Obstetrics & Gynecology		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY		YES	No	
2	7/1/1989	6/30/1990	Obstetrics & Gynecology		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

"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 or administrative action regarding this applicant, please provide a separate statement outlining the details.

Signature of Program Director: [Signature] Date: 7/18/18

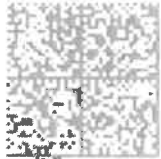
RETURN ADDRESS:

State Board of Medicine
P O BOX 2649
Harrisburg PA 17105-2649
7177831400

RETURN COMPLETED FORM DIRECTLY TO THE BOARD.

The Mount Sinai Hospital
One Gustave L. Levy Place, Box 1170
New York, NY 10029-6574

07/21/2018
PRESORTED
FIRST CLASS



US POSTAGE PITNEY BOWNE

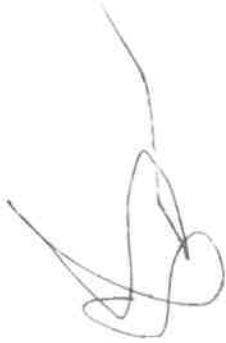


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State Board of Medicine
P.O. Box 2649
Harsburg, PA 17105-2649

JUL 23 2018

1710532649 8099 SINAI HOSPITAL



State Board of Medicine
2601 North Third Street
Harrisburg PA 17110



State Board of Medicine
P O BOX 2649
Harrisburg PA 17105-2649

BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS



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

SECTION 1 - TO BE COMPLETED BY APPLICANT

APPLICANT INFORMATION

NAME: Last PUDER First KAROLINE Middle SUZANNE

OTHER NAME:

DATE OF BIRTH: LAST 4 DIGITS OF SSN:

ADDRESS:

CITY / STATE / ZIP: SOUTHFIELD Michigan 48034

NAME OF MEDICAL SCHOOL: Icahn School of Medicine at Mount Sinai

LOCATION: Street One Gustave L. Levy Place

City New York State New York ZIP 10029

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

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

NAME OF MEDICAL SCHOOL: Icahn School of Medicine at Mount Sinai

NAME OF MEDICAL STUDENT: Last Puder First Karoline Middle Suzanne

DATE STUDENT BEGAN TO ATTEND THIS PROGRAM: Month 09 Day 02 Year 1986

DATE OF GRADUATION: Month 05 Day 17 Year 1988

Did this program of study contain at least two hours of instruction in each of the following:

Pain Management or Identification of Addiction (2 hours) Yes No

Practices of Prescribing or Dispensing of Opioids (2 Hours) Yes No

I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT

SIGNATURE OF DEAN/REGISTRAR:

DATE: Month 04 Day 24 Year 2018

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

**DO NOT RETURN THIS FORM
TO THE APPLICANT**



Icahn
School of
Medicine at
Mount
Sinai

Office of the Registrar
The Mount Sinai Hospital
One Gustave L. Levy Place, Box 1257
New York, NY 10029-6574



Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, PA 17105

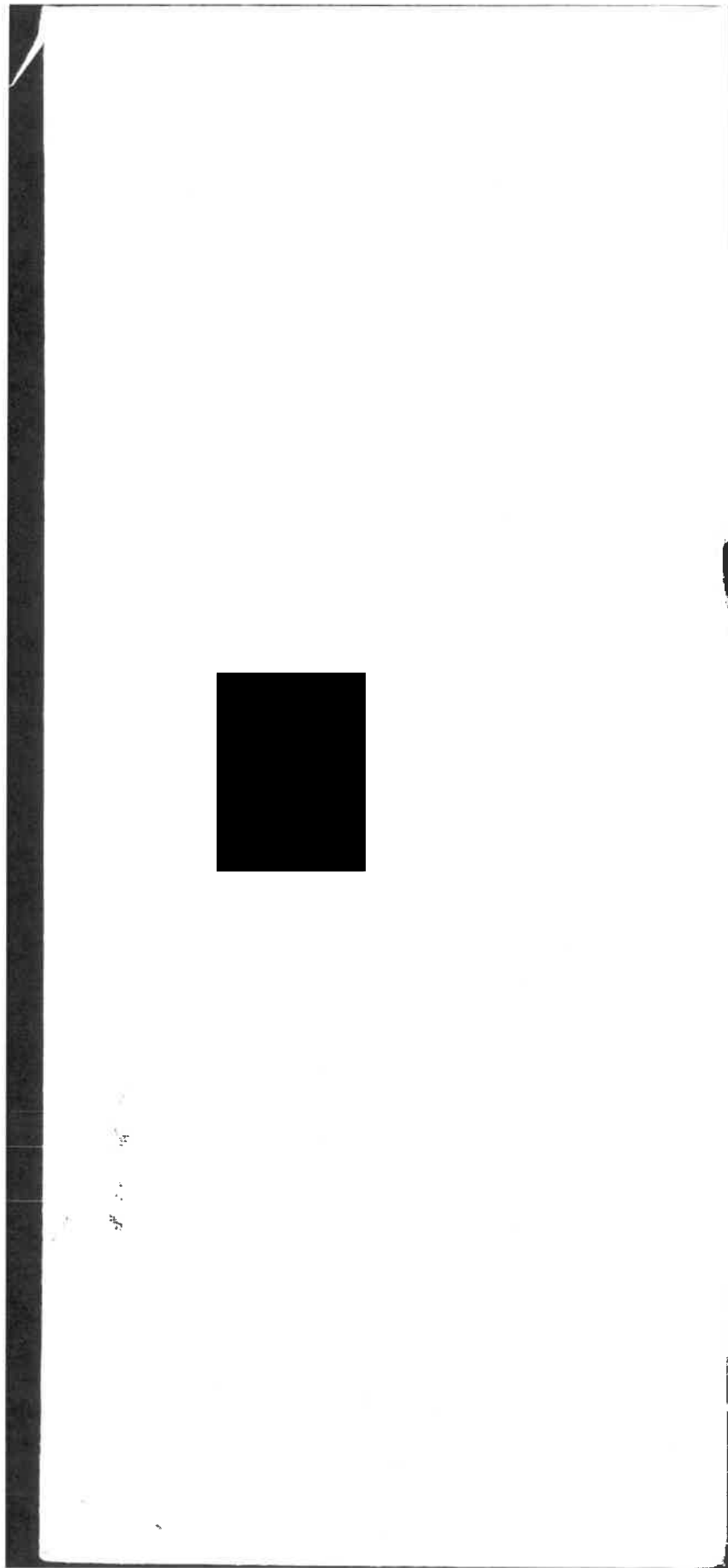
PRESORTED
FIRST CLASS



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ZIF 1 2018
DE 14W
000033783 APR 27 2018

OFFICIAL TRANSCRIPT ENCLOSED

15 DISTANCE PLEASE



Signature: _____
Date: October 31, 2019

KAROLINE SUZANNE PUDER, M.D.

ADDRESS:

Office:

Department of Obstetrics and Gynecology
Hutzel Women's Hospital/Wayne State University
3990 John R
Detroit, MI 48201

Home:

Southfield, MI 48034

PERSONAL DATA:

Birth Date: _____

EDUCATION:

Undergraduate:

City College of New York. Sophie Davis School of Biomedical Education.
New York, New York
Seven year B.S./M.D. program.
Bachelor of Science
September 1981-June 1986

Medical:

Mount Sinai School of Medicine
New York, New York
Doctor of Medicine
July 1986-June 1988

Residency:

Mount Sinai Medical Center, Department of Obstetrics and Gynecology
New York, New York
July 1988-June 1992

Fellowship:

Hutzel Hospital/Wayne State University, Maternal-Fetal Medicine
Detroit, Michigan

July 1992-June 1994

ACADEMIC APPOINTMENTS:

Clinical Instructor in Obstetrics and Gynecology, Wayne State University.
Detroit, Michigan
July 1992 - June 1994

Assistant Professor, Obstetrics and Gynecology, Wayne State University.
Detroit, Michigan
July 1994 – July 2009

Associate Professor, Obstetrics and Gynecology, Wayne State University.
Detroit, Michigan
August 2009 – present

Residency Site Coordinator, Sinai-Grace Hospital, Wayne State University.
Detroit, Michigan
July 2000 – 2014

PROFESSIONAL APPOINTMENTS:

Vice Chief, Department of Obstetrics and Gynecology, Sinai-Grace Hospital.
Detroit, Michigan
July, 2003 to December, 2010

Chief of Obstetrics
Hutzel Women's Hospital/Harper University Hospital
Detroit MI
February 2014 - present

MEDICAL STAFF APPOINTMENTS:

Hutzel Hospital	1992 - present
Detroit Receiving Hospital	1992 - present
Harper Hospital	1992 - present
Sinai-Grace Hospital	1994 - present
Huron Valley Hospital	1997 - present

OTHER PROFESSIONAL APPOINTMENTS:

Volunteer Physician at Camp Stone (Sugar Grove, PA) for 1-2 weeks/year 2009 - 2018

PROFESSIONAL SOCIETY AFFILIATIONS:

American College of Obstetricians and Gynecologist - Fellow

Society for Maternal Fetal Medicine - Regular Member

Michigan State Medical Society - Regular Member

American Institute of Ultrasound in Medicine - Regular Member

LICENSURE:

State of New York Medical License - #179533

State of Michigan Medical License - #059142

BOARD CERTIFICATION:

American Board of Obstetrics and Gynecology, Maternal Fetal Medicine, 1998. Recertification 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017. #929468M valid through December 31, 2018.

American Board of Obstetrics and Gynecology, 1996. Recertification 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017. #929468M valid through December 31, 2018.

National Board of Medical Examiners

Certificate # 33603564

Step 1: 06/10/1986

Step 2: 09/29/1987

Step 3: 03/01/1989

Personal Statement Regarding Prior Medical Malpractice Karoline Suzanne Puder, MD

I have been in academic practice in Detroit, Michigan since completing my fellowship in Maternal-Fetal Medicine, in 1994. In that time period, two cases have been settled in which I was a named party. In both cases, the hospital/medical center was a co-defendant and dictated decisions regarding settlement.

The first case settled in 2003 and was related to a tubal ligation failure. The postpartum tubal ligation was performed in the usual manner and segments of the tubes were sent to pathology for exam. Review of the results showed that one tube may not have been ligated. The patient was contacted and informed. She was told to use alternative contraception and to come for follow up. She did not return, but did come to the emergency department stating that she had been told of this concern. She was instructed to follow-up in the gynecology office for further management, which she did not do. She then became pregnant, chose to have a termination, and ultimately had a laparoscopic tubal ligation. The case was settled for business purposes and I have a non-consent policy.

The second case in which I was named, I served as a consultant and not the primary caregiver. That case settled in 2013 and is referenced in the DataBank report. This matter is related to a diagnosis of vasa previa made in the midtrimester. The patient was counseled by me and her care was otherwise performed by her primary obstetrician. She had a hospital admission for preterm contractions. She was discharged from the hospital by her OB and with follow up with her OB. She agreed to discharge and outpatient follow up. She reported that she lived near the hospital, had transportation, had another adult in the house, and wished to be at home. She did not follow up with me, as recommended and presented with bleeding. Her child subsequently has developmental delay. The DataBank report is inaccurate, because the child was still alive at the time of the litigation (and I have no knowledge of a change in status). I was included as a defendant because I did not force her to stay in the hospital. I was not the discharging physician. Standard of care did not dictate inpatient management. This case was settled for business purposes due to hospital corporate concerns about excessive award at trial due to the child's developmental delay and the prevailing malpractice environment in the area. I had a non-consent policy for this, as well.

Signature: _____
Date: October 31, 2019

KAROLINE SUZANNE PUDER, M.D.

ADDRESS:

Office:

Department of Obstetrics and Gynecology
Hutzel Women's Hospital/Wayne State University
3990 John R
Detroit, MI 48201

Home:

Southfield, MI 48034

PERSONAL DATA:

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July 1986-June 1988

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Society for Maternal Fetal Medicine - Regular Member
Michigan State Medical Society - Regular Member
American Institute of Ultrasound in Medicine - Regular Member

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State of Michigan Medical License - #059142

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American Board of Obstetrics and Gynecology, 1996. Recertification 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017. #929468M valid through December 31, 2018.

National Board of Medical Examiners	Certificate # 33603564
Step 1:	06/10/1986
Step 2:	09/29/1987
Step 3:	03/01/1989

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

KAROLINE PUDER

[REDACTED]
SOUTHFIELD MI 48034

TELEPHONE [REDACTED]

watermark
TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name:	Puder, Karoline
Date of Birth:	[REDACTED]
Social Security #:	[REDACTED]
Sex:	F
Race:	White
Date of Request:	07/12/2018 09:45 AM
Purpose of Request:	Other
Maiden Name and/or Alias (1)	(2)
(3)	(4)

***** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL #R20145085 *****

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTOR AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES.

THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN (<https://epatch.state.pa.us/RCStatusSearch.jsp>) AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE.

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

Certified by:



Lt. Floyd P. Bowen
Director of Criminal Records & Identification
Pennsylvania State Police

DISSEMINATED BY: SYSTEM
07/12/2018 09:47 AM

Pennsylvania State Police

1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

KAROLINE PUDER

[REDACTED]
SOUTHFIELD MI 48034

TELEPHONE [REDACTED]

watermark
TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name:	Puder, Karoline
Date of Birth:	[REDACTED]
Social Security #:	[REDACTED]
Sex:	F
Race:	White
Date of Request:	07/12/2018 09:45 AM
Purpose of Request:	Other
Maiden Name and/or Alias (1)	(2)
(3)	(4)

***** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL #R20145085 *****

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTOR AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES.

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QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

Certified by:



Lt. Floyd P. Bowen
Director of Criminal Records & Identification
Pennsylvania State Police

DISSEMINATED BY: SYSTEM
07/12/2018 09:47 AM

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

PA

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, PUDER KAROLINE SUZANNE was issued license/certificate number 179533 for the practice of MEDICINE on 08/16/1989.

Our records also indicate the following information:

Date of birth: [REDACTED]
School attended: MT SINAI SCHOOL MEDICINE
Date of graduation: 05/17/88
Degree earned: MD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:
NAT ED CERT #360386 DATED 07/03/89

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: YES Reg period ends: 08/31/90
Address: [REDACTED] SOUTHFIELD MI 48034-0000

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Cathy Hanczaryk, Principal Clerk, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Principal Clerk of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

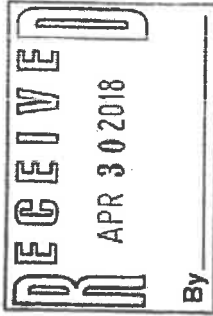


Cathy Hanczaryk
Office Assistant Three

04/25/18

PLS295.545206

NEW YORK STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234



PRESORTED
FIRST CLASS



PENNSYLVANIA STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649

CBGDSSB 17105



NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

5500000133438135

Process Date: 04/08/2018

Page: 1 of 1

To: PUDEK, KAROLINE SUZANNE[REDACTED]
SOUTHFIELD, MI 48034-2108**From:** National Practitioner 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; Section 1921 of the Social Security Act; and 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 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. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB 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 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 care program and an adverse licensure action). The NPDB 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 or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, 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 are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB 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 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

PUDER, KAROLINE SUZANNE - SELF-QUERY RESPONSE

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

Practitioner Name: PUDER, KAROLINE SUZANNE
 Date of Birth: [REDACTED] Gender: FEMALE
 Delivery Address: [REDACTED] SOUTHFIELD, MI 48034-2108
 Social Security Number: [REDACTED] DEA: BP3175646
 NPI: 1790722288
 License: PHYSICIAN (MD), 4301059142, MI, OBSTETRICS & GYNECOLOGY
 Professional School(s): MT. SINAI SCHOOL OF MEDICINE (1988)

B. PAYMENT INFORMATION

Credit Card Information: [REDACTED]
 NPDB Charge: \$4.00 NPDB Bill Reference Number: N56833421
 Transaction Date: 04/08/2018 Additional Paper Copies Requested: 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 04/08/2018

The following report types have been searched:

Medical Malpractice Payment Report(s):	Yes, See Below	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.

THE DETROIT MEDICAL CENTER

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO TREAT

Initial Action: - SETTLEMENT Date of Action: 08/21/2013
 DCN: 5500000085219573

THE DETROIT MEDICAL CENTER

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - SURGERY: IMPROPER PERFORMANCE OF SURGERY

Initial Action: - SETTLEMENT Date of Action: 10/15/2003
 DCN: 5500000031351195

----- Unabridged Report(s) Follow -----

PUDER, KAROLINE SUZANNE

THE DETROIT MEDICAL CENTER

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 08/21/2013

Initial Action

Basis for Initial Action

- SETTLEMENT

- FAILURE TO TREAT

A. REPORTING ENTITY

Entity Name: THE DETROIT MEDICAL CENTER *

Address: 4707 ST ANTOINE
STE E510

City, State, Zip: DETROIT, MI 48201

Country:

Name or Office: MARY MERITY

Title or Department: CORPORATE DIRECTOR

Telephone: (313) 993-0307

Entity Internal Report Reference:

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 03/29/2017:

Entity Name: THE DETROIT MEDICAL CENTER

Address: 4707 SAINT ANTOINE ST STE E510

City, State, Zip: DETROIT, MI 48201-1427

Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: PUDER, KAROLINE SUZANNE

Other Name(s) Used:

Gender: FEMALE

Date of Birth:

Organization Name: NORTHWEST WOMEN'S CARE

Work Address: 6071 WEST OUTER DRIVE

City, State, ZIP: DETROIT, MI 48235

Home Address:

City, State, ZIP: SOUTHFIELD, MI 48034

Deceased: NO

Social Security Numbers (SSN):

Professional School(s) & Year(s) of Graduation: MOUNT SINAI SCHOOL OF MEDICINE OF NEW YORK UNIVERSITY (1988)

Occupation/Field of Licensure (Code): PHYSICIAN (MD)

State License Number, State of Licensure: 4301059142, MI

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): DETROIT MEDICAL CENTER HOSPITALS
DETROIT, MI



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

<https://www.npdb.hrsa.gov>

DCN: 5500000085219573
Process Date: 10/21/2013
Page: 2 of 3
PUDEK, KAROLINE SUZANNE

C. INFORMATION REPORTED

Date of Report: 10/21/2013

Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner: \$ 100,000.00

Date of This Payment: 08/21/2013

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 100,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 08/02/2013

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number: 09006715N

Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: SETTLEMENT REACHED AS A COMPROMISED WITH NO ADMISSION OF LIABILITY.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case: \$ 200,000.00

Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 2

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 0 DAYS

Patient's Gender: UNKNOWN

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient Presented for Treatment: PATIENT PRESENTED PRENATALLY AND WAS DIAGNOSED WITH VASA PREVIA, VELAMENTOUS CORD INSERTION AND SHORTENED CERVIX.

Description of the Procedure Performed: EMERGENCY CESAREAN SECTION WAS PERFORMED BY INSUREDS.

Nature of Allegation: OBSTETRICS RELATED (050)

Specific Allegation: FAILURE TO TREAT (113)

Date of Event Associated With Allegation or Incident: 11/18/2004

Outcome: DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGATIONS INVOLVE FAILURE TO ADMIT PATIENT TO HOSPITAL FOR INPATIENT MANAGEMENT OF ABOVE IDENTIFIED CONDITIONS RESULTING IN PREMATURE EMERGENCY CESAREAN SECTION AND DEATH OF FETUS.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/21/2013

Date of Most Recent Change: 10/21/2013

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

DISCLOSURE HISTORY

Report Number: 5500000085219573

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
04/16/2014	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
01/07/2015	BLUE CROSS BLUE SHIELD OF MICHIGAN 600 E LAFAYETTE BLVD MAILCODE H201 DETROIT, MI 48226 (248) 327-5022
03/18/2015	WAYNE STATE UNIVERSITY PHYSICIAN GROUP 1560 E MAPLE RD STE 400 TROY, MI 48083 (248) 581-5912
04/22/2015	SELF-QUERIER
03/06/2016	SELF-QUERIER
04/01/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946

<u>Date Released</u>	<u>Entity Name</u>
04/18/2016	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
06/09/2016	SELF-QUERIER
03/05/2017	SELF-QUERIER
12/20/2017	BLUE CROSS BLUE SHIELD OF MICHIGAN 600 E LAFAYETTE BLVD MAILCODE H201 DETROIT, MI 48226 (248) 327-5022
02/22/2018	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
04/08/2018	SELF-QUERIER

PUDER, KAROLINE

THE DETROIT MEDICAL CENTER

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 10/15/2003

Initial Action

Basis for Initial Action

- SETTLEMENT

- SURGERY: IMPROPER PERFORMANCE OF SURGERY

A. REPORTING ENTITY

Entity Name: THE DETROIT MEDICAL CENTER *
Address: 3663 WOODWARD AVENUE, SUITE 200
City, State, Zip: DETROIT, MI 48201
Country:
Name or Office: MARY MERITY
Title or Department: CORPORATE DIRECTOR
Telephone: (313) 993-0307
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 03/29/2017:

Entity Name: THE DETROIT MEDICAL CENTER
Address: 4707 SAINT ANTOINE ST STE E510
City, State, Zip: DETROIT, MI 48201-1427
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: PUDER, KAROLINE
Other Name(s) Used:
Gender: FEMALE
Date of Birth: [REDACTED]
Organization Name: HUTZEL HOSPITAL
Work Address: 4707 ST. ANTIONE BLVD.
City, State, ZIP: DETROIT, MI 48201
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN): [REDACTED]
Professional School(s) & Year(s) of Graduation: MOUNT SINAI SCHOOL OF MEDICINE (1988)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 059142, MI
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 10/21/2003
Act/Omission Code: SURGERY: IMPROPER PERFORMANCE OF SURGERY (250)
Date of Act/Omission: 01/18/2001
Payment Date: 10/15/2003
Multiple or Single Payment: SINGLE
Amount of This Payment: \$ 39,500.00
Total Amount of Judgment or Settlement: \$ 39,500.00

Payment Result of: SETTLEMENT
 Number of Practitioners for Whom Payment is Made: 1
 Relationship of Entity to the Practitioner: SELF INSURED ORGANIZATION
 Date of Judgment/Settlement: 09/22/2003
 Adjudicative Case Number:
 Adjudicative Body Name:
 Court File Number:
 Reporter's Description of Act or Omission: PLAINTIFF ALLEGES THAT ONE FALLOPIAN TUBE WAS MISSED DURING A POST-PARTUM TUBAL LIGATION ON THE 25 YEAR OLD PATIENT.
 Reporter's Description of the Judgment or Settlement: THE CASE WAS SETTLED FOR A TOTAL OF \$39,500 FOR BUSINESS REASONS ONLY. THE PHYSICIAN DOES NOT ADMIT LIABILITY. THE PHYSICIAN HAS A NON-CONSENT INSURANCE POLICY.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/21/2003
 Date of Most Recent Change: 10/21/2003

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

DISCLOSURE HISTORY

Report Number: 550000031351195

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released	Entity Name
12/18/2003	COVENTRYCARES OF MICHIGAN, INC. 1333 GRATIOT AVE SUITE 400 DETROIT, MI 48207 (313) 465-1552

Date Released	Entity Name
07/08/2004	HENRY FORD HOSPITAL, MEDICAL AFFAIRS 2799 W GRAND BLVD CFP 131 DETROIT, MI 48202 (313) 916-1728

Date Released	Entity Name
08/21/2004	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250

Date Released	Entity Name
09/03/2004	OAKLAND PHYSICIANS MEDICAL CENTER, LLC 461 W HURON ST STE 206 MEDICAL STAFF SERVICES PONTIAC, MI 48341 (248) 857-7583

Date Released	Entity Name
01/04/2005	MOLINA HEALTHCARE OF MICHIGAN, INC. 1330 N WASHINGTON ST SPOKANE, WA 99201 (800) 423-9899

<u>Date Released</u>	<u>Entity Name</u>
02/24/2006	HENRY FORD HOSPITAL, MEDICAL AFFAIRS 2799 W GRAND BLVD CFP 131 DETROIT, MI 48202 (313) 916-1728
08/02/2006	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
08/22/2006	OAKLAND PHYSICIANS MEDICAL CENTER, LLC 461 W HURON ST STE 206 MEDICAL STAFF SERVICES PONTIAC, MI 48341 (248) 857-7583
09/14/2006	COVENTRYCARES OF MICHIGAN, INC. 1333 GRATIOT AVE SUITE 400 DETROIT, MI 48207 (313) 465-1552
09/11/2007	PRIORITY HEALTH 1231 E BELTLINE AVE NE STOP 1220 GRAND RAPIDS, MI 49525 (616) 464-8164
03/27/2008	HENRY FORD HOSPITAL, MEDICAL AFFAIRS 2799 W GRAND BLVD CFP 131 DETROIT, MI 48202 (313) 916-1728

<u>Date Released</u>	<u>Entity Name</u>
06/10/2008	UNITEDHEALTHCARE COMMUNITY PLAN 26957 NORTHWESTERN HIGHWAY SUITE 400 SOUTHFIELD, MI 48033 (248) 331-4354
08/08/2008	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
08/08/2008	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
11/10/2008	MERIDIAN HEALTH PLAN 777 WOODWARD AVE STE 600 DETROIT, MI 48226 (313) 324-3700
12/29/2008	MOLINA HEALTHCARE OF MICHIGAN, INC. 1330 N WASHINGTON ST SPOKANE, WA 99201 (800) 423-9899
01/06/2009	BLUE CROSS BLUE SHIELD OF MICHIGAN 600 E LAFAYETTE BLVD MAILCODE H201 DETROIT, MI 48226 (248) 327-5022
01/28/2009	CARESOURCE PO BOX 8738 DAYTON, OH 45401 (937) 531-2006

Date Released	Entity Name
01/29/2009	HEALTHPLUS OF MICHIGAN 2050 S LINDEN RD FLINT, MI 48532 (810) 230-2295
03/11/2009	WAYNE STATE UNIVERSITY PHYSICIAN GROUP 1560 E MAPLE RD STE 400 TROY, MI 48083 (248) 581-5912
05/07/2009	COVENTRYCARES OF MICHIGAN, INC. 1333 GRATIOT AVE SUITE 400 DETROIT, MI 48207 (313) 465-1552
05/11/2010	HENRY FORD HOSPITAL, MEDICAL AFFAIRS 2799 W GRAND BLVD CFP 131 DETROIT, MI 48202 (313) 916-1728
07/15/2010	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
08/05/2010	WAYNE STATE UNIVERSITY PHYSICIAN GROUP 1560 E MAPLE RD STE 400 TROY, MI 48083 (248) 581-5912
09/13/2010	PRIORITY HEALTH 1231 E BELTLINE AVE NE STOP 1220 GRAND RAPIDS, MI 49525 (616) 464-8164

<u>Date Released</u>	<u>Entity Name</u>
10/18/2010	PRIORITY HEALTH 1231 E BELTLINE AVE NE STOP 1220 GRAND RAPIDS, MI 49525 (616) 464-8164
04/22/2011	UNITEDHEALTHCARE COMMUNITY PLAN 26957 NORTHWESTERN HIGHWAY SUITE 400 SOUTHFIELD, MI 48033 (248) 331-4354
03/28/2012	BLUE CROSS BLUE SHIELD OF MICHIGAN 600 E LAFAYETTE BLVD MAILCODE H201 DETROIT, MI 48226 (248) 327-5022
05/15/2012	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
11/09/2012	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
02/04/2013	WAYNE STATE UNIVERSITY PHYSICIAN GROUP 1560 E MAPLE RD STE 400 TROY, MI 48083 (248) 581-5912
08/28/2013	BLUE CROSS BLUE SHIELD OF MICHIGAN 600 E LAFAYETTE BLVD MAILCODE H201 DETROIT, MI 48226 (248) 327-5022

<u>Date Released</u>	<u>Entity Name</u>
04/16/2014	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
01/07/2015	BLUE CROSS BLUE SHIELD OF MICHIGAN 600 E LAFAYETTE BLVD MAILCODE H201 DETROIT, MI 48226 (248) 327-5022
03/18/2015	WAYNE STATE UNIVERSITY PHYSICIAN GROUP 1560 E MAPLE RD STE 400 TROY, MI 48083 (248) 581-5912
04/22/2015	SELF-QUERIER
03/06/2016	SELF-QUERIER
04/01/2016	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
04/18/2016	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
06/09/2016	SELF-QUERIER

<u>Date Released</u>	<u>Entity Name</u>
03/05/2017	SELF-QUERIER
<u>Date Released</u>	<u>Entity Name</u>
12/20/2017	BLUE CROSS BLUE SHIELD OF MICHIGAN 600 E LAFAYETTE BLVD MAILCODE H201 DETROIT, MI 48226 (248) 327-5022
<u>Date Released</u>	<u>Entity Name</u>
02/22/2018	THE DETROIT MEDICAL CENTER 4707 SAINT ANTOINE ST STE E510 DETROIT, MI 48201 (313) 745-1250
<u>Date Released</u>	<u>Entity Name</u>
04/08/2018	SELF-QUERIER

PRACTITIONER PROFILE

Prepared for:

Pennsylvania State Board of Medicine

As of Date:7/11/2018

PRACTITIONER INFORMATION

Name: Puder, Karoline Suzanne
DOB: [REDACTED]
Medical School: Mt Sinai School of Medicine of the City University of New York
New York, New York, UNITED STATES
Year of Grad: 1988
Degree Type: MD
NPI: 1790722288

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
MICHIGAN	4301059142	03/18/1992	01/31/2020	06/25/2018
NEW YORK	179533	08/16/1989	08/31/2020	07/05/2018

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 7/11/2018
Practitioner Name: Puder, Karoline Suzanne

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Obstetrics and Gynecology
Certification Type: General
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2017	12/31/2018		Recertification	06/28/2018
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	06/28/2018
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	06/28/2018
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	06/28/2018
Expired	Time Limited	12/16/2013	12/31/2014		Recertification	06/28/2018
Expired	Time Limited	12/31/2012	12/31/2013		Recertification	06/28/2018
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	06/28/2018
Expired	Time Limited	12/31/2010	12/31/2011		Recertification	06/28/2018
Expired	Time Limited	12/31/2009	12/31/2010		Recertification	06/28/2018
Expired	Time Limited	12/31/2008	12/31/2009		Recertification	06/28/2018
Expired	Time Limited	12/31/2007	12/31/2009		Recertification	06/28/2018
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Expired	Time Limited	12/31/2004	04/30/2008		Recertification	06/28/2018
Expired	Time Limited	12/31/2003	12/31/2006		Recertification	06/28/2018
Expired	Time Limited	11/15/1996	12/31/2006		Initial	06/28/2018

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Maternal-Fetal Medicine
Certification Type: Subspecialty
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
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PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 7/11/2018

Practitioner Name: Puder, Karoline Suzanne

Active	Time Limited	12/31/2017	12/31/2018	Recertification	06/28/2018
Expired	Time Limited	12/31/2016	12/31/2017	Recertification	06/28/2018
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Expired	Time Limited	04/08/1998	12/31/2006	Initial	06/28/2018

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:7/11/2018

PRACTITIONER INFORMATION

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DOB: [REDACTED]
Medical School: Mt Sinai School of Medicine of the City University of New York
New York, New York, UNITED STATES
Year of Grad: 1988
Degree Type: MD
NPI: 1790722288

BOARD ACTIONS

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PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 7/11/2018
Practitioner Name: Puder, Karoline Suzanne

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Certificate: Obstetrics and Gynecology
Certification Type: General
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
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Expired	Time Limited	12/31/2003	12/31/2006		Recertification	06/28/2018
Expired	Time Limited	11/15/1996	12/31/2006		Initial	06/28/2018

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Maternal-Fetal Medicine
Certification Type: Subspecialty
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
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PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 7/11/2018

Practitioner Name: Puder, Karoline Suzanne

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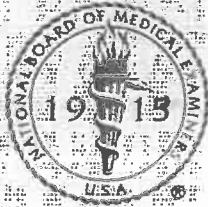
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AOA® CERTIFICATION HISTORY

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NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Endorsement of Certification

This document was prepared by
 National Board of Medical Examiners® (NBME®)
 3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

Recipient: Pennsylvania State Board of Medicine
 PO Box 2649
 Harrisburg, PA 17105-2649

Date: 04/17/2018

Examinee: Karoline Suzanne Puder

Examinee ID: 3-360-3564

Date of Birth: [REDACTED]

NBME Certification Date: 07/03/1989

Certificate#: 360356

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total Score	(Min. Pass)	Individual Subject Scores						
					Anat	Phys	Bioc	Path	Micr	Phar	Beh-Scr
06/10/1986	Pass	Three-Digit	655	(380)	560	595	635	630	680	605	695
		Two-Digit	89	(75)	84	87	89	89	92	87	93

NBME PART II

Test Date	Pass/Fail	Score Scale	Total Score	(Min. Pass)	Individual Subject Scores					
					Med	Surg	ObGyn	Prev	Peds	Psych
09/29/1987	Pass	Three-Digit	700	(290)	685	575	685	650	700	680
		Two-Digit	90	(75)	91	86	91	89	92	91

NBME PART III

Test Date	Pass/Fail	Score Scale	Total Score	(Min. Pass)
		Two-Digit	84	(75)



Authenticity of NBME Endorsement of Certification

An original, certified NBME Endorsement of Certification is printed using black ink on burgundy safety paper and is produced only by the National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of the NBME Endorsement of Certification may result in appropriate legal action or other action consistent with applicable policies, and/or a determination of irregular behavior, as described below.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word **VALID** will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

Unless otherwise noted, the most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

NBME Part I and Part II Examinations June 1991 and Thereafter

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

All NBME Part III Examinations

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

USMLE Step 1, Step 2 and Step 3 INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score.

A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. **No score is reported.** Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. **No score is reported.**

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

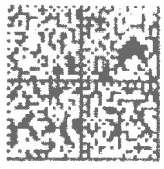
The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.



NBME[®]

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3102
www.nbme.org

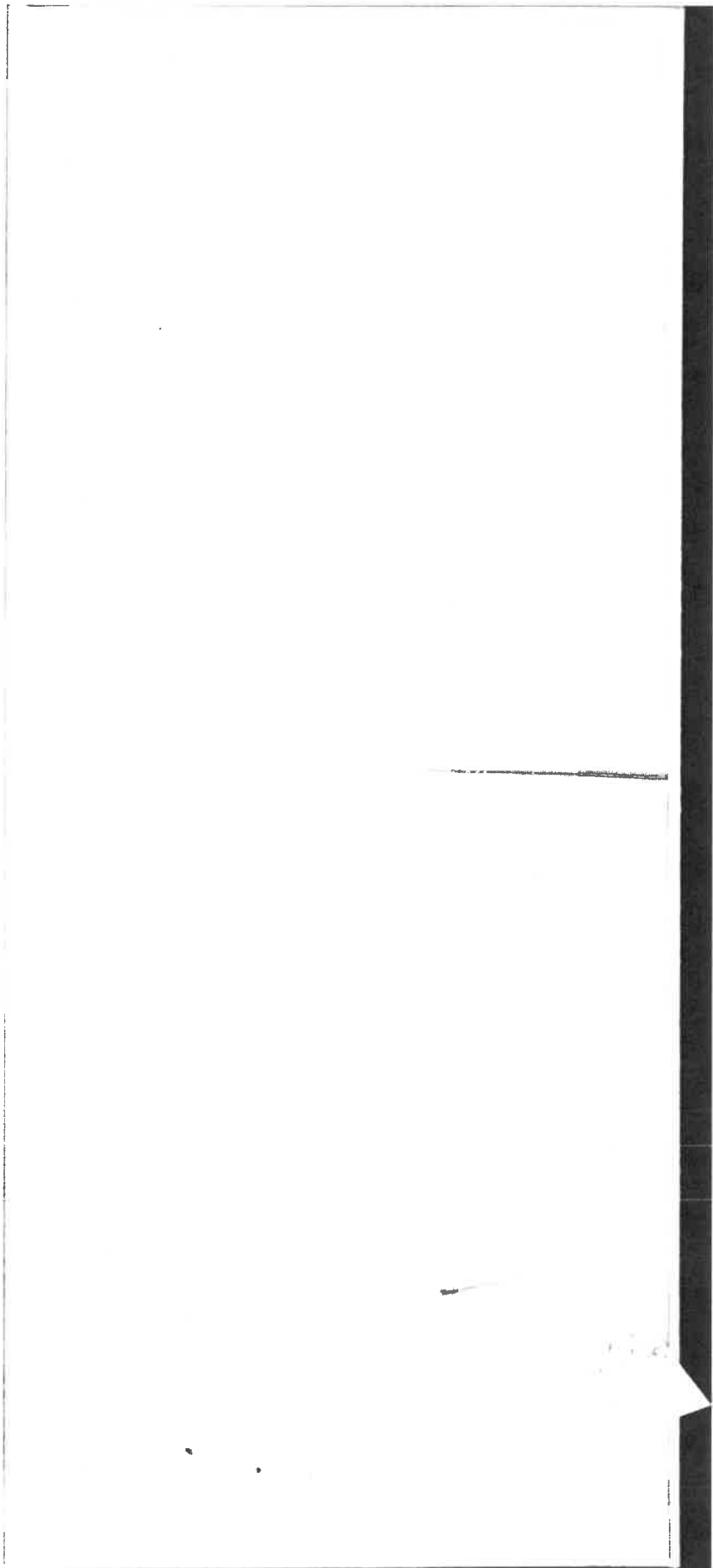
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17105-264949





Continuing Medical Education (CME) Transcript of Earned Credits

Karoline Puder

PHYSICIAN

ACP # 03661416

[REDACTED]
Southfield, MI 48034
[REDACTED]



Total Credits: **3.50**

Credits Issued	Program Date	Program Title	Credits	Type
4/23/2018	7/15/2017 - 7/15/2019	Opioid Prescribing REMS 2017 (897-PASS)	3.50	CME

The ACP certifies that the individual named has participated in the educational activities and was awarded *AMA PRA Category 1 Credit(s)*™.

The ACP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

**McKEEN
& ASSOCIATES, P.C.**
ATTORNEYS AND
COUNSELORS

*Rec'd 6/17/08
Cert. mail*

PENOBSCOT BUILDING
42ND FLOOR
645 GRISWOLD STREET
DETROIT • MICHIGAN 48226

BRIAN J. McKEEN
TERRY A. DAWES
RAMONA C. HOWARD
EUEL W. KINSEY*

TELEPHONE (313) 961-4400 • FACSIMILE (313) 961- 5985

TERRANCE J. CROCCO**
SAULIUS D. POLTERAITIS
TERESA E. HOHMAN***
CAMERON R. GETTO****
JODY L. AARON
*Admitted to MI, TN, AR, MS, TX, PA, WI
**Admitted to MI, TN, AR, MS, PA, WI
***Admitted to MI, OH
****Admitted to MI, CO

June 13, 2008

SENT VIA CERTIFIED MAIL

Lisa Lynn Cardwell, M.D.
[REDACTED]

Southfield, MI 48034

Northwest Women's Care
d/b/a DMC Primary Care Services II
27209 Lahser Road, Suite 220
Southfield, MI 48034

Karoline Puder, M.D.
[REDACTED]

Detroit, MI 48235

University Women's Care
Sinai Grace Hospital
Department of Obstetrics & Gynecology
6071 West Outer Drive, Room 284
Detroit, MI 48235

Dr. Brar
c/o Sinai Grace Hospital
Attn: Risk Management
6071 West Outer Drive
Detroit, MI 48235

Keh-Chyang Liang, M.D.
Department of Neonatology
Sinai Grace Hospital
6071 West Outer Drive
Detroit, MI 48235

Sinai Grace Hospital
Attn: Risk Management
6071 West Outer Drive
Detroit, MI 48235

The Detroit Medical Center
Attn: Risk Management
Corporate Offices
3990 John R
Detroit, Michigan 48201

NOTICE OF INTENT TO FILE A CLAIM

Re: **Our Client:** Kelvin Breech, a Minor
Date of Birth: [REDACTED]
Minor's Mother: Michele Breech
Date of Birth: [REDACTED]
Social Security #: [REDACTED]

June 13, 2008
Page 2 of 25

HEALTH CARE PROVIDERS:

This Notice is intended to apply to the above listed health care professionals, entities, and/or facilities, as well as their employees or agents, actual or ostensible, who were involved and/or participated in the care and treatment of Michele Breech and Kelvin Breech, a Minor.

FACTUAL BASIS FOR CLAIM:

Michele Breech was twenty-eight years old when she became pregnant with Kelvin. Michele began her prenatal care on June 15, 2004, after a positive pregnancy test with Lisa L. Cardwell, M.D.

On July 15, 2004, Michele presented to The Detroit Medical Center (DMC) for an ultrasound to confirm dates and to rule out a threatened abortion due to complaints of vaginal bleeding. Karoline Puder, M.D. performed the ultrasound confirming a single gestation of 10 2/7 weeks. Michele was given a due date of February 8, 2005.

On September 10, 2004, at approximately 18 weeks gestation, Michele presented to DMC for a repeat ultrasound due to her complaints of bleeding and cramping. Michele was diagnosed with vasa previa with velamentous cord insertion (VCI). Dr. Puder notified Dr. Cardwell of the findings.

On November 16, 2004, at approximately 28 weeks gestation, Michele presented to DMC for an ultrasound with Dr. Bernard Gonik. Dr. Gonik noted Michele to have vasa previa with velamentous insertion, as well as a shortened cervix of 21 mm. Dr. Cardwell was notified of the results and Michele was sent to Sinai-Grace Hospital in Detroit for further evaluation.

At approximately 1200, Michele presented to Sinai-Grace Hospital due to a shortened cervix. At the time of admission, she was not experiencing any vaginal bleeding or contractions. Michele was placed on a fetal monitor and was noted to be contracting. She was given magnesium sulfate, which eventually halted her pre-term labor. She also received betamethasone for fetal lung development. On November 18th, Dr. Puder was called in for a Maternal-Fetal-Medicine consultation and recommended that Michele be discharged home on bed rest. Dr. Cardwell discharged Michele that day.

With Michele's history of preterm labor, shortened cervix and vasa previa, she should have been kept inpatient for monitoring in the event that her membranes ruptured. If her membranes ruptured in the hospital, a STAT c-section delivery could have been performed to prevent maternal fetal hemorrhage. At the very least, Michele should have been given oral medications or possibly a terbutaline pump to prevent preterm labor with home monitoring.

On December 21, 2004, at approximately 0600, Michele's membranes spontaneously ruptured at home and she began bleeding heavily. Michele called the hospital en route to advise that she was on her way.

Once she arrived to Labor and Delivery Triage at Sinai-Grace Hospital, a large blood clot was noted. A bedside ultrasound was performed recording a fetal heart rate between 50 and 60 bpm. Michele was taken from Triage to the Operating Room by Dr. Patel at 0705 for a STAT c-section.

Kelvin was delivered stillborn at 0714 at 33 weeks gestation. Kelvin's apgar scores were 0 at one minute, 0 at five minutes, 0 at ten minutes, 3 at fifteen minutes and 3 at twenty minutes. He was described as pale, limp and without a pulse or respiratory effort. Kelvin was suctioned, bagged with oxygen and intubated. Epinephrine was given through the ET tube and he was admitted to the NICU for mechanical ventilation and further care.

At 0749, Kelvin's labs were completed revealing a very low hemoglobin value of 6.6. An order for a blood transfusion was not given until 0900, therefore, he did not receive his transfusion until 0925. Knowing Kelvin's history, his treating physicians should have anticipated Kelvin's need for a blood transfusion and should have been prepared to order a transfusion immediately upon the availability of the laboratory results. Instead, there was a 70 minute delay from the time Kelvin's laboratory values were available until the time the order for a transfusion was given.

Kelvin was admitted to the NICU for 31 days, requiring 21 days of mechanical ventilation, umbilical venous and artery catheterizations and blood transfusions. His discharge diagnoses were respiratory distress syndrome, transient thrombocytopenia, severe asphyxia, hypoxic ischemic encephalopathy, seizure disorder, hypotension, anemia of prematurity, gastroesophageal reflux and hypocalcemia.

Kelvin suffers from cerebral palsy and is severely and permanently impaired both physically and mentally.

THE APPLICABLE STANDARD OF PRACTICE OR CARE:

- A. The standard of care required that **Lisa Lynn Cardwell, M.D.**, as a reasonable and prudent licensed physician, practicing and specializing in Obstetrics & Gynecology, when presented with a patient exhibiting signs and symptoms such as those demonstrated by Michele Breech, owed a duty to:
1. Perform and appreciate a thorough history and physical examination;
 2. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 3. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 4. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa

- and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
5. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 6. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 7. Take proper precautions to prevent a patient a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 8. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 9. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 10. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 11. Any and all acts of negligence as identified through additional discovery.
- B. The standard of care required that **Northwest Women's Care d/b/a DMC Primary Care Services II**, a duly accredited and licensed health care institution, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Lisa Lynn Cardwell, M.D.**, which holds itself out to the public and its patients as being competent of rendering medical services, when presented with a patient such as Michele Breech, owed a duty to:
1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to insure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;

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3. Create, implement, formulate and enforce protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion VCI;
 4. Perform and appreciate a thorough history and physical examination;
 5. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 7. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
 8. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 9. Recognize that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 10. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 11. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 12. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 13. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 14. Any and all acts of negligence as identified through additional discovery.
- C. The standard of care required that **Karoline Puder, M.D.**, as a reasonable and prudent licensed physician, practicing and specializing in Maternal-Fetal-Medicine, when presented

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with a patient exhibiting signs and symptoms such as those demonstrated by Michele Breech, owed a duty to:

1. Perform and appreciate a thorough history and physical examination;
 2. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 3. Recognize the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 4. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 5. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 6. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 7. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 8. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 9. Any and all acts of negligence as identified through additional discovery.
- D. The standard of care required that **University Women's Care / Sinai Grace Hospital Department of Obstetrics & Gynecology**, a duly accredited and licensed health care institution, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Karoline Puder, M.D.**, which holds itself out to the public and its patients as being competent of rendering medical services, when presented with a patient such as Michele Breech, owed a duty to:
1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to insure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;

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2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Create, implement, formulate and enforce protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 4. Perform and appreciate a thorough history and physical examination;
 5. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Recognize the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 7. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 8. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 9. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 10. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 11. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 12. Any and all acts of negligence as identified through additional discovery.
- E. The standard of care required that **Sinai Grace Hospital and The Detroit Medical Center**, duly accredited and licensed health care institutions, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Lisa Lynn Cardwell, M.D.** and **Karoline Puder, M.D.**, which holds themselves out to the public and their patients as being competent of rendering medical services, when presented with a patient such as Michele Breech, owed a duty to:

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1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
3. Create, implement, formulate and enforce protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
4. Perform and appreciate a thorough history and physical examination;
5. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
6. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
7. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
8. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
9. Recognize that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
10. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
11. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
12. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;

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13. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 14. Any and all acts of negligence as identified through additional discovery.
- F. The standard of care required that **Keh-Chyang Liang, M.D. and Dr. Brar (Claimant hereby requests that the full name of and last known address of Dr. Brar as listed on the attached record, be immediately supplied to claimant's attorneys)**, as reasonable and prudent licensed physicians, practicing and specializing in Pediatrics and/or Neonatal-Perinatal Medicine, when presented with a patient exhibiting signs and symptoms such as those demonstrated by Kelvin Breech, owed a duty to:
1. Perform and appreciate a thorough history and physical examination;
 2. Provide proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
 3. Recognize that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood transfusion;
 4. Timely review laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
 5. Timely order for a blood transfusion in an infant who has low hemoglobin levels;
 6. Ensure that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
 7. Any and all acts of negligence as identified through additional discovery.
- G. The standard of care required that **Sinai Grace Hospital and The Detroit Medical Center**, duly accredited and licensed health care institutions, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Keh-Chyang Liang, M.D. and Dr. Brar**, which holds themselves out to the public and their patients as being competent of rendering medical services, when presented with a patient such as Kelvin Breech, owed a duty to:
1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper pediatric/neonatal care and comply with the standard of care as described herein;

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2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage his neonatal care in accordance with the standard of care described herein;
3. Create, implement, formulate and enforce protocols and/or procedures for neonatal patients with a delivery complicated by maternal fetal hemorrhage;
4. Perform and appreciate a thorough history and physical examination;
5. Provide proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
6. Recognize that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood transfusion;
7. Timely review laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
8. Timely enter an order for a blood transfusion in an infant who has low hemoglobin levels;
9. Ensure that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
10. Any and all acts of negligence as identified through additional discovery.

THE MANNER IN WHICH IT IS CLAIMED THAT THE APPLICABLE STANDARD OF PRACTICE OR CARE WAS BREACHED:

- A. **Lisa Lynn Cardwell, M.D.** breached the standard of care with regard to Michele Breech, by failing to:
1. Perform and appreciate a thorough history and physical examination;
 2. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 3. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 4. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa

- and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
5. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 6. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 7. Take proper precautions to prevent a patient a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 8. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 9. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 10. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 11. Any and all acts of negligence as identified through additional discovery.
- B. **Northwest Women's Care d/b/a DMC Primary Care Services II** via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Lisa Lynn Cardwell, M.D.**, breached the standard of care with regard to Michele Breech, by failing to:
1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Create, implement, formulate and enforce protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord

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- insertion (VCI);
4. Perform and appreciate a thorough history and physical examination;
 5. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 7. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
 8. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 9. Recognize that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 10. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 11. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 12. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 13. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 14. Any and all acts of negligence as identified through additional discovery.
- C. **Karoline Puder, M.D.** breached the standard of care with regard to Michele Breech, by failing to:
1. Perform and appreciate a thorough history and physical examination;

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2. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 3. Recognize the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 4. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 5. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 6. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 7. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 8. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 9. Any and all acts of negligence as identified through additional discovery.
- D. **University Women's Care / Sinai Grace Hospital Department of Obstetrics & Gynecology**, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Karoline Puder, M.D.**, breached the standard of care with regard to Michele Breech, by failing to:
1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Create, implement, formulate and enforce protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);

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4. Perform and appreciate a thorough history and physical examination;
5. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
6. Recognize the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
7. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
8. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
9. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
10. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
11. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
12. Any and all acts of negligence as identified through additional discovery.

E. **Sinai Grace Hospital and The Detroit Medical Center**, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Lisa Lynn Cardwell, M.D.** and **Karoline Puder, M.D.**, breached the standard of care with regard to Michele Breech, by failing to:

1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
3. Create, implement, formulate and enforce protocols and/or procedures for patients

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- with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
4. Perform and appreciate a thorough history and physical examination;
 5. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 7. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
 8. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 9. Recognize that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 10. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 11. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 12. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 13. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 14. Any and all acts of negligence as identified through additional discovery.
- F. **Keh-Chyang Liang, M.D. and Dr. Brar** breached the standard of care with regard to Kelvin Breech, by failing to:

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1. Perform and appreciate a thorough history and physical examination;
 2. Provide proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
 3. Recognize that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood transfusion;
 4. Timely review laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
 5. Timely order for a blood transfusion in an infant who has low hemoglobin levels;
 6. Ensure that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
 7. Any and all acts of negligence as identified through additional discovery.
- G. **Sinai Grace Hospital and The Detroit Medical Center**, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Keh-Chyang Liang, M.D.** and **Dr. Brar**, breached the standard of care with regard to Kelvin Breech, by failing to:
1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper pediatric/neonatal care and comply with the standard of care as described herein;
 2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage his neonatal care in accordance with the standard of care described herein;
 3. Create, implement, formulate and enforce protocols and/or procedures for neonatal patients with a delivery complicated by maternal fetal hemorrhage;
 4. Perform and appreciate a thorough history and physical examination;
 5. Provide proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
 6. Recognize that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood

- transfusion;
7. Timely review laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
 8. Timely enter an order for a blood transfusion in an infant who has low hemoglobin levels;
 9. Ensure that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
 10. Any and all acts of negligence as identified through additional discovery.

THE ACTION WHICH SHOULD HAVE BEEN TAKEN TO ACHIEVE COMPLIANCE WITH THE STATUTE:

- A. **Lisa Lynn Cardwell, M.D.** should have taken the following action with regard to Michele Breech:
1. Performed and appreciated a thorough history and physical examination;
 2. Provided proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 3. Properly supervised and monitored the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 4. Timely referred a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
 5. Recognized the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 6. Recognized that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 7. Taken proper precautions to prevent a patient a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;

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8. Hospitalized a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 9. Planned for and scheduled a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 10. Informed the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advised the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 11. Any and all acts of negligence as identified through additional discovery.
- B. Northwest Women's Care d/b/a DMC Primary Care Services II** via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Lisa Lynn Cardwell, M.D.**, should have taken the following action with regard to Michele Breech:
1. Timely and properly selected, trained and monitored its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provided qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Created, implemented, formulated and enforced protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 4. Performed and appreciated a thorough history and physical examination;
 5. Provided proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Properly supervised and monitored the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 7. Timely referred a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;

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8. Recognized the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 9. Recognized that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 10. Taken proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 11. Hospitalized a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 12. Planned for and scheduled a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 13. Informed the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advised the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 14. Any and all acts of negligence as identified through additional discovery.
- C. **Karoline Puder, M.D.** should have taken the following action with regard to Michele Breech:
1. Performed and appreciated a thorough history and physical examination;
 2. Provided proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 3. Recognized the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 4. Recognized that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 5. Taken proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral

- medications or a terbutaline pump;
6. Hospitalized a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 7. Planned for and scheduled a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 8. Informed the patient of the potentially serious risks of vasa previa and Velamentous cord insertion and recommend hospitalization, and further advised the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 9. Any and all acts of negligence as identified through additional discovery.
- D. **University Women's Care / Sinai Grace Hospital Department of Obstetrics & Gynecology**, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Karoline Puder, M.D.**, should have taken the following action with regard to Michele Breech:
1. Timely and properly selected, trained and monitored its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provided qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Created, implemented, formulated and enforced protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 4. Performed and appreciated a thorough history and physical examination;
 5. Provided proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Recognized the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;

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7. Recognized that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 8. Taken proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 9. Hospitalized a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 10. Planned for and scheduled a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 11. Informed the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advised the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 12. Any and all acts of negligence as identified through additional discovery.
- E. **Sinai Grace Hospital and The Detroit Medical Center**, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Lisa Lynn Cardwell, M.D. and Karoline Puder, M.D.**, should have taken the following action with regard to Michele Breech:
1. Timely and properly selected, trained and monitored its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provided qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Created, implemented, formulated and enforced protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 4. Performed and appreciated a thorough history and physical examination;
 5. Provided proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;

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6. Properly supervised and monitored the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 7. Timely referred a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
 8. Recognized the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 9. Recognized that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 10. Taken proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 11. Hospitalized a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 12. Planned for and scheduled a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 13. Informed the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advised the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 14. Any and all acts of negligence as identified through additional discovery.
- F. **Keh-Chyang Liang, M.D. and Dr. Brar** should have taken the following action with regard to Kelvin Breech:
1. Performed and appreciated a thorough history and physical examination;
 2. Provided proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
 3. Recognized that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood

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- transfusion;
4. Timely reviewed laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
 5. Timely ordered for a blood transfusion in an infant who has low hemoglobin levels;
 6. Ensured that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
 7. Any and all acts of negligence as identified through additional discovery.
- G. **Sinai Grace Hospital and The Detroit Medical Center**, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Keh-Chyang Liang, M.D.** and **Dr. Brar**, should have taken the following action with regard to Kelvin Breech:
1. Timely and properly selected, trained and monitored its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper pediatric/neonatal care and comply with the standard of care as described herein;
 2. Provided qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage his neonatal care in accordance with the standard of care described herein;
 3. Created, implemented, formulated and enforced protocols and/or procedures for neonatal patients with a delivery complicated by maternal fetal hemorrhage;
 4. Performed and appreciated a thorough history and physical examination;
 5. Provided proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
 6. Recognized that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood transfusion;
 7. Timely reviewed laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
 8. Timely entered an order for a blood transfusion in an infant who has low hemoglobin levels;

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9. Ensured that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
10. Any and all acts of negligence as identified through additional discovery.

THE MANNER IN WHICH THE BREACH OF THE STANDARD OF PRACTICE OR CARE WAS THE PROXIMATE CAUSE OF INJURY:

As a direct result of the negligence and breaches of the applicable standards of care by **Lisa L. Cardwell, M.D., Karoline Puder, M.D.**, the staff and physicians of **Northwest Women's Care d/b/a DMC Primary Care Services II, The Detroit Medical Center and Sinai Grace Hospital including but not limited to Lisa L. Cardwell, M.D., and University Women's Care, The Detroit Medical Center and Sinai Grace Hospital, including but not limited to Karoline Puder, M.D.**, claimant, Kelvin Breech, a Minor, suffered an intrapartum hypoxic ischemic insult secondary to blood loss and asphyxia resulting from the rupture of fetal vessels during Michele's labor. Had Michele Breech been admitted to the hospital at 28 weeks gestation for monitoring, an elective c-section could have been performed prior to the rupture of membranes, or in the alternative, a STAT c-section delivery could have been immediately performed following spontaneous rupture of her membranes, thereby avoiding an hour delay in Kelvin's delivery, which allowed for intrapartum blood loss and hypoxic ischemic insult. Additionally, Kelvin was allowed to suffer from critically low hemoglobin levels for over two hours, as his laboratory results were not timely reviewed and a blood transfusion was not ordered until 70 minutes after the results were available, allowing further injury to this infant's brain, which was occasioned by the breach of the standard of care by the neonatal and/or pediatric staff of **Sinai Grace Hospital and The Detroit Medical Center, including but not limited to Keh-Chyang Liang, M.D., Dr. Brar and/or any and all physicians and staff who participated in the care and treatment of Kelvin Breech during his neonatal admission.** These deviations from the standards of care resulted in permanent neurological deficits, including but not limited to cerebral palsy.

Kelvin Breech is permanently impaired both physically and mentally has suffered extensive prescriptive, rehabilitative, nursing and hospital expenses, pain, suffering, emotional distress, humiliation, fright, depression, loss of enjoyment of life and other damages, all of which are past, present, and future. He has been denied the opportunity for a normal and independent adult life, and his potential for earning capacity has been destroyed.

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TO THOSE RECEIVING THIS NOTICE:

You should furnish this notice to any person, entity, or facility not specifically named herein that you reasonably believe might be encompassed by this.

Further, the claimant hereby requests that the full name of and last known address of Dr. Brar as listed on the attached record, be immediately supplied to claimant's attorneys.

Respectfully submitted,

McKEEN & ASSOCIATES, P.C.

Brian J. McKeen

BRIAN J. McKEEN (P34123)

645 Griswold St., Suite 4200

Detroit, MI 48226



BJM/dlb



DELIVERY MEDICATION(S)	
Drug	Dose/Route/Signature
<i>See anesthesia record</i>	

REF: CARDWELL, LISA

 ADM: 12/21/04 FN 212894687
 BREECH, MICHELE
 MR: 350760971 E20X01
 F BE: 03/03/1976 OBS
 ATN: CARDWELL, LISA L/PVT
 PCP: CARDWELL, LISA L.

- SINAI-GRACE
- HUTZEL
- HURON VALLEY

N E E P P

 Age 36 Gravida 2 Para 1 **DELIVERY DATA**

LABOR ONSET _____ COMPLETE _____	date _____ time _____	SETTING <input checked="" type="checkbox"/> Delivery Room <input type="checkbox"/> Labor <input type="checkbox"/> Room/LDR <input type="checkbox"/> LDRP <input type="checkbox"/> Birth Center	<input type="checkbox"/> Other in Hospital <input type="checkbox"/> Extramural	ANESTHESIA <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Pudendal	<input type="checkbox"/> Epidural <input type="checkbox"/> Spinal <input checked="" type="checkbox"/> General	ANTEPARTUM <input type="checkbox"/> ROM Date <u>12/21/04</u> Notified <u>pt e/o</u> time <u>0214</u> Romeo <u>0630</u> <input type="checkbox"/> Tocolytics <input type="checkbox"/> Betamethasone
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VAGINAL VERTEX (<input type="checkbox"/> VBAC) <input type="checkbox"/> Spontaneous (<input type="checkbox"/> Manual Rotation) INSTRUMENTAL <input type="checkbox"/> Outlet <input type="checkbox"/> Low <input type="checkbox"/> Mid <input type="checkbox"/> Forceps (<input type="checkbox"/> Rotate <45°) <input type="checkbox"/> Vacuum (<input type="checkbox"/> Rotate <45°)	Operative Indication(s) <input type="checkbox"/> Elective <input type="checkbox"/> Abc Prog <input type="checkbox"/> Fetal Distress <input type="checkbox"/> Maternal Exhaustion <input type="checkbox"/> Other:	VAGINAL BREECH <input type="checkbox"/> Frank <input type="checkbox"/> Spont <input type="checkbox"/> Complete <input type="checkbox"/> Assisted <input type="checkbox"/> Incomplete <input type="checkbox"/> Piper <input type="checkbox"/> Extraction	EPISIOTOMY <input type="checkbox"/> None <input type="checkbox"/> Midline <input type="checkbox"/> Mediolateral <input type="checkbox"/> Ensioproct	EXTENSION / LACERATION <input type="checkbox"/> None <input type="checkbox"/> Perineal <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Repair:
--	--	---	---	---

CESAREAN SECTION <input checked="" type="checkbox"/> Low Trans <input type="checkbox"/> Labor <input type="checkbox"/> Low Vertical <input type="checkbox"/> No labor <input type="checkbox"/> Classical <input type="checkbox"/> Primary <input type="checkbox"/> T-Incision <input type="checkbox"/> C-Hyst <input type="checkbox"/> Tubal Ligation Findings: Abnormal <input type="checkbox"/> ovaries <input type="checkbox"/> tubes <input type="checkbox"/> Adhesions <input type="checkbox"/> Uterine rupture Other:	Indication(s) <i>Bleeding</i> <input type="checkbox"/> Attempted VBAC <input type="checkbox"/> Repeat <input type="checkbox"/> Fetal <input type="checkbox"/> Malpresentation Protraction Arrest <input type="checkbox"/> dilation <input type="checkbox"/> descent Other:	AMNIOTIC FLUID <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Oligohydramnios <input type="checkbox"/> Polyhydramnios <input type="checkbox"/> Meconium <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Foul Smelling <input type="checkbox"/> Cultures Sent EBL (cc) <u>1500</u>	PLACENTA <input type="checkbox"/> Spontaneous <input type="checkbox"/> Expressed <input checked="" type="checkbox"/> Manual Removal <input type="checkbox"/> Curettage Examination: Weight: <u>patho</u> Disposition:	UMBILICAL CORD <input checked="" type="checkbox"/> 3 Vessels <input type="checkbox"/> Nuchal <input type="checkbox"/> 2 Vessels <input type="checkbox"/> True Knot Blood Gases Artery Vein pH _____ PO2 _____ PCO2 _____ BE _____ <input type="checkbox"/> Cord Prolapse <input checked="" type="checkbox"/> Cord blood to lab
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STAFF CODE (PLEASE PRINT) DELIVERY DATA

ATTENDING <u>Dr Roberts</u>	ASSISTANT (1) <u>Dr Samson</u>	ASSISTANT (2) <u>Dr Pasel</u>	DELIVERY date <u>12/21/04</u> time <u>0714</u>	GA (weeks) <u>39</u>
NURSE <u>Howie - Broome</u> <u>Wanless, Miller</u>	ANESTHESIA BY <u>Wolfskeef / Zhu</u>	ANESTHESIOLOGIST <u>Adali</u>	PLACENTA date <u>12/21/04</u> time <u>0715</u>	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Ambiguous

NEWBORN	GESTATION <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> MULTIPLE <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> LIVEBORN <input type="checkbox"/> EXPIRED	APGAR SCORES 1 MIN. 5 MIN. <u>15</u>	WEIGHT (gm) <u>1850</u> LENGTH (cm) _____ HEAD CIR (cm) _____ TAG NO. <u>60543</u>	
	CONDITION <input checked="" type="checkbox"/> STILLBORN <input type="checkbox"/> AUTOPSY	HEART RATE _____ RESP. EFFORT _____ MUSCLE TONE _____ REFLEX IRRITABILITY _____ COLOR _____ TOTALS _____	TRANSFER TO <u>NICU</u>	VIT K <input type="checkbox"/> given <input checked="" type="checkbox"/> defer
	PROCEDURES <input checked="" type="checkbox"/> O2 <input checked="" type="checkbox"/> BAG/MASK <input checked="" type="checkbox"/> UMBILICAL CATHETER <input checked="" type="checkbox"/> ENDOTRACHEAL TUBE <input type="checkbox"/> MED BELWCORDS <input type="checkbox"/> ASSISTED VENT <input checked="" type="checkbox"/> CARDIAC MASSAGE <input checked="" type="checkbox"/> MEDS <input checked="" type="checkbox"/> FLUIDS	SUCTION CATHETER <input type="checkbox"/> NONE <input type="checkbox"/> BULB SUCTION <input type="checkbox"/> DURING <input type="checkbox"/> AFTER BIRTH	REFLEX IRRITABILITY _____ COLOR _____ TOTALS _____	SIGNATURE _____ SIGNATURE (TIME) _____ FEEDING _____
	<input type="checkbox"/> BLOOD GLUCOSE LEVEL: _____		INFANT PASSED _____ <input type="checkbox"/> URINE <input type="checkbox"/> STOOL	PEDS NOTIFIED _____ PED. PROVIDER <u>NICU</u> <u>Brar</u>

INTRAPARTUM AND DELIVERY PROBLEMS

MOTHER	720 ANESTHESIA COMPLICATIONS: <input type="checkbox"/> Hypotension <input type="checkbox"/> Seizure <input type="checkbox"/> Aspiration <input type="checkbox"/> Other
	730 HEMORRHAGE <input type="checkbox"/> Atony <input type="checkbox"/> Retained Placenta <input type="checkbox"/> Laceration <input type="checkbox"/> Other: _____ <input type="checkbox"/> Blood Products Transfused <input type="checkbox"/> Laparotomy
	740 SEVERE CONDITIONS <input type="checkbox"/> DIC <input type="checkbox"/> Seizure <input type="checkbox"/> Uterine Inversion <input type="checkbox"/> Embolus (<input type="checkbox"/> AF <input type="checkbox"/> Pulm) <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> CVA <input type="checkbox"/> Maternal Death <input type="checkbox"/> Shock <input type="checkbox"/> Hypertensive Crisis <input type="checkbox"/> Uterine Rupture <input type="checkbox"/> Respiratory Arrest <input type="checkbox"/> Failed Tocolysis <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Chorio
	750 PREECLAMPSIA <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Eclampsia <input type="checkbox"/> HELLP <input type="checkbox"/> MGS04 Protocol <input type="checkbox"/> Edema <input type="checkbox"/> DTRs _____ <input type="checkbox"/> Proteinuria _____ <input type="checkbox"/> BP _____

FETUS NEWBORN	770 BIRTH COMPLICATIONS <input type="checkbox"/> Shoulder Dystocia <input type="checkbox"/> Nuchal Arm <input type="checkbox"/> Entrapment <input type="checkbox"/> Erbs palsy <input type="checkbox"/> Intrapartum Fetal Death <input type="checkbox"/> Fetal / Neonatal Injury (<input type="checkbox"/> Fracture <input type="checkbox"/> Laceration <input type="checkbox"/> Nerve) <input type="checkbox"/> Other:
	780 NEONATAL COMPLICATIONS <input type="checkbox"/> Meconium below the Cords <input type="checkbox"/> Congenital Anomaly: <input type="checkbox"/> Resuscitation Complications <input type="checkbox"/> Death <input type="checkbox"/> Other:
	790 PROCEDURES <input type="checkbox"/> Scalp Electrode <input type="checkbox"/> IUPC <input type="checkbox"/> Scalp pH _____ <input type="checkbox"/> Amnioinfusion

DELIVERY NOTE	NURSE SIGNATURE _____
	PHYSICIAN/MIDWIFE SIGNATURE _____
	ATTENDING PHYSICIAN _____

 NO IDENTIFIED DELIVERY PROBLEMS DICTATED OP NOTE DONE (DATE: _____) NOT REQUIRED

32256017 (9/03) DELIVERY

MD 465 666

Medicine- Medical Physician and Surgeon-
Accredited School Graduate



AA0000524240

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	PUDER			First Name	KAROLINE		
Middle Name	SUZANNE			Suffix			
Full Name	KAROLINE SUZANNE PUDER						
SSN	[REDACTED]	Date Of Birth	[REDACTED]	Age	54	Gender	
ADDRESS DETAILS							
Street Address	[REDACTED]						
City/State/Zip	SOUTHFIELD Michigan 48034						
County	Oakland				Country	United States	
CONTACT DETAILS							
Phone number	[REDACTED]			Mobile Phone number			
Primary Email Address	[REDACTED]			Secondary Email Address			
EDUCATION DETAILS							
School Name	School Type	School Address	Degree	Major	Attended From	Attended To	Graduation Date
Mt. Sinai School of Medicine		1428 Madison Ave., NY NY 10029		MD	07/01/1986	06/15/1988	06/15/1988

CHECKLIST ITEMS

Checklist name	Status	Submitted Date	Expiration Date
Application	Pending Review	04/16/2018	04/16/2019
Application Fee	Completed	04/16/2018	04/16/2019
Child Abuse CE	Completed	04/16/2018	
Criminal History Check	Pending Review	04/16/2018	
Criminal History Check-Michigan	Pending Review	04/16/2018	
Databank Report	Pending Review	04/16/2018	
Education Verification	Not Received	04/16/2018	
Exam Results	Not Received	04/16/2018	
Graduate Training	Not Received	04/16/2018	
Letter of Good Standing (LOGS)	Not Received	04/16/2018	
Letter of Good Standing (LOGS)-Michigan	Not Received	04/16/2018	
Letter of Good Standing (LOGS)-New York	Not Received	04/16/2018	
OPIOID CE	Not Received	04/16/2018	
Resume/Curriculum Vitae	Pending Review	04/16/2018	

LEGAL QUESTIONS

Questions	Answer	Document Uploaded	File Name
1 Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in any health-related profession in any state or jurisdiction?	Y	No	
2 Please provide the profession and state or jurisdiction.	Physician-Michigan; Physician-New York	No	
3 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?	N	No	
4 Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
5 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?	N	No	
6 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.	N	No	
7 Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
8 Have you ever had your DEA registration denied, revoked or restricted?	N	No	

9	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
10	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	N	No	
11	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
12	Do you currently engage in or have you ever engaged in the imtemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		No	
13	Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the docket number, filing date, and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you.		Yes	NOI breech.pdf
13	Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the docket number, filing date, and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you.	Y	Yes	statement regarding litigation2.docx
14	Docket Number:	MI 09-006715-NH	No	
15	Filing Date:	03/23/2009	No	
16	Date you were served:	05/15/2009	No	

STANDARD QUESTIONS

Questions		Answer
1	Will any of your supporting documents be submitted under another name or names?	N
2	Please list the other name(s)	
3	You must submit a copy of a legal document verifying the name(s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.	
4	Are you applying using FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE)?	N
5	Applicants may use the FCVS credentials verification service through the Federation of State Medical Boards to verify their medical education, post graduate training and examination scores. The Board will accept FCVS if primary source verification is provided. However, you will need to meet all Pennsylvania licensure requirements. Additional documents are required by the Board that are NOT included in the FCVS report but are detailed within the application instructions. It is the applicant's responsibility to ensure that these additional documents are provided to the Board as outlined in the application instructions.	
6	Have you previously held a Pennsylvania Graduate Medical Training License?	N
7	Please enter the License Number:	
8	List all of the states you have lived or worked in during the last 5 years.	Michigan

TRAINING DETAILS

Post Graduate Training Level	Training Hospital Name	From	To
1	Mt Sinai Hospital	07/01/1988	06/30/1992
2	Hutzel Women's Hospital	07/01/1992	06/30/1994

EXAMINATION DETAILS

Exam Name	Exam State	Exam Date
National Boards (Part 1)		06/10/1986
National Boards (Part 2)		09/29/1987
National Boards (PART 3)		03/01/1989

Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction

Profession	State/Jurisdiction
Physician	Michigan
Physician	New York

CONFIRMATION

All fees are non-refundable. Please check to continue with your transaction. (04/16/2018 21:07:36)

ACCREDITED - AMERICAN

4/13

APPLYING FOR ACCREDITED:		<input checked="" type="checkbox"/> MD <input type="checkbox"/> MT	EVALUATOR:	MARY	SS#	
APPLICANT'S NAME:		PUDER, KAROLINE				
APPLICANT'S SPECIALTY:						
LICENSED IN OTHER STATE(S):		MI, NY				
MEDICAL SCHOOL NAME:		ICAHN SOM AT MT SINAI				
DATE OF GRADUATION:		05/17/1988				
TRAINING:	PGY 1 HOSPITAL:	MT SINAI	DATES: 7/1/88-6/30/89			
	PGY 2 HOSPITAL:	MT SINAI	DATES: 7/1/89-6/30/90			
EXAMS:	USMLE 1: _____	NBME 1: <input checked="" type="checkbox"/> X _____	FLEX 1: _____	LMCC 1: _____		
	USMLE 2: _____	NBME 2: <input checked="" type="checkbox"/> X _____	FLEX 2: _____	LMCC 2: _____		
	USMLE 3: _____	NBME 3: <input checked="" type="checkbox"/> X _____				
BOARD SPECIALTY CERTIFICATION:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF SPECIALTY BOARD:						
DISCIPLINARY INFORMATION:		ANSWERED YES TO QUESTION(S):				
SUBMITTED COPIES OF:		<input type="checkbox"/> COURT DOCUMENTS				
		<input checked="" type="checkbox"/> CIVIL COMPLAINT(S)	# ATTACHED	1		
		<input type="checkbox"/> ACTION TAKEN BY ANOTHER JURISDICTION				
REASON FOR BOARD REVIEW:		PAYMENT REPORT ON DATABANK				
DATABANK SHOWS ACTION:		<input checked="" type="checkbox"/> NPDB/HIPDB				
BOARD MEETING REVIEW:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	BOARD MEETING DATE:		
COMMENTS:		9/5/18				
ADMINISTRATOR'S SIGNATURE:		Suzanne Zube			DATE:	
					9/5/18	

ACCREDITED - AMERICAN

4/13

APPLYING FOR ACCREDITED:		<input checked="" type="checkbox"/> MD <input type="checkbox"/> MT	EVALUATOR:	MARY	SS#
APPLICANT'S NAME:		PUDEK, KAROLINE			
APPLICANT'S SPECIALTY:					
LICENSED IN OTHER STATE(S):		MI, NY			
MEDICAL SCHOOL NAME:		ICAHN SOM AT MT SINAI			
DATE OF GRADUATION:		05/17/1988			
TRAINING:	PGY 1 HOSPITAL:	MT SINAI	DATES: 7/1/88-6/30/89		
	PGY 2 HOSPITAL:	MT SINAI	DATES: 7/1/89-6/30/90		
EXAMS:	USMLE 1: _____	NBME 1: <input checked="" type="checkbox"/>	FLEX 1: _____	LMCC 1: _____	
	USMLE 2: _____	NBME 2: <input checked="" type="checkbox"/>	FLEX 2: _____	LMCC 2: _____	
	USMLE 3: _____	NBME 3: <input checked="" type="checkbox"/>			
BOARD SPECIALTY CERTIFICATION:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SPECIALTY BOARD:					
DISCIPLINARY INFORMATION:		ANSWERED YES TO QUESTION(S):			
SUBMITTED COPIES OF:		<input type="checkbox"/> COURT DOCUMENTS			
		<input checked="" type="checkbox"/> CIVIL COMPLAINT(S)	# ATTACHED	1	
		<input type="checkbox"/> ACTION TAKEN BY ANOTHER JURISDICTION			
REASON FOR BOARD REVIEW:		PAYMENT REPORT ON DATABANK			
DATABANK SHOWS ACTION:		<input checked="" type="checkbox"/> NPDB/HIPDB			
BOARD MEETING REVIEW:		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	BOARD MEETING DATE:	
COMMENTS:					
ADMINISTRATOR'S SIGNATURE:					DATE:

Personal Statement Regarding Prior Medical Malpractice
Karoline Suzanne Puder, MD

I have been in academic practice in Detroit, Michigan since completing my fellowship in Maternal-Fetal Medicine, in 1994. In that time period, two cases have been settled in which I was a named party. In both cases, the hospital/medical center was a co-defendant and dictated decisions regarding settlement.

The first case settled in 2003 and was related to a tubal ligation failure. The postpartum tubal ligation was performed in the usual manner and segments of the tubes were sent to pathology for exam. Review of the results showed that one tube may not have been ligated. The patient was contacted and informed. She was told to use alternative contraception and to come for follow up. She did not return, but did come to the emergency department stating that she had been told of this concern. She was instructed to follow-up in the gynecology office for further management, which she did not do. She then became pregnant, chose to have a termination, and ultimately had a laparoscopic tubal ligation. The case was settled for business purposes and I have a non-consent policy.

The second case in which I was named, I served as a consultant and not the primary caregiver. That case settled in 2013 and is referenced in the DataBank report. This matter is related to a diagnosis of vasa previa made in the midtrimester. The patient was counseled by me and her care was otherwise performed by her primary obstetrician. She had a hospital admission for preterm contractions. She was discharged from the hospital by her OB and with follow up with her OB. She agreed to discharge and outpatient follow up. She reported that she lived near the hospital, had transportation, had another adult in the house, and wished to be at home. She did not follow up with me, as recommended and presented with bleeding. Her child subsequently has developmental delay. The DataBank report is inaccurate, because the child was still alive at the time of the litigation (and I have no knowledge of a change in status). I was included as a defendant because I did not force her to stay in the hospital. I was not the discharging physician. Standard of care did not dictate inpatient management. This case was settled for business purposes due to hospital corporate concerns about excessive award at trial due to the child's developmental delay and the prevailing malpractice environment in the area. I had a non-consent policy for this, as well.

MAR 13 2017



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Chantilly, VA 20153-0832

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5500000133438135
Process Date: 04/08/2018
Page: 1 of 1

PUDER, KAROLINE SUZANNE - SELF-QUERY RESPONSE

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

Practitioner Name: PUDER, KAROLINE SUZANNE
Date of Birth: [REDACTED] **Gender:** FEMALE
Delivery Address: [REDACTED] SOUTHFIELD, MI 48034-2108
Social Security Number: [REDACTED] **DEA:** BP3175646
NPI: 1790722288
License: PHYSICIAN (MD), 4301059142, MI, OBSTETRICS & GYNECOLOGY
Professional School(s): MT. SINAI SCHOOL OF MEDICINE (1988)

B. PAYMENT INFORMATION

Credit Card Information: [REDACTED]
NPDB Charge: \$4.00 **NPDB Bill Reference Number:** N56833421
Transaction Date: 04/08/2018 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 04/08/2018

The following report types have been searched:

Medical Malpractice Payment Report(s):	Yes, See Below	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.

THE DETROIT MEDICAL CENTER

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - FAILURE TO TREAT

Initial Action: - SETTLEMENT **Date of Action:** 08/21/2013
DCN: 5500000085219573

THE DETROIT MEDICAL CENTER

MEDICAL MALPRACTICE PAYMENT

Basis for Action: - SURGERY: IMPROPER PERFORMANCE OF SURGERY

Initial Action: - SETTLEMENT **Date of Action:** 10/15/2003
DCN: 5500000031351195

----- Unabridged Report(s) Follow -----

PUDER, KAROLINE SUZANNE

THE DETROIT MEDICAL CENTER

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 08/21/2013

Initial Action

Basis for Initial Action

- SETTLEMENT

- FAILURE TO TREAT

A. REPORTING ENTITY

Entity Name: THE DETROIT MEDICAL CENTER *
Address: 4707 ST ANTOINE
STE E510
City, State, Zip: DETROIT, MI 48201
Country:
Name or Office: MARY MERITY
Title or Department: CORPORATE DIRECTOR
Telephone: (313) 993-0307
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 03/29/2017:

Entity Name: THE DETROIT MEDICAL CENTER
Address: 4707 SAINT ANTOINE ST STE E510
City, State, Zip: DETROIT, MI 48201-1427
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: PUDER, KAROLINE SUZANNE
Other Name(s) Used:
Gender: FEMALE
Date of Birth: [REDACTED]
Organization Name: NORTHWEST WOMEN'S CARE
Work Address: 6071 WEST OUTER DRIVE
City, State, ZIP: DETROIT, MI 48235
Home Address: [REDACTED]
City, State, ZIP: SOUTHFIELD, MI 48034
Deceased: NO
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: MOUNT SINAI SCHOOL OF MEDICINE OF NEW YORK UNIVERSITY (1988)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 4301059142, MI
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s): DETROIT MEDICAL CENTER HOSPITALS
DETROIT, MI

C. INFORMATION REPORTED

Date of Report: 10/21/2013
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER
PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER
Amount of This Payment for This Practitioner: \$ 100,000.00
Date of This Payment: 08/21/2013
This Payment Represents: A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 100,000.00
Payment Result of: SETTLEMENT
Date of Judgment or Settlement, if Any: 08/02/2013
Adjudicative Body Case Number:
Adjudicative Body Name:
Court File Number: 09006715N
Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: SETTLEMENT REACHED AS A COMPROMISED WITH NO ADMISSION OF LIABILITY.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case: \$ 200,000.00
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 2

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?: NO
Amount Paid or Expected to Be Paid by the State Fund:
Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO
Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 0 DAYS
Patient's Gender: UNKNOWN
Patient's Type: INPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment: PATIENT PRESENTED PRENATALLY AND WAS DIAGNOSED WITH VASA PREVIA, VELAMENTOUS CORD INSERTION AND SHORTENED CERVIX.
Description of the Procedure Performed: EMERGENCY CESAREAN SECTION WAS PERFORMED BY INSUREDS.
Nature of Allegation: OBSTETRICS RELATED (050)
Specific Allegation: FAILURE TO TREAT (113)
Date of Event Associated With Allegation or Incident: 11/18/2004
Outcome: DEATH (09)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGATIONS INVOLVE FAILURE TO ADMIT PATIENT TO HOSPITAL FOR INPATIENT MANAGEMENT OF ABOVE IDENTIFIED CONDITIONS RESULTING IN PREMATURE EMERGENCY CESAREAN SECTION AND DEATH OF FETUS.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/21/2013
Date of Most Recent Change: 10/21/2013

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

PUDER, KAROLINE

THE DETROIT MEDICAL CENTER

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 10/15/2003

Initial Action

Basis for Initial Action

- SETTLEMENT

- SURGERY: IMPROPER PERFORMANCE OF SURGERY

A. REPORTING ENTITY

Entity Name: THE DETROIT MEDICAL CENTER *
Address: 3663 WOODWARD AVENUE, SUITE 200
City, State, Zip: DETROIT, MI 48201
Country:
Name or Office: MARY MERITY
Title or Department: CORPORATE DIRECTOR
Telephone: (313) 993-0307
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 03/29/2017:

Entity Name: THE DETROIT MEDICAL CENTER
Address: 4707 SAINT ANTOINE ST STE E510
City, State, Zip: DETROIT, MI 48201-1427
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: PUDEK, KAROLINE
Other Name(s) Used:
Gender: FEMALE
Date of Birth: [REDACTED]
Organization Name: HUTZEL HOSPITAL
Work Address: 4707 ST. ANTOINE BLVD.
City, State, ZIP: DETROIT, MI 48201
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN): [REDACTED]
Professional School(s) & Year(s) of Graduation: MOUNT SINAI SCHOOL OF MEDICINE (1988)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 059142, MI
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 10/21/2003
Act/Omission Code: SURGERY: IMPROPER PERFORMANCE OF SURGERY (250)
Date of Act/Omission: 01/18/2001
Payment Date: 10/15/2003
Multiple or Single Payment: SINGLE
Amount of This Payment: \$ 39,500.00
Total Amount of Judgment or Settlement: \$ 39,500.00



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DCN: 5500000031351195
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PUDER, KAROLINE

Payment Result of: SETTLEMENT
 Number of Practitioners for Whom Payment is Made: 1
 Relationship of Entity to the Practitioner: SELF INSURED ORGANIZATION
 Date of Judgment/Settlement: 09/22/2003
 Adjudicative Case Number:
 Adjudicative Body Name:
 Court File Number:
 Reporter's Description of Act or Omission: PLAINTIFF ALLEGES THAT ONE FALLOPIAN TUBE WAS MISSED DURING A POST-PARTUM TUBAL LIGATION ON THE 25 YEAR OLD PATIENT.
 Reporter's Description of the Judgment or Settlement: THE CASE WAS SETTLED FOR A TOTAL OF \$39,500 FOR BUSINESS REASONS ONLY. THE PHYSICIAN DOES NOT ADMIT LIABILITY. THE PHYSICIAN HAS A NON-CONSENT INSURANCE POLICY.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/21/2003
 Date of Most Recent Change: 10/21/2003

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

**McKEEN
& ASSOCIATES, P.C.**
ATTORNEYS AND
COUNSELORS

PENOBSCOT BUILDING
42ND FLOOR
645 GRISWOLD STREET
DETROIT • MICHIGAN 48226

*Rec'd 6/17/08
Cert. mail*

*File #
33266*

BRIAN J. MCKEEN
TERRY A. DAWES
RAMONA C. HOWARD
EUEL W. KINSEY*

TELEPHONE (313) 961-4400 • FACSIMILE (313) 961-5985

TERRANCE J. CIROCCO**
SAULIUS D. POLTERAITIS
TERESA E. HOHMAN***
CAMERON R. GETTO****

JODY L. AARON
*Admitted to MI, TN, AR, MS, TX, PA, WI
**Admitted to MI, TN, AR, MS, PA, WI
***Admitted to MI, OH
****Admitted to MI, CO

June 13, 2008

SENT VIA CERTIFIED MAIL

Lisa Lynn Cardwell, M.D.
29425 Northwestern Hwy.
Suite 200
Southfield, MI 48034

Northwest Women's Care
d/b/a DMC Primary Care Services II
27209 Lahser Road, Suite 220
Southfield, MI 48034

Karoline Puder, M.D.
6071 West Outer Drive, Room 284
Detroit, MI 48235

University Women's Care
Sinai Grace Hospital
Department of Obstetrics & Gynecology
6071 West Outer Drive, Room 284
Detroit, MI 48235

Dr. Brar
c/o Sinai Grace Hospital
Attn: Risk Management
6071 West Outer Drive
Detroit, MI 48235

Keh-Chyang Liang, M.D.
Department of Neonatology
Sinai Grace Hospital
6071 West Outer Drive
Detroit, MI 48235

Sinai Grace Hospital
Attn: Risk Management
6071 West Outer Drive
Detroit, MI 48235

The Detroit Medical Center
Attn: Risk Management
Corporate Offices
3990 John R
Detroit, Michigan 48201

NOTICE OF INTENT TO FILE A CLAIM

Re: Our Client: Kelvin Breech, a Minor
Date of Birth: [REDACTED]
Minor's Mother: Michele Breech
Date of Birth: [REDACTED]
Social Security #: [REDACTED]

June 13, 2008
Page 2 of 25

HEALTH CARE PROVIDERS:

This Notice is intended to apply to the above listed health care professionals, entities, and/or facilities, as well as their employees or agents, actual or ostensible, who were involved and/or participated in the care and treatment of Michele Breech and Kelvin Breech, a Minor.

FACTUAL BASIS FOR CLAIM:

Michele Breech was twenty-eight years old when she became pregnant with Kelvin. Michele began her prenatal care on June 15, 2004, after a positive pregnancy test with Lisa L. Cardwell, M.D.

On July 15, 2004, Michele presented to The Detroit Medical Center (DMC) for an ultrasound to confirm dates and to rule out a threatened abortion due to complaints of vaginal bleeding. Karoline Puder, M.D. performed the ultrasound confirming a single gestation of 10 2/7 weeks. Michele was given a due date of February 8, 2005.

On September 10, 2004, at approximately 18 weeks gestation, Michele presented to DMC for a repeat ultrasound due to her complaints of bleeding and cramping. Michele was diagnosed with vasa previa with velamentous cord insertion (VCI). Dr. Puder notified Dr. Cardwell of the findings.

On November 16, 2004, at approximately 28 weeks gestation, Michele presented to DMC for an ultrasound with Dr. Bernard Gonik. Dr. Gonik noted Michele to have vasa previa with velamentous insertion, as well as a shortened cervix of 21 mm. Dr. Cardwell was notified of the results and Michele was sent to Sinai-Grace Hospital in Detroit for further evaluation.

At approximately 1200, Michele presented to Sinai-Grace Hospital due to a shortened cervix. At the time of admission, she was not experiencing any vaginal bleeding or contractions. Michele was placed on a fetal monitor and was noted to be contracting. She was given magnesium sulfate, which eventually halted her pre-term labor. She also received betamethasone for fetal lung development. On November 18th, Dr. Puder was called in for a Maternal-Fetal-Medicine consultation and recommended that Michele be discharged home on bed rest. Dr. Cardwell discharged Michele that day.

With Michele's history of preterm labor, shortened cervix and vasa previa, she should have been kept inpatient for monitoring in the event that her membranes ruptured. If her membranes ruptured in the hospital, a STAT c-section delivery could have been performed to prevent maternal fetal hemorrhage. At the very least, Michele should have been given oral medications or possibly a terbutaline pump to prevent preterm labor with home monitoring.

On December 21, 2004, at approximately 0600, Michele's membranes spontaneously ruptured at home and she began bleeding heavily. Michele called the hospital en route to advise that she was on her way.

Once she arrived to Labor and Delivery Triage at Sinai-Grace Hospital, a large blood clot was noted. A bedside ultrasound was performed recording a fetal heart rate between 50 and 60 bpm. Michele was taken from Triage to the Operating Room by Dr. Patel at 0705 for a STAT c-section.

Kelvin was delivered stillborn at 0714 at 33 weeks gestation. Kelvin's appgar scores were 0 at one minute, 0 at five minutes, 0 at ten minutes, 3 at fifteen minutes and 3 at twenty minutes. He was described as pale, limp and without a pulse or respiratory effort. Kelvin was suctioned, bagged with oxygen and intubated. Epinephrine was given through the ET tube and he was admitted to the NICU for mechanical ventilation and further care.

At 0749, Kelvin's labs were completed revealing a very low hemoglobin value of 6.6. An order for a blood transfusion was not given until 0900, therefore, he did not receive his transfusion until 0925. Knowing Kelvin's history, his treating physicians should have anticipated Kelvin's need for a blood transfusion and should have been prepared to order a transfusion immediately upon the availability of the laboratory results. Instead, there was a 70 minute delay from the time Kelvin's laboratory values were available until the time the order for a transfusion was given.

Kelvin was admitted to the NICU for 31 days, requiring 21 days of mechanical ventilation, umbilical venous and artery catheterizations and blood transfusions. His discharge diagnoses were respiratory distress syndrome, transient thrombocytopenia, severe asphyxia, hypoxic ischemic encephalopathy, seizure disorder, hypotension, anemia of prematurity, gastroesophageal reflux and hypocalcemia.

Kelvin suffers from cerebral palsy and is severely and permanently impaired both physically and mentally.

THE APPLICABLE STANDARD OF PRACTICE OR CARE:

- A. The standard of care required that Lisa Lynn Cardwell, M.D., as a reasonable and prudent licensed physician, practicing and specializing in Obstetrics & Gynecology, when presented with a patient exhibiting signs and symptoms such as those demonstrated by Michele Breech, owed a duty to:
1. Perform and appreciate a thorough history and physical examination;
 2. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 3. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 4. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa

- and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
5. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 6. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 7. Take proper precautions to prevent a patient a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 8. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 9. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 10. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 11. Any and all acts of negligence as identified through additional discovery.
- B. The standard of care required that Northwest Women's Care d/b/a DMC Primary Care Services II, a duly accredited and licensed health care institution, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, Lisa Lynn Cardwell, M.D., which holds itself out to the public and its patients as being competent of rendering medical services, when presented with a patient such as Michele Breech, owed a duty to:**
1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to insure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;

3. Create, implement, formulate and enforce protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion VCI;
 4. Perform and appreciate a thorough history and physical examination;
 5. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 7. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
 8. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 9. Recognize that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 10. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 11. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 12. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 13. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 14. Any and all acts of negligence as identified through additional discovery.
- C. The standard of care required that **Karoline Puder, M.D.**, as a reasonable and prudent licensed physician, practicing and specializing in Maternal-Fetal-Medicine, when presented

with a patient exhibiting signs and symptoms such as those demonstrated by Michele Breech, owed a duty to:

1. Perform and appreciate a thorough history and physical examination;
2. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
3. Recognize the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
4. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
5. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
6. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
7. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
8. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
9. Any and all acts of negligence as identified through additional discovery.

D. The standard of care required that **University Women's Care / Sinai Grace Hospital Department of Obstetrics & Gynecology**, a duly accredited and licensed health care institution, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Karoline Puder, M.D.**, which holds itself out to the public and its patients as being competent of rendering medical services, when presented with a patient such as Michele Breech, owed a duty to:

1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to insure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;

2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Create, implement, formulate and enforce protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 4. Perform and appreciate a thorough history and physical examination;
 5. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Recognize the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 7. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 8. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 9. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 10. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 11. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 12. Any and all acts of negligence as identified through additional discovery.
- E. The standard of care required that **Sinai Grace Hospital and The Detroit Medical Center**, duly accredited and licensed health care institutions, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Lisa Lynn Cardwell, M.D.** and **Karoline Puder, M.D.**, which holds themselves out to the public and their patients as being competent of rendering medical services, when presented with a patient such as Michele Breech, owed a duty to:

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1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
3. Create, implement, formulate and enforce protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
4. Perform and appreciate a thorough history and physical examination;
5. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
6. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
7. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
8. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
9. Recognize that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
10. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
11. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
12. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;

13. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 14. Any and all acts of negligence as identified through additional discovery.
- F. The standard of care required that **Keh-Chyang Liang, M.D. and Dr. Brar (Claimant hereby requests that the full name of and last known address of Dr. Brar as listed on the attached record, be immediately supplied to claimant's attorneys)**, as reasonable and prudent licensed physicians, practicing and specializing in Pediatrics and/or Neonatal-Perinatal Medicine, when presented with a patient exhibiting signs and symptoms such as those demonstrated by Kelvin Breech, owed a duty to:
1. Perform and appreciate a thorough history and physical examination;
 2. Provide proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
 3. Recognize that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood transfusion;
 4. Timely review laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
 5. Timely order for a blood transfusion in an infant who has low hemoglobin levels;
 6. Ensure that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
 7. Any and all acts of negligence as identified through additional discovery.
- G. The standard of care required that **Sinai Grace Hospital and The Detroit Medical Center**, duly accredited and licensed health care institutions, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Keh-Chyang Liang, M.D. and Dr. Brar**, which holds themselves out to the public and their patients as being competent of rendering medical services, when presented with a patient such as Kelvin Breech, owed a duty to:
1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper pediatric/neonatal care and comply with the standard of care as described herein;

2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage his neonatal care in accordance with the standard of care described herein;
3. Create, implement, formulate and enforce protocols and/or procedures for neonatal patients with a delivery complicated by maternal fetal hemorrhage;
4. Perform and appreciate a thorough history and physical examination;
5. Provide proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
6. Recognize that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood transfusion;
7. Timely review laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
8. Timely enter an order for a blood transfusion in an infant who has low hemoglobin levels;
9. Ensure that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
10. Any and all acts of negligence as identified through additional discovery.

THE MANNER IN WHICH IT IS CLAIMED THAT THE APPLICABLE STANDARD OF PRACTICE OR CARE WAS BREACHED:

- A. Lisa Lynn Cardwell, M.D. breached the standard of care with regard to Michele Breech, by failing to:
 1. Perform and appreciate a thorough history and physical examination;
 2. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 3. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 4. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa

- and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
5. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 6. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 7. Take proper precautions to prevent a patient a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 8. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 9. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 10. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 11. Any and all acts of negligence as identified through additional discovery.
- B. Northwest Women's Care d/b/a DMC Primary Care Services II via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, Lisa Lynn Cardwell, M.D., breached the standard of care with regard to Michele Breech, by failing to:
1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Create, implement, formulate and enforce protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord

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- insertion (VCI);
4. Perform and appreciate a thorough history and physical examination;
 5. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 7. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
 8. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 9. Recognize that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 10. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 11. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 12. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 13. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 14. Any and all acts of negligence as identified through additional discovery.
- C. **Karoline Puder, M.D.** breached the standard of care with regard to Michele Breech, by failing to:
1. Perform and appreciate a thorough history and physical examination;

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2. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 3. Recognize the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 4. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 5. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 6. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 7. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 8. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 9. Any and all acts of negligence as identified through additional discovery.
- D. University Women's Care / Sinai Grace Hospital Department of Obstetrics & Gynecology, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, Karoline Puder, M.D., breached the standard of care with regard to Michele Breech, by failing to:
1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Create, implement, formulate and enforce protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);

4. Perform and appreciate a thorough history and physical examination;
 5. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Recognize the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 7. Recognize that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 8. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 9. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 10. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 11. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 12. Any and all acts of negligence as identified through additional discovery.
- E. **Sinai Grace Hospital and The Detroit Medical Center**, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Lisa Lynn Cardwell, M.D.** and **Karoline Puder, M.D.**, breached the standard of care with regard to Michele Breech, by failing to:
1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Create, implement, formulate and enforce protocols and/or procedures for patients

- with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
4. Perform and appreciate a thorough history and physical examination;
 5. Provide proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Properly supervise and monitor the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 7. Timely refer a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
 8. Recognize the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 9. Recognize that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 10. Take proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 11. Hospitalize a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 12. Plan for and schedule a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 13. Inform the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advise the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 14. Any and all acts of negligence as identified through additional discovery.
- F. **Keh-Chyang Liang, M.D. and Dr. Brar** breached the standard of care with regard to Kelvin Breech, by failing to:

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1. Perform and appreciate a thorough history and physical examination;
 2. Provide proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
 3. Recognize that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood transfusion;
 4. Timely review laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
 5. Timely order for a blood transfusion in an infant who has low hemoglobin levels;
 6. Ensure that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
 7. Any and all acts of negligence as identified through additional discovery.
- G. **Sinai Grace Hospital and The Detroit Medical Center**, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Keh-Chyang Liang, M.D.** and **Dr. Brar**, breached the standard of care with regard to Kelvin Breech, by failing to:
1. Timely and properly select, train and monitor its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper pediatric/neonatal care and comply with the standard of care as described herein;
 2. Provide qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage his neonatal care in accordance with the standard of care described herein;
 3. Create, implement, formulate and enforce protocols and/or procedures for neonatal patients with a delivery complicated by maternal fetal hemorrhage;
 4. Perform and appreciate a thorough history and physical examination;
 5. Provide proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
 6. Recognize that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood

- transfusion;
7. Timely review laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
 8. Timely enter an order for a blood transfusion in an infant who has low hemoglobin levels;
 9. Ensure that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
 10. Any and all acts of negligence as identified through additional discovery.

THE ACTION WHICH SHOULD HAVE BEEN TAKEN TO ACHIEVE COMPLIANCE WITH THE STATUTE:

- A. **Lisa Lynn Cardwell, M.D.** should have taken the following action with regard to Michele Breech:
1. Performed and appreciated a thorough history and physical examination;
 2. Provided proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 3. Properly supervised and monitored the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 4. Timely referred a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
 5. Recognized the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 6. Recognized that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 7. Taken proper precautions to prevent a patient a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;

8. Hospitalized a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 9. Planned for and scheduled a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 10. Informed the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advised the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 11. Any and all acts of negligence as identified through additional discovery.
- B. Northwest Women's Care d/b/a DMC Primary Care Services II via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, Lisa Lynn Cardwell, M.D., should have taken the following action with regard to Michele Breech:
1. Timely and properly selected, trained and monitored its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provided qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Created, implemented, formulated and enforced protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 4. Performed and appreciated a thorough history and physical examination;
 5. Provided proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Properly supervised and monitored the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 7. Timely referred a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;

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8. Recognized the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 9. Recognized that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 10. Taken proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 11. Hospitalized a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 12. Planned for and scheduled a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 13. Informed the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advised the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 14. Any and all acts of negligence as identified through additional discovery.
- C. **Karoline Puder, M.D.** should have taken the following action with regard to Michele Brech:
1. Performed and appreciated a thorough history and physical examination;
 2. Provided proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 3. Recognized the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 4. Recognized that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 5. Taken proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral

- medications or a terbutaline pump;
6. Hospitalized a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 7. Planned for and scheduled a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 8. Informed the patient of the potentially serious risks of vasa previa and Velamentous cord insertion and recommend hospitalization, and further advised the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 9. Any and all acts of negligence as identified through additional discovery.
- D. **University Women's Care / Sinai Grace Hospital Department of Obstetrics & Gynecology**, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Karoline Puder, M.D.**, should have taken the following action with regard to Michele Breech:
1. Timely and properly selected, trained and monitored its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provided qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Created, implemented, formulated and enforced protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 4. Performed and appreciated a thorough history and physical examination;
 5. Provided proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 6. Recognized the inherent dangers to the fetus upon rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;

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7. Recognized that once the fetal vessels rupture, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 8. Taken proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 9. Hospitalized a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 10. Planned for and scheduled a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 11. Informed the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advised the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 12. Any and all acts of negligence as identified through additional discovery.
- E. **Sinai Grace Hospital and The Detroit Medical Center**, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Lisa Lynn Cardwell, M.D.** and **Karoline Puder, M.D.**, should have taken the following action with regard to Michele Breech:
1. Timely and properly selected, trained and monitored its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper obstetrical care and comply with the standard of care as described herein;
 2. Provided qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage her prenatal period and labor in accordance with the standard of care described herein;
 3. Created, implemented, formulated and enforced protocols and/or procedures for patients with a history of preterm labor, shortened cervix, vasa previa and velamentous cord insertion (VCI);
 4. Performed and appreciated a thorough history and physical examination;
 5. Provided proper obstetric services to a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;

6. Properly supervised and monitored the pregnancy of a patient with a history of preterm labor, shortened cervix, vasa previa and VCI;
 7. Timely referred a patient with a history of preterm labor, shortened cervix, vasa previa and VCI to a Maternal-Fetal-Medicine specialist for high risk prenatal care and delivery;
 8. Recognized the inherent dangers to the fetus upon the rupture of the mother's membranes, including tearing of fetal vessels, resulting in blood loss and oxygen deprivation;
 9. Recognized that once the fetal vessel ruptures, any delay in delivery is detrimental to the fetus, prolonging its' blood loss and oxygen deprivation;
 10. Taken proper precautions to prevent a patient with a history of preterm labor, shortened cervix, vasa previa and VCI from recurrent preterm labor, such as oral medications or a terbutaline pump;
 11. Hospitalized a patient with a history of preterm labor, shortened cervix, vasa previa and VCI at her third trimester so as to avoid any delay in performing a STAT c-section delivery should her membranes rupture;
 12. Planned for and scheduled a cesarian section delivery for a patient with a history of preterm labor, shortened cervix, vasa previa and VCI prior to the mother experiencing labor or rupture of membranes, so as to avoid any danger to the infant;
 13. Informed the patient of the potentially serious risks of vasa previa and VCI and recommend hospitalization, and further advised the patient of the increased risk of maternal fetal hemorrhage if she is not hospitalized; and
 14. Any and all acts of negligence as identified through additional discovery.
- F. **Keh-Chyang Liang, M.D. and Dr. Brar** should have taken the following action with regard to Kelvin Breech:
1. Performed and appreciated a thorough history and physical examination;
 2. Provided proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
 3. Recognized that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood

- transfusion;
4. Timely reviewed laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
 5. Timely ordered for a blood transfusion in an infant who has low hemoglobin levels;
 6. Ensured that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
 7. Any and all acts of negligence as identified through additional discovery.
- G. Sinai Grace Hospital and The Detroit Medical Center**, via its physicians, residents, agents, actual and/or ostensible, servants and/or employees including, but not limited to, **Keh-Chyang Liang, M.D.** and **Dr. Brar**, should have taken the following action with regard to **Kelvin Breech**:
1. Timely and properly selected, trained and monitored its employees, servants, agents, actual or ostensible, or its staff of physicians, to ensure that they were competent to provide proper pediatric/neonatal care and comply with the standard of care as described herein;
 2. Provided qualified medical staff with the proper training and ability to meet the patient's needs, including the ability to properly manage his neonatal care in accordance with the standard of care described herein;
 3. Created, implemented, formulated and enforced protocols and/or procedures for neonatal patients with a delivery complicated by maternal fetal hemorrhage;
 4. Performed and appreciated a thorough history and physical examination;
 5. Provided proper neonatal services to an infant delivered via emergency c-section due to a maternal fetal hemorrhage;
 6. Recognized that an infant delivered via emergency c-section due to a maternal fetal hemorrhage will most likely have low hemoglobin levels and will require a blood transfusion;
 7. Timely reviewed laboratory results for an infant whose delivery was complicated by maternal fetal hemorrhage so as to discover any abnormal values;
 8. Timely entered an order for a blood transfusion in an infant who has low hemoglobin levels;

9. Ensured that an order for a blood transfusion was timely entered and acted upon in an infant with low hemoglobin levels;
10. Any and all acts of negligence as identified through additional discovery.

THE MANNER IN WHICH THE BREACH OF THE STANDARD OF PRACTICE OR CARE WAS THE PROXIMATE CAUSE OF INJURY:

As a direct result of the negligence and breaches of the applicable standards of care by Lisa L. Cardwell, M.D., Karoline Puder, M.D., the staff and physicians of Northwest Women's Care d/b/a DMC Primary Care Services II, The Detroit Medical Center and Sinai Grace Hospital including but not limited to Lisa L. Cardwell, M.D., and University Women's Care, The Detroit Medical Center and Sinai Grace Hospital, including but not limited to Karoline Puder, M.D., claimant, Kelvin Breech, a Minor, suffered an intrapartum hypoxic ischemic insult secondary to blood loss and asphyxia resulting from the rupture of fetal vessels during Michele's labor. Had Michele Breech been admitted to the hospital at 28 weeks gestation for monitoring, an elective c-section could have been performed prior to the rupture of membranes, or in the alternative, a STAT c-section delivery could have been immediately performed following spontaneous rupture of her membranes, thereby avoiding an hour delay in Kelvin's delivery, which allowed for intrapartum blood loss and hypoxic ischemic insult. Additionally, Kelvin was allowed to suffer from critically low hemoglobin levels for over two hours, as his laboratory results were not timely reviewed and a blood transfusion was not ordered until 70 minutes after the results were available, allowing further injury to this infant's brain, which was occasioned by the breach of the standard of care by the neonatal and/or pediatric staff of Sinai Grace Hospital and The Detroit Medical Center, including but not limited to Keh-Chyang Liang, M.D., Dr. Brar and/or any and all physicians and staff who participated in the care and treatment of Kelvin Breech during his neonatal admission. These deviations from the standards of care resulted in permanent neurological deficits, including but not limited to cerebral palsy.

Kelvin Breech is permanently impaired both physically and mentally has suffered extensive prescriptive, rehabilitative, nursing and hospital expenses, pain, suffering, emotional distress, humiliation, fright, depression, loss of enjoyment of life and other damages, all of which are past, present, and future. He has been denied the opportunity for a normal and independent adult life, and his potential for earning capacity has been destroyed.

June 13, 2008
Page 25 of 25

TO THOSE RECEIVING THIS NOTICE:

You should furnish this notice to any person, entity, or facility not specifically named herein that you reasonably believe might be encompassed by this.

Further, the claimant hereby requests that the full name of and last known address of Dr. Brar as listed on the attached record, be immediately supplied to claimant's attorneys.

Respectfully submitted,

McKEEN & ASSOCIATES, P.C.

Brian J. McKeen

BRIAN J. McKEEN (P34123)
645 Griswold St., Suite 4200
Detroit, MI 48226

BJM/dlb



- SINAI-GRACE
- HUTZEL
- HURON VALLEY

DELIVERY/MEDICATION(S)

See anesthesia record

REF: CARDWELL, LISA

ADM: 12/21/04 FN 212894687
 BREECH, MICHELE
 MR: 350760971 E20X01
 F BE: 03/03/1976 OBS
 ATN: CARDWELL, LISA L/PVT
 PCP: CARDWELL, LISA L.

Age 36 Gravida 2 Para 1

DELIVERY DATA

LABOR ONSET _____	SETTING <input checked="" type="checkbox"/> Delivery Room <input type="checkbox"/> Other in Hospital <input type="checkbox"/> Labor <input type="checkbox"/> Extramural <input type="checkbox"/> Room/LDR <input type="checkbox"/> LDRP <input type="checkbox"/> Birth Center	ANESTHESIA <input type="checkbox"/> None <input type="checkbox"/> Epidural <input type="checkbox"/> Local <input type="checkbox"/> Spinal <input type="checkbox"/> Pudendal <input checked="" type="checkbox"/> General	ANTEPARTUM <input type="checkbox"/> ROM Date <u>12/21/04</u> <input checked="" type="checkbox"/> ROM Date <u>12/21/04</u> <input type="checkbox"/> Tocolytics <input type="checkbox"/> Betamethasone										
VAGINAL VERTEX (VBAC) <input type="checkbox"/> Spontaneous (<input type="checkbox"/> Manual Rotation) INSTRUMENTAL <input type="checkbox"/> Outlet <input type="checkbox"/> Low <input type="checkbox"/> Mid <input type="checkbox"/> Forceps <input type="checkbox"/> Rotate <45° <input type="checkbox"/> Vacuum <input type="checkbox"/> Rotate <45°	Operative Indication(s) <input type="checkbox"/> Elective <input type="checkbox"/> Abd-Prog <input type="checkbox"/> Fetal Distress <input checked="" type="checkbox"/> Maternal Exhaustion <input type="checkbox"/> Other:	VAGINAL BREECH <input type="checkbox"/> Frank <input type="checkbox"/> Sport <input type="checkbox"/> Complete <input type="checkbox"/> Assisted <input type="checkbox"/> Incomplete <input type="checkbox"/> Piper <input type="checkbox"/> Extraction	EPISIOTOMY <input type="checkbox"/> None <input type="checkbox"/> Midline <input type="checkbox"/> Mediolateral <input type="checkbox"/> Ensioproct										
CESAREAN SECTION <input checked="" type="checkbox"/> Low Trans <input type="checkbox"/> Labor <input type="checkbox"/> Low Vertical <input type="checkbox"/> No labor <input type="checkbox"/> Classical <input type="checkbox"/> Primary <input type="checkbox"/> T-Incision <input type="checkbox"/> C-Hyst <input type="checkbox"/> Tubal Ligation Findings: <input type="checkbox"/> Abnormal <input type="checkbox"/> ovaries <input type="checkbox"/> tubes <input type="checkbox"/> Adhesions <input type="checkbox"/> Uterine rupture <input type="checkbox"/> Other:	Indication(s) <u>Bleeding</u> <input type="checkbox"/> Attempted VBAC <input type="checkbox"/> Repeat <input type="checkbox"/> Fetal <input type="checkbox"/> Malpresentation <input type="checkbox"/> Protraction <input type="checkbox"/> Dilation <input type="checkbox"/> descent <input type="checkbox"/> Other:	AMNIOTIC FLUID <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Oligohydramnios <input type="checkbox"/> Polyhydramnios <input type="checkbox"/> Meconium <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Foul Smelling <input type="checkbox"/> Cultures Sent EBL (cc) <u>1500</u>	PLACENTA <input type="checkbox"/> Spontaneous <input type="checkbox"/> Expressed <input checked="" type="checkbox"/> Manual Removal <input type="checkbox"/> Curettage Examination: Weight: <u>patho</u> Disposition: <input type="checkbox"/> Uterine Exploration <input type="checkbox"/> No <input type="checkbox"/> Yes:										
		EXTENSION / LACERATION <input type="checkbox"/> None <input type="checkbox"/> Perineal <input type="checkbox"/> Vaginal <input type="checkbox"/> Cervical <input type="checkbox"/> Repair:											
		UMBILICAL CORD <input checked="" type="checkbox"/> 3 Vessels <input type="checkbox"/> Nuchal <input type="checkbox"/> 2 Vessels <input type="checkbox"/> True Knot Blood Gases <table border="1" style="width: 100%; text-align: center;"> <tr><th>Artery</th><th>Vein</th></tr> <tr><td>pH</td><td></td></tr> <tr><td>PCO₂</td><td></td></tr> <tr><td>PO₂</td><td></td></tr> <tr><td>BE</td><td></td></tr> </table> <input type="checkbox"/> Cord Prolapse <input checked="" type="checkbox"/> Cord blood to lab		Artery	Vein	pH		PCO ₂		PO ₂		BE	
Artery	Vein												
pH													
PCO ₂													
PO ₂													
BE													

STAFF/ODD (PLEASE PRINT)

ATTENDING <u>Dr Roberts</u>	ASSISTANT (1) <u>Dr Sarason</u>	ASSISTANT (2) <u>Dr Patel</u>	DELIVERY date <u>12/21/04</u> time <u>0714</u>
NURSE <u>Howe - Broome</u>	ANESTHESIA BY <u>Wanless, Miller</u>	ANESTHESIOLOGIST <u>Adali</u>	PLACENTA date <u>12/21/04</u> time <u>0715</u>
GESTATION <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		WEIGHT (gm) <u>1850</u> LENGTH (cm) _____ HEAD CIR (cm) _____	
CONDITION <input type="checkbox"/> LIVEBORN <input type="checkbox"/> EXPIRED		TAG NO. <u>60543</u> HOSPITAL NO. _____	
PROCEDURES <input type="checkbox"/> NONE <input type="checkbox"/> BULB SUCTION <input type="checkbox"/> DURING <input type="checkbox"/> AFTER BIRTH		TRANSFER TO <u>NICU</u> SIGNATURE _____	
<input checked="" type="checkbox"/> ENDOTRACHEAL TUBE <input type="checkbox"/> MED BELOW CORDS <input type="checkbox"/> ASSISTED VENT		EYE CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> CARDIAC MASSAGE <input checked="" type="checkbox"/> MEDS <input checked="" type="checkbox"/> FLUIDS		INFANT PASSED <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> BLOOD GLUCOSE LEVEL: _____		FEEDING <input type="checkbox"/> BREAST <input type="checkbox"/> BOTTLE	

INTRAPARTUM AND DELIVERY PROBLEMS

720	ANESTHESIA COMPLICATIONS:	<input type="checkbox"/> Hypotension <input type="checkbox"/> Seizure <input type="checkbox"/> Aspiration <input type="checkbox"/> Other
730	HEMORRHAGE	<input type="checkbox"/> Atony <input type="checkbox"/> Retained Placenta <input type="checkbox"/> Laceration <input type="checkbox"/> Other: _____ <input type="checkbox"/> Blood Products Transfused <input type="checkbox"/> Laparotomy
740	SEVERE CONDITIONS	<input type="checkbox"/> DIC <input type="checkbox"/> Seizure <input type="checkbox"/> Uterine Inversion <input type="checkbox"/> Embolus (<input type="checkbox"/> AF <input type="checkbox"/> Pulm) <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> CVA <input type="checkbox"/> Maternal Death <input type="checkbox"/> Shock <input type="checkbox"/> Hypertensive Crisis <input type="checkbox"/> Uterine Rupture <input type="checkbox"/> Respiratory Arrest <input type="checkbox"/> Failed Tocolysis <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Chorio
750	PREECLAMPSIA	<input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Eclampsia <input type="checkbox"/> HELLP <input type="checkbox"/> MGS04 Protocol <input type="checkbox"/> Edema <input type="checkbox"/> DTRs _____ <input type="checkbox"/> Proteinuria _____ <input type="checkbox"/> BP _____
770	BIRTH COMPLICATIONS	<input type="checkbox"/> Shoulder Dystocia <input type="checkbox"/> Nuchal Arm <input type="checkbox"/> Entrapment <input type="checkbox"/> Erb's palsy <input type="checkbox"/> Intrapartum Fetal Death <input type="checkbox"/> Fetal / Neonatal Injury (<input type="checkbox"/> Fracture <input type="checkbox"/> Laceration <input type="checkbox"/> Nerve) <input type="checkbox"/> Other:
780	NEONATAL COMPLICATIONS	<input type="checkbox"/> Meconium below the Cords <input type="checkbox"/> Congenital Anomaly <input type="checkbox"/> Resuscitation Complications <input type="checkbox"/> Death <input type="checkbox"/> Other:
790	PROCEDURES	<input type="checkbox"/> Scalp Electrode <input type="checkbox"/> IUPC <input type="checkbox"/> Scalp pH _____ <input type="checkbox"/> Amnioinfusion

DELIVERY NOTE

NURSE SIGNATURE <u>Phyllis B...</u>
PHYSICIAN/MIDWIFE SIGNATURE _____
ATTENDING PHYSICIAN <u>Eders</u>

NO IDENTIFIED DELIVERY PROBLEMS DICTATED OP NOTE DONE (DATE: _____) NOT REQUIRED

32250117 (8/03) DELIVERY

State Board of Medicine
 2801 North Third Street
 Harrisburg PA 17110



State Board of Medicine
 P O BOX 2649
 Harrisburg PA 17105-2649

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING

**VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
 (Graduates of American/Canadian Medical Schools)**

SECTION 1 - TO BE COMPLETED BY APPLICANT

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.

APPLICANT INFORMATION

NAME: Last **PUDER** First **KAROLINE** Middle **SUZANNE**

OTHER NAME:

DATE OF BIRTH: [Redacted] **LAST 4 DIGITS OF SSN:** [Redacted]

ADDRESS: [Redacted]

CITY / STATE / ZIP: SOUTHFIELD Michigan 48034

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 thirty (30) days prior to the completion of the approved training. Forms postmarked or signed prior to the thirty days will not be accepted.

HOSPITAL WHERE TRAINING WAS COMPLETED: *The Mount Sinai Hospital*

NAME OF SPONSORING INSTITUTION: *Leahm School of Medicine at Mount Sinai*

LOCATED IN: CITY *New York* STATE *New York* ACGME ACCREDITED

PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	YES	No
1	7/1/1988	6/30/1989	Obstetrics & Gynecology	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	7/1/1989	6/30/1990	Obstetrics & Gynecology	<input checked="" type="checkbox"/>	<input type="checkbox"/>

"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 or administrative action regarding this applicant, please provide a separate statement outlining the details.

Signature of Program Director: [Redacted] Date: *7/18/18*

RETURN ADDRESS:
 State Board of Medicine
 P O BOX 2649
 Harrisburg PA 17105-2649
 7177831400

RETURN COMPLETED FORM DIRECTLY TO THE BOARD.

State Board of Medicine
2601 North Third Street
Harrisburg PA 17110



State Board of Medicine
P O BOX 2649
Harrisburg PA 17105-2649

**BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS**



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

SECTION 1 - TO BE COMPLETED BY APPLICANT

APPLICANT INFORMATION

NAME: Last	PUDER	First	KAROLINE	Middle	SUZANNE
OTHER NAME:					
DATE OF BIRTH:	[REDACTED]		LAST 4 DIGITS OF SSN:	[REDACTED]	
ADDRESS:	[REDACTED]				
CITY / STATE / ZIP:	SOUTHFIELD Michigan 48034				

NAME OF MEDICAL SCHOOL:	Icahn School of Medicine at Mount Sinai				
LOCATION:	Street	One Gustave L. Levy Place			
City	New York	State	New York	ZIP	10029

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

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

NAME OF MEDICAL SCHOOL:	Icahn School of Medicine at Mount Sinai					
NAME OF MEDICAL STUDENT:	Last	Puder	First	Karoline	Middle	Suzanne
DATE STUDENT BEGAN TO ATTEND THIS PROGRAM:	Month	09	Day	02	Year	1986
DATE OF GRADUATION:	Month	05	Day	17	Year	1988

Did this program of study contain at least two hours of instruction in each of the following:

Pain Management or Identification of Addiction (2 hours)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Practices of Prescribing or Dispensing of Opioids (2 Hours)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT

SIGNATURE OF DEAN/REGISTRAR:						
DATE:	Month	04	Day	24	Year	2018

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

**DO NOT RETURN THIS FORM
TO THE APPLICANT**



NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Endorsement of Certification

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street, Philadelphia, PA 19104-3190 • Telephone (215) 590-9700

Recipient: Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, PA 17105-2649

Date: 04/17/2018

Examinee: Karoline Suzanne Puder

Examinee ID: 33603564

Date of Birth: [REDACTED]

NBME Certification Date: 07/03/1989

Certificate#: 360356

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores						
			Score	(Min. Pass)	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
05/10/1986	Pass	Three-Digit	655	(380)	560	595	635	630	680	605	695
		Two-Digit	89	(75)	84	87	89	89	92	87	93

NBME PART II

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores					
			Score	(Min. Pass)	Med	Surg	ObGyn	Prev	Peds	Psych
09/29/1987	Pass	Three-Digit	700	(290)	685	575	685	650	700	680
		Two-Digit	90	(75)	91	86	91	89	92	91

NBME PART III

Test Date	Pass/Fail	Score Scale	Total	
			Score	(Min. Pass)
03/01/1989	Pass	Three-Digit	590	(290)
		Two-Digit	84	(75)



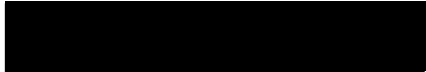
Signature: _____
Date: July 31, 2018

KAROLINE SUZANNE PUDER, M.D.

ADDRESS:

Office:

Department of Obstetrics and Gynecology
Hutzel Women's Hospital/Wayne State University
3990 John R
Detroit, MI 48201



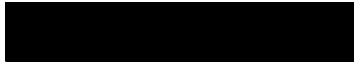
Home:



Southfield, MI 48034

PERSONAL DATA:

Birth Date:



EDUCATION:

Undergraduate:

City College of New York. Sophie Davis School of Biomedical Education.
New York, New York
Seven year B.S./M.D. program.
Bachelor of Science
September 1981-June 1986

Medical:

Mount Sinai School of Medicine
New York, New York
Doctor of Medicine
July 1986-June 1988

Residency:

Mount Sinai Medical Center, Department of Obstetrics and Gynecology
New York, New York
July 1988-June 1992

Fellowship:

Hutzel Hospital/Wayne State University, Maternal-Fetal Medicine
Detroit, Michigan

July 1992-June 1994

ACADEMIC APPOINTMENTS:

Clinical Instructor in Obstetrics and Gynecology, Wayne State University.
Detroit, Michigan
July 1992 - June 1994

Assistant Professor, Obstetrics and Gynecology, Wayne State University.
Detroit, Michigan
July 1994 – July 2009

Associate Professor, Obstetrics and Gynecology, Wayne State University.
Detroit, Michigan
August 2009 – present

Residency Site Coordinator, Sinai-Grace Hospital, Wayne State University.
Detroit, Michigan
July 2000 – 2014

PROFESSIONAL APPOINTMENTS:

Vice Chief, Department of Obstetrics and Gynecology, Sinai-Grace Hospital.
Detroit, Michigan
July, 2003 to December, 2010

Chief of Obstetrics
Hutzel Women's Hospital/Harper University Hospital
Detroit MI
February 2014 - present

MEDICAL STAFF APPOINTMENTS:

Hutzel Hospital	1992 - present
Detroit Receiving Hospital	1992 - present
Harper Hospital	1992 - present
Sinai-Grace Hospital	1994 - present
Huron Valley Hospital	1997 - present

OTHER PROFESSIONAL APPOINTMENTS:

Volunteer Physician at Camp Stone (Sugar Grove, PA) for 1-2 weeks/year 2009 - 2018

PROFESSIONAL SOCIETY AFFILIATIONS:

American College of Obstetricians and Gynecologist - Fellow
Society for Maternal Fetal Medicine - Regular Member
Michigan State Medical Society - Regular Member
American Institute of Ultrasound in Medicine - Regular Member

LICENSURE:

State of New York Medical License - #179533
State of Michigan Medical License - #059142

BOARD CERTIFICATION:

American Board of Obstetrics and Gynecology, Maternal Fetal Medicine, 1998. Recertification 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017. #929468M valid through December 31, 2018.

American Board of Obstetrics and Gynecology, 1996. Recertification 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017. #929468M valid through December 31, 2018.

National Board of Medical Examiners	Certificate # 33603564
Step 1:	06/10/1986
Step 2:	09/29/1987
Step 3:	03/01/1989



**Bureau of Professional and Occupational Affairs
State Board of Medicine**

P.O. Box 2649
Harrisburg, PA 17105-2649

Telephone: 7177831400
Fax: 7177877769
Website: <http://www.dos.pa.gov/med>
E-Mail: st-medicine@pa.gov

Courier Address:
2601 North Third Street
Harrisburg PA 17110

July 11, 2018

KAROLINE SUZANNE PUDER



Southfield, Michigan, 48034

Pennsylvania State Board of Medicine - Additional documentation Request

Dear KAROLINE SUZANNE PUDER ,

The Board is in receipt of documentation, which you have submitted (Application No:AA0000524240) in reference to your license to practice in Pennsylvania. However, the following item(s) must be submitted to approve/accept your Pennsylvania license:

Checklist Name	Discrepancy Reason
<u>Criminal History Check</u>	NEED PA CRIM CHECK - HAS BEEN WORKING IN PA ON AND OFF FOR LAST 5 YRS WITH TEMP MD LICENSE
<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>	
<u>Graduate Training</u>	NEED VERIFICATION OF <u>PGY 1 AND PGY 2 ONLY</u> FROM MT SINAI.

Complete Section 1 of the Verification of ACGME Approved Graduate Medical Training form and send to the U.S./Canadian hospital(s) where you completed your PGY 1 and PGY 2 postgraduate training. Section 2 should be completed by the training hospital(s). For applicants still in PGY 2, the program director may not sign and date the form more than thirty (30) days prior to the completion of the approved training. **Forms postmarked or signed prior to the thirty days will not be accepted. The hospital(s) must return the completed form directly to the Board. The form will be available for download and printing when the application is submitted.**

Resume/Curriculum Vitae

WE ARE IN RECEIPT OF YOUR CV, HOWEVER YOU OMITTED YOUR YEARS OF BEING A CAMP DOCTOR IN PA. PLEASE RESUBMIT YOUR CV.

You will need to upload, where prompted, a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

Please submit a copy of this letter and any additional documentation to the Board office. Upon receipt of the above requested information, consideration to your request will be made.

Sincerely,

State Board of Medicine