

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

ADAM KANUSZEWSKI and ASHLEY KANUSZEWSKI as parent-guardians and next friend to their minor children, D.W.L., R.F.K., and C.K.K.; SHANNON LAPORTE, as parent-guardian and next friend to her minor children, M.T.L. and E.M.O.; LYNNETTE WIEGAND, as parent-guardian and next friend to her minor children, L.R.W., C.J.W., H.J.W., and M.L.W.;

Plaintiffs,

v.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES; ELIZABETH HERTEL, sued in her official and individual capacities; DR. SANDIP SHAH, sued in his official and individual capacities; DR. SARAH LYON-CALLO, sued in her official and individual capacities; MARY KLEYN, sued in her official and individual capacities; MICHIGAN NEONATAL BIOBANK, INC. a/k/a MICHIGAN NEONATAL BIOREPOSITORY; and DR. ANTONIO YANCEY, sued in his official and individual capacities,

Defendants.

Hon. Thomas L. Ludington
District Court Judge

Hon. Patricia T. Morris
Magistrate Judge

CASE NO. 18-cv-10472

(Consolidated with
Case No. 20-cv-10089)

**DEFENDANT, DR. ANTONIO
YANCEY'S MOTION FOR
SUMMARY JUDGMENT**

Philip L. Ellison (P74117)
Outside Legal Counsel PLC
P.O. Box 107
Hemlock, MI 48626
(989) 642-0055
pellison@olcplc.com
Attorneys for Plaintiffs

Aaron W. Levin (P81310)
Christopher L. Kerr (P57131)
Assistant Attorneys General
Michigan Dept. of Attorney General
P.O. Box 30755
Lansing, MI 48909
(517) 373-1160
Attorneys for State Defendants

Jeremy C. Kennedy (P64821)
Jerold Lax (P16470)
Pear Sperling Eggan & Daniels, P.C.
24 Frank Lloyd Wright Dr., Ste. D-2000
Ann Arbor, MI 48105
(734) 665-4441
jkennedy@psedlaw.com
jlax@psedlaw.com
Attorneys for Defendant Dr. Antonio
Yancy (Official Capacity)

**DEFENDANT, DR. ANTONIO YANCEY'S MOTION FOR SUMMARY
JUDGMENT**

NOW COME the Defendant, DR. ANTONIO YANCEY in his capacity as Director of the Michigan Neonatal BioBank, and hereby moves that this Honorable Court to enter summary judgment in his favor and dismiss the claims brought against him by Plaintiffs, pursuant to Rule 56 of the Federal Rules of Civil Procedure. Plaintiffs are unable to demonstrate any causal nexus between any alleged harm they have suffered and any action on the part of Dr. Yancey. Plaintiffs are further unable to show that any policy of the BioBank is not narrowly tailored to further a compelling government interest. The Dr. Antonio Yancey relies on the facts and law

cited in their attached Brief in Support of this Motion, and incorporate same herein.

The Dr. Antonio Yancey sought concurrence in this Motion from Plaintiffs' counsel pursuant to Local Rule 7.1, but same was not obtained.

Respectfully Submitted,

PEAR SPERLING EGGAN & DANIELS, P.C.

Dated: April 5, 2021April 5, 2021April 5, 2021April 5, 2021

BY: /s/ Jeremy C. Kennedy

Attorneys for Defendant Dr. Antonio Yancey
in his official capacity only

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

ADAM KANUSZEWSKI and ASHLEY KANUSZEWSKI as parent-guardians and next friend to their minor children, D.W.L., R.F.K., and C.K.K.; SHANNON LAPORTE, as parent-guardian and next friend to her minor children, M.T.L. and E.M.O.; LYNNETTE WIEGAND, as parent-guardian and next friend to her minor children, L.R.W., C.J.W., H.J.W., and M.L.W.,

Plaintiffs,

v.

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES; ELIZABETH HERTEL, sued in her official and individual capacities; DR. SANDIP SHAH, sued in his official and individual capacities; DR. SARAH LYON-CALLO, sued in her official and individual capacities; MARY KLEYN, sued in her official and individual capacities; MICHIGAN NEONATAL BIOBANK, INC. a/k/a MICHIGAN NEONATAL BIOREPOSITORY; and DR. ANTONIO YANCEY, sued in his official and individual capacities,

Defendants.

Hon. Thomas L. Ludington
District Court Judge

Hon. Patricia T. Morris
Magistrate Judge

CASE NO. 18-cv-10472

(Consolidated with
Case No. 20-cv-10089)

**BRIEF IN SUPPORT OF
DEFENDANT, DR. ANTONIO
YANCEY'S MOTION
FOR SUMMARY JUDGMENT**



Philip L. Ellison (P74117)
Outside Legal Counsel PLC
P.O. Box 107
Hemlock, MI 48626
(989) 642-0055
pellison@olcplc.com
Attorneys for Plaintiffs

Aaron W. Levin (P81310)
Christopher L. Kerr (P57131)
Assistant Attorneys General
Michigan Dept. of Attorney General
P.O. Box 30755
Lansing, MI 48909
(517) 373-1160
Attorneys for State Defendants

Jeremy C. Kennedy (P64821)
Jerold Lax (P16470)
Pear Sperling Eggan & Daniels, P.C.
24 Frank Lloyd Wright Dr., Ste. D-2000
Ann Arbor, MI 48105
(734) 665-4441
jkennedy@psedlaw.com
jlax@psedlaw.com
Attorneys for Defendant Dr. Antonio
Yancy (Official Capacity)

TABLE OF CONTENTS

	<u>Page</u>
TABLE OF CONTENTS	i
QUESTION PRESENTED	iii
TABLE OF AUTHORITIES.....	iv
INDEX OF EXHIBITS	vi
CONTROLLING AUTHORITY	vii
INTRODUCTION, SUMMARY OF ISSUES AND RELIEF SOUGHT.....	1
STANDARD OF REVIEW.....	3
STATEMENT OF FACTS.....	4
A. The Parties.	4
B. Procedural History.	4
C. The Policy Challenged.....	5
D. Role of the Biobank.	7
1. The Biobank’s Relationship With The State.....	8
2. The Biobank Has Robust Privacy Protections.	10
E. The Purposes Of Retaining The DBS Cards.	13
F. The Plaintiffs’ Experience With The Newborn Screening Process.	13
1. Plaintiffs’ Fears Are Unfounded.	14
2. An Alternate Remedy Is Available.	15
ARGUMENT	17
A. The Question Before the Court.....	17
B. No Rights Have Been Interfered With By Dr. Yancey.	17
1. Seizure Defined.	18
2. The Parents’ Right To Make Medical Decisions Has Not Been Interfered With By Dr. Yancey.....	18
C. Even If Plaintiffs’ Rights Have Been Interfered With, The Policy Survives Strict Scrutiny.	21
1. There is A Compelling State Interest.	21
2. The Policy is Narrowly Tailored.....	24

D. Fourteenth Amendment Scope And Applicability To State Public Health Laws. 27

E. Alternative Relief..... 29

CONCLUSION AND RELIEF SOUGHT..... 30

QUESTION PRESENTED

Question 1: Should this Court grant summary judgment to Defendant Yancey, and dismiss Plaintiffs' claims against him?

Defendant Yancey Answers: Yes

Plaintiffs Answer: No

State Defendants Answer: Yes

This Court Should Answer: Yes

TABLE OF AUTHORITIES

	<u>Page</u>
<u>Federal Court Rules</u>	
Fed.R.Civ.P. 56	3
<u>Federal Cases</u>	
<i>Ashwander v. Tennessee Valley Authority</i> , 297 U.S. 288 (1936)	30
<i>Bell v. Maryland</i> , 378 U.S. 226, 84 S. Ct. 1814, 12 L. Ed. 2d 822 (1964).....	30
<i>Celotex Corp. v. Catrett</i> , 477 U.S. 317 (1986).....	3
<i>Cruzan v Dir., Mo. Dep’t of Health</i> , 497 U.S. 261 (1990)	27, 28, 29
<i>Doe v. Adams</i> , 53 N.E.3d 483 (Ind. 2016)	26
<i>Hagans v. Lavine</i> , 415 U.S. 528, 94 S. Ct. 1372, 39 L. Ed. 2d 577 & n.12 (1974)	30
<i>Higgins v. Tex. Dep’t of Health Servs.</i> , 801 F.Supp.2d 541 (W.D. Tex, 2011).....	26
<i>In re Cincinnati Radiation Litig.</i> , 874 F. Supp. 796 (6 th Cir. 1995).....	28, 29
<i>Jacobson v. Massachusetts</i> , 197 U.S. 11 (1905).....	21, 22, 23, 27, 28
<i>Kanuszewski v. Mich. HHS</i> , 927 F.3d 396 (6 th Cir. 2019)	1, 17
<i>Moose Lodge No. 107 v. Irvis</i> , 407 U.S. 163 (1972).....	20
<i>O’Shea v. Littleton</i> , 414 U.S. 488 (1974).....	20
<i>Parham v. J. R.</i> , 442 U.S. 584, 99 S. Ct. 2493, 61 L. Ed. 2d 101 (1979).....	25
<i>Pennsylvania v. West Virginia</i> , 262 U.S. 553 (1923).....	20
<i>Prince v. Massachusetts</i> , 321 U.S. 158, 64 S. Ct. 438, 88 L. Ed. 645 (1944)	25
<i>Revas v. United States</i> , 368 F.2d 703 (9th Cir. 1966) <i>cert. denied</i> , 386 U.S. 945, 87 S. Ct. 978, 17 L. Ed. 2d 875 (1967)	28
<i>Schmerber v. California</i> , 384 U.S. 757 (1966)	28
<i>Soldal v. Cook County</i> , 506 U.S. 56 (1992).....	18
<i>Spiering v. Heineman</i> , 448 F. Supp. 2d 1129 (D. Neb. 2006)	25, 26
<i>Tennial v. United Parcel Serv., Inc.</i> , 840 F.3d 292 (6 th Cir. 2016).....	3
<i>Troxel v. Granville</i> , 530 U.S. 57, 120 S. Ct. 2054, 147 L. Ed. 2d 49 (2000)	24

United States v. Jacobsen, 466 U.S. 109, 80 L. Ed. 2d 85, 104 S. Ct. 1652
(1984) 18

Michigan Constitutional Provisions

Const. 1963, Art. IV, §51 23, 25

Michigan Statutes

MCL 333.5430 6, 24

MCL 333.5431 5, 6, 7, 21, 24, 25, 29

Michigan Cases

Rogowski v. Detroit, 374 Mich. 408 (1965)..... 22, 23

INDEX OF EXHIBITS

EXHIBIT 1	State of Michigan Department of Community Health Policy & Procedure Manual, Effective 9/8/08
EXHIBIT 2	Deposition of Sarah Lyon-Callo, Ph.D.
EXHIBIT 3	Deposition of Dr. Antonio Yancey
EXHIBIT 4	Deposition of Ashley Kanuszewski
EXHIBIT 5	Deposition of Adam Kanuszewski
EXHIBIT 6	Deposition of Sandip Shah, Ph.D.
EXHIBIT 7	Michigan BioTrust Health Consent Options
EXHIBIT 8	“Your Baby's Blood Spots” pamphlet
EXHIBIT 9	Signature Card dated 2-6-07
EXHIBIT 10	Signature Card dated 11-22-11
EXHIBIT 11	Signature Card dated 7-18-13
EXHIBIT 12	Signature Card dated 12-25-14
EXHIBIT 13	Signature Card dated 1-30-17
EXHIBIT 14	Signature Card dated 2-10-16
EXHIBIT 15	Signature Card dated 2-10-16
EXHIBIT 16	Signature Card dated 4-22-13
EXHIBIT 17	Dep of Shannon LaPorte
EXHIBIT 18	Dep of Lynette Wiegand

CONTROLLING AUTHORITY

Summary Judgment under Fed.R.Civ.P. 56

- *Celotex Corp. v. Catrett*, 477 U.S. 317 (1986).

Due Process Clause Claims Under 42 USC §1983

- *In re Cincinnati Radiation Litig.*, 874 F. Supp. 796 (6th Cir. 1995)
- *Walker & Co. v. Harrison*, 347 Mich. 630 (1957)

Fourth Amendment Seizure

- *United States v. Jacobsen*, 466 U.S. 109, 113, 80 L. Ed. 2d 85, 104 S. Ct. 1652 (1984).
- *Soldal v. Cook County*, 506 U.S. 56 (1992).

State Power to Protect Public Health

- *Jacobson v. Massachusetts*, 197 U.S. 11 (1905)
- *Rogowski v. Detroit*, 374 Mich. 408 (1965)
- *Parham v. J. R.*, 442 U.S. 584, 603, 99 S. Ct. 2493, 61 L. Ed. 2d 101 (1979)

Constitutional Avoidance

- *Ashwander v. Tennessee Valley Authority*, 297 U.S. 288, 347 (1936)(Brandeis, J., concurring).

INTRODUCTION, SUMMARY OF ISSUES AND RELIEF SOUGHT

One of the most valuable health tools developed over the past fifty years has been newborn screening, which allows doctors to detect the presence of rare disorders in newborns, allowing them to receive necessary treatment as early as possible. Over the years, the process, which requires a small amount of blood to be taken from a baby's heel within the first 24-36 hours of life, has been refined to detect the presence of over 50 different chronic or fatal medical conditions. The Plaintiffs in the matter come to this Court seeking to undo this good work, claiming that a valid medical program is, in fact, an unlawful search and seizure. Their claims that the newborn screening program is unconstitutional were dismissed.

Following an appeal, the only remaining question before this Court is whether Defendants' subsequent retention, transfer, and storage of the samples violate the Plaintiffs' fundamental rights. *Kanuszewski v. Mich. HHS*, 927 F.3d 396 (6th Cir. 2019) As the Sixth Circuit carefully instructed, "the questions on remand [are] whether the evidence demonstrates that Defendants' actions interfered with the parents' right to direct their children's medical care; and, to the extent they did interfere with the parents' fundamental rights, whether those actions survive strict scrutiny." *Id.*, at 421. As applied to Dr. Yancey, the question is did he, in his official capacity as Executive Director of the Michigan Neonatal Biobank, violate the rights of the Plaintiffs when storing the DBS cards? The answer is no.

Dr. Antonio Yancey, moves for summary judgment and dismissal of the claims against him. Plaintiffs' claims are lacking basis in fact and are not supported by the existing law. It is clear from discovery that there is no question of material fact that Dr. Yancey has not taken any action to violate the rights of Plaintiffs, nor have the Plaintiffs, by their own admission, had their ability to direct their children's medical care interfered with by the actions of Dr. Yancey. Plaintiffs have no evidence that Dr. Yancey, in his capacity as Executive Director of the Michigan Neonatal Biobank has done anything other than serve as a warehouse for DBS cards. There is no evidence Dr. Yancey infringed on any of Plaintiffs' civil rights. Furthermore, the doctrine of constitutional avoidance is triggered, as to the extent Plaintiffs seek injunctive relief, they can obtain the requested relief – destruction of the dried blood spot cards – by simply requesting that the Michigan Department of Health and Human Services destroy the cards. Plaintiffs have not done so. Plaintiffs have no case. Dr. Antonio Yancey should have summary judgment granted in his favor, and he should be dismissed from this case.

STANDARD OF REVIEW

Under Fed.R.Civ.P. 56, summary judgment is proper “if the pleadings, depositions, answers to interrogatories, and admissions on file, together with the affidavits, if any, show that there is no genuine issue as to any material fact and that the moving party is entitled to a judgment as a matter of law.” The plain language of Rule 56(c) mandates the entry of summary judgment, after adequate time for discovery and upon motion, against a party who fails to make a showing sufficient to establish the existence of an element essential to that party’s case, and on which that party will bear the burden of proof at trial. In such a situation, there can be “no genuine issue as to any material fact,” since a complete failure of proof concerning an essential element of the nonmoving party’s case necessarily renders all other facts immaterial. The moving party is “entitled to a judgment as a matter of law” because the nonmoving party has failed to make a sufficient showing on an essential element of her case with respect to which she has the burden of proof. *Celotex Corp. v. Catrett*, 477 U.S. 317 (1986). Finally, “[i]n making this assessment, we must view all evidence in the light most favorable to the nonmoving party.” *Tennial v. United Parcel Serv., Inc.*, 840 F.3d 292, 301 (6th Cir. 2016).

STATEMENT OF FACTS

A. The Parties.

Plaintiffs in this action are each the parents-guardians (“Parents”) of one or more children born in the State of Michigan, as well as those minor children. Defendants Dr. Sandip Shah, Dr. Sarah Lyon-Callo, Elizabeth Hertel and Mary Klein are officials in the Michigan Department of Health and Human Services (collectively “State Defendants”). Defendant Dr. Antonio Yancey is the Executive Director of the Michigan Neonatal Biobank.

B. Procedural History.

The Parents filed the First Amended Complaint on April 30, 2018. (RE 26). On May 29, 2018, Michigan Neonatal Biobank, Inc. and Dr. Antonio Yancey, in his capacity as Director of the Michigan Neonatal Biobank filed a motion to dismiss the first amended complaint. (RE 33). That same day, the State Defendants filed their own Motion to Dismiss (RE 32), as did Dr. Antonio Yancey in his personal capacity. (RE 34). All of the Motions to Dismiss argued that Defendants had failed to state a claim as a matter of law. The Biobank Defendants additionally argued that the Parents lacked standing to bring a claim for the storage of the DBS cards, as the Parents had not requested the destruction of same and did not allege any misuse of the Infants’ DBS cards.

The District Court agreed with the various Defendants and granted their motions to dismiss on August 8, 2018. (RE 50). The District Court granted the motions to dismiss on the grounds that the Parents had not pled facts sufficient to show that the newborn blood screening violated the fourth or fourteen amendment rights of the Parents or the Infants. (RE 50). The District Court further held that the Parents had not demonstrated standing to contest to storage of the DBS cards. (RE 50). Judgement dismissing the First Amended Complaint with prejudice was entered that same day. (RE 51). The Plaintiffs filed a Claim of Appeal, on August 8, 2018. On June 10, 2019 the Sixth Circuit Court of Appeals upheld the dismissal in part and reversed it in part, returning the matter to the District Court to look at whether injunctive or declaratory relief was available to the Plaintiffs against the individual defendants in their professional capacities.

C. The Policy Challenged.

The policy in question here requires blood to be drawn from a newborn, at which time the infant is screened for over 50 congenital conditions. The Michigan Public Health Code requires that newborns be tested for chronic disorders. The statute at issue, MCL 333.5431, states, in relevant part:

- (1) A health professional in charge of the care of a newborn infant or, if none, the health professional in charge at the birth of an infant shall administer or cause to be administered to the infant a test for each of the following:
 - (a) Phenylketonuria.
 - (b) Galactosemia.

- (c) Hypothyroidism.
 - (d) Maple syrup urine disease.
 - (e) Biotinidase deficiency.
 - (f) Sickle cell anemia.
 - (g) Congenital adrenal hyperplasia.
 - (h) Medium-chain acyl-coenzyme A dehydrogenase deficiency.
 - (i) Other treatable but otherwise disabling conditions as designated by the department.
- MCL 333.5431(1).

The blood draws taken from newborns to screen for congenital diseases or disorders are self-evidently done to preserve the public health. If the results of a test come back “positive, the results shall be reported to the infant's parents, guardian, or person *in loco parentis*” to allow them to determine the course of action to take. MCL 333.5431(3). Further, the Michigan process is overseen by a committee of ten (10) individuals. MCL 333.5430. The committee consists of two members from the general public and one member from each of the following groups: a Michigan nonprofit health care corporation; the Michigan health and hospital association; the Michigan state medical society; the Michigan osteopathic association; MDHHS’s medical services administration; MDHHS’s public health administration; a neonatologist with experience and background in newborn screening; and health maintenance organizations. *See* MCL 333.5430.

Once the initial screening is done, the law permits the DBS cards to be “to be used for medical research during the retention period established under subdivision (a), as long as the medical research is conducted in a manner that preserves the

confidentiality of the test subjects and is consistent to protect human subjects from research risks under subpart A of part 46 of subchapter A of title 45 of the code of federal regulations.” MCL 333.5431(7)(b).

The DBS cards are sent to MDHHS and placed in the possession of the MDHHS Bureau of Laboratories. The dried blood spots are at that time under the custody and control of Dr. Sandip Shah. At that point, tests are conducted to detect and learn of any maladies, disorders, or diseases. At present, 56 different disorders are tested for, including cystic fibrosis, sickle cell anemia, critical congenital heart disease, and fifty-three other disorders. Presently, parents have the option to opt-in to allow medical research to be performed using all the DBS cards testing for their children if they wish, they may refuse, and they may even have the DBS card destroyed entirely. (Ex. 1). From the state’s perspective, “when the laboratory staff are done with the card from a newborn screening perspective ... the residual dried blood spots go to -- with the exception of a spot reserved for parent/guardians, the residual dried blood spots go to the Michigan Neonatal Biobank where they are managed for the purposes of Michigan BioTrust.” (Ex. 2, Dep. of Dr. Sarah Lyon-Callo, p. 7:12-7:19).

D. Role of the Biobank.

The Biobank indefinitely stores the Infants’ blood in a temperature and humidity-controlled facility in an area in or near Wayne State University known as

Tech Town. Dr. Yancey testified that “So the Biobank really in simple terms, is that we’re just a depository, a storage area, so our job is to strictly store the blood spots. That's what we do.” (Ex. 3, p. 11:20-:22). That is the beginning and end of what the Biobank does with the DBS cards. Research requests, for example, are beyond the scope of the Biobank’s responsibilities. Dr. Yancey testified that “[w]hen things come directly to us like requests for blood spots or, you know, what is the approval process, we send everything over back to the DHHS and they're the individuals that make the decision in terms of who gets approved and who can basically use the blood spots for whatever research purposes.” (Ex. 3, pp. 30:23-31:03)

1. The Biobank’s Relationship With The State.

The Biobank is only involved with the storage of DBS cards because MDHHS “does not have the laboratory capacity for management of a Biobank. The amount of freezer space the software that is required to manage individual specimens over a longer of period of time is something that the Michigan Department of Health and Human Services, under the Michigan BioTrust, has obtained through the Michigan Neonatal Biobank.” (Ex. 2, Dep of Sarah Lyon-Callo, p.13:16-:23). Furthermore, the role of the Biobank is one that is narrowly defined: it stores the DBS cards received from the state, it pulls the blood spot cards requested by the state and sends them out as directed by the state. Even then, it will only pull DBS cards with specific

numbers; it does not, even if directed by the MDHHS Director of Laboratories, pull random cards:

Q When you get a request from the State of Michigan to pull samples, blood spots, they give you specific numbers to pull, correct?

A That's correct.

Q They don't just ask to pull random numbers, correct?

A Correct.

Q So in one of the hypotheticals that Mr. Ellison asked with Dr. Shah saying pull ten samples, if you didn't get specific numbers for those samples to pull, you wouldn't pull anything, correct?

A That's correct.

(Yancey, Ex. 3, pp. 80:24-81:09).

Plaintiffs have alleged that in addition to the blood spot samples, Defendants, individually or collectively, require the submission of certain data about the blood spots and also other private personal information, including the Infants' names, genders, weight, gestation time, and whether transfused with red blood cells and whether part of a single or multiple-newborn birth (i.e., twins, triplets). From the standpoint of the Biobank and Dr. Yancey, that is simply not true. As described by Dr. Yancey, the Biobank's job is, essentially, storage:

So basically, our relationship with the State is that we're basically just a storage facility, so what happens is that any residual blood spots that are left from testing at the State lab, those are basically sent to the Biobank, to the operations that I manage, and then our job is to get those blood spots and we basically store them in our storage facility. That's pretty much what we do, so when those blood spots come, they come from the – Lansing sends them to the State of Michigan building on West Grand Boulevard, which is walking distance from our facility. We have an employee that picks up those and they're called the residuals, just leftover again from the State. My team picks up those blood spots and what we do is we catalog them into a system and then

eventually from that system it goes into a storage facility that's temperature controlled. And so, we have no idea, you know, who the blood spots are. They come with us with I believe it's an eight-digit number, what's called like a – it's an association with a Julian date, but there is no – there is no information on that and our job is basically to store them in numerical order in terms of the Julian date and they go into our storage facility, so that's what we do.
(Yancey Dep. Ex. 3, pp. 12:17-13:13).

The only thing the Biobank and Dr. Yancey do is store the blood. They have no way of knowing what is on any given DBS card. Dr. Yancey confirmed this at his deposition, testifying:

Q Okay. So the State has the data, you have the blood?

A That's correct.

Q All right. Do you know what information is available from the State in terms of data associated with particular -- with individual blood spots?

A No, I do not.

Q Is there any sort of documentation that you guys – you know, what if I was a researcher contacting you saying, you know, "Dr. Yancey, I'd like these" -- "I'd like the samples with these particular characteristics," how would I go about getting that?

A. So they would be referred back to Shelby at the State of Michigan and I'm sure that they have a way that, you know, they can identify that information at the State level, but I don't have that information.
(Dep. of Yancey, Ex. 3, p. 63:07-:21).

The Biobank stored DBS cards, and sends them out at the direction of MDHHS, nothing more.

2. The Biobank Has Robust Privacy Protections.

Plaintiffs' have expressed concerns about the privacy of the DBS cards. Plaintiff Ashley Kanuszewski, for example, testified that she had vague concerns for

privacy because she did not know “what’s being done with it or what information is being given anywhere else, I guess. The unknown makes me wonder.” (Ex. 4, Ashley Kanuszewski Dep., p. 26:01-:03). Plaintiff Adam Kanuszewski testified similarly, saying he had privacy concerns because “I don't even know how they’re housed or stored.” (Ex. 5, Adam Kanuszewski Dep. p. 25:24).

Plaintiffs expressed concerns that it is easily possible to request and break the confidentiality protections, causing the private medical and genetic information of the Infants to be revealed. The evidence presented demonstrates without dispute that is not the case. It is undisputed that when a DBS card comes to the Biobank,

what we do is we catalog them into a system and then eventually from that system it goes into a storage facility that's temperature controlled. And so, we have no idea, you know, who the blood spots are. They come with us with I believe it's an eight-digit number, what's called like a -- it's an association with a Julian date, but there is no -- there is no information on that and our job is basically to store them in numerical order in terms of the Julian date and they go into our storage facility, so that's what we do.

(Ex. 3, Yancey Dep. at p. 13:03-:13).

It is undisputed that there is no way of getting any specific information about a particular individual from the Michigan Neonatal Biobank.

Dr. Yancey testified:

Q Is there any sort of documentation that you guys – you know, what if I was a researcher contacting you saying, you know, “Dr. Yancey, I'd like these” – “I’d like the samples with these particular characteristics,” how would I go about getting that?

A. So they would be referred back to Shelby at the State of Michigan and I'm sure that they have a way that, you know, they can identify that information at the State level, but I don't have that information. (Yancey, Ex. 3, p. 63:13-63:21).

Dr. Shah confirmed the commitment to privacy protection in his deposition.

When discussing the purpose of the newborn screening he was clear that

...It is a public health testing. This is not to extract any DNA information or anything else. The State does not have any of that information. You know, frankly, did anybody ask, I would not allow them to even come nearby me. No, I'm not going to allow -- I'm a state public health laboratory director. I have a specific program to run. I don't allow those spots to go anywhere else for any other testing.

All I have is newborn testing that those 55 that we check for, and that's it. Then it goes into storage. Yes, BioTrust comes in later on, but we have boards that monitor the research activity. We only allow activities which pertain to public health for benefit of all, for public good, for getting better testing in the future, for discovering more and so on. (Ex. 6, pp. 35:20-36:09).

Even when a study is approved, steps are taken by the Biobank to further de-identify the person from whom a particular blood spot was drawn:

So what happens is that anytime that a study is approved by the State, that ascension -- the ascension number that we talked about, that eight-digit number, what happens is that when it says here, we also assign our own number too that's attached to that ascension number. So it's identifiable, and then we go through another process of doing another identifiable number by adding another two-digit or three-digit number on top of that number that comes in, so if a researcher ever needed to know, you know, what number was pulled for what, we're able to kind of tell them that. So if the number 12345678 comes from the State, we'll add a 01, 02, 03. It depends on how many spots they're given. (Yancey, Ex. 3, p. 38:01-38:12).

Thus, the Biobank receives DBS cards that are de-identified, and when it responds to an order from the State to send out a set of cards, it further de-identifies the information before sending the cards out.

E. The Purposes Of Retaining The DBS Cards.

The DBS cards are retained after newborn screening for many reasons. For one, if the DBS card were destroyed immediately, “if we had to repeat the test, we would lose that ability to do it. If we had to run a quality assurance, we would lose that ability as a laboratory.” (Ex. 6, Dep of Dr. Sandip Shah, Page 21:08-:11). Additionally, retention of the DBS cards for further research is important to allow new diseases to be detected. This is deeply, deeply important work. As was noted, “[t]his resources is something that can be used to identify -- to aid in the development of new tests for new disorders. ... It's an important resource for being able to ... develop new tests that would enable the detection of severe disorders of the newborn period through the newborn screening process or other medical processes at time of birth.” (Ex. 2, p. 60:09-:17). Per Dr. Shah, on the average, about two tests are added every year. (Ex. 6, p. 44:12).

F. The Plaintiffs’ Experience With The Newborn Screening Process.

At the time of the birth of each Infant, a health professional drew five or six samples of blood, known as blood spots, in the hospital, after the Infants’ birth. The Infants’ blood spots were then transferred within 24-48 hours of birth to a filter paper

collection device created for use by MDHHS and known as a Dried Blood Spot (“DBS”) card. The blood sample from each infant was then used to screen for dozens of diseases and/or disorders.

For blood samples drawn prior to 2010, “Parents, legal guardians of, and/or persons from whom the specimen was collected after reaching the age of majority, *may request that their specimen not be used for any research*, by contacting DCH by telephone or mail.” (Ex. 1). After 2010 the MDHHS policy on newborn screening was changed to require parents to “Opt-In,” meaning parents had to affirmatively permit their children’s DBS to be used for research purposes. (Ex. 7). Further, all parents are informed, “You may ask for your spots to be destroyed. You may also ask that your spots remain stored, but not used in research. Please call MDHHS for more details (Toll-free 1-866-673-9939).” (Ex. 8). The Parents in this matter have not elected to opt out of testing, and they have not requested the DBS cards be destroyed. (See, e.g. Ex. 9-16.)

1. Plaintiffs’ Fears Are Unfounded.

Ultimately Plaintiffs’ fears of access to their children’s genetic information is unfounded. The Biobank does not access the information on the DBS cards at all, nor do they have a way to identify an individual whose DBS card is stored. (Ex. 3, p. 13:03-:13). As for the State Defendants, “We don't test for genetic profile of an individual, no. These are fixed 55 tests. That's the only information we have, and

they are all into our LIMS meaning the laboratory information system and it's all highly secure. It's not even on the web. It's very local, right here on our servers and completely sealed.” (Ex. 6, pp. 46:23-47:03).

2. An Alternate Remedy Is Available.

Plaintiffs testified that their concerns would be addressed by the destruction of their children’s DBS cards. (See, e.g., Ex. 4, Deposition of Ashley Kanuszewski. at 7:20-:25; Ex. 15, Dep. Of Shannon LaPorte at 10:09-:15; Ex. 16, Dep. Of Lynette Wiegand at 13:16-:20). Fortunately for them, there is a non-judicial remedy available: they can request the destruction of a DBS card. Dr. Sarah Lyon-Callo of MDHHS testified:

Q And there are policies in place where a parent or a subject, you know, once they reach the age of majority, can request that the dried blood spot cards be destroyed; correct?

A Correct.

Q And does that request go to DHS directly?

A Yes. It goes to the Michigan Department of Health and Human Services. There is a form. There's need for identification, you know, driver’s license, birth certificate, so that we're assuring that the person who is requesting destruction has the ability to do so and that we've got the right material as well.

(Ex. 2, Dep. Of Sarah Lyon-Callo, p. 64:12-:22)

Amazingly, none of the Plaintiffs took any action to have their children’s DBS cards destroyed, and none of them even knew this was an option. One exchange with Plaintiff Ashley Kanuszewski was particularly revealing:

Q Do you have any evidence of anybody using your children's DNA for anything?

A No.

Q So this is a speculative risk, not an actual -- not an actual concern that you've seen happen already?

...

A Yes.

Q Do you have any evidence of anyone's genetic information being obtained from the newborn screening program?

A No.

Q And what are the risks to you, in your opinion, of participating in the biobanking system?

A To me? I don't know.

Q In your opinion, what are the risks of participating in the biobank?

A I'm not sure. I guess I don't know. I'd want to know what the risks are if there are any.

Q So you don't even know if there are any risks. Is that what you're just testifying to?

A Yeah. But I would like to know. I feel like there could be. I don't like not knowing where or what they're using it for.

Q And because of those concerns, you took precisely zero action, prior to filing this litigation, to investigate; is that correct?

A True.

(Ex. 4, Ashley Kanuszewski Dep., pp. 30:25-32:01).

The other Plaintiffs demonstrated a similar lack of knowledge that they had other options available to address their concerns, and took no action to investigate the newborn screening program prior to filing suit. (*See, e.g.*, Ex. 17, LaPorte Dep, p. 29:12-:20; Ex. 18, Wiegand Dep, p. 36:10-:12). Importantly, none of the parents felt their ability to direct medical decisions for their children was in any way compromised. (*See, e.g.*, Ex. 4, p. 17:06-:10; Ex. 5, pp. 19:12-20:03; Ex. 18, pp. 30:25-31:04).

ARGUMENT

A. The Question Before the Court.

The only remaining question before this Court is whether Defendants' subsequent retention, transfer, and storage of the samples violate the Plaintiffs' fundamental rights. *Kanuszewski v. Mich. HHS*, 927 F.3d 396 (6th Cir. 2019). As the Sixth Circuit carefully instructed, "the questions on remand [are] whether the evidence demonstrates that Defendants' actions interfered with the parents' right to direct their children's medical care; and, to the extent they did interfere with the parents' fundamental rights, whether those actions survive strict scrutiny." *Id.*, at 421. As applied to Dr. Yancey, the question is "did Dr. Antonio Yancey, in his official capacity as Executive Director of the Michigan Neonatal Biobank, violate the rights of the Plaintiffs when storing the DBS cards?" It is clear from discovery that there is no question of material fact that Dr. Yancey has not taken any action to violate the rights of Plaintiffs, nor have the Plaintiffs, by their own admission, had their ability to direct their children's medical care interfered with by the actions of Dr. Yancey.

B. No Rights Have Been Interfered With By Dr. Yancey.

The Sixth Circuit asked whether the evidence demonstrates that Defendants' actions interfered with the parents' right to direct their children's medical care. The evidence clearly indicates that Plaintiffs cannot meet this burden. There has been no

interference with any of the rights of the Plaintiffs, and any “injury” they can point to is mere speculation; none of the Plaintiffs have claimed they have suffered actual injury or interference with a protected right.

1. Seizure Defined.

A “seizure” of property, per the Supreme Court, occurs when “there is some meaningful interference with an individual’s possessory interests in that property.” *United States v. Jacobsen*, 466 U.S. 109, 113, 80 L. Ed. 2d 85, 104 S. Ct. 1652 (1984). A violation of the Fourth Amendment’s prohibition against unreasonable seizures requires looking to the totality of the circumstances. “More significantly, ‘reasonableness is still the ultimate standard’ under the Fourth Amendment, *Camara, supra*, at 539, which means that numerous seizures of this type will survive constitutional scrutiny. As is true in other circumstances, the reasonableness determination will reflect a ‘careful balancing of governmental and private interests.’ *T. L. O., supra*, at 341.” *Soldal v. Cook County*, 506 U.S. 56 (1992).

2. The Parents’ Right To Make Medical Decisions Has Not Been Interfered With By Dr. Yancey.

As noted, the Sixth Circuit remanded this matter for testimony regarding whether the newborn screening program interfered with the parents’ right to direct their children’s medical care. After discovery, it is clear the program did not interfere. When asked point-blank whether the newborn screening program and the storage of their children’s DBS cards interfered with their ability to direct medical

decisions for their children the Parents all said that it did not interfere. (*See, e.g.*, Ex. 4, p. 17:06-:10; Ex.5, pp. 19:12-20:03; Ex. 18, pp. 30:25-31:04). Indeed, aside from those outright admissions, not one of the Parents can point to a concrete, non-speculative harm. In fact, as noted earlier, the only harms indicated were not based on evidence, but fear:

Q Do you have any evidence of anybody using your children's DNA for anything?

A No.

Q So this is a speculative risk, not an actual -- not an actual concern that you've seen happen already?

...

A Yes.

Q Do you have any evidence of anyone's genetic information being obtained from the newborn screening program?

A No.

(Ex. 4, Ashley Kanuszewski Dep., pp. 30:25-31:10).

The concerns – that the specimens *might* be used for research – are speculative and hypothetical. Even if they were not hypothetical, Dr. Yancey does not have the authority to remedy their harm; the BioBank merely stores the DBS cards at the direction of MDHHS. Furthermore, there is a remedy available outside of litigation to prevent this speculative harm from occurring: the Parents can simply request that the DBS cards either not be used, or they be destroyed entirely.

a. Any Alleged Injuries Are Conjecture.

Plaintiffs fails to demonstrate any actual or imminent harm caused by Dr. Yancey. “Actual or imminent” damages require that the harm has happened or is

sufficiently threatening, and not merely that it may occur at some future time. A plaintiff who has been subject to injurious conduct of one kind does not possess, by virtue of that injury, the necessary stake to litigating conduct to which he has not been subject, regardless of how similar the harms. See *Moose Lodge No. 107 v. Irvis*, 407 U.S. 163, 166-167 (1972). Of course, “[one] does not have to await the consummation of threatened injury to obtain preventive relief.” *Pennsylvania v. West Virginia*, 262 U.S. 553, 593 (1923), quoted in *Babbitt v. Farm Workers*, 442 U.S. 289, 298 (1979). “[The] question becomes whether any perceived threat ... is sufficiently real and immediate to show an existing controversy...” *O’Shea v. Littleton*, 414 U.S. 488, 496 (1974).

The State of Michigan Department of Community Health’s Policy and Procedure on Newborn Screening Specimens, effective September 8, 2008 states, clearly and unambiguously, that not only can a parent or guardian request that a blood specimen not be used for research, but also that they can request that the specimen be destroyed. The policy reads in relevant part:

The DCH will maintain, or cause to be stored, newborn screening dried blood spots indefinitely. Parents, legal guardians of, and/or persons from whom the specimen was collected after reaching the age of majority, **may request that their specimen not be used for any research**, by contacting DCH by telephone or mail. Parents, legal guardians of, and/or persons from whom the specimen was collected after reaching the age of majority, **may request that their specimen be destroyed** by providing the name, date of birth and their relationship to the individual from whom the specimen was collected and must provide copies of the individual’s birth certificate and a government-issued

identification (e.g., drivers license or passport) to confirm that they have authority to make such a request.
(Ex. 1, emphasis supplied).

Additionally, under MCL 333.5431, while DBS cards may be used for medical research, this can only be done “as long as the medical research is conducted in a manner that preserves the confidentiality of the test subjects and is consistent to protect human subjects from research risks under subpart A of part 46 of subchapter A of title 45 of the code of federal regulations.” MCL 333.5431(7)(b). Not only are there protections under Michigan law that would assuage the fears of the Parents, but under the 2008 policy they have the option to opt out and have their children’s blood samples destroyed entirely.

C. Even If Plaintiffs’ Rights Have Been Interfered With, The Policy Survives Strict Scrutiny.

1. There is A Compelling State Interest.

It is undisputed that the states retain the authority to pass laws to protect the public health. The Supreme Court in *Jacobson v. Massachusetts*, 197 U.S. 11 (1905), in upholding a Massachusetts law requiring mandatory vaccinations against small pox, stated that

The authority of the State to enact this statute is to be referred to what is commonly called the police power – a power which the State did not surrender when becoming a member of the Union under the Constitution. Although this court has refrained from any attempt to define the limits of that power, yet it has distinctly recognized the authority of a State to enact quarantine laws and “health laws of every description;” ... According to settled principles the police power of a

State must be held to embrace, at least, such reasonable regulations established directly by legislative enactment as will protect the public health and the public safety.

Jacobson v. Massachusetts, at 24-25, *internal citations omitted*.

The *Jacobson* Court continued, stating that “the liberty secured by the Constitution of the United States to every person within its jurisdiction does not import an absolute right in each person to be, at all times and in all circumstances, wholly free from restraint. There are manifold restraints to which every person is necessarily subject for the common good. On any other basis organized society could not exist with safety to its members.” *Jacobson*, at 26.

Michigan courts have adopted the policy goals espoused by *Jacobson*, and have held that the state has broad authority to enact legislature to protect the public health. In *Rogowski v. Detroit*, 374 Mich. 408 (1965), the Michigan Supreme Court upheld the City of Detroit’s fluoridation ordinance, citing to *Jacobson* and stating “With respect to the chief controversy herein, whether the ordinance is a reasonable and lawful exercise of the police power and hence constitutional, it is fortunate, for our guidance, that the Supreme Court of the United States has spoken in *Jacobson v. Massachusetts*, 197 U.S. 11 (25 S Ct 358, 49 L ed 643).” *Rogowski* at 417. *Rogowski* continued to quote *Jacobson* at great length, deferring to the policy decisions reached by the legislature in stating “[t]he court would usurp the functions of another branch of government if it adjudged, as matter of law, that the mode adopted under the sanction of the State, to protect the people at large, was arbitrary

and not justified by the necessities of the case.” *Rogowski* at 419, quoting *Jacobson* at 25, 26, 28-30.

The ultimate conclusion of the *Rogowski* Court was that public health decisions made by the legislature were not to be second guessed by the court.

Further, that proofs of the character which plaintiffs say they might have adduced on trial could not have changed the results because a difference of opinion, whether expert or lay, as to the merits or demerits of fluoridation with respect to public health presents a question for legislative, not judicial, determination. It follows that this case could be and was properly disposed of, as a question of law, by summary judgment. This follows, as well, from the above cited Michigan decisions because there was no issue of material or controlling facts, the so-called factual disputes actually being matters of opinion, relating to the efficacy or effects of fluoridation. Hence, they could not be decisive of whether the police power was properly exercised within constitutional limitations.

Rogowski at 424.

While *Rogowski* was decided in part by looking at language from the Michigan Constitution of 1908, which was in effect when the initial lawsuit was filed, the Michigan Constitution of 1963 contains similar language, emphasizing the importance of the legislature’s obligation to protect the public health. Article IV, Section 51 states: “The public health and general welfare of the people of the state are hereby declared to be matters of primary public concern. The legislature shall pass suitable laws for the protection and promotion of the public health.” Const. 1963, Art. IV, §51.

The blood draws taken from newborns to screen for congenital disease or

disorder are very clearly done to preserve the public health, and are squarely within the authority of the legislature. As the Plaintiffs allege, once blood is drawn, the infants are screened for over 50 congenital conditions. If the results of a test comes back “positive, the results shall be reported to the infant's parents, guardian, or person *in loco parentis*. A person is in compliance with this subsection if the person makes a good faith effort to report the positive test results to the infant's parents, guardian, or person in loco parentis.” MCL 333.5431(3). Further, the Michigan process is overseen by a committee of ten (10) individuals. The committee consists of two members from the general public and one member from each of the following groups: a Michigan nonprofit health care corporation; the Michigan health and hospital association; the Michigan state medical society; the Michigan osteopathic association; MDHHS’s medical services administration; MDHHS’s public health administration; a neonatologist with experience and background in newborn screening; and health maintenance organizations. *See* MCL 333.5430.

2. The Policy is Narrowly Tailored.

The Parents are correct that the Due Process Clause of the Fourteenth Amendment protects the “fundamental right” of parents to make decisions as to the care, custody and control of their children. *See, e.g., Troxel v. Granville*, 530 U.S. 57, 65-66, 120 S. Ct. 2054, 147 L. Ed. 2d 49 (2000) (striking down a statute that authorized a court to grant any person the right to visit a child if such visitation was

in the best interests of a child even if a fit parent thought otherwise). But it is equally true that “a state is not without constitutional control over parental discretion in dealing with children when their physical or mental health is jeopardized.” *Parham v. J. R.*, 442 U.S. 584, 603, 99 S. Ct. 2493, 61 L. Ed. 2d 101 (1979) (even where parents agree to mental health commitment, children are entitled to the decision of a neutral fact finder to determine whether statutory requirements for admission are satisfied) (emphasis added). The Michigan legislature is granted that power under the Michigan Constitution of 1963, which states, simply, that “The legislature shall pass suitable laws for the protection and promotion of the public health.” Const. 1963, Art. IV, §51. They have done so here with MCL 333.5431 *et seq*). The Michigan newborn infant screening program is a law of neutral applicability, effecting all babies born in Michigan, designed to promote the public health and welfare through a minimally invasive process.

This is similar to *Spiering v. Heineman*, 448 F. Supp. 2d 1129 (D. Neb. 2006), which addressed a challenge to Nebraska’s neonatal disease testing program. As the District Court for Nebraska pointed out in *Spiering*, “this ‘constitutional control over parental discretion’ when a child's safety is at issue exists for Nebraska and every other state, even where religious and parental rights are asserted in tandem.” *Spiering* at 1140, *citing Prince v. Massachusetts*, 321 U.S. 158, 166-167, 64 S. Ct. 438, 88 L. Ed. 645 (1944) (upholding child labor laws applied to custodian

of a child who allowed minor to distribute religious literature; the “right to practice religion freely does not include liberty to expose [a] ... child... to ill health or death.”).

In upholding Nebraska’s newborn infant screening program, the U.S. District Court for Nebraska held:

The precedents of the Court thus recognize two competing values of equal worth: the right of parents to parent and the right of children to safety. It is not plausible that the Supreme Court would apply “strict scrutiny” and thus tilt the table in favor of the rights of parents and against the safety of children. That is all the more true where, as here, the medical evidence establishing a “life and death” reason for testing infants is undisputed and, still further, where a parent’s objection to either the test or treatment following the test will be resolved by a court after a hearing. As a result, it is not surprising that the plaintiffs have given me no case which stands as a precedent for the proposition they advance. See, e.g., Eugene Volokh, Parent-Child Speech and Child Custody Speech Restrictions, 81 N.Y.U. L. Rev. 631, 675 (2006)(recognizing that the Supreme Court’s jurisprudence on “the substantive due process right to control the upbringing of one’s child” has had “fairly modest force”; “The Supreme Court has never clearly articulated when they can be restrained. Lower courts have often assumed that various reasonable restrictions on such rights would be permissible, and that such restrictions need not be judged under the ‘strict scrutiny’ test.”)(citing Anaya; other citations omitted). *Spiering* at 1140.

The instant case is fundamentally similar to *Spiering*, *Higgins v. Tex. Dep’t of Health Servs.*, 801 F.Supp.2d 541 (W.D. Tex, 2011), and *Doe v. Adams*, 53 N.E.3d 483 (Ind. 2016), all of which reviewed neonatal blood screening programs and upheld them. In Michigan, you have a law of universal, neutral applicability that requires all newborns to be screened for congenital diseases within 24-36 hours of birth. This law serves an important public health purpose, and is authorized by

Michigan's constitution. It is minimally invasive, requiring only a small prick to the heel of an infant, and 5-6 drops of blood to be taken. This program is largely, if not entirely identical to the programs upheld in Texas, Nebraska, Indiana and other states. The District Court correctly concluded that this is not a fourteenth amendment violation and dismissed those counts. Further, there are significant privacy protections in place, (*See, e.g.*, Ex. 2, pp. 63-65), parents are now required to opt-in to allowing their children's DBS cards to be used for research (Ex. 17), and parents can request destruction of the DBS cards if they wish (Ex. 1).

D. Fourteenth Amendment Scope And Applicability To State Public Health Laws.

To determine whether a particular policy, such the storage of the DBS cards, violates the Fourteenth Amendment rights of the Plaintiffs, the Courts apply a two-part test. *Cruzan v Dir., Mo. Dep't of Health*, 497 U.S. 261 (1990) stated that "[t]he principle that a competent person has a constitutionally protected liberty interest in refusing unwanted medical treatment may be inferred from our prior decisions", but in the next sentence it upheld *Jacobson v. Massachusetts*, noting that "the Court balanced an individual's liberty interest in declining an unwanted smallpox vaccine against the State's interest in preventing disease." *Cruzan*, at 278. As *Cruzan* itself noted, "determining that a person has a 'liberty' interest' under the Due Process Clause does not end the inquiry; 'whether respondent's constitutional rights have

been violated must be determined by balancing his liberty interest against the relevant state interests.” *Cruzan*, at 279.

Determining that a person has a liberty or property interest under the Due Process Clause is only the first part of the inquiry. As the Sixth Circuit has stated,

Section 1983 imposes liability for violations of rights protected by the Constitution, not for violations of duties of care arising out of tort law. *See Baker v. McCollan*, 443 U.S. 137, 146, 61 L. Ed. 2d 433, 99 S. Ct. 2689 (1979). To state a cause of action under Section 1983 for violation of the Due Process Clause, Appellants must show that they have asserted a recognized liberty or property interest within the purview of the Fourteenth Amendment and that they were intentionally or recklessly deprived of that interest, even temporarily, under color of state law. *See Ingraham v. Wright*, 430 U.S. 651, 672, 51 L. Ed. 2d 711, 97 S. Ct. 1401 (1977).

In re Cincinnati Radiation Litig., 874 F. Supp. 796 (6th Cir. 1995).

If there is a liberty or property interest, the court must then determine whether a person’s constitutional rights have been violated by balancing the liberty interest against the relevant state interests. *In re Cincinnati Radiation Litig.*, at 813, *citing Youngberg v. Romeo*, 457 U.S. at 321. Several types of state actions discussed above have been held to have not violated a person’s constitutional rights. As noted in *In re Cincinnati Radiation Litig.*, compulsory vaccinations in *Jacobson v. Massachusetts*, 197 U.S. 11 (1905), compelled blood tests in *Schmerber v. California*, 384 U.S. 757 (1966), and even extractions of contraband material from the rectal cavity in *Revas v. United States*, 368 F.2d 703 (9th Cir. 1966) *cert. denied*, 386 U.S. 945, 87 S. Ct. 978, 17 L. Ed. 2d 875 (1967), have been upheld on

a showing of clear necessity, procedural regularity, and minimal pain. *In re Cincinnati Radiation Litig.*, at 813. The newborn screening is a clear exercise of a valid, necessary state power, it is performed with procedural regularity, and minimal invasiveness.

The blood draws taken from newborns to screen for congenital disease or disorders is recognized as a valid governmental concern. As even the Plaintiffs admit, only five or six drops of blood are drawn, and once the blood is drawn, the infants are screened for over 50 congenital conditions. This is performed by “A health professional in charge of the care of a newborn infant or, if none, the health professional in charge at the birth of an infant.” MCL 333.5431(1). If the results of a test comes back “positive, the results shall be reported to the infant’s parents, guardian, or person *in loco parentis*.” MCL 333.5431(3). The infant’s parents can then determine what course of action to take regarding the infant’s health. The statute *does not* mandate any course of treatment, and thus does not run afoul of *Cruzan* or any other law regarding the right to self-determination.

E. Alternative Relief.

The issue of alternative relief is important to the resolution of this dispute. Plaintiffs seek a declaration that the storage of the DBS cards belonging to their children is unconstitutional. However, a court “...will not pass upon a constitutional question although properly presented by the record, if there is also present some

other ground upon which the case may be disposed of.” *Ashwander v. Tennessee Valley Authority*, 297 U.S. 288, 347 (1936) (Brandeis, J., concurring). Narrower grounds permit disposal of this case without deciding any constitutional question. The doctrine of constitutional avoidance encourages courts to avoid making a pronouncement concerning the federal constitution when a state law ground is available to decide a case. *See, e.g., Hagans v. Lavine*, 415 U.S. 528, 546-547, 94 S. Ct. 1372, 39 L. Ed. 2d 577 & n.12 (1974) (“The Court has characteristically dealt first with possibly dispositive state law claims pendent to federal constitutional claims.”); *Bell v. Maryland*, 378 U.S. 226, 237, 84 S. Ct. 1814, 12 L. Ed. 2d 822 (1964) (referring to the Court’s “policy of refusing to decide a federal question in a case that might be controlled by a state ground of decision”).

Here, because the Plaintiffs have alternative relief through state administrative means that would grant them the same result that a declaration of their constitutional rights through state administrative means, the court should decline to rule on the constitutional question and direct them to seek relief through the process of completing a form.

CONCLUSION AND RELIEF SOUGHT

There is no question of material fact that would prevent the entry of judgment in favor of Dr. Yancey. The facts alleged in support of the counts against him do not demonstrate an unlawful seizure, only the storage of blood samples in a warehouse

setting as a contractor for MDHHS because MDHHS does not have the capability to store the DBS cards at their own facilities. To the extent the blood samples have been retained by MDHHS and held at the Biobank, the Parents, as legal guardians of the Infants in the case, consented to the withdrawal and storage of blood, and have not taken the allowed steps to have the dried blood spot cards either restricted from research, or destroyed entirely. Further, Dr. Yancey has no authority to do anything with the DBS cards other than what the state tells him to do. For the reasons stated above, the claims against Defendant DR. ANTONIO YANCEY in his capacity as Director of the Michigan Neonatal Biobank, Inc. should be dismissed.

For the foregoing reasons, Defendant DR. ANTONIO YANCEY respectfully requests that this Court enter an order GRANTING his Motion for Summary Judgment and entering a judgement of no cause of action as to all counts remaining against Dr. Antonio Yancey in his professional capacity and dismissing the remainder of Plaintiff's First Amended Complaint with prejudice.

Respectfully Submitted,

PEAR SPERLING EGGAN & DANIELS, P.C.

Dated: March 30, 2021

BY: /s/ Jeremy C. Kennedy
Jeremy C. Kennedy (P64821)
Attorneys for Defendant Dr. Antonio
Yancey
24 Frank Lloyd Wright Dr., Ste. D-2000
Ann Arbor, MI 48105
(734) 665-4441

jkennedy@psedlaw.com

CERTIFICATE OF SERVICE

I hereby certify that on Tuesday, March 30, 2021, I caused the electronic filing of the foregoing paper with the Clerk of the Court using the ECF system which will send notification of such filing to the following to all attorneys of record.

BY: /s/ Jeremy C. Kennedy
Jeremy C. Kennedy (P64821)
Attorneys for Defendant Dr. Antonio
Yancey

INDEX OF EXHIBITS

- EXHIBIT 1 State of Michigan Department of Community Health Policy & Procedure Manual, Effective 9/8/08
- EXHIBIT 2 Deposition of Sarah Lyon-Callo, Ph.D.
- EXHIBIT 3 Deposition of Dr. Antonio Yancey
- EXHIBIT 4 Deposition of Ashley Kanuszewski
- EXHIBIT 5 Deposition of Adam Kanuszewski
- EXHIBIT 6 Deposition of Sandip Shah, Ph.D.
- EXHIBIT 7 Michigan BioTrust Health Consent Options
- EXHIBIT 8 “Your Baby's Blood Spots” pamphlet
- EXHIBIT 9 Signature Card dated 2-6-07
- EXHIBIT 10 Signature Card dated 11-22-11
- EXHIBIT 11 Signature Card dated 7-18-13
- EXHIBIT 12 Signature Card dated 12-25-14
- EXHIBIT 13 Signature Card dated 1-30-17
- EXHIBIT 14 Signature Card dated 2-10-16
- EXHIBIT 15 Signature Card dated 2-10-16
- EXHIBIT 16 Signature Card dated 4-22-13
- EXHIBIT 17 Dep of Shannon LaPorte

EXHIBIT 18 Dep of Lynette Wiegand

EXHIBIT 1



**State of Michigan Department of Community
Health Policy & Procedure Manual, Effective
9/8/08**

	STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH POLICY AND PROCEDURE MANUAL <i>POLICY AND PROCEDURE</i>	CHAPTER Laboratories	
		NUMBER 11.1	
		EFFECTIVE DATE September 8, 2008	
SUBJECT			Page 1 of 2
	Newborn Screening Specimens		

A. PURPOSE

The purpose of this policy is to establish for the Michigan Department of Community Health (DCH) a retention schedule for newborn screening dried blood spot specimens.

B. REVISION HISTORY

Issued September 8, 2008.
 Revised January 5, 2009.
 Revised June 4, 2009

C. DEFINITIONS

NBS: Newborn screening is a comprehensive program that tests for and provides long and short term follow up and medical management for children with disorders identified through the program. (PA 368 of 1978, 333.5431, 333.5430)

DBS: Dried blood spot is the blood specimen collected from the heel of a newborn at 24-48 hours post-birth on a filter paper collection devise. After drying, the blood and patient identifying information contained on the same paper collection devise are sent to the DCH Bureau of Laboratories for testing.

D. POLICY

The DCH will maintain, or cause to be stored, newborn screening dried blood spots indefinitely. Parents, legal guardians of, and/or persons from whom the specimen was collected after reaching the age of majority, may request that their specimen not be used for any research, by contacting DCH by telephone or mail. Parents, legal guardians of, and/or persons from whom the specimen was collected after reaching the age of majority, may request that their specimen be destroyed by providing the name, date of birth and their relationship to the individual from whom the specimen was collected and must provide copies of the individual's birth certificate and a government-issued identification (e.g., drivers license or passport) to confirm that they have authority to make such a request.

The DCH retains qualified ownership of DBS while in storage. The DCH may release part of the residual DBS upon written request of the individual for research studies or other uses. The DCH may release part, or all, of the de-identified specimen for NBS quality assurance and test development or public health or medical research with appropriate approval of the DCH scientific advisory panel and institutional review board. The DCH will reserve part of the specimen solely for the use of the individual or parent/guardian, unless requested otherwise by an authorized individual.

Retention schedules for DBS collected for other tests (e.g., HIV serology, lead) will be determined by Bureau of Laboratory policy.

E. PROCEDURE

<i>Responsibility</i>	<i>Action</i>
Bureau of Laboratories Newborn Screening Section Manager	Process and package dried blood spots for permanent storage maintaining specimen identification.
Bureau of Laboratories Newborn Screening Section	Oversee and confirm in writing the tagging of specimens as "not available for research" when request has been received from the

	STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH POLICY AND PROCEDURE MANUAL <i>POLICY AND PROCEDURE</i>	CHAPTER
		Laboratories
		NUMBER
		11.1
		EFFECTIVE DATE
		September 8, 2008
SUBJECT		
Newborn Screening Specimens		Page 2 of 2

Manager	individual or parent or legal guardian of the individual.
Bureau of Laboratories Newborn Screening Section Manager	Oversee and confirm in writing the destruction of specimens when request for destruction has been received and confirmed authentic from the individual or parent or legal guardian of the individual.
Bureau of Laboratory Administrator	Assure an environment for the storage of the dried blood spot specimens that is secure and protects the integrity of the biological components of the specimen. Identify resources for an adequate storage environment for the specimens.

F. REFERENCES

Association of Public Laboratories Position/Policy statement on Residual Newborn Screening Specimens.

http://www.aphl.org/policy/Documents/residual_newborn_screening_specimens.pdf

Therrell, B.L, H.W. Hannon, et al. 1996. Guidelines for the retention, storage and use of residual dried blood spot samples after newborn screening analysis: Statement of the Council of Regional Networks for Genetic Services. Biochemical and Molecular Med. 57:116-124.

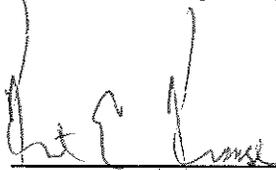
Directive to Destroy Residual Newborn Screening Blood Specimen, DCH-1448

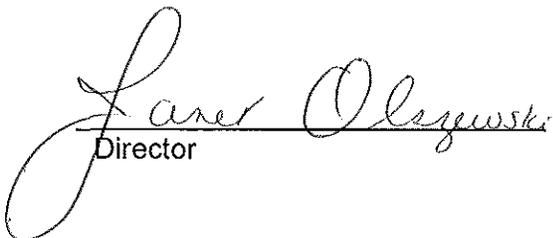
Directive to Remove Residual Newborn Screening Blood Specimen from Possible Research Uses, DCH-1465

Michigan Public Health Code, Act 368 of 1978, 333.5431, 333.5430

G. CONTACT

For additional information concerning this policy, contact the DCH Bureau of Laboratories.

RECOMMENDED BY:  _____ DATE: 6/17/09
 Deputy Director

APPROVED BY:  _____ DATE: 6-18-09
 Director

Content Author: DCH Bureau of Laboratories

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
NORTHERN DIVISION

ADAM KANUSZEWSKI, et al,
Plaintiffs,

v

Case No. 18-cv-10472

MICHIGAN DEPARTMENT OF HEALTH
AND HUMAN SERVICES, et al,

HON. THOMAS L. LUDINGTON
MAG. PATRICIA T. MORRIS

Defendants.

/

VIDEO CONFERENCE DEPOSITION OF SARAH LYON-CALLO, PH.D.

Taken by the Plaintiffs on the 17th day of December, 2020,
via Zoom, at 1:00 p.m.

APPEARANCES:

For the Plaintiffs:

MR. PHILIP LEE ELLISON (P74117)
Outside Legal Counsel PLC
PO Box 107
Hemlock, Michigan 48626
(989) 642-0055

For the Defendant
MDHHS:

MR. AARON WARREN LEVIN (P81310)
Michigan Department of Attorney General
PO Box 30736
525 Ottawa Street
Lansing, Michigan 48909
(517) 335-7632

For the Defendant
Michigan Neonatal
Biobank and Antonio
Yancey:

MR. JEREMY C. KENNEDY (P64821)
Pear Sperling Eggan & Daniels PC
24 Frank Lloyd Wright Drive, Suite D2000
Domino's Farms
Ann Arbor, Michigan 48105
(734) 665-4441

Also Present:

Sandip Shah, Ph.D.
Eric Hendricks
Ashley Campbell

1 RECORDED BY: Pam Rankinen, CER 4532
 2 Certified Electronic Recorder
 3 Network Reporting Corporation
 4 Firm Registration Number 8151
 5 1-800-632-27201
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 2

1 Via Zoom Video Conference
 2 Thursday, December 17, 2020 - 1:01 p.m.
 3 MR. ELLISON: Good afternoon. I guess I want to
 4 know -- I want to be respectful of how I addressed you. Is
 5 it just -- do I just call you "Doctor"? Would that be
 6 sufficient?
 7 DR. LYON-CALLO: I'm fine if you all me Sarah, but
 8 that's really fine.
 9 MR. ELLISON: Okay. All right. I mean no
 10 disrespect. As you can kind of tell, we're a little less
 11 than formal with the group that we've been hanging out
 12 together so long on this particular case. So, anyway, first
 13 of all, thank you for being here. I appreciate it. As you
 14 may have heard, I need to ask some questions of you here as
 15 part of the newborn screening lawsuit, which I'm sure you're
 16 aware of. Have you ever done a deposition before?
 17 DR. LYON-CALLO: Yes, I have. I haven't done a
 18 deposition over Zoom before, but I've done depositions.
 19 MR. ELLISON: Okay. All right. Well, then I'll
 20 skip the usual instructions then going forward, and we can
 21 just get right to the -- right to the heart of it here.
 22 REPORTER: Do you solemnly swear or affirm that
 23 the testimony you're about to give shall be the whole truth?
 24 DR. LYON-CALLO: I do.
 25

Page 4

1 TABLE OF CONTENTS
 2 PAGE
 3
 4 Examination by Mr. Ellison 5, 67
 5 Examination by Mr. Kennedy 56
 6 Examination by Mr. Levine. 66, 74
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 3

1 SARAH LYON-CALLO, PH.D.
 2 having been called by the Plaintiffs and sworn:
 3 EXAMINATION
 4 BY MR. ELLISON:
 5 Q I have a couple of questions regarding the newborn screening
 6 program and the Michigan Neonatal Biobank. And I just call
 7 it -- just for purposes of our discussion here today, when I
 8 refer to the "Biobank," I'm referring, of course, to the one
 9 that's headed by Dr. Yancey, the organization with its
 10 offices and operations in Detroit at the -- at Tech Town.
 11 And then when I refer to the "newborn screening
 12 program," part of it, that's the state side, I would call
 13 it, of this particular setup. Is that agreeable that we can
 14 talk on those terms?
 15 **A No. The newborn screening program is a screening program.
 16 The Michigan BioTrust is the state program that addresses
 17 the residual dried blood spots. The Michigan Neonatal
 18 Biobank is an entity that is managing the storage of those
 19 spots.**
 20 Q Okay.
 21 **A So I want to be -- I am very clear and precise in my
 22 language when I'm talking about the difference between
 23 newborn screening program versus the Michigan BioTrust for
 24 Health.**
 25 Q Okay. So that's one of the questions I'm going to ask you

Page 5

1 about. So I'm going to jump ahead and ask you that. I'm
 2 going to set it up in a particular way, and I want you to
 3 explain to me, thereafter, what happens. A newborn is born.
 4 Blood spots are extracted. Blood samples are extracted in
 5 the form of blood spots onto a Guthrie card and are sent to
 6 the Michigan State Laboratory for testing.
 7 Once that testing is complete, I'd like you to
 8 explain to me, as best you know, what happens to those
 9 residual blood spots.
 10 **A Sorry. I was having trouble with my mute. I think some of**
 11 **the particular detail regarding specifics around the**
 12 **mechanisms by which cards are handled directly after testing**
 13 **is best handled by Dr. Shah, the director of their**
 14 **laboratory. But I can share -- or I feel comfortable**
 15 **talking about the piece where -- that the dried blood spot**
 16 **card -- the newborn screen card, is -- there's a group at**
 17 **the laboratory that, when they are done with that card for**
 18 **the purposes of the newborn screening program, they process**
 19 **that card. The residual dried blood spots that become part**
 20 **of the --**
 21 **(Dr. Shah enters deposition)**
 22 Q Doctor -- excuse me. You said "they." Who is they?
 23 **A The Bureau of Laboratories at the Michigan Department of**
 24 **Health and Human Services.**
 25 Q Okay. Thank you.

1 **A Yup. You're welcome. And I see Dr. Shah has joined. I**
 2 **know this is my deposition, and he's like joining in. But**
 3 **he's joining in for his deposition time -- yeah, separate**
 4 **time; right?**
 5 Q That's fine. He's entitled -- he's entitled to participate
 6 or to observe this -- the deposition as a party -- named
 7 party in the case. So, but go ahead.
 8 **A Okay. Thank you.**
 9 Q I apologize. I mean, I didn't mean to interrupt you. You
 10 used the pronoun, and I wanted to make sure I understood.
 11 You said, "Once 'they' were done processing the card."
 12 **A Yes; yeah; yup. So when the laboratory staff are done with**
 13 **the card from a newborn screening perspective -- I'll let**
 14 **Dr. Shah get into the nitty-gritty of how that card is**
 15 **processed -- but the high level is that the residual dried**
 16 **blood spots go to -- with the exception of a spot reserved**
 17 **for parent/guardians, the residual dried blood spots go to**
 18 **the Michigan Neonatal Biobank where they are managed for the**
 19 **purposes of Michigan BioTrust.**
 20 Q Okay. Who is responsible for overseeing the Michigan
 21 Neonatal Biobank as it applies to the Michigan -- from any
 22 individual you know at the Michigan Department of Health and
 23 Human Services?
 24 **A I'm sorry. Can you repeat that one more time?**
 25 Q Sure. What I want to understand is is that you just said

1 that the Michigan Neonatal Biobank stores -- and I'm
 2 paraphrasing -- stores newborn blood spots that are residual
 3 leftovers from the newborn testing program for -- on behalf
 4 of our -- under the control of the State of Michigan, I
 5 think, DHHS I think is what you said, or some variation
 6 thereof.
 7 **A Uh-huh (affirmative).**
 8 Q I'd like to know who at the Michigan Department of Health
 9 and Human Services is responsible for overseeing or
 10 otherwise controlling the blood spots at the Neonatal
 11 Biobank?
 12 **A So the dried blood spots are managed by the Michigan**
 13 **BioTrust. That BioTrust structure has a community values**
 14 **advisory board, a scientific advisory board. There is also**
 15 **an internal infrastructure which Dr. Shah and myself are**
 16 **responsible for. But I think probably the simplest way to**
 17 **answer the question is that Dr. Shah and myself are**
 18 **responsible for the dried blood spots in the Michigan**
 19 **BioTrust program that are at the Michigan Neonatal Biobank**
 20 **for storage and distribution at the direction of the**
 21 **Michigan Department of Health and Human Services.**
 22 Q Okay. Good. Fantastic. So I guess the reason why I'm
 23 asking would be is that if a -- say in this case a judge was
 24 to issue an injunction against both of you in your official
 25 capacities, you would have the ability to direct the blood

1 spots to no longer go to the Biobank if that's what the
 2 judge so ordered; would that be correct?
 3 **A That is my understanding.**
 4 Q Okay. And what -- as part of the complaint -- as part of my
 5 complaint and the research I did on this prior to bringing
 6 this complaint, I had you listed as the manager of the
 7 Michigan Bio- -- or excuse me -- Michigan BioTrust for
 8 Health; is that accurate?
 9 **A So as the director of the Bureau of Epidemiology and**
 10 **Population Health, I am one of the two folks who is over the**
 11 **Michigan BioTrust for Health, the other one being Dr. Sandip**
 12 **Shah.**
 13 Q Okay. What role does Mary Klein play in the Michigan
 14 Newborn Screening program and/or the Biobank?
 15 **A So none of my -- so Mary Klein is a manager in the division**
 16 **of Lifecourse Epidemiology and Genomics, which is within the**
 17 **Bureau of Epidemiology and Population Health. So Mary Klein**
 18 **is in my supervisory chain. She does not -- I'm not quite**
 19 **certain how to answer part of your question. You asked**
 20 **about if she plays a role at the Michigan Neonatal Biobank?**
 21 **Is that what you asked me?**
 22 Q Yeah. I want to understand, you mentioned that both you and
 23 Dr. Shah have supervisory control over the BioTrust.
 24 According to online disclosure forms that have been made
 25 available, that she is the manager of the newborn screening

1 section of the Michigan Department of Health and Human
 2 Services. I want to know what role, if any, does she play
 3 over the newborn screening program and/or the BioTrust. And
 4 I'll add to that -- or excuse me -- the Neonatal Biobank,
 5 and I'll add to that the BioTrust if that assists you.

6 **A So Mary Klein is the director of newborn screening section
 7 that addresses follow-up of results from the newborn
 8 screening program. In terms of Michigan BioTrust, she has a
 9 role in that as we get proposals for use of dried blood
 10 spots. She has a role also in communicating -- as do other
 11 staff as well -- in communicating with the Michigan Neonatal
 12 Biobank. She does not have a role within the Michigan
 13 Neonatal Biobank. So she's in no way an employee or
 14 something like that of the Michigan Neonatal Biobank.**

15 Q Okay. I've done the deposition of Dr. Antonio Yancey. Do
 16 you know who he is?

17 **A (No verbal response)**

18 Q I'm sorry. You've got to answer "yes" or "no."

19 **A Yes, I do. Yes, I do. Sorry. I'm trying -- I have a dog
 20 in the background.**

21 Q No problem. If I say "yes" -- yes, if I make a statement
 22 like that, I'm not trying to be rude. It's just sometimes
 23 we say things like "uh-huh's" and "um's," and we just have
 24 got to get clear for the record. So I mean no disrespect by
 25 it.

Page 10

1 **A Yup.**

2 Q The -- one second here. I've got my email on, and it keeps
 3 beeping incessantly. There we go, stop that. Okay. I did
 4 the deposition of Dr. Yancey, and he indicated that the
 5 blood spots were not under the control of the board of
 6 directors but actually under the control of members -- or
 7 officials with the Michigan Department of Health and Human
 8 Services. Would you agree with that statement as I
 9 presented it to you?

10 **A Yes. The Michigan Neonatal Biobank does not have control
 11 over the use and distribution of the blood spots -- the
 12 residual dried blood spots.**

13 Q Okay. Who at the Michigan -- just to confirm -- who at the
 14 Michigan Department of Health and Human Services would be
 15 the person most in charge of decision-making as to the blood
 16 spots held at the Michigan Neonatal Biobank?

17 **A The use of the blood spots under the purposes of the
 18 Michigan BioTrust program, Dr. Sandip Shah and I are
 19 responsible for the decision-making around that and that
 20 includes the use -- or the instruction to the Michigan
 21 Neonatal Biobank.**

22 Q Okay. To your knowledge, is the Michigan Neonatal Biobank
 23 holding blood samples for any other purpose other than the
 24 Michigan BioTrust program?

25 **A I do not know the answer to that question.**

Page 11

1 Q Well, do you have any knowledge -- do you have additional
 2 purposes or additional blood storage for any other programs,
 3 to your knowledge?

4 **A I don't have any knowledge to what else the Michigan
 5 Neonatal Biobank -- sorry -- what else the Michigan -- what
 6 else the entity at Tech Town -- the Biobank at Tech Town,
 7 what other activities they may have going.**

8 Q Okay. Can you explain -- and, again, acknowledging that we
 9 are lawyers and the person that's going to read this
 10 transcript hopefully ultimately will be a lawyer who is a
 11 judge. We're not scientists, by any means. Can you
 12 explain, as best you can, what the role of the Michigan
 13 BioTrust is, vis-a-vis, the Michigan Department of Health
 14 and Human Services?

15 **A So the Michigan BioTrust, it is a program that's run by the
 16 Michigan Department of Health and Human Services in order to
 17 oversee Michigan's storage residual dried blood spots and
 18 their use in health research.**

19 Q And I believe you just -- and just to confirm, you testified
 20 earlier that that program has oversight of the Michigan
 21 Neonatal Biobank; correct?

22 **A For the purposes of the residual dried blood spots, yes.**

23 Q Okay. Is there any other program or entities that have
 24 control over the Michigan Neonatal Biobank related to blood
 25 spots that you're aware of outside of the BioTrust?

Page 12

1 **A You're referring to the residual dried blood spots from the
 2 Michigan Department of Health and Human Services? Is that
 3 what you're referring to?**

4 Q Any blood spots that you are aware of that are there. Is
 5 there any other entity or program that has any sort of role
 6 as it applies to the Biobank in any way, to your knowledge?

7 **A I think I shared with you earlier that I have no knowledge
 8 as to whether or not there are other forms of dried blood
 9 spots or other bio specimens that are at the Michigan
 10 Neonatal Biobank. The knowledge I have is related to the
 11 dried blood spots that are there from the Michigan BioTrust.**

12 Q Why are blood spots transferred or otherwise given to a
 13 private nonprofit corporation rather than stored under the
 14 direct control of the BioTrust program or the department of
 15 health and human services?

16 **A So the purpose of the -- the Michigan Department of Health
 17 and Human Services does not have the laboratory capacity for
 18 management of a Biobank. The amount of freezer space the
 19 software that is required to manage individual specimens
 20 over a longer of period of time is something that the
 21 Michigan Department of Health and Human Services, under the
 22 Michigan BioTrust, has obtained through the Michigan
 23 Neonatal Biobank.**

24 Q Okay. Were you involved at all with the creation of the
 25 Michigan Neonatal Biobank?

Page 13

1 **A No. The Michigan Neonatal Biobank, when I came in to the**
 2 **position -- the first position that I had related to newborn**
 3 **screening, when I came into that position in 2012, the**
 4 **Biobank was already instituted.**
 5 Q Okay. And just to confirm -- forgive me. I know the answer
 6 already, but this is my chance to confirm -- is that you
 7 don't serve on the board of directors of the Biobank;
 8 correct?
 9 **A No, I do not.**
 10 Q Any reason why not?
 11 **A I have a variety of responsibilities at the department. I**
 12 **also am not a laboratorian. And given Dr. Shah's and I's**
 13 **shared responsibilities for the Michigan BioTrust, I'm very**
 14 **fortunate that he was able to take on that role.**
 15 Q How would you describe the nature of the relationship
 16 between Michigan Department of Health and Human Services and
 17 the Michigan Neonatal Biobank? And I guess let me put it in
 18 a clearer parlance than that would be is are they a contract
 19 vendor? Are they a partner? Are they another government
 20 agency? How is it, in your role as oversight of the dried
 21 blood spots that are stored in that facility, do you view
 22 the role and the relationship with the Biobank?
 23 **A So the Michigan Neonatal Biobank is not a government agency.**
 24 **We have a contract with the Michigan Neonatal Biobank for**
 25 **the purposes of storage and distribution of the dried blood**

Page 14

1 **spots from the Michigan BioTrust. And the Michigan Neonatal**
 2 **Biobank has been a very good partner in terms of, you know,**
 3 **managing those spots, promoting the use of the spots with**
 4 **researchers. So I think they are -- you know, we have a**
 5 **contract with them. They are -- so they have a vendor**
 6 **relationship with us, and they've also been a very good**
 7 **partner in terms of moving this activity along.**
 8 Q Does the Department of Health and Human Services provide
 9 monetary compensation to the Biobank for these services?
 10 **A We provide partial support to the Michigan Neonatal Biobank**
 11 **through a contract with Wayne State University. Their**
 12 **Biobank can -- also has an arrangement to be able to cover**
 13 **some other costs related to a fee structure that is charged**
 14 **to researchers. But, yes, the department does provide**
 15 **direct contract support for the activities there at the**
 16 **Biobank. And I think Dr. Shah would -- sorry. Go ahead.**
 17 Q No; no. That's fine. That's fine. And, again, I'm only
 18 asking what you know. I'll be asking Dr. Shah a number of
 19 questions, as well, given his role as a director on the
 20 board of directors of that particular entity when I do his
 21 deposition.
 22 **A Uh-huh (affirmative).**
 23 Q I'm only seeking what you know. Do you happen to know how
 24 much, as a percentage, or the dollar amount, that the
 25 Michigan Department of Health and Human Services pays

Page 15

1 ultimately that reaches -- for the operation or the services
 2 provided by the Biobank?
 3 **A I'm sorry. I did not come prepared to talk about those**
 4 **numbers today, so I can find that out. There are times**
 5 **where I certainly do hear about the financial support to the**
 6 **Michigan Neonatal Biobank for the functions that are**
 7 **performing a contract but I'm not prepared to speak to those**
 8 **specifics or those numbers today.**
 9 Q Fair enough. That's fair enough. And, again, only what --
 10 I'm only asking you what you know here today as well, so
 11 if --
 12 **A Okay.**
 13 Q Well, let me ask this question: I know that as part of
 14 the -- I guess -- well, let me make the representation to
 15 you that as part each newborn blood draw, the heel prick
 16 test that occurs, the hospital charges the newborns a fee
 17 for doing that, which is -- again, I don't have the dollar
 18 amount that changes year to year, but approximately \$130 for
 19 that activity. Do you know if all or a portion or none of
 20 the monies from those collected fees goes to the Neonatal
 21 Biobank?
 22 **A So the majority of those fees go to the Michigan Newborn**
 23 **Screening program. A small amount of those fees have**
 24 **covered some of the costs of the contract with the Michigan**
 25 **Neonatal Biobank. The exact percentage of that, I am not**

Page 16

1 **prepared to speak to today.**
 2 Q Okay. I mean, can you confirm, though, it's more than zero
 3 but less than all of the money goes to --
 4 **A Oh, yeah. Yeah, that's an easy statement to agree to; yes.**
 5 Q Okay. Very good, very good. Okay. As part of the
 6 contractual relationship or the what- -- the nature --
 7 whatever the relationship is between the Department of
 8 Health and Human Services and the Michigan Neonatal Biobank,
 9 does someone in your role that you serve as -- and, again, I
 10 think I just called you the manager of the BioTrust and you
 11 identified your relationship with Dr. Shah as part of that
 12 oversight authority -- do you have direct control over how
 13 the Biobank stores, accesses, uses, and handles the blood
 14 spots that are submitted to it under the Michigan BioTrust
 15 program?
 16 **A Can you repeat that, please?**
 17 Q Sure. I guess, making it a little simpler. I just want to
 18 know if -- say for today that you -- that Dr. -- I mean,
 19 Chris over there -- Chris, the manager of the Biobanks, is
 20 doing something that you think is inappropriate for the
 21 blood spots. It's not in the best interest of the
 22 particular blood spots. Do you have the authority to call
 23 over there and tell them to change their processes and
 24 procedures?
 25 **A Yes. If there was something that was inappropriate going**

Page 17

1 **on, absolutely.**
 2 Q And I don't mean this in a legal sense. I'm talking more in
 3 either a scientific sense or a project sense. I'm not
 4 trying to be inappropriate as in legal or sexual harassment
 5 or something of that nature. I'm talking more about the
 6 blood spots, the core activities itself. You would have the
 7 ability to call or make contact with them and say, "I would
 8 like this" -- "you need to start doing it this way," and
 9 they would do it that way going forward; is that fair?
 10 **A So the department has procedures that the Biobank is**
 11 **following. We have an understanding what their procedures**
 12 **are. They are in a contractual relationship with us, and we**
 13 **are able to, you know, I don't want to say "direct their**
 14 **operations." I don't mean to imply that we're sort of**
 15 **managing their staff in some way. But in terms of what the**
 16 **procedures for storage, maintenance, and distribution of the**
 17 **dried -- residual dried blood spots, the department is able**
 18 **to direct that. In this case, both Dr. Shah and myself have**
 19 **the ability to reach down to the Biobank regarding, you**
 20 **know, any issue or concern that we have. They're very**
 21 **approachable.**
 22 Q Okay. Very good, very good. And that's what I was looking
 23 for. Thank you. So I don't know how to ask this question
 24 so bear with me. I asked a little bit earlier about the
 25 nature of the BioTrust program, vis-a-vis, the Department of

Page 18

1 Health and Human Services. And I'm trying to understand
 2 what exactly its nature is. I mean, it's -- you would agree
 3 that it's not a division of the Department of Health and
 4 Human Services; correct?
 5 **A So the Michigan BioTrust program; you're asking me if it's**
 6 **like an organizational box or a chart? Is that what you're**
 7 **asking?**
 8 Q I'm trying to figure out where it fits in the overall
 9 organizational scheme. I mean, it's a division; right?
 10 It's not a -- you know, the DHHS has got all its various
 11 divisions with various different responsibilities. I
 12 just -- I don't know how to describe, or how it would be
 13 best to describe where the BioTrust fits into the overall
 14 scheme of organizational hierarchy at the department itself.
 15 **A Sure.**
 16 Q Can you articulate that?
 17 **A So we refer to the Michigan BioTrust as a program. Program**
 18 **can be administered between different areas within the**
 19 **organizational structure. So there are aspects of the**
 20 **Michigan BioTrust that are related to epidemiologic**
 21 **questions, which is my organizational structure,**
 22 **epidemiology, and there are aspects of the Michigan BioTrust**
 23 **program that are related to laboratory, which is Dr. Shah's,**
 24 **you know, area of responsibility. So it is a program with**
 25 **the Michigan Department of Health and Human Services that**

Page 19

1 **Dr. Shah and I jointly manage.**
 2 Q Okay. All right. Very good. Would you, as part of your
 3 role as the -- as part of the role involved with the
 4 BioTrust, you would agree -- would you agree with me that
 5 prior to 2010 parental consent was never obtained for
 6 medical research or at least -- or testing on blood spots
 7 for infants born before 2010? Would you agree with that?
 8 And I'm talking just on the parents.
 9 **A Let me just check my -- I'm trying to take some notes here**
 10 **to make sure I have my dates correct.**
 11 Q Sure. I believe it's April of 2010, but I know it -- I'm
 12 using at least 2010, before that.
 13 (Witness reviews electronic data via video)
 14 **A I'm sorry. It's taking me a minute.**
 15 Q Take your time.
 16 **A So the -- it's smaller, but I can still see it, though. So**
 17 **the -- all right. So there are blood spots that were**
 18 **collected between July 1984 and May 1st, 2010 that may be**
 19 **used for health research under a waiver of informed consent.**
 20 **So we do not have active informed consent for children who**
 21 **were born before May 1st, 2010.**
 22 Q And you indicated that you had some form of consent from
 23 something. Could you articulate what that is?
 24 **A So there is a waiver of informed consent that was granted by**
 25 **the Michigan Department of Health and Human Services**

Page 20

1 **institutional review board.**
 2 Q Does that -- as the head of the BioTrust program, do you
 3 deem that sufficient to be -- let me strike that. As the
 4 head of the BioTrust program, do you deem that decision by
 5 the IRB to be sufficient to use blood spots for medical
 6 research and medical testing of newborn spots before 2010?
 7 **A So the purpose of the waiver of informed consent is for the**
 8 **use of residual dried blood spots for the purposes of**
 9 **research, not for medical testing but for research.**
 10 Q Okay. Fair enough.
 11 **A So, yes, I consider that appropriate.**
 12 Q Okay. Do you have -- I'm sorry.
 13 **A So we have -- we have -- the institutional review board is**
 14 **our human subjects review board. It operates under federal**
 15 **regulations around human subjects, protection of human**
 16 **subjects. And that is the board that I rely on for those**
 17 **kinds of assessments, whether it be related to something**
 18 **like this or other research projects that may come about**
 19 **related to public health data or other -- well, public**
 20 **health data is what I work with.**
 21 Q Okay. Starting in May of 2010, the department -- and this
 22 is my representation to you. I want to see if you agree
 23 with me. Starting in 2000 -- May of 2010, the department
 24 starting to obtain or attempt to obtain some form of consent
 25 from parents before utilizing newborn screening -- or excuse

Page 21

1 me -- newborn blood spots that remained after the testing
 2 was complete under the program. Were you involved at all in
 3 any way with the decision to change the policy starting May
 4 of 2010?
 5 **A So I was not part of the management structure in the**
 6 **Michigan BioTrust at that point. I was aware, being around**
 7 **the department, of discussions about it, but I was not**
 8 **involved in the decision-making on that.**
 9 Q Okay. Do you know who was the decision-maker on that policy
 10 change at that time?
 11 **A I would have to go back and look at that -- for that**
 12 **information. I don't know. I'd have to go back and look**
 13 **for that.**
 14 Q Would it -- okay. I'm sorry. I don't mean to interrupt.
 15 Would that be the person that has served in your role as the
 16 director of epidemiology at the Department of Health and
 17 Human Services?
 18 **A That would be my assumption, but I would have to go back and**
 19 **look at that for that information.**
 20 Q All right. Very good. Starting -- so from May of 2010
 21 forward, without getting into the finer details about what
 22 actual consent was obtained, would you, in your role as the
 23 -- with supervisory control over the BioTrust, that the
 24 consent that the department obtains from parents is
 25 sufficient to conduct medical research on the newborn

Page 22

1 screenings residual blood spots?
 2 **A Yes. We have created the informed consent process to allow**
 3 **for that -- for a parent to have active consent in the**
 4 **process, yes.**
 5 Q Do you --
 6 **A So did I answer your question?**
 7 Q Yes, you did.
 8 **A I'm not sure if I answered your question or a different one.**
 9 Q No; no. You did; you did. And, please understand, if I'm
 10 not saying something correctly or, you know, I'm not --
 11 again, I'm a lawyer not a science person. I have good
 12 friends who are, and sometimes the words aren't quite the
 13 same. If you can correct me, I'm not above being corrected.
 14 My pride will not get in the way, so -- and besides, I'm
 15 married. I'm corrected a lot, so there you go.
 16 So the -- you just mentioned about informed
 17 consent -- just now was the phrase you just used. Do you,
 18 in your role at the department, make a distinction between
 19 consent versus informed consent?
 20 **A So we -- when we are doing projects that involve consent, we**
 21 **use a process of informed consent. In the case of Michigan**
 22 **BioTrust, we invested significant time in developing the**
 23 **informed consent brochure for Michigan BioTrust, spent time**
 24 **looking at the informed consent form that goes -- that**
 25 **parents see, try to make those materials as clear as**

Page 23

1 **possible. So for the purposes of public health research, I**
 2 **use the term "informed consent" because that is -- the**
 3 **process is to inform people to what they are consenting to.**
 4 Q Do you make a distinction -- setting aside this program just
 5 as a public health official, do you make a distinction
 6 between getting consent versus informed consent?
 7 **A I'm not sure what getting consent means in your question.**
 8 **The process of what we do is about informed consent that you**
 9 **have provided people with information so that they can make,**
 10 **you know, their informed choice and that they have something**
 11 **to reference back to. So it's something that is common in**
 12 **public health and in public health research.**
 13 Q Okay. You mentioned that you give information so that
 14 persons who make informed consent -- who want to give
 15 informed consent are so informed; fair?
 16 **A Uh-huh (affirmative).**
 17 Q I'm sorry?
 18 **A Yes; yes.**
 19 Q What information specifically does the BioTrust program
 20 provide to parents to give them -- to get them to the point
 21 of being informed sufficiently so that they can give their
 22 informed consent?
 23 **A So the Michigan BioTrust has a brochure entitled, "After**
 24 **Newborn Screening: Your Baby's Blood Spots." That is -- let**
 25 **me pull it up.**

Page 24

1 **(Witness reviews electronic data via video)**
 2 **That is a small brochure that enables -- that provides**
 3 **information about what the BioTrust is, what are risks if**
 4 **your baby's blood spots are used for research, what steps**
 5 **are taken to protect privacy, that we have a certificate of**
 6 **confidentiality. So we have the -- there are -- there are**
 7 **elements of informed consent that are part of the human**
 8 **subject's process, and those elements are covered in that**
 9 **brochure.**
 10 Q Do you believe as the -- in your supervisory role on behalf
 11 of the BioTrust, that the information contained in the
 12 brochure is a sufficient amount of information for a parent
 13 to make informed consent?
 14 **A Yes. We work very hard to ensure that we have the elements**
 15 **that are needed in that brochure. So, yes, I do believe**
 16 **that.**
 17 Q All right. Is there any other processes, procedures, or
 18 communications or documents in any way outside of the
 19 brochure that is utilized to give parents information so
 20 that they have better or equal informed consent?
 21 Essentially is there anything other than the brochure that's
 22 available to parents at the time of the birth of their child
 23 that the department provides them?
 24 **A So the department engages in baby fairs. They provide**
 25 **education to physicians that can be used with expectant**

Page 25

1 parents. We provide education to nursery staff within
 2 hospitals so that there is awareness of what this program
 3 is. The informed consent brochure, the "After Newborn
 4 Screening: Your Baby's Blood Spots," Michigan BioTrust
 5 brochure, is meant to be the document the parents can see at
 6 the time that they are signing -- that they are, you know,
 7 deciding whether or not they want to have -- whether or not
 8 they want to consent to the storage of their baby's blood
 9 spots.
 10 But there are other avenues that we use to promote
 11 the program and the existence of the program with social
 12 media, baby fairs, education to providers.
 13 Q I don't want to put words in your mouth but everything you
 14 just described would be a phrase I would usually describe as
 15 "marketing materials." Would that be a fair statement to
 16 cover what you just said?
 17 A I think it's promotion, education, marketing, you know, we
 18 have the baby's blood spot brochure up on our website. You
 19 know, with Zoom -- sorry. With the situation that we're all
 20 in right now with the epidemic, there aren't baby fairs and
 21 things like that. And we've included the brochure and other
 22 materials in virtual baby fairs that are going on.
 23 So I think, you know, we put materials out, but
 24 part of those materials are the actual informed consent
 25 brochure, which also includes the information that you would

Page 26

1 be looking at at the time that you are asked if you would
 2 like to participate in the Michigan --
 3 Q I'm going to make the representation to you that I represent
 4 five parents over -- who are the parents of nine children
 5 and all of them will testify under oath that none of them
 6 received the brochure from the Department of Health and
 7 Human Services or any agent thereof.
 8 What steps, if any, does the department take to
 9 make sure that a newborn screening -- or excuse me -- that
 10 the brochure -- I believe you call it "Your Blood Spots" I
 11 believe you called it -- the brochure is provided to parents
 12 before they're asked to sign any sort of consent form?
 13 A So the Michigan Department of Health and Human Services
 14 provides education to the nursery staff. We provide the
 15 brochure to nursery staff. The card that people are asked
 16 to sign is meant to be used in conjunction with the
 17 brochure, and that is made very clear in the education. I'm
 18 sorry. Just one second.
 19 Q No problem. Take your time.
 20 A I'm trying to enlarge something so I can read it to you.
 21 (Witness review electronic data via video)
 22 And we -- sorry. I shouldn't click and talk at the same
 23 time. I apologize.
 24 Q Take your time. That's no problem.
 25 A And the form itself that parents are signing, at the top of

Page 27

1 that form it says, "Before signing this form, please read
 2 'Your Baby's Blood Spots'." It gives details on how small
 3 drops of blood collected for the newborn screening may be
 4 used in research through the Michigan BioTrust for Health.
 5 "If you have questions, please call the Michigan Department
 6 of Health and Human Services toll free at" phone number.
 7 Q As I understand, you're reading from the consent card
 8 itself; correct?
 9 A Correct. So we make sure to reference right at the point
 10 that parents are being asked to sign something that this
 11 brochure exists. The expectation of the department, the
 12 instruction at the department in the provider education
 13 materials is that this brochure is provided to parents, you
 14 know, so that they are ready when this card comes to them
 15 during the baby's stay at the hospital.
 16 Q Do you have any policies -- written policies, directives or
 17 laws, administrative rules or anything that directs when a
 18 brochure is supposed to be provided to parents?
 19 A In terms of the -- there is not a written statute or rule
 20 about the timing of that delivery to my knowledge. I would
 21 have to go look to see the specific language that is in the
 22 -- the education materials that we provide to staff at
 23 hospitals regarding that timing. But the purpose and the
 24 point of the training regarding active consent is -- that is
 25 important as informed consent and that parents have that

Page 28

1 brochure.
 2 Q Do you know -- when you mentioned about training, what sort
 3 of training does the department provide to the hospital that
 4 you're just referencing right there? What kind of training?
 5 Like, when does that occur and how does that occur?
 6 A Sure. So the training occur in a couple different ways.
 7 Trainings occur via webinars. Sometimes they occur where
 8 staff physically go to a hospital and have a regional in-
 9 person training. That's been difficult this year.
 10 Obviously we can't do that this year. We also offer
 11 training at different conferences that nursery staff may be
 12 at. We have a newsletter that goes out to nursery staff and
 13 other health providers talking about aspects of the newborn
 14 screening program, and we include messages about the
 15 Michigan Biotrust in that as well.
 16 Q Is training mandatory?
 17 A We are --
 18 Q That's a "yes" or "no" question. Is it mandatory?
 19 A I would need to go back and look and see if we use the word
 20 "mandatory" when we are speaking to the nurseries. It is
 21 expected that staff are trained in this. Whether or not we
 22 say this is a mandate that you must take every staff member
 23 through, I don't know if we use that word. But it is our
 24 expectation that staff who are working a nursery, you know,
 25 providing that care directly to parents, are trained about

Page 29

1 **the Michigan BioTrust just as they are trained about the**
 2 **neonatal screening. So, you know, this is -- education**
 3 **about the Michigan BioTrust is being provided alongside**
 4 **education about the neonatal screening.**
 5 Q What steps, if any, does the department take to ensure
 6 that --
 7 **A I'm sorry. You may be on mute.**
 8 Q No, I'm not.
 9 **A No? Is it me?**
 10 Q It might be you. We can hear you.
 11 **A Sorry. Can you still hear me?**
 12 Q We can still hear you, yes.
 13 **A I can't hear you. Can you hear me?**
 14 Q Yeah.
 15 **A I'm sorry. I can't hear you.**
 16 MR. ELLISON: Aaron, do you have her phone number
 17 or something that you can --
 18 MR. LEVIN: We can get it, yeah. That won't be an
 19 issue.
 20 (Off the record)
 21 MR. ELLISON: All right. So just for the record
 22 here, we just took a -- we had a small break because of
 23 technical difficulties, but we're back on here now.
 24 Q My question -- I'd like to follow up with the question I
 25 just asked about is there any administrative rules,

Page 30

1 policies, or directives that mandates that training be
 2 provided to the appropriate hospital personnel? Meaning
 3 everybody that needs to provide a brochure and provide the
 4 information does, in fact, do so?
 5 **A Are you -- can you repeat that? I'm sorry.**
 6 Q I guess let me put this into context. Okay?
 7 **A Uh-huh (affirmative).**
 8 Q My son was born in September of 2017 at a hospital in
 9 Saginaw, Michigan. The hospital never provided us with a
 10 brochure nor provided us with any information until almost
 11 12 hours after his birth. At that point we had, you know,
 12 no knowledge or information about the newborn screening
 13 program, and the nurse that was there knew very little about
 14 the program as well. So the context -- that is my context.
 15 What I'm trying to understand is what steps does
 16 the department take to make sure that, for example, the
 17 nurse with my son, for example, is sufficiently and properly
 18 trained so that they can, A, provide the brochure, and, B,
 19 provide sufficient information so that parents like myself
 20 and my wife can make informed consent? Can you explain what
 21 steps or what guarantees the department provides so that the
 22 necessary training is undertaken by these hospital
 23 personnel? I think you've been calling them "nursery"
 24 employees, but the hospital personnel in some way?
 25 **A Sure. So we provide regular educational sessions with**

Page 31

1 **personnel. When -- we also -- we do look at specifics we**
 2 **have about how often our informed consent form is returned**
 3 **blank. We look to see, you know, how often there are --**
 4 **there, you know, appears to be something about the form that**
 5 **is making clear that there's some sort of lack of clarity or**
 6 **some sort of -- if the form is filled out, you know, in a**
 7 **way that is unclear. We follow back on that as well.**
 8 **We have one-on-one sessions with hospitals where**
 9 **we have concerns about the percentage of forms that are**
 10 **coming back blank or if we have concerns about, you know,**
 11 **complaints that we have received, something like that, about**
 12 **the newborn screening program, or if there's concerns or**
 13 **complaints about Michigan BioTrust itself.**
 14 **We would work with the nursery coordinator and**
 15 **then work to get staff refresher training. For example,**
 16 **we've done sessions where we will have -- you know, our**
 17 **staff will provide multiple sessions to ensure that nursery**
 18 **staff has multiple opportunity within a facility to be able**
 19 **to get trained. We also have repeated reminders that, you**
 20 **know, there are new staff training that is available.**
 21 Q Let me ask this: Do you track whether these employees are,
 22 in fact, been properly trained at an individual employee-by-
 23 employee level?
 24 **A No. We do not have a record of everyone who is working in a**
 25 **nursery in the state of Michigan. We work with --**

Page 32

1 Q Okay. Is the hospital required to keep a record like that?
 2 **A Not to my knowledge, no.**
 3 Q What if a hospital such as -- for example, I'm up in
 4 Saginaw. One of our big hospital systems is Covenant
 5 Healthcare in Saginaw, Michigan. What if Covenant just
 6 said, "You know what? We don't have the time because of
 7 COVID right now to deal with any of this stuff. We're not
 8 going to do anymore newborn screening blood spot
 9 extractions." Can they simply just ignore the department's
 10 directive to do so?
 11 **A So in this case you're talking about the newborn screening**
 12 **program, not the Michigan BioTrust program?**
 13 Q Well, let me be clear. I mean, just to make -- let me lay
 14 the foundation then. You would agree that the blood spots
 15 that go ultimately to the newborn -- or to the Biobank are
 16 the residual leftover spots from the newborn screening
 17 program; correct?
 18 **A Correct.**
 19 Q Okay. And the newborn screening program blood spots come
 20 from the blood extractions done by health professionals at
 21 the hospital within -- what? -- the first 36 hours typically
 22 of the birth of an infant in a Michigan hospital; correct?
 23 **A Correct; yup. Apart from home births; correct, yeah.**
 24 Q What if a hospital simply just said, "We don't want to
 25 participate anymore in your program"? What would happen?

Page 33

1 **A So in the case of the Michigan Newborn Screening program, a**
 2 **physician who is overseeing the birth of a child must cause**
 3 **the newborn screening to occur. So that would be, you know,**
 4 **the heel stick -- there's other aspects of newborn screening**
 5 **besides just the heel stick that you are referring to.**
 6 Q I just want to be clear. I only want to focus on the
 7 newborn screening. I know there's other tests that are
 8 done, hearing and other types of tests, but this case is
 9 only about the newborn screening program and the heel prick
 10 test.
 11 **A I need to be totally clear with you. Hearing is part of the**
 12 **newborn screening. So what you are referring to is the**
 13 **portion of the newborn screening program that is the dried**
 14 **residual blood spots or the blood spots. So the majority of**
 15 **disorders that are screened for a newborn screening, occur**
 16 **through screening of that blood. But newborn screening also**
 17 **includes screening for hearing and screening for critical**
 18 **congenital heart defects, which are point of care**
 19 **screenings. So that's all part of the newborn screening**
 20 **program.**
 21 Q Okay. Fair enough. So my --
 22 **A So if someone -- so if -- yeah.**
 23 Q I'm sorry. Go ahead.
 24 **A So if a hospital stated, "We're too busy with COVID," I**
 25 **think was your example --**

Page 34

1 Q Correct.
 2 **A -- to be able to perform the heel stick portion of the**
 3 **newborn screen, we would be very concerned about that**
 4 **because those babies would be at risk for, you know, more**
 5 **than 55 conditions not being screened for that could cause**
 6 **significant -- could cause loss of life or significant brain**
 7 **damage to that child or other significant irreversible**
 8 **physical harm due to lack of that screen.**
 9 **So that would be taken extremely seriously by the**
 10 **department, and we would be -- I mean, I would be very**
 11 **surprised if a hospital took that step because of the**
 12 **jeopardy that it would put that child in.**
 13 Q What if a parent like myself were to say, "I do not want to
 14 participate in the heel prick test at all"? "Do not take my
 15 son's blood. Do not do it for a newborn screening test. Do
 16 not put it into the neonatal Biobank, no aspect of that
 17 portion of the newborn screening program." Is that
 18 permissible?
 19 **A So the -- so the state law is on the physician to cause a**
 20 **newborn screen to occur. If a parent was refusing to**
 21 **participate in that, that would be against medical advice.**
 22 **That would be up to the hospital to work through with that**
 23 **parent in that -- that parent in that case.**
 24 Q So the department would not be against Michigan law, as you
 25 understand it, for a parent to direct their medical

Page 35

1 professional not to perform any aspect of that test?
 2 MR. LEVIN: I'm going to object just to the extent
 3 it calls for a legal conclusion.
 4 MR. ELLISON: Noted.
 5 Q Go ahead, Doctor. You can answer.
 6 **A So the law is -- by my epidemiologic training or**
 7 **understanding, the law is directed at the physician, not at**
 8 **the parent.**
 9 Q What if a physician decided, "I'm going to follow the
 10 directives of the father," which in the example we've been
 11 using would be me, and "I'm not going to conduct that test
 12 because it would be contrary to his expressed wishes and
 13 directives as the parent of that newborn child"? What
 14 steps, if anything, or what trouble could the doctor get in
 15 based on following the directive of the parent rather than
 16 the department, if any?
 17 **A So state law is where the directive is coming from to the**
 18 **provider. I am assuming what the provider would have to do**
 19 **is to document all the efforts they made to explain to the**
 20 **parent the purpose of the screen, you know, what difficulty**
 21 **the child -- what risk the child is facing if they do**
 22 **have -- they're unfortunate enough to have one of these**
 23 **newborn period disorders.**
 24 **Yes, I think there would be a lot of education and**
 25 **discussion, and then the provider, you know, would have to**

Page 36

1 **take it up with their hospital and their legal counsel.**
 2 Q So my question is what would that do from the department's
 3 standpoint? What would that do for the doctor, anything?
 4 **A No. The department doesn't have some sort of sanction**
 5 **against the physician in that case. The department does**
 6 **follow up -- so what that would look like to us is that**
 7 **there was a child who did not receive a newborn screening.**
 8 **We routinely look for babies who have had a missed screen.**
 9 **We contact the parents to try and get the child in for a**
 10 **screen. These are children who -- you know, baby can appear**
 11 **beautiful, happy, you know, healthy, all systems go, and two**
 12 **days later completely crash, seize, their heart stops, they**
 13 **go back into the hospital because they have MCAD. Or, for**
 14 **example, a critical congenital heart point of care screen**
 15 **because some children, again, beautiful, happy, great**
 16 **outcome. Baby leaves, turns blue and, you know, has a major**
 17 **heart defect.**
 18 **So these programs are put in place because there**
 19 **are children with these rare disorders who have deaths,**
 20 **disability, brain damage, physical damage because they don't**
 21 **have the screen. So we take missed screens very seriously,**
 22 **and we follow up with the parents, try to explain, again,**
 23 **what the program is about, why it's important. We also --**
 24 **you know, we want to make sure that the child is connected**
 25 **with a pediatrician or the pediatrician is aware that the**

Page 37

1 child did not have a screen.
 2 That way if the child has some kind of symptom,
 3 something going on, the physician may have a higher index of
 4 suspicion for certain kinds of conditions and be treating --
 5 be attentive to that symptom in a more urgent way than
 6 perhaps they would for a baby who has a newborn screening
 7 result that came back completely normal.
 8 Q Okay. The question for you then is part of the informed
 9 consent process and when you inform parents of their options
 10 in this system, does the department provide them -- provide
 11 notice that the parent can completely opt out or otherwise
 12 not participate at all in the newborn screening program as
 13 it applies to the heel prick test, the newborn screening
 14 program, and the Biobank as one big unit?
 15 A So this is where nomenclature and precision is very
 16 important.
 17 Q Okay.
 18 A The informed consent is for the Michigan BioTrust.
 19 Q Okay. Pretend I'm a -- again, we'll use the example of me
 20 to use it as an example. When I am presented with a copy of
 21 the brochure and the consent card, is the option of me
 22 opting out of any part of that program, meaning completely
 23 opt out of that program, is that presented as an option to
 24 me at the time that this informed consent is being -- is
 25 attempting to be obtained from a parent like myself?

Page 38

1 A Can you please be clearer in your question about what you
 2 mean by the "program"?
 3 Q I'm at the hospital. My son has just been born. I, as a
 4 parent, do not want to participate in the heel prick test,
 5 the newborn screening program, or the Biobank in any way,
 6 shape or form. In fact, I don't want you to even conduct
 7 the heel prick test because I have an objection to what you
 8 guys are doing at the Department of Health and Human
 9 Services. Is that option presented and told to me that I
 10 have the ability to opt out completely as part of the
 11 informed consent process?
 12 MR. LEVIN: I'm going to object to relevance to
 13 the extent some of this has been dismissed.
 14 MR. ELLISON: Understood. This is part of a
 15 chain, though, obviously, but I understand what you're
 16 saying.
 17 Q Go ahead, Doctor.
 18 A So the Michigan BioTrust consent brochure is presented to
 19 the parent along with the informed consent form for the
 20 Michigan BioTrust program. That is what the consent is
 21 about.
 22 Q Okay.
 23 A The consent is not about the medical care in terms of the
 24 newborn screening which, in this case, the testing is
 25 occurring at the state laboratory. So there is not active

Page 39

1 consent obtained on behalf of the State of Michigan to the
 2 hearing test, the critical congenital heart defect screen,
 3 or the heel stick. Whether or not the hospital has some
 4 sort of consent to treat form or something like that, or
 5 whether those are covered within the consent to treat form
 6 that people sign when they come in to the hospital, I don't
 7 have knowledge of that.
 8 Q Looking at the -- I believe earlier you were looking at a
 9 consent card in front of you as part of the deposition here
 10 today.
 11 A Yup.
 12 Q One of the curiosities that I find on this is that there is
 13 no option, at least as to my client's time frame when the
 14 card was in effect -- at least the version they got in
 15 effect, that would actually preclude the department from not
 16 storing the sample at all. Simply -- I guess to shortcut
 17 this that the sample should be destroyed directly after the
 18 newborn screening testing is completed. Why is that not
 19 presented as an option to parents?
 20 (Witness reviews electronic data via video)
 21 A So the card -- sorry. I'm having difficult with my screen.
 22 Q That's okay. Take your time.
 23 A So the card states -- so, for example, you can check:
 24 "No. My baby's leftover newborn screening blood spots
 25 may not be used for health research. By checking this

Page 40

1 box, you understand blood spots will be stored for up
 2 to 100 years but not used for research. The blood
 3 spots are stored so the state lab can perform quality
 4 control tests and improve newborn screening. You may
 5 contact MDHHS if you do not want blood spots stored for
 6 any reason after newborn screening."
 7 Q Do you know what year that particular version of the card
 8 has been utilized in?
 9 A If I can make it big enough.
 10 Q The reason why I say -- while you're looking, the text you
 11 just read to me is not the text that's on the BioTrust card
 12 for the infant by the initials RFK in this particular case.
 13 That would be signed by Ashley Kanuszewski on 4/22/13. Do
 14 you know when those -- I guess what I'm trying to
 15 understand, what version of the card you're looking at right
 16 now. Is there an indication?
 17 A So I am looking at the most recent card. I don't know, from
 18 what I have here in front of me, when that card went into
 19 effect, but we can find that out.
 20 Q Okay. The reason why -- I also have in front of me a
 21 copy -- and this has all been produced pursuant to a
 22 subpoena and discovery in this particular case. I'm looking
 23 at -- for the same parents, we have child CCK who was born
 24 on or about February 10th, 2016 also of Ashley Kanuszewski.
 25 That consent card is completely different than the one that

Page 41

1 was just simply three years before that. I mean, it's a
 2 whole different design completely and none of the text you
 3 just read is in that consent card.
 4 **A So --**
 5 Q Do you have any information as to how or why these consent
 6 cards have been changed over the years?
 7 **A Sure. So as I mentioned, we work to try and improve how the**
 8 **language is on the card so it can be more understandable.**
 9 **There have also been changes in federal regulations related**
 10 **to informed consent that we needed to incorporate into the**
 11 **card so that the card changes for that reason as well.**
 12 Q What federal regulations have gone into effect that require
 13 the change in the card, if you know?
 14 **A So there are -- and I'm sorry. I don't have complete -- I**
 15 **don't have like a detailed time line to refer to here in**
 16 **terms of when those changes occurred and which kind of**
 17 **changes they were. But there have been changes to OHRP**
 18 **regulations as well as changes to the -- I'm going to get**
 19 **the name wrong -- the Federal Newborn Screening Saves Lives**
 20 **Authorization Act.**
 21 **And then again, we also -- you know, we've spent**
 22 **time trying to improve the language on the card to make it**
 23 **simpler to understand, clearer. You've referenced a couple**
 24 **times that I am a scientist, and of course the way I speak,**
 25 **you know, we try very hard to make sure that we're not using**

Page 42

1 **scientific terms when we can avoid it, that we're not using,**
 2 **you know, scientific language or that kind of thing in the**
 3 **card so that it is plain language because, you know, that is**
 4 **what makes it an informed consent as opposed to a -- just**
 5 **consent.**
 6 Q Would you --
 7 **A People need to be able to understand what you've written.**
 8 Q Okay. Have you -- I'm on my downward slope here on the last
 9 few moments here. So have you, by chance, had the
 10 opportunity to read the articles written by my experts in
 11 this case, like Dr. Elizabeth Eisenhauer or Dr. Sonia Suter
 12 in this case, as part of your preparation today or
 13 previously?
 14 **A I do not recall reading an article -- can you -- it was**
 15 **Elizabeth Eisenhauer and Susan --**
 16 Q Susan -- Sonia Suter -- Professor Sonia Suter --
 17 **A Oh, I'm sorry.**
 18 Q -- from George Washington University and Dr. Elizabeth
 19 Eisenhauer from Oakland University. She's a professor of
 20 nursing. They've done studies about the understanding and
 21 consent by patients -- well, excuse me. I should be clear.
 22 Dr. Eisenhauer has done studies about the knowledge of
 23 parents who are providing consent at the time of birth.
 24 Have you seen her article at all?
 25 **A I don't recall that I have seen her article. It has been**

Page 43

1 **awhile since I've read the materials that came in the**
 2 **original filing.**
 3 Q Okay. And also -- I also was just curious if you've read
 4 the article written by Professor Sonia Suter. She's a
 5 bioethicist. She's actually a law professor writing about
 6 informed consent, about Michigan's informed consent system.
 7 Did you have a chance to read and have a comment on her
 8 article?
 9 **A I do not have a comment today on her article. I do not**
 10 **recall reading it. It doesn't mean I haven't. It's been**
 11 **quite a long year in terms of COVID.**
 12 Q Fair enough. And I get -- and by the way, I know you guys
 13 have been busy, busy, busy with COVID, and as a member of
 14 the public, I'm very grateful for the work you guys have
 15 been doing. So -- all right. So, finally, just a couple
 16 last follow-up questions for you. Harry Hawkins, I believe
 17 is someone who worked underneath -- correct me if I'm
 18 wrong -- worked underneath you. He's since passed
 19 obviously. Did he work underneath you as part of your
 20 supervisory chain?
 21 **A No. Dr. Hawkins worked in the laboratory in a very --**
 22 Q Would that be Dr. Shah?
 23 **A Yes.**
 24 Q Okay. All right. Can you also confirm that the information
 25 that's extracted by the newborn screening program is stored

Page 44

1 in the system that we call the "central registry"? You're
 2 looking confused.
 3 **A Can you ask that again? Sorry. Yeah.**
 4 Q The reason why I ask is -- so let me give a little bigger,
 5 broader context here so we can communicate effectively. My
 6 understanding is if someone like a researcher -- pretend I'm
 7 a researcher now rather than -- I've been using me as a
 8 parent. Pretend I'm a researcher at a university, and I
 9 want to get ahold of everyone, and I saw -- for example, on
 10 the video that you guys have on your website, a study was
 11 done about mercury levels for pregnant women around Lake
 12 Superior, for example.
 13 **A Uh-huh (affirmative).**
 14 Q And I wanted to get blood samples from everyone who is -- I
 15 want to get blood samples from the Biobank that's people
 16 from particular zip codes during a particular time frame.
 17 That information, as I understand it, is stored in the
 18 system called a "central registry." Am I right or am I
 19 wrong about that?
 20 **A I'm not sure what database you're referring to.**
 21 Q Okay. So the term "central registry," that's not ringing
 22 anything for you right now?
 23 **A The Department of Health and Human Services has registries**
 24 **for -- like we have a cancer registry. There's a -- some**
 25 **aspects of the birth certificate are referred to as a**

Page 45

1 registry at different points when the birth certificate is
 2 being managed. But I'm not quite sure what you mean in
 3 relation to newborn screening data.

4 Q Okay. Let me ask it this way. Let's clear that off the
 5 table and ask it this way: Pretend I'm a researcher that
 6 wants to do research on mercury levels of pregnant women
 7 around Lake Superior State University -- or around Lake
 8 Superior up in the Upper Peninsula. I want to find blood
 9 samples during a particular time frame with particular zip
 10 codes up in the Upper Peninsula. How would I go about
 11 getting that information -- or how would I go about getting
 12 those blood samples that would be responsive to that
 13 categorization or that narrowing of samples that I'm looking
 14 for? How will I go about doing that?

15 A Yup. So you would contact the department. You would
 16 provide a protocol as -- you know, with that kind of detail
 17 in it in terms of, "I need women who delivered to -- you
 18 know, were born to women who lived in these areas during
 19 these time periods." We would -- for example, Mary Klein or
 20 some of her staff might have a conversation with a
 21 researcher trying to understand more about what they are
 22 looking for so that we can help them tailor that ask.

23 Very often researchers -- you know, you may want
 24 to know where the mother was living at the time of -- you
 25 know, before they became pregnant. We don't have

Page 46

1 information on that. So we just talk to the researcher.
 2 You know, we can identify children in terms of the zip code
 3 that they lived in that's on their birth certificate.
 4 That's the zip code that their residence was -- their
 5 mother's residence was at time of birth.

6 So they would have their written protocol. They
 7 would also fill out a human subject review form, the IRB
 8 application. Their protocol, their IRB application would be
 9 reviewed by the human subjects review board. It would also
 10 be reviewed by the scientific advisory board that's part of
 11 the BioTrust. So there would be three reviewers with
 12 different kinds of expertise who would look at that
 13 application in a blinded manner -- pardon me. And they
 14 would provide information -- they would rate those
 15 applications. They'd provide their opinion and their score
 16 back to the department.

17 If the application passes that point, depending on
 18 the other kinds of information that might -- that the
 19 researcher might be looking for, there may be other steps.
 20 So, for example, if you -- you may have to go through a
 21 science advisory board that vital records has. That might
 22 be another step that your application will go through. But
 23 let's pretend it didn't have to go through that one. You
 24 have gone through the human subjects review at the -- at
 25 MDHHS. You would have gone through scientific advisory

Page 47

1 board review at MDHHS. You would have gone through human
 2 subjects review at your own institution as a researcher, and
 3 at that point the information that you'd be looking for
 4 would be prepared. So there would be -- staff would go
 5 through and identify the children who we are able to pull
 6 under that request -- you know, their records and their
 7 session number.

8 Epidemiologists would gather the data, like I'm
 9 assuming you want mother's age or, you know, how many births
 10 she's had or something -- thinking about that research
 11 question, but, you know, whatever it is that has been agreed
 12 upon. Oh, there's one other document that -- there's two
 13 other documents that you would go through. You would also
 14 have a data use agreement because you were using data for
 15 certain purposes. You can't use data -- it's not like we're
 16 just giving you data and you have ownership over it. You're
 17 getting it for certain purposes. And there would also be a
 18 material transfer agreement that covers the residual dried
 19 blood spots.

20 Once all of those -- and the data use
 21 agreement would be reviewed by our compliance and privacy
 22 office. Once all of that paperwork, protocols, and forms
 23 have been reviewed and approved, the accession number for
 24 the children that met the inclusion criteria for that study
 25 would be sent down to Michigan Biobank -- Neonatal Biobank.

Page 48

1 That's the only thing they'd know is that accession number.
 2 They would look to find those spots. They would process
 3 however number of punches of those spots were needed.

4 We would provide -- because there is data in this
 5 case, we would provide the limited data set with that
 6 accession number, and that would be provided to the
 7 researcher and then the blood spots would be provided to the
 8 researcher with -- sorry. Let me back up. I said something
 9 wrong there. We provide the accession number and limited
 10 data to the Biobank. They put that together with the dried
 11 blood spots for that individual and then they give it a
 12 totally different number.

13 So the Biobank doesn't know who the child is or
 14 the mom. The researcher doesn't know who the child is or
 15 the mom. If the researcher calls my staff -- they have a
 16 study ID attached to that sample and the data that they
 17 received. If they called my staff and said, "I'm looking at
 18 sample such and such and blah, blah, blah, I want to know
 19 more about this person," I don't know who that person is.

20 So it is -- we have -- you know, one of the
 21 reasons why the Michigan Neonatal Biobank is important is
 22 that, you know, my staff don't hold the key between the
 23 identity of this person that the materials are about and the
 24 researcher. Sorry. That was a lot of information. That
 25 was (inaudible) a long time there.

Page 49

1 Q No; no. You're saying exactly what I need. You're
 2 confirming a lot of the details that I understood and come
 3 to learn about the program. So I guess my -- I guess the
 4 point I was trying to make with all this, it is possible to
 5 associate certain identifying criteria to a particular blood
 6 sample, meaning zip code, mother's age, you know, what
 7 number you were in birth, to a particular blood sample
 8 that's being stored at the Biobank, subject to all those
 9 details that you just provided just now?

10 **A It is possible to provide a researcher with a very limited**
 11 **set of information about a family. And we spend a lot of**
 12 **time working with researchers to -- for example, we would**
 13 **not give mother's age. We would give age group. So we**
 14 **spend a lot of time limiting the amount of information or**
 15 **thinking through, you know, how little information -- and,**
 16 **quite frankly, how little information can we give to this**
 17 **researcher where they can still accomplish their goal and**
 18 **provided that goal is in, you know, alignment with the**
 19 **community values advisory board, the scientific advisory**
 20 **board, you know, all of those principles and review steps**
 21 **there.**

22 Q Okay.

23 **A So you wouldn't get a blood spot that says, you know, "This**
 24 **is from a 35-year-old mother from," you know, "2004 births**
 25 **at zip code such and such." You know, that would not**

Page 50

1 **happen.**

2 Q Let me ask this then: You mentioned now when a researcher
 3 wants to get access to a blood sample, they've got to get
 4 approval through, for lack of a better word, your office,
 5 IRB, the privacy office, the keying and re-keying of those.
 6 After all that, does the department ever go back to the
 7 parent and get their consent or back to the individual, if
 8 they're over the age of 18, and get their consent to
 9 participate in a blood study? Whether or not -- I don't
 10 want to differentiate right now, because I will in a
 11 moment, between prior -- May of 2010 and after May of 2010?

12 **A The department does not go back to parents whose child is**
 13 **part of a study. We're relying on informed consent or the**
 14 **waiver of informed consent that exists associated with that**
 15 **blood spot. A parent can -- or an adult whose blood spot is**
 16 **in our system, can put in a form to remove their informed**
 17 **consent to remove their samples from this process and/or to**
 18 **have their spots destroyed.**

19 Q I know, but my question, though, is that when studies get --
 20 when the study is -- after checking through all those
 21 offices and all those different steps, the department does
 22 not go back and ask either the parent, if the child is still
 23 a minor, or the person's blood spot itself for consent to
 24 participate in that particular study; correct?

25 **A Correct; correct.**

Page 51

1 Q And before May of 2010, there was no written consent
 2 obtained by the parent for medical research for -- say
 3 for -- say, for example, a 2004 sample was to be provided
 4 from one of these studies, for example, no parental consent
 5 was obtained at that point directly; correct?

6 **A Correct.**

7 Q All right. And then the reason -- and the basis for that
 8 would have been the waiver of informed consent by the IRB
 9 board?

10 **A Correct.**

11 Q After 2010, does the department take any steps, once a child
 12 is born, they sign this consent form, does the department in
 13 any way go back after a certain amount of time and say,
 14 "Hey, your sample is subject to medical research activities.
 15 Do you wish to continue to provide us with consent?" Do you
 16 ever go back and re-up or renew consent at any point?

17 **A No, we do not.**

18 Q Any reason why not?

19 **A There's two thoughts in response to that question. We have**
 20 **obtained informed consent for use of a sample of materials,**
 21 **that is someone's, you know, intention at that time. So we**
 22 **make use of that informed consent going forward. We do not**
 23 **have a record of where that person has gone, you know,**
 24 **where -- where that person is now. We do not have a**
 25 **mechanism for reaching back out to that individual. That**

Page 52

1 **would be a very large undertaking to reach back to 100,000**
 2 **people a year, for example, let's say.**

3 Q Okay. Let me ask this question, too, is that obviously when
 4 a child is born, they are not in a capacity to make a
 5 decision like that as a one or two-day old child. You would
 6 agree with that; fair?

7 **A Sometimes I wonder about my own daughter, but, yes, I agree.**

8 Q True, true. Okay. You would, at no point, though, when a
 9 person becomes the age of majority, which in Michigan is the
 10 age of 18, that the department doesn't go back and confirm
 11 that they -- the actual person themselves wishes to continue
 12 to be part of a potential research study or studies going
 13 forward?

14 **A Correct. We do not do that.**

15 Q Any reason why not?

16 **A We have not had resources to be able to do that. Again,**
 17 **the -- that would be, you know, 100,000 people a year that**
 18 **we are reaching back out to for re-consent, I think.**

19 Q But if you were to use a sample that the person today -- say
 20 just today -- you had a researcher today, and the person
 21 was -- the sample being used of somebody who is now 30 years
 22 old, you would not be reaching out to that 30-year-old
 23 person to say, "We want to use your sample now even though
 24 your parent, who is not you, gave some form of consent back
 25 30 years prior on the day you were born"? You don't do

Page 53

1 anything like that; correct?
 2 **A No, we do not. We do not.**
 3 Q All right. Last question I have is -- all right. I guess
 4 I'm going to skip over that. I'm going to skip over that
 5 part. I want to follow up with -- we didn't start in the
 6 beginning, so we jumped right off. If you could actually
 7 give your name for the record, as we jumped right into
 8 starting into this before. If you give your name for the
 9 record?
 10 **A I was wondering, yes.**
 11 Q Yeah.
 12 **A So my name is Dr. Sarah Lyon-Callo. I'm the director of the**
 13 **Bureau of Epidemiology and Population Health. Currently I**
 14 **am also working out of class as the director of the Bureau**
 15 **of Infectious Disease Prevention. I have a --**
 16 Q That wouldn't have something to do with the COVID, would it?
 17 **A Just a little. Dr. Shah and I are pretty much all COVID**
 18 **seven days a week. I have a Ph.D. and a master's degree in**
 19 **epidemiology. I have been working with the department**
 20 **officially as a civil servant since 2001. Prior to that I**
 21 **worked with the department as a contractor from fall of**
 22 **1998. And I was the director of the Division of Lifecourse**
 23 **Epidemiology and Genomics with the newborn screening**
 24 **follow-up program beginning in 2012. I think that's**
 25 **everything you need from me, but happy to answer anything**

Page 54

1 **else.**
 2 Q I think so.
 3 MR. ELLISON: At a minimum here, I appreciate your
 4 time today and working with the communications between
 5 scientist and lawyer, which is always -- not always apples
 6 to apples in communication. I appreciate your time. And on
 7 a personal note, I do appreciate all the hard work you guys
 8 have been doing down with COVID because I know you guys have
 9 been on -- very much involved. And part of the reason we've
 10 delayed these depositions as long as we have, is we want to
 11 keep you guys working on that.
 12 THE WITNESS: Yeah.
 13 MR. ELLISON: As we often thank our veterans, I'm
 14 also going to thank our scientists, so we appreciate your
 15 work helping us all out, the rest of us over here who are
 16 hiding in our holes. So we appreciate it.
 17 THE WITNESS: Well, thank you, Mr. Ellison. I
 18 really -- thank you very much for saying that. Thank you.,
 19 MR. ELLISON: Well, I was going to say nobody
 20 thanks a lawyer, I can tell you that, but I'm going to thank
 21 a scientist for sure.
 22 THE WITNESS: I have to admit I have seen -- yeah.
 23 MR. ELLISON: Anyway, thank you for your time
 24 today. I'm going to turn it back over. These two other
 25 gentleman might have some questions for you, but I'm done

Page 55

1 for today. So thank you for your time.
 2 THE WITNESS: Okay. Thank you.
 3 MR. LEVIN: Jeremy, do you have anything? Do you
 4 want to go first?
 5 MR. KENNEDY: I do have some, yes. Good
 6 afternoon, Doctor. My name is Jeremy Kennedy. I'm the
 7 attorney for the -- actually at this point Dr. Antonio
 8 Yancey.
 9 MR. ELLISON: Jeremy, I'm going to step away out
 10 of screen. I can still hear you, but I'm just going to step
 11 off the camera but keep going.
 12 MR. KENNEDY: Okay. Thank you.
 13 EXAMINATION
 14 BY MR. KENNEDY:
 15 Q Doctor, you distinguished, I think rightfully so, between
 16 the BioTrust and the Biobank; correct?
 17 **A Correct.**
 18 **(Mr. Hendricks exited deposition)**
 19 Q The Biobank, does that do anything other than store the
 20 dried blood spot cards, to your knowledge?
 21 **A So the Biobank stores, maintains, you know, records about**
 22 **how many spots are on the stores so they sort of curate them**
 23 **in addition to keeping them nice and cold. And they also,**
 24 **upon the direction of the Michigan Department of Health and**
 25 **Human Services, distribute spots. So they'll assign the**

Page 56

1 **study-specific number to a spot and provide that and then**
 2 **distribute that spot out to the researcher at the**
 3 **director -- direction of Michigan Department of Health and**
 4 **Human Services. The Michigan Neonatal Biobank will also**
 5 **promote the existence of this resource to researchers as**
 6 **well.**
 7 Q They do not, however, approve research projects, to your
 8 knowledge?
 9 **A No, they do not.**
 10 Q And they do not select the dried blood spots that are sent
 11 to researchers; correct?
 12 **A Correct.**
 13 Q The only -- the Michigan Department of Health and Human
 14 Services directs them to provide certain dried blood spot
 15 cards to researchers and that is all the information they
 16 get; correct?
 17 **A I'm sorry. Can you repeat that?**
 18 Q When there is a -- when they are -- when they do provide
 19 dried blood spot cards to researchers, they -- the
 20 information the Biobank gets is simply, as I understand it,
 21 "Pull these particular blood spot cards and send them to
 22 this entity"; correct?
 23 **A So the Biobank will be instructed to find the cards with**
 24 **certain accession numbers -- ascension -- accession numbers.**
 25 **It will be directed how any punches of the card out of a**

Page 57

1 **dried blood spot need to be provided -- these little**
 2 **13 millimeter punches. And in some cases they may also be**
 3 **given a limited set of variables, information that needs to**
 4 **be sent with that dried blood spot.**
 5 Q Okay. When they get a -- when they get a dried blood spot
 6 card from Health and Human Services for storage purposes,
 7 the card is de-identified; correct?
 8 **A Correct.**
 9 Q It just has an accession number that allows DHS to locate
 10 the card to say, "These are the cards we need if it comes up
 11 in the future"?
 12 **A Correct. Yeah, the name, date of birth, all that is ripped**
 13 **off the card before it is sent down to the Michigan Neonatal**
 14 **Biobank.**
 15 Q Okay. And the BioTrust program, can you just explain
 16 briefly what that does, the difference between the two?
 17 **A So the Michigan BioTrust -- let me just make sure.**
 18 **(Witness reviews data via video)**
 19 **The Michigan BioTrust is a program that receives the use of**
 20 **the residual dried blood spots in health research. The**
 21 **BioTrust itself includes outreach community engagement**
 22 **activity policy development around guiding principles about**
 23 **what's an appropriate use of the spots. The BioTrust also**
 24 **has coordination and approvals of research proposals -- or**
 25 **disapprovals of research proposals requesting use of the**

Page 58

1 **dried blood spots. The Biobank is solely responsible for**
 2 **storage and maintenance of the spots and then distribution**
 3 **at the direction of the Michigan Department of Health and**
 4 **Human Services.**
 5 Q And, Doctor, you're familiar with the underlying policies
 6 behind the storage of the dried blood spot cards after their
 7 initial screening; would that be fair?
 8 **A Yes.**
 9 Q Okay. Why does the State of Michigan Department of Health
 10 and Human Services store these dried blood spot cards after
 11 they do the initial newborn screening for the disease --
 12 various diseases?
 13 **A So the BioTrust for Health was put into place because there**
 14 **was recognition that there was this population-based set of**
 15 **residual sample that could be a very valuable resource for**
 16 **research into questions of public interest and questions for**
 17 **public good. So, I think, in the earlier questioning there**
 18 **was a comment about -- or a hypothetical about looking at**
 19 **mercury exposure to mothers in certain areas of the state**
 20 **and what sort of mercury exposure those babies may have had.**
 21 **It's a very important resource for understanding exposures**
 22 **and conditions that babies were in during one of the most**
 23 **sensitive periods of development in terms of gestation.**
 24 Q So would it be fair to say that, generally speaking, the
 25 purposes of storing the dried blood spot cards is you are

Page 59

1 looking for ways to protect the public health? Would that
 2 be accurate, broadly speaking?
 3 **A Yes, that would be accurate.**
 4 Q And part of the reason you store these cards, again, in
 5 broad terms, is to at least in part develop tests for
 6 additional screenings of newborns if there are additional
 7 conditions, diseases that can be detected in the initial
 8 screening? You can discover those as well?
 9 **A Yes. This resources is something that can be used to**
 10 **identify -- to aid in the development of new tests for new**
 11 **disorders. Or I should put it -- it's not a new disorder.**
 12 **It's disorders. Let me be clear. It's an important**
 13 **resource for being able to -- for researchers to be able to**
 14 **develop new tests that would enable the detection of severe**
 15 **disorders of the newborn period through the newborn**
 16 **screening process or other medical processes at time of**
 17 **birth.**
 18 Q And in your opinion, Doctor, is that an important thing for
 19 the state to be able to do to develop these new tests for
 20 existing conditions?
 21 **A Yes, very important.**
 22 Q And why is that?
 23 **A So there are more than 54 conditions that we screen for in**
 24 **newborn -- in the newborn screening program. The program**
 25 **saves children's lives. This program also prevents disease**

Page 60

1 **and disability in children. You know, I remember when we**
 2 **had the 50th anniversary for the newborn screening, being**
 3 **moved by meeting a young man who had galactosemia, and he --**
 4 **if he had not been identified as having galactosemia, he**
 5 **would have been, you know, considered failure to thrive. He**
 6 **would not be as physically robust or mentally robust as he**
 7 **was. And, you know, he came and spoke about what is he**
 8 **doing now.**
 9 **I've also had the fortune to work with a gentleman**
 10 **who was diagnosed in newborn screening with PKU, which is a**
 11 **disorder where his body is unable to process a particular**
 12 **(inaudible). What happens to people with PKU is that**
 13 **because they are unable to appropriately process that**
 14 **aminoacid, which is one of the basic building blocks of**
 15 **proteins in all of our bodies, they build up toxins and they**
 16 **lose mental capacity and other kinds of capacities. So**
 17 **before -- this is one of the first conditions we were able**
 18 **to screen for in newborn screening. And before there was a**
 19 **test for that and the ability for people to avoid eating**
 20 **this particular aminoacid, children would, again, be born**
 21 **healthy, beautiful, bright, you know, a wonderful moment,**
 22 **and then begin to deteriorate and eventually end up with**
 23 **significant loss of cognitive function, being unable to**
 24 **function, you know, independently in society.**
 25 **This particular gentleman who I was able to work**

Page 61

1 with has now just graduated from medical school. So, you
 2 know, when I see those moments about how valuable this
 3 program has been, it certainly drives us all forward to see
 4 what else we can do to prevent disease, disability, and
 5 mortality among children.

6 We just recently went through a -- we've added a
 7 number of conditions just recently around lysosomal storage
 8 disorders and a couple of other disorders, one that's called
 9 X-linked adrenoleukodystrophy. And there's frequently
 10 mothers or families -- you know, one of the things I love
 11 about my job is I get to meet so many very dedicated
 12 parents.

13 THE WITNESS: As you are, Mr. Ellison, as well.

14 **A And, you know, this was a mother who had lost her son to**
 15 **X-linked adrenoleukodystrophy. And we've just recently been**
 16 **able to begin screening for that. You know, we have**
 17 **lysosomal storage disorders where we have families who --**
 18 **you know, they've lost their first child to this disorder.**
 19 **And their next child, they're able to know that the child**
 20 **may have this disease because their earlier child, as**
 21 **families will say, has been sacrificed.**

22 So newborn screening enables families to know
 23 about disorders that may run in their families and prevent
 24 that, you know, loss of life -- very painful loss of life.
 25 You know, we have treatments like for sickle cell

Page 62

1 disease where children are able to take low dose antibiotic
 2 prophylaxis in their first year of life. It used to be that
 3 one-third of babies born with sickle cell disease were dead
 4 before their first birthday. And because of newborn
 5 screening, the -- you know, we don't see children dying due
 6 to sickle cell -- due to infections in sickle cell disease
 7 in their first year of life. I'm sorry. I could go on for
 8 quite for awhile. I'm very passionate about protecting
 9 children.

10 Q No. That's a wonderful answer, and my commentary -- it
 11 sounds like it's very rewarding work. And I don't think --
 12 from what it sounded like, it sounds like you literally --
 13 this testing saves thousands of lives quite literally?

14 **A Yeah. We could calculate the number for you. I don't have**
 15 **that off the top of my head right now.**

16 Q That won't be necessary.

17 **A Okay.**

18 Q And there are, as I understand, a number of policies in place
 19 to protect the privacy of the individuals whose DBS cards,
 20 the dried blood spot cards, are sent to the Biobank and
 21 possibly used for research later; is that correct?

22 **A Yes.**

23 Q Are there any -- in addition to the accession number, any
 24 other policies DHS has put in place to protect the privacy
 25 of these individuals?

Page 63

1 **A So the review process that we have, in terms of human**
 2 **subjects, in terms of scientific advisory board, the data**
 3 **use agreement process, are all designed to protect privacy**
 4 **in terms of if a researcher is going to use these dried**
 5 **blood spots. Is that what you're asking me --**

6 Q Yes.

7 **A -- or are you referring to something about the Biobank**
 8 **itself?**

9 Q No. I'm referring to any policies DHS has, not Biobank
 10 policies.

11 **A Thank you.**

12 Q And there are policies in place where a parent or a subject,
 13 you know, once they reach the age of majority, can request
 14 that the dried blood spot cards be destroyed; correct?

15 **A Correct.**

16 Q And does that request go to DHS directly?

17 **A Yes. It goes to the Michigan Department of Health and Human**
 18 **Services. There is a form. There's need for**
 19 **identification, you know, driver's license, birth**
 20 **certificate, so that we're assuring that the person who is**
 21 **requesting destruction has the ability to do so and that**
 22 **we've got the right material as well.**

23 Q Okay. And once the information is received and the request
 24 to destroy a card is confirmed by DHS, can you walk me
 25 through the -- how the cards are destroyed? What the

Page 64

1 process is to have the card destroyed?

2 **A Do you mean in terms of the -- after the approval has been**
 3 **done? The actual process of destruction?**

4 Q Yeah. After they get (inaudible) the request --

5 **A Okay. That --**

6 Q -- you look at everything, confirm that everything is
 7 proper, and that the card should be destroyed, what happens
 8 at that point?

9 **A So the follow-up -- the epidemiology side of the Michigan**
 10 **BioTrust folks who work with me usually handle the paperwork**
 11 **and making -- you know, making sure that everything is in**
 12 **there and that the request has gone up to compliance and**
 13 **legal for review. At the point that it is approved, we then**
 14 **send off to the laboratory for destruction. So I think that**
 15 **answer is probably better heard from Dr. Shah than me.**

16 Q Okay. To your knowledge -- and if this is something that's
 17 best asked for Dr. Shah, that's fine -- after the card is
 18 destroyed, does DHS keep any of the information that would
 19 have been contained on the card?

20 **A The Michigan Department of Health and Human Services will**
 21 **still retain the information on the card and what their**
 22 **newborn screening result was. So it is the dried blood spot**
 23 **card that is destroyed.**

24 MR. KENNEDY: Okay. Thank you, Doctor. I have
 25 nothing further.

Page 65

1 MR. LEVIN: I have just a couple of questions for
 2 you, and then --
 3 EXAMINATION
 4 BY MR. LEVIN:
 5 Q Yeah. So we've talked a lot about -- or at the start of
 6 your deposition, talked a lot about use and control of these
 7 residual dried blood spots, but who owns these residual
 8 dried blood spots?
 9 **A So the Michigan Department of Health and Human Services has**
 10 **qualified ownership over the dried blood spots. Sorry. Let**
 11 **me grab my notes because I do better with my notes.**
 12 **(Witness reviews data via video)**
 13 **Yeah, so the Michigan Department of Health and Human**
 14 **Services is who has qualified ownership of the dried blood**
 15 **spots while they are in storage. The department may, you**
 16 **know, release part or all of residual dried blood spot to**
 17 **the individual and that may be -- like an individual may**
 18 **request their -- or their family may request their dried**
 19 **blood spots for use in research studies or other uses of --**
 20 **or destruction.**
 21 **So the individual retains control over that, but**
 22 **the department has the qualified ownership of it. The**
 23 **Michigan Neonatal Biobank does not have ownership over those**
 24 **spots, qualified or otherwise.**
 25 Q So is that why a parent or an individual after they turn 18,

Page 66

1 can request destruction of those blood spots?
 2 **A Yes.**
 3 Q And then relatedly, can a parent or an individual after they
 4 turn 18, request the return of those residual dried blood
 5 spots?
 6 **A Yes, they can.**
 7 Q So we talked a lot -- or you talked a lot also about the
 8 educational materials and information provided to -- I'm
 9 going to say hospitals and medical professionals. Who is
 10 responsible ultimately for providing that information to new
 11 parents?
 12 **A The medical professional treating that -- that -- the**
 13 **medical professional that is attending that birth I guess is**
 14 **the way I would put that -- treating that baby and mother.**
 15 MR. LEVIN: That is all I have. Thank you.
 16 THE WITNESS: Thank you.
 17 MR. ELLISON: I've got just a couple follow-ups
 18 here, and then I think you're all done for today. And I
 19 appreciate your time.
 20 EXAMINATION
 21 BY MR. ELLISON:
 22 Q You mentioned just a minute ago about return of blood spots.
 23 Is it possible rather than getting blood spots destroyed,
 24 that you can get blood spots returned to the parents or to
 25 the person if they're over the age of 18?

Page 67

1 **A Yes, they can. The -- say, for example, there has been an**
 2 **instance in my memory where an individual or parent -- I**
 3 **can't remember which -- wanted the dried blood spots used in**
 4 **a research study, you know, not associated with the**
 5 **department or the Michigan BioTrust, a separate study, and,**
 6 **you know, requested that the spots be sent to that --**
 7 **returned to the parent or adult -- I can't remember which --**
 8 **but went to that researcher.**
 9 Q If I was a parent and wanted my child's blood spots returned
 10 to me -- just returned to me, not for another study, just I
 11 don't want you guys to hang on -- I don't want the Biobank
 12 to hang on to them anymore, would the department return
 13 those blood spots to me as their parent?
 14 **A If you've gone through the process of, you know, identifying**
 15 **that, you know, who you are, that you are, you know, related**
 16 **to that spot, yes, the department can return those to you.**
 17 Q Is that information ever given to a parent that they have
 18 the option to have the return of their child's blood spots,
 19 to your knowledge?
 20 **A I would have to read through the brochure. I don't think it**
 21 **is covered in the brochure that you can have them returned**
 22 **to you. This is something that -- you know, the information**
 23 **about destruction is covered in there. At the point where**
 24 **people are asking about destruction, that is, people want**
 25 **them returned, other times people will be aware that the**

Page 68

1 **resource exists and (inaudible) for a different purpose and**
 2 **will reach out about that as well.**
 3 Q Have you ever heard of a -- have you ever heard of a use of
 4 the blood spots beyond -- well, I guess let me ask it this
 5 way: Rather than doing a medical study that blood spots
 6 have been used for crime victim identification?
 7 **A So that is not part of the Michigan BioTrust for Health.**
 8 **That is a use of the blood spots that predates Michigan**
 9 **BioTrust for Health. It's part of the newborn screening**
 10 **program. So, yes. I'm sorry. That was a long way to say**
 11 **"yes."**
 12 Q Okay. So if a law enforcement individual wanted to get
 13 access for a blood spot for, let's say, DNA testing --
 14 right? -- the department has got some sort of process or
 15 standards in place by which they'd give that blood spot to a
 16 law enforcement officer?
 17 **A Correct. There is a process -- there is a legal process**
 18 **that they would have to go through. It's not just that**
 19 **someone calls up and says that they're a policeman, they**
 20 **want the blood spot. There is a legal process that they**
 21 **would have to go through. You have to meet a standard that**
 22 **this is for crime victims so this -- it can be released for**
 23 **that purpose.**
 24 Q Okay. Do you guys have any written policies or directives
 25 on this? This is something that I've not seen as existing,

Page 69

1 at least to date. I mean, is there some sort of policy
 2 somewhere or something that references this?
 3 **A I do not have those things up in front of me. I did not**
 4 **review or prep for this kind of question right here. So,**
 5 **yes, but I can't describe them to you.**
 6 Q You didn't prepare for this portion of the deposition?
 7 **A No.**
 8 Q If you would, could you get -- when you get done -- and this
 9 doesn't have to be done in the next ten minutes after we're
 10 done here. But just in the next couple of days, can you get
 11 a copy of that over to Mr. Levin? Because I'm going to
 12 request that as part of discovery request in this case.
 13 Okay?
 14 The last thing I wanted to ask is is that the --
 15 do you know, as a general custom or practice, when hospitals
 16 typically ask for consent for retention and use of
 17 medical -- the remaining medical -- or excuse me. Let me
 18 start over again. Sometimes I get tongue-tied when I'm
 19 talking here. Are you aware of the usual customary time
 20 frame of when the hospitals ask for consent from parents to
 21 use the residual blood spots for medical research? Like
 22 when is that consent sought?
 23 **A Are you asking when hospitals usually obtain Michigan**
 24 **BioTrust consent?**
 25 Q No, not Bio- --

Page 70

1 **A Or are you asking --**
 2 Q When the --
 3 **A Because they don't have residual dried blood spots.**
 4 Q Okay. Let me rephrase the question and make sure we're
 5 clear. For example, I'll just use me as the example. My
 6 son was born at 3:30 in the afternoon. The following
 7 morning at 6:00 a.m. after a whole night of no sleep and
 8 birth of a child, they presented me, an exhausted dad, and a
 9 sleeping mother, with a consent card for signature. Is it
 10 the usual practice of hospitals, based on your knowledge,
 11 that hospitals ask for consent after the birth of the child
 12 but before they discharge from the hospital?
 13 **A So I'm not sure what consent you would be talking about in**
 14 **terms of the hospital practice.**
 15 Q Well, let me -- the consent card that's in front of you that
 16 checked the box "yes" or "no." The one that we've been
 17 talking about.
 18 **A Uh-huh (affirmative).**
 19 Q That was presented to me after 12 hours of no -- more than
 20 12 hours of no sleep and my wife -- after my wife just gave
 21 birth to our son; right? And this is my representation.
 22 Obviously you weren't there. I acknowledge that. As well
 23 as I will also represent that to my clients, each one of
 24 them were at different hospitals, were presented with their
 25 cards almost about 12 hours following the birth of their

Page 71

1 child. Do you know if that's the usual customary practice
 2 or the standard practice required by the department when
 3 seeking consent for putting these blood spots -- or deciding
 4 what to do with these blood spots for medical research
 5 purposes?
 6 (Mr. Hendricks joins deposition)
 7 (Ms. Campbell leaves deposition)
 8 **A Okay. So now I understand what your question is you're**
 9 **asking about what a usual practice -- am I aware if there's**
 10 **a usual training of the presentation of the informed consent**
 11 **brochure and presentation of the card. Okay. So I wasn't**
 12 **sure if you were talking about like some sort of residual**
 13 **tissues or something that the hospital deals with in a**
 14 **different way. But I'm hearing that you're asking about**
 15 **Michigan BioTrust.**
 16 **So the neonatal blood sample, there is a period of**
 17 **time after the baby is born. There is sort of a window**
 18 **after the baby is born that it's important to draw that**
 19 **sample. And, you know, if you draw the sample too early --**
 20 **so a lot of what is being detected for in newborn screening**
 21 **are different metabolites that the baby has generated in**
 22 **their blood and they have to find this window of time where**
 23 **there's enough time that the baby will have generated those**
 24 **metabolites that can be screened for but not too much time**
 25 **that the information is no longer useful in terms of being**

Page 72

1 **able to identify newborn screening disorders in a timely**
 2 **manner to protect that child.**
 3 **So that's why this 12 hours. So 12 to 24 hours is**
 4 **the period of time that you want to have that blood drawn**
 5 **for that baby. Length of stay for a healthy -- a lucky,**
 6 **healthy baby in the hospital is around 24 to 48 hours, so**
 7 **there's a lot that is being managed and packed in in terms**
 8 **of that child's care during that time. So 12 to 24 hours is**
 9 **when they want that sample drawn.**
 10 **In terms of -- you know, I am not a neonatal**
 11 **nurse, but in terms of how they're functioning, they're**
 12 **going to want to handle everything about that newborn**
 13 **screening card, including the Michigan BioTrust consent,**
 14 **which is in the newborn screening card, even though it's not**
 15 **part of the newborn screening program, and they're going to**
 16 **want to, you know, manage all of that information, those**
 17 **asks, at the same time.**
 18 Q Well, let me ask you --
 19 **A So I think it's not surprising to me that it's around that**
 20 **12-hour time for the parents that you know.**
 21 Q But let me ask this, though. If a parent -- if you truly
 22 wanted a parent to understand the risks and benefits of this
 23 program, meaning whether it's -- and I would actually say
 24 both, but we're here specifically about the neonatal Biobank
 25 storage and use of medical researchable blood, wouldn't it

Page 73

1 make sense to require that hospitals need to give these two
 2 or three weeks out before the parents show up at the birth
 3 rather than in the aftermath of right after the birth
 4 occurred?
 5 **A So about one-third of the births in the state are not**
 6 **preregistered at hospitals prior to delivery. That said, we**
 7 **encourage hospitals to provide information in baby packets.**
 8 **We work with OB/GYN's and other groups to promote awareness**
 9 **of, like, what to expect. So we promote the information**
 10 **about newborn screening but also about the Michigan BioTrust**
 11 **to health care providers so that they can provide that to**
 12 **patients.**
 13 Q But there's no rule requiring that, though; correct?
 14 **A No.**
 15 MR. ELLISON: Thank you very much. Again,
 16 appreciate your time today.
 17 MR. LEVIN: I have just one follow-up briefly.
 18 EXAMINATION
 19 BY MR. LEVINE:
 20 Q So if somebody submits a consent form -- strike that. I'm
 21 going to rephrase. If a parent signs a form providing
 22 informed consent to the BioTrust program in storage and
 23 research and medical projects, can they change their mind
 24 later?
 25 **A Yes.**

Page 74

1 MR. LEVIN: Thank you.
 2 MR. ELLISON: Jeremy, I guess you get last shot.
 3 Have you got anything else you want to ask?
 4 MR. KENNEDY: I have nothing further, no.
 5 MR. ELLISON: Before this poor lady's cell phone
 6 battery goes dead here? All right. Doctor, thank you so
 7 much today for your time. You've been a good sport working
 8 through all of this craziness with the Zoom platform here.
 9 So we're all set with you.
 10 (Deposition concluded at 3:06 p.m.)
 11
 12 -0-0-0-
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 75

<u>A</u>				
a.m 71:7	15:22 24:16 31:7 45:13 71:18	application 47:8,8 47:13,17,22	48:9	believe 12:19 20:11 25:10,15 27:10,11 40:8 44:16
Aaron 1:16 30:16	aftermath 74:3	applications 47:15	assumption 22:18	benefits 73:22
ability 8:25 18:7,19 39:10 61:19 64:21	afternoon 4:3 56:6 71:6	applies 7:21 13:6 38:13	assuring 64:20	best 6:8,13 12:12 17:21 19:13 65:17
able 14:14 15:12 18:13,17 32:18 35:2 43:7 48:5 53:16 60:13,13,19 61:17,25 62:16,19 63:1 73:1	age 48:9 50:6,13,13 51:8 53:9,10 64:13 67:25	appreciate 4:13 55:3,6,7,14,16 67:19 74:16	attached 49:16	better 25:20 51:4 65:15 66:11
absolutely 18:1	agency 14:20,23	approachable 18:21	attempt 21:24	beyond 69:4
access 51:3 69:13	agent 27:7	appropriate 21:11 31:2 58:23	attempting 38:25	big 33:4 38:14 41:9
accesses 17:13	ago 67:22	appropriately 61:13	attending 67:13	bigger 45:4
accession 48:23 49:1,6,9 57:24,24 58:9 63:23	agree 11:8 17:4 19:2 20:4,4,7 21:22 33:14 53:6 53:7	approval 51:4 65:2	attentive 38:5	bio 13:9
accomplish 50:17	agreeable 5:13	approvals 58:24	attorney 1:17 56:7	Bio- 9:7 70:25
accurate 9:8 60:2,3	agreed 48:11	approve 57:7	authority 17:12,22	Biobank 1:21 5:6,8 5:18 7:18,21 8:1 8:11,19 9:1,14,20 10:4,12,13,14 11:10,16,21,22 12:5,6,21,24 13:6 13:10,18,23,25 14:1,4,7,17,22,23 14:24 15:2,9,10 15:12,16 16:2,6 16:21,25 17:8,13 18:10,19 33:15 35:16 38:14 39:5 45:15 48:25,25 49:10,13,21 50:8 56:16,19,21 57:4 57:20,23 58:14 59:1 63:20 64:7,9 66:23 68:11 73:24
acknowledge 71:22	agreement 48:14,18 48:21 64:3	approved 48:23 65:13	Authorization 42:20	Biobanks 17:19
acknowledging 12:8	ahead 6:1 7:7 15:16 34:23 36:5 39:17	approximately 16:18	available 9:25 25:22 32:20	bioethicist 44:5
Act 42:20	ahold 45:9	April 20:11	avenues 26:10	BioTrust 5:16,23 7:19 8:13,13,19 9:7,11,23 10:3,5,8 11:18,24 12:13,15 12:25 13:11,14,22 14:13 15:1 17:10 17:14 18:25 19:5 19:13,17,20,22 20:4 21:2,4 22:6 22:23 23:22,23 24:19,23 25:3,11 26:4 28:4 29:15 30:1,3 32:13 33:12 38:18 39:18 39:20 41:11 47:11 56:16 58:15,17,19 58:21,23 59:13 65:10 68:5 69:7,9 70:24 72:15 73:13 74:10,22
active 20:20 23:3 28:24 39:25	aid 60:10	Arbor 1:22	aware 4:16 12:25 13:4 22:6 37:25 68:25 70:19 72:9	back 22:11,12,18 24:11 29:19 30:23 32:7,10 37:13 38:7 47:16 49:8 51:6,7,12,22 52:13,16,25 53:1 53:10,18,24 55:24
activities 12:7 15:15 18:6 52:14	al 1:3,6	area 19:24	awareness 26:2 74:8	background 10:20
activity 15:7 16:19 58:22	alignment 50:18	areas 19:18 46:18 59:19	awhile 44:1 63:8	based 36:15 71:10
actual 22:22 26:24 53:11 65:3	allow 23:2	arrangement 15:12	B 31:18	basic 61:14
ADAM 1:3	allows 58:9	article 43:14,24,25 44:4,8,9	babies 35:4 37:8 59:20,22 63:3	basis 52:7
add 10:4,5	alongside 30:3	articles 43:10	baby 25:24 26:12 26:20,22 37:10,16 38:6 67:14 72:17 72:18,21,23 73:5 73:6 74:7	battery 75:6
added 62:6	aminoacid 61:14,20	articulate 19:16 20:23	baby's 24:24 25:4 26:4,8,18 28:2,15 40:24	bear 18:24
addition 56:23 63:23	amount 13:18 15:24 16:18,23 25:12 50:14 52:13	ascension 57:24	back 22:11,12,18 24:11 29:19 30:23 32:7,10 37:13 38:7 47:16 49:8 51:6,7,12,22 52:13,16,25 53:1 53:10,18,24 55:24	beautiful 37:11,15 61:21
additional 12:1,2 60:6,6	and/or 9:14 10:3 51:17	Ashley 1:24 41:13 41:24	back's 24:24 25:4 26:4,8,18 28:2,15 40:24	beeping 11:3
addressed 4:4	Ann 1:22	aside 24:4	background 10:20	beginning 54:6,24
addresses 5:16 10:7	anniversary 61:2	asked 9:19,21 18:24 27:1,12,15 28:10 30:25 65:17	based 36:15 71:10	behalf 8:3 25:10 40:1
administered 19:18	answer 8:17 9:19 10:18 11:25 14:5 23:6 36:5 54:25 63:10 65:15	asking 8:23 15:18 15:18 16:10 19:5 19:7 64:5 68:24 70:23 71:1 72:9 72:14	basic 61:14	
administrative 28:17 30:25	answered 23:8	asks 73:17	basis 52:7	
admit 55:22	antibiotic 63:1	aspect 35:16 36:1	batter 75:6	
adrenoleukodystro... 62:9,15	Antonio 1:21 10:15 56:7	aspects 19:19,22 29:13 34:4 45:25	battery 75:6	
adult 51:15 68:7	anymore 33:8,25 68:12	assessments 21:17	beautiful 37:11,15 61:21	
advice 35:21	anyway 4:12 55:23	assign 56:25	beeping 11:3	
advisory 8:14,14 47:10,21,25 50:19 50:19 64:2	Apart 33:23	assists 10:5	beginning 54:6,24	
affirm 4:22	apologize 7:9 27:23	associated 50:5		
affirmative 8:7	appear 37:10	associated 51:14 68:4		
	APPEARANCES 1:12	assuming 36:18		
	appears 32:4			
	apples 55:5,6			

birth 25:22 31:11 33:22 34:2 43:23 45:25 46:1 47:3,5 50:7 58:12 60:17 64:19 67:13 71:8 71:11,21,25 74:2 74:3	body 61:11 born 6:3 20:7,21 31:8 39:3 41:23 46:18 52:12 53:4 53:25 61:20 63:3 71:6 72:17,18 box 1:14,17 19:6 41:1 71:16 brain 35:6 37:20 break 30:22 briefly 58:16 74:17 bright 61:21 bringing 9:5 broad 60:5 broader 45:5 broadly 60:2 brochure 23:23 24:23 25:2,9,12 25:15,19,21 26:3 26:5,18,21,25 27:6,10,11,15,17 28:11,13,18 29:1 31:3,10,18 38:21 39:18 68:20,21 72:11	38:21 40:9,14,21 40:23 41:7,11,15 41:17,18,25 42:3 42:8,11,11,13,22 43:3 57:25 58:6,7 58:10,13 64:24 65:1,7,17,19,23 71:9,15 72:11 73:13,14 cards 6:12 42:6 56:20 57:15,19,21 57:23 58:10 59:6 59:10,25 60:4 63:19,20 64:14,25 71:25 care 29:25 34:18 37:14 39:23 73:8 74:11 case 1:5 4:12 7:7 8:23 18:18 23:21 33:11 34:1,8 35:23 37:5 39:24 41:12,22 43:11,12 49:5 70:12 cases 58:2 categorization 46:13 cause 34:2 35:5,6,19 cell 62:25 63:3,6,6 75:5 central 45:1,18,21 CER 2:1 certain 9:19 38:4 48:15,17 50:5 52:13 57:14,24 59:19 certainly 16:5 62:3 certificate 25:5 45:25 46:1 47:3 64:20 Certified 2:1 chain 9:18 39:15 44:20 chance 14:6 43:9 44:7 change 17:23 22:3 22:10 42:13 74:23 changed 42:6 changes 16:18 42:9 42:11,16,17,17,18 charge 11:15 charged 15:13 charges 16:16 chart 19:6	check 20:9 40:23 checked 71:16 checking 40:25 51:20 child 25:22 34:2 35:7,12 36:13,21 36:21 37:7,9,24 38:1,2 41:23 49:13,14 51:12,22 52:11 53:4,5 62:18,19,19,20 65:21 71:8,11 72:1 73:2 child's 68:9,18 73:8 children 20:20 27:4 37:10,15,19 47:2 48:5,24 61:1,20 62:5 63:1,5,9 children's 60:25 choice 24:10 Chris 17:19,19 civil 54:20 CKK 41:23 clarity 32:5 class 54:14 clear 5:21 10:24 23:25 27:17 32:5 33:13 34:6,11 43:21 46:4 60:12 71:5 clearer 14:18 39:1 42:23 click 27:22 client's 40:13 clients 71:23 code 47:2,4 50:6,25 codes 45:16 46:10 cognitive 61:23 cold 56:23 collected 16:20 20:18 28:3 come 16:3 21:18 33:19 40:6 50:2 comes 28:14 58:10 comfortable 6:14 coming 32:10 36:17 comment 44:7,9 59:18 commentary 63:10 common 24:11 communicate 45:5 communicating 10:10,11 communication	55:6 communications 25:18 55:4 community 8:13 50:19 58:21 compensation 15:9 complaint 9:4,5,6 complaints 32:11 32:13 complete 6:7 22:2 42:14 completed 40:18 completely 37:12 38:7,11,22 39:10 41:25 42:2 compliance 48:21 65:12 concern 18:20 concerned 35:3 concerns 32:9,10,12 concluded 75:10 conclusion 36:3 conditions 35:5 38:4 59:22 60:7 60:20,23 61:17 62:7 conduct 22:25 36:11 39:6 Conference 1:9 4:1 conferences 29:11 confidentiality 25:6 confirm 11:13 12:19 14:5,6 17:2 44:24 53:10 65:6 confirmed 64:24 confirming 50:2 confused 45:2 congenital 34:18 37:14 40:2 conjunction 27:16 connected 37:24 consent 20:5,19,20 20:22,24 21:7,24 22:22,24 23:2,3 23:17,19,19,20,21 23:23,24 24:2,6,6 24:7,8,14,15,22 25:7,13,20 26:3,8 26:24 27:12 28:7 28:24,25 31:20 32:2 38:9,18,21 38:24 39:11,18,19 39:20,23 40:1,4,5 40:9 41:25 42:3,5
birth 25:22 31:11 33:22 34:2 43:23 45:25 46:1 47:3,5 50:7 58:12 60:17 64:19 67:13 71:8 71:11,21,25 74:2 74:3	body 61:11 born 6:3 20:7,21 31:8 39:3 41:23 46:18 52:12 53:4 53:25 61:20 63:3 71:6 72:17,18 box 1:14,17 19:6 41:1 71:16 brain 35:6 37:20 break 30:22 briefly 58:16 74:17 bright 61:21 bringing 9:5 broad 60:5 broader 45:5 broadly 60:2 brochure 23:23 24:23 25:2,9,12 25:15,19,21 26:3 26:5,18,21,25 27:6,10,11,15,17 28:11,13,18 29:1 31:3,10,18 38:21 39:18 68:20,21 72:11	38:21 40:9,14,21 40:23 41:7,11,15 41:17,18,25 42:3 42:8,11,11,13,22 43:3 57:25 58:6,7 58:10,13 64:24 65:1,7,17,19,23 71:9,15 72:11 73:13,14 cards 6:12 42:6 56:20 57:15,19,21 57:23 58:10 59:6 59:10,25 60:4 63:19,20 64:14,25 71:25 care 29:25 34:18 37:14 39:23 73:8 74:11 case 1:5 4:12 7:7 8:23 18:18 23:21 33:11 34:1,8 35:23 37:5 39:24 41:12,22 43:11,12 49:5 70:12 cases 58:2 categorization 46:13 cause 34:2 35:5,6,19 cell 62:25 63:3,6,6 75:5 central 45:1,18,21 CER 2:1 certain 9:19 38:4 48:15,17 50:5 52:13 57:14,24 59:19 certainly 16:5 62:3 certificate 25:5 45:25 46:1 47:3 64:20 Certified 2:1 chain 9:18 39:15 44:20 chance 14:6 43:9 44:7 change 17:23 22:3 22:10 42:13 74:23 changed 42:6 changes 16:18 42:9 42:11,16,17,17,18 charge 11:15 charged 15:13 charges 16:16 chart 19:6	55:6 communications 25:18 55:4 community 8:13 50:19 58:21 compensation 15:9 complaint 9:4,5,6 complaints 32:11 32:13 complete 6:7 22:2 42:14 completed 40:18 completely 37:12 38:7,11,22 39:10 41:25 42:2 compliance 48:21 65:12 concern 18:20 concerned 35:3 concerns 32:9,10,12 concluded 75:10 conclusion 36:3 conditions 35:5 38:4 59:22 60:7 60:20,23 61:17 62:7 conduct 22:25 36:11 39:6 Conference 1:9 4:1 conferences 29:11 confidentiality 25:6 confirm 11:13 12:19 14:5,6 17:2 44:24 53:10 65:6 confirmed 64:24 confirming 50:2 confused 45:2 congenital 34:18 37:14 40:2 conjunction 27:16 connected 37:24 consent 20:5,19,20 20:22,24 21:7,24 22:22,24 23:2,3 23:17,19,19,20,21 23:23,24 24:2,6,6 24:7,8,14,15,22 25:7,13,20 26:3,8 26:24 27:12 28:7 28:24,25 31:20 32:2 38:9,18,21 38:24 39:11,18,19 39:20,23 40:1,4,5 40:9 41:25 42:3,5	
birth 25:22 31:11 33:22 34:2 43:23 45:25 46:1 47:3,5 50:7 58:12 60:17 64:19 67:13 71:8 71:11,21,25 74:2 74:3	body 61:11 born 6:3 20:7,21 31:8 39:3 41:23 46:18 52:12 53:4 53:25 61:20 63:3 71:6 72:17,18 box 1:14,17 19:6 41:1 71:16 brain 35:6 37:20 break 30:22 briefly 58:16 74:17 bright 61:21 bringing 9:5 broad 60:5 broader 45:5 broadly 60:2 brochure 23:23 24:23 25:2,9,12 25:15,19,21 26:3 26:5,18,21,25 27:6,10,11,15,17 28:11,13,18 29:1 31:3,10,18 38:21 39:18 68:20,21 72:11	38:21 40:9,14,21 40:23 41:7,11,15 41:17,18,25 42:3 42:8,11,11,13,22 43:3 57:25 58:6,7 58:10,13 64:24 65:1,7,17,19,23 71:9,15 72:11 73:13,14 cards 6:12 42:6 56:20 57:15,19,21 57:23 58:10 59:6 59:10,25 60:4 63:19,20 64:14,25 71:25 care 29:25 34:18 37:14 39:23 73:8 74:11 case 1:5 4:12 7:7 8:23 18:18 23:21 33:11 34:1,8 35:23 37:5 39:24 41:12,22 43:11,12 49:5 70:12 cases 58:2 categorization 46:13 cause 34:2 35:5,6,19 cell 62:25 63:3,6,6 75:5 central 45:1,18,21 CER 2:1 certain 9:19 38:4 48:15,17 50:5 52:13 57:14,24 59:19 certainly 16:5 62:3 certificate 25:5 45:25 46:1 47:3 64:20 Certified 2:1 chain 9:18 39:15 44:20 chance 14:6 43:9 44:7 change 17:23 22:3 22:10 42:13 74:23 changed 42:6 changes 16:18 42:9 42:11,16,17,17,18 charge 11:15 charged 15:13 charges 16:16 chart 19:6	55:6 communications 25:18 55:4 community 8:13 50:19 58:21 compensation 15:9 complaint 9:4,5,6 complaints 32:11 32:13 complete 6:7 22:2 42:14 completed 40:18 completely 37:12 38:7,11,22 39:10 41:25 42:2 compliance 48:21 65:12 concern 18:20 concerned 35:3 concerns 32:9,10,12 concluded 75:10 conclusion 36:3 conditions 35:5 38:4 59:22 60:7 60:20,23 61:17 62:7 conduct 22:25 36:11 39:6 Conference 1:9 4:1 conferences 29:11 confidentiality 25:6 confirm 11:13 12:19 14:5,6 17:2 44:24 53:10 65:6 confirmed 64:24 confirming 50:2 confused 45:2 congenital 34:18 37:14 40:2 conjunction 27:16 connected 37:24 consent 20:5,19,20 20:22,24 21:7,24 22:22,24 23:2,3 23:17,19,19,20,21 23:23,24 24:2,6,6 24:7,8,14,15,22 25:7,13,20 26:3,8 26:24 27:12 28:7 28:24,25 31:20 32:2 38:9,18,21 38:24 39:11,18,19 39:20,23 40:1,4,5 40:9 41:25 42:3,5	
birth 25:22 31:11 33:22 34:2 43:23 45:25 46:1 47:3,5 50:7 58:12 60:17 64:19 67:13 71:8 71:11,21,25 74:2 74:3	body 61:11 born 6:3 20:7,21 31:8 39:3 41:23 46:18 52:12 53:4 53:25 61:20 63:3 71:6 72:17,18 box 1:14,17 19:6 41:1 71:16 brain 35:6 37:20 break 30:22 briefly 58:16 74:17 bright 61:21 bringing 9:5 broad 60:5 broader 45:5 broadly 60:2 brochure 23:23 24:23 25:2,9,12 25:15,19,21 26:3 26:5,18,21,25 27:6,10,11,15,17 28:11,13,18 29:1 31:3,10,18 38:21 39:18 68:20,21 72:11	38:21 40:9,14,21 40:23 41:7,11,15 41:17,18,25 42:3 42:8,11,11,13,22 43:3 57:25 58:6,7 58:10,13 64:24 65:1,7,17,19,23 71:9,15 72:11 73:13,14 cards 6:12 42:6 56:20 57:15,19,21 57:23 58:10 59:6 59:10,25 60:4 63:19,20 64:14,25 71:25 care 29:25 34:18 37:14 39:23 73:8 74:11 case 1:5 4:12 7:7 8:23 18:18 23:21 33:11 34:1,8 35:23 37:5 39:24 41:12,22 43:11,12 49:5 70:12 cases 58:2 categorization 46:13 cause 34:2 35:5,6,19 cell 62:25 63:3,6,6 75:5 central 45:1,18,21 CER 2:1 certain 9:19 38:4 48:15,17 50:5 52:13 57:14,24 59:19 certainly 16:5 62:3 certificate 25:5 45:25 46:1 47:3 64:20 Certified 2:1 chain 9:18 39:15 44:20 chance 14:6 43:9 44:7 change 17:23 22:3 22:10 42:13 74:23 changed 42:6 changes 16:18 42:9 42:11,16,17,17,18 charge 11:15 charged 15:13 charges 16:16 chart 19:6	55:6 communications 25:18 55:4 community 8:13 50:19 58:21 compensation 15:9 complaint 9:4,5,6 complaints 32:11 32:13 complete 6:7 22:2 42:14 completed 40:18 completely 37:12 38:7,11,22 39:10 41:25 42:2 compliance 48:21 65:12 concern 18:20 concerned 35:3 concerns 32:9,10,12 concluded 75:10 conclusion 36:3 conditions 35:5 38:4 59:22 60:7 60:20,23 61:17 62:7 conduct 22:25 36:11 39:6 Conference 1:9 4:1 conferences 29:11 confidentiality 25:6 confirm 11:13 12:19 14:5,6 17:2 44:24 53:10 65:6 confirmed 64:24 confirming 50:2 confused 45:2 congenital 34:18 37:14 40:2 conjunction 27:16 connected 37:24 consent 20:5,19,20 20:22,24 21:7,24 22:22,24 23:2,3 23:17,19,19,20,21 23:23,24 24:2,6,6 24:7,8,14,15,22 25:7,13,20 26:3,8 26:24 27:12 28:7 28:24,25 31:20 32:2 38:9,18,21 38:24 39:11,18,19 39:20,23 40:1,4,5 40:9 41:25 42:3,5	
birth 25:22 31:11 33:22 34:2 43:23 45:25 46:1 47:3,5 50:7 58:12 60:17 64:19 67:13 71:8 71:11,21,25 74:2 74:3	body 61:11 born 6:3 20:7,21 31:8 39:3 41:23 46:18 52:12 53:4 53:25 61:20 63:3 71:6 72:17,18 box 1:14,17 19:6 41:1 71:16 brain 35:6 37:20 break 30:22 briefly 58:16 74:17 bright 61:21 bringing 9:5 broad 60:5 broader 45:5 broadly 60:2 brochure 23:23 24:23 25:2,9,12 25:15,19,21 26:3 26:5,18,21,25 27:6,10,11,15,17 28:11,13,18 29:1 31:3,10,18 38:21 39:18 68:20,21 72:11	38:21 40:9,14,21 40:23 41:7,11,15 41:17,18,25 42:3 42:8,11,11,13,22 43:3 57:25 58:6,7 58:10,13 64:24 65:1,7,17,19,23 71:9,15 72:11 73:13,14 cards 6:12 42:6 56:20 57:15,19,21 57:23 58:10 59:6 59:10,25 60:4 63:19,20 64:14,25 71:25 care 29:25 34:18 37:14 39:23 73:8 74:11 case 1:5 4:12 7:7 8:23 18:18 23:21 33:11 34:1,8 35:23 37:5 39:24 41:12,22 43:11,12 49:5 70:12 cases 58:2 categorization 46:13 cause 34:2 35:5,6,19 cell 62:25 63:3,6,6 75:5 central 45:1,18,21 CER 2:1 certain 9:19 38:4 48:15,17 50:5 52:13 57:14,24 59:19 certainly 16:5 62:3 certificate 25:5 45:25 46:1 47:3 64:20 Certified 2:1 chain 9:18 39:15 44:20 chance 14:6 43:9 44:7 change 17:23 22:3 22:10 42:13 74:23 changed 42:6 changes 16:18 42:9 42:11,16,17,17,18 charge 11:15 charged 15:13 charges 16:16 chart 19:6	55:6 communications 25:18 55:4 community 8:13 50:19 58:21 compensation 15:9 complaint 9:4,5,6 complaints 32:11 32:13 complete 6:7 22:2 42:14 completed 40:18 completely 37:12 38:7,11,22 39:10 41:25 42:2 compliance 48:21 65:12 concern 18:20 concerned 35:3 concerns 32:9,10,12 concluded 75:10 conclusion 36:3 conditions 35:5 38:4 59:22 60:7 60:20,23 61:17 62:7 conduct 22:25 36:11 39:6 Conference 1:9 4:1 conferences 29:11 confidentiality 25:6 confirm 11:13 12:19 14:5,6 17:2 44:24 53:10 65:6 confirmed 64:24 confirming 50:2 confused 45:2 congenital 34:18 37:14 40:2 conjunction 27:16 connected 37:24 consent 20:5,19,20 20:22,24 21:7,24 22:22,24 23:2,3 23:17,19,19,20,21 23:23,24 24:2,6,6 24:7,8,14,15,22 25:7,13,20 26:3,8 26:24 27:12 28:7 28:24,25 31:20 32:2 38:9,18,21 38:24 39:11,18,19 39:20,23 40:1,4,5 40:9 41:25 42:3,5	

<p>42:10 43:4,5,21 43:23 44:6,6 51:7 51:8,13,14,17,23 52:1,4,8,12,15,16 52:20,22 53:24 70:16,20,22,24 71:9,11,13,15 72:3,10 73:13 74:20,22 consenting 24:3 consider 21:11 considered 61:5 contact 18:7 37:9 41:5 46:15 contained 25:11 65:19 CONTENTS 3:1 context 31:6,14,14 45:5 continue 52:15 53:11 contract 14:18,24 15:5,11,15 16:7 16:24 contractor 54:21 contractual 17:6 18:12 contrary 36:12 control 8:4 9:23 11:5,6,10 12:24 13:14 17:12 22:23 41:4 66:6,21 controlling 8:10 conversation 46:20 coordination 58:24 coordinator 32:14 copy 38:20 41:21 70:11 core 18:6 corporation 2:2 13:13 correct 9:2 12:21 14:8 19:4 20:10 23:13 28:8,9 33:17,18,22,23,23 35:1 44:17 51:24 51:25,25 52:5,6 52:10 53:14 54:1 56:16,17 57:11,12 57:16,22 58:7,8 58:12 63:21 64:14 64:15 69:17 74:13 corrected 23:13,15 correctly 23:10</p>	<p>costs 15:13 16:24 counsel 1:14 37:1 couple 5:5 29:6 42:23 44:15 62:8 66:1 67:17 70:10 course 5:8 42:24 COURT 1:1 Covenant 33:4,5 cover 15:12 26:16 covered 16:24 25:8 40:5 68:21,23 covers 48:18 COVID 33:7 34:24 44:11,13 54:16,17 55:8 crash 37:12 craziness 75:8 created 23:2 creation 13:24 crime 69:6,22 criteria 48:24 50:5 critical 34:17 37:14 40:2 curate 56:22 curiosities 40:12 curious 44:3 Currently 54:13 custom 70:15 customary 70:19 72:1</p> <hr/> <p style="text-align: center;">D</p> <p>D2000 1:21 dad 71:8 damage 35:7 37:20 37:20 Daniels 1:20 data 20:13 21:19,20 25:1 27:21 40:20 46:3 48:8,14,14 48:15,16,20 49:4 49:5,10,16 58:18 64:2 66:12 database 45:20 date 58:12 70:1 dates 20:10 daughter 53:7 day 1:10 53:25 days 37:12 54:18 70:10 DBS 63:19 de-identified 58:7 dead 63:3 75:6 deal 33:7</p>	<p>deals 72:13 deaths 37:19 December 1:10 4:2 decided 36:9 deciding 26:7 72:3 decision 21:4 22:3 53:5 decision-maker 22:9 decision-making 11:15,19 22:8 dedicated 62:11 deem 21:3,4 defect 37:17 40:2 defects 34:18 Defendant 1:16,20 Defendants 1:7 degree 54:18 delayed 55:10 delivered 46:17 delivery 28:20 74:6 department 1:6,17 6:23 7:22 8:8,21 10:1 11:7,14 12:13,16 13:2,14 13:16,21 14:11,16 15:8,14,25 17:7 18:10,17,25 19:3 19:14,25 20:25 21:21,23 22:7,16 22:24 23:18 25:23 25:24 27:6,8,13 28:5,11,12 29:3 30:5 31:16,21 35:10,24 36:16 37:4,5 38:10 39:8 40:15 45:23 46:15 47:16 51:6,12,21 52:11,12 53:10 54:19,21 56:24 57:3,13 59:3,9 64:17 65:20 66:9 66:13,15,22 68:5 68:12,16 69:14 72:2 department's 33:9 37:2 depending 47:17 deposition 1:9 4:16 4:18 6:21 7:2,3,6 10:15 11:4 15:21 40:9 56:18 66:6 70:6 72:6,7 75:10 depositions 4:18</p>	<p>55:10 describe 14:15 19:12,13 26:14 70:5 described 26:14 design 42:2 designed 64:3 destroy 64:24 destroyed 40:17 51:18 64:14,25 65:1,7,18,23 67:23 destruction 64:21 65:3,14 66:20 67:1 68:23,24 detail 6:11 46:16 detailed 42:15 details 22:21 28:2 50:2,9 detected 60:7 72:20 detection 60:14 deteriorate 61:22 Detroit 5:10 develop 60:5,14,19 developing 23:22 development 58:22 59:23 60:10 DHHS 8:5 19:10 DHS 58:9 63:24 64:9,16,24 65:18 diagnosed 61:10 difference 5:22 58:16 different 19:11,18 23:8 29:6,11 41:25 42:2 46:1 47:12 49:12 51:21 69:1 71:24 72:14 72:21 differentiate 51:10 difficult 29:9 40:21 difficulties 30:23 difficulty 36:20 direct 8:25 13:14 15:15 17:12 18:13 18:18 35:25 directed 36:7 57:25 direction 8:20 56:24 57:3 59:3 directive 33:10 36:15,17 directives 28:16 31:1 36:10,13 69:24</p>	<p>directly 6:12 29:25 40:17 52:5 64:16 director 6:13 9:9 10:6 15:19 22:16 54:12,14,22 57:3 directors 11:6 14:7 15:20 directs 28:17 57:14 disability 37:20 61:1 62:4 disapprovals 58:25 discharge 71:12 disclosure 9:24 discover 60:8 discovery 41:22 70:12 discussion 5:7 36:25 discussions 22:7 disease 54:15 59:11 60:25 62:4,20 63:1,3,6 diseases 59:12 60:7 dismissed 39:13 disorder 60:11 61:11 62:18 disorders 34:15 36:23 37:19 60:11 60:12,15 62:8,8 62:17,23 73:1 disrespect 4:10 10:24 distinction 23:18 24:4,5 distinguished 56:15 distribute 56:25 57:2 distribution 8:20 11:11 14:25 18:16 59:2 DISTRICT 1:1,1 division 1:2 9:15 19:3,9 54:22 divisions 19:11 DNA 69:13 doctor 4:5 6:22 36:5 36:14 37:3 39:17 56:6,15 59:5 60:18 65:24 75:6 document 26:5 36:19 48:12 documents 25:18 48:13 dog 10:19 doing 16:17 17:20</p>
--	---	--	--	--

<p>18:8 23:20 39:8 44:15 46:14 55:8 61:8 69:5 dollar 15:24 16:17 Domino's 1:21 dose 63:1 downward 43:8 Dr 4:7,17,24 5:9 6:13,21 7:1,14 8:15,17 9:11,23 10:15 11:4,18 14:12 15:16,18 17:11,18 18:18 19:23 20:1 43:11 43:11,18,22 44:21 44:22 54:12,17 56:7 65:15,17 draw 16:15 72:18 72:19 drawn 73:4,9 dried 5:17 6:15,19 7:15,17 8:12,18 10:9 11:12 12:17 12:22 13:1,8,11 14:20,25 18:17,17 21:8 34:13 48:18 49:10 56:20 57:10 57:14,19 58:1,4,5 58:20 59:1,6,10 59:25 63:20 64:4 64:14 65:22 66:7 66:8,10,14,16,18 67:4 68:3 71:3 Drive 1:21 driver's 64:19 drives 62:3 drops 28:3 due 35:8 63:5,6 dying 63:5</p> <hr/> <p style="text-align: center;">E</p> <p>earlier 12:20 13:7 18:24 40:8 59:17 62:20 early 72:19 EASTERN 1:1 easy 17:4 eating 61:19 education 25:25 26:1,12,17 27:14 27:17 28:12,22 30:2,4 36:24 educational 31:25 67:8</p>	<p>effect 40:14,15 41:19 42:12 effectively 45:5 efforts 36:19 Eggan 1:20 Eisenhauer 43:11 43:15,19,22 either 18:3 51:22 electronic 2:1 20:13 25:1 27:21 40:20 elements 25:7,8,14 Elizabeth 43:11,15 43:18 Ellison 1:13 3:3 4:3 4:9,19 5:4 30:16 30:21 36:4 39:14 55:3,13,17,19,23 56:9 62:13 67:17 67:21 74:15 75:2 75:5 email 11:2 employee 10:13 32:23 employee-by- 32:22 employees 31:24 32:21 enable 60:14 enables 25:2 62:22 encourage 74:7 enforcement 69:12 69:16 engagement 58:21 engages 25:24 enlarge 27:20 ensure 25:14 30:5 32:17 enters 6:21 entities 12:23 entitled 7:5,5 24:23 entity 5:18 12:6 13:5 15:20 57:22 epidemic 26:20 epidemiologic 19:20 36:6 Epidemiologists 48:8 epidemiology 9:9 9:16,17 19:22 22:16 54:13,19,23 65:9 equal 25:20 Eric 1:24 Essentially 25:21 et 1:3,6</p>	<p>eventually 61:22 everybody 31:3 exact 16:25 exactly 19:2 50:1 Examination 3:3,4 3:4 5:3 56:13 66:3 67:20 74:18 example 31:16,17 32:15 33:3 34:25 36:10 37:14 38:19 38:20 40:23 45:9 45:12 46:19 47:20 50:12 52:3,4 53:2 68:1 71:5,5 exception 7:16 excuse 6:22 9:7 10:4 21:25 27:9 43:21 70:17 exhausted 71:8 existence 26:11 57:5 existing 60:20 69:25 exists 28:11 51:14 69:1 exited 56:18 expect 74:9 expectant 25:25 expectation 28:11 29:24 expected 29:21 expertise 47:12 experts 43:10 explain 6:3,8 12:8 12:12 31:20 36:19 37:22 58:15 exposure 59:19,20 exposures 59:21 expressed 36:12 extent 36:2 39:13 extracted 6:4,4 44:25 extractions 33:9,20 extremely 35:9</p> <hr/> <p style="text-align: center;">F</p> <p>facility 14:21 32:18 facing 36:21 fact 31:4 32:22 39:6 failure 61:5 fair 16:9,9 18:9 21:10 24:15 26:15 34:21 44:12 53:6 59:7,24 fairs 25:24 26:12,20 26:22</p>	<p>fall 54:21 familiar 59:5 families 62:10,17,21 62:22,23 family 50:11 66:18 Fantastic 8:22 Farms 1:21 father 36:10 February 41:24 federal 21:14 42:9 42:12,19 fee 15:13 16:16 feel 6:14 fees 16:20,22,23 figure 19:8 filing 44:2 fill 47:7 filled 32:6 finally 44:15 financial 16:5 find 16:4 40:12 41:19 46:8 49:2 57:23 72:22 fine 4:7,8 7:5 15:17 15:17 65:17 finer 22:21 Firm 2:2 first 4:12 14:2 33:21 56:4 61:17 62:18 63:2,4,7 fits 19:8,13 five 27:4 focus 34:6 folks 9:10 65:10 follow 30:24 32:7 36:9 37:6,22 54:5 follow-up 10:7 44:16 54:24 65:9 74:17 follow-ups 67:17 following 18:11 36:15 71:6,25 forgive 14:5 form 6:5 20:22 21:24 23:24 27:12 27:25 28:1,1 32:2 32:4,6 39:6,19 40:4,5 47:7 51:16 52:12 53:24 64:18 74:20,21 formal 4:11 forms 9:24 13:8 32:9 48:22 fortunate 14:14</p>	<p>fortune 61:9 forward 4:20 18:9 22:21 52:22 53:13 62:3 foundation 33:14 frame 40:13 45:16 46:9 70:20 Frank 1:21 frankly 50:16 free 28:6 freezer 13:18 frequently 62:9 friends 23:12 front 40:9 41:18,20 70:3 71:15 function 61:23,24 functioning 73:11 functions 16:6 further 65:25 75:4 future 58:11</p> <hr/> <p style="text-align: center;">G</p> <p>galactosemia 61:3,4 gather 48:8 general 1:17 70:15 generally 59:24 generated 72:21,23 Genomics 9:16 54:23 gentleman 55:25 61:9,25 George 43:18 gestation 59:23 getting 22:21 24:6,7 46:11,11 48:17 67:23 give 4:23 24:13,14 24:20,21 25:19 45:4 49:11 50:13 50:13,16 54:7,8 69:15 74:1 given 13:12 14:12 15:19 58:3 68:17 gives 28:2 giving 48:16 go 7:7,16,17 9:1 11:3 15:16 16:22 22:11,12,18 23:15 28:21 29:8,19 33:15 34:23 36:5 37:11,13 39:17 46:10,11,14 47:20 47:22,23 48:4,13 51:6,12,22 52:13</p>
--	---	---	---	---

<p>52:16 53:10 56:4 63:7 64:16 69:18 69:21 goal 50:17,18 goes 16:20 17:3 23:24 29:12 64:17 75:6 going 4:20 5:25 6:1 6:2 12:7,9 17:25 33:8 36:2,9,11 38:3 39:12 42:18 52:22 53:12 54:4 54:4 55:14,19,20 55:24 56:9,10,11 64:4 67:9 70:11 73:12,15 74:21 good 4:3 8:22 15:2,6 17:5,5 18:22,22 20:2 22:20 23:11 56:5 59:17 75:7 government 14:19 14:23 grab 66:11 graduated 62:1 granted 20:24 grateful 44:14 great 37:15 group 4:11 6:16 50:13 groups 74:8 guarantees 31:21 guess 4:3 8:22 14:17 16:14 17:17 31:6 40:16 41:14 50:3 50:3 54:3 67:13 69:4 75:2 guiding 58:22 Guthrie 6:5 guys 39:8 44:12,14 45:10 55:7,8,11 68:11 69:24</p> <hr/> <p style="text-align: center;">H</p> <p>handle 65:10 73:12 handled 6:12,13 handles 17:13 hang 68:11,12 hanging 4:11 happen 15:23 33:25 51:1 happens 6:3,8 61:12 65:7 happy 37:11,15</p>	<p>54:25 harassment 18:4 hard 25:14 42:25 55:7 harm 35:8 Harry 44:16 Hawkins 44:16,21 head 21:2,4 63:15 headed 5:9 health 1:6 5:24 6:24 7:22 8:8,21 9:8,10 9:11,17 10:1 11:7 11:14 12:13,16,18 13:2,15,16,21 14:16 15:8,25 17:8 19:1,3,25 20:19,25 21:19,20 22:16 24:1,5,12 24:12 27:6,13 28:4,6 29:13 33:20 39:8 40:25 45:23 54:13 56:24 57:3,13 58:6,20 59:3,9,13 60:1 64:17 65:20 66:9 66:13 69:7,9 74:11 Healthcare 33:5 healthy 37:11 61:21 73:5,6 hear 16:5 30:10,11 30:12,13,13,15 56:10 heard 4:14 65:15 69:3,3 hearing 34:8,11,17 40:2 72:14 heart 4:21 34:18 37:12,14,17 40:2 heel 16:15 34:4,5,9 35:2,14 38:13 39:4,7 40:3 held 11:16 help 46:22 helping 55:15 Hemlock 1:15 Hendricks 1:24 56:18 72:6 Hey 52:14 hiding 55:16 hierarchy 19:14 high 7:15 higher 38:3 hold 49:22</p>	<p>holding 11:23 holes 55:16 home 33:23 HON 1:6 hopefully 12:10 hospital 16:16 28:15 29:3,8 31:2 31:8,9,22,24 33:1 33:3,4,21,22,24 34:24 35:11,22 37:1,13 39:3 40:3 40:6 71:12,14 72:13 73:6 hospitals 26:2 28:23 32:8 67:9 70:15 70:20,23 71:10,11 71:24 74:1,6,7 hours 31:11 33:21 71:19,20,25 73:3 73:3,6,8 human 1:6 6:24 7:23 8:9,21 10:1 11:7,14 12:14,16 13:2,15,17,21 14:16 15:8,25 17:8 19:1,4,25 20:25 21:14,15,15 22:17 25:7 27:7 27:13 28:6 39:8 45:23 47:7,9,24 48:1 56:25 57:4 57:13 58:6 59:4 59:10 64:1,17 65:20 66:9,13 hypothetical 59:18</p> <hr/> <p style="text-align: center;">I</p> <p>I's 14:12 ID 49:16 identification 64:19 69:6 identified 17:11 61:4 identify 47:2 48:5 60:10 73:1 identifying 50:5 68:14 identity 49:23 ignore 33:9 imply 18:14 important 28:25 37:23 38:16 49:21 59:21 60:12,18,21 72:18</p>	<p>improve 41:4 42:7 42:22 in- 29:8 inappropriate 17:20,25 18:4 inaudible 49:25 61:12 65:4 69:1 incessantly 11:3 include 29:14 included 26:21 includes 11:20 26:25 34:17 58:21 including 73:13 inclusion 48:24 incorporate 42:10 independently 61:24 index 38:3 indicated 11:4 20:22 indication 41:16 individual 7:22 13:19 32:22 49:11 51:7 52:25 66:17 66:17,21,25 67:3 68:2 69:12 individuals 63:19 63:25 infant 33:22 41:12 infants 20:7 infections 63:6 Infectious 54:15 inform 24:3 38:9 information 22:12 22:19 24:9,13,19 25:3,11,12,19 26:25 31:4,10,12 31:19 42:5 44:24 45:17 46:11 47:1 47:14,18 48:3 49:24 50:11,14,15 50:16 57:15,20 58:3 64:23 65:18 65:21 67:8,10 68:17,22 72:25 73:16 74:7,9 informed 20:19,20 20:24 21:7 23:2 23:16,19,21,23,24 24:2,6,8,10,14,15 24:15,21,22 25:7 25:13,20 26:3,24 28:25 31:20 32:2 38:8,18,24 39:11</p>	<p>39:19 42:10 43:4 44:6,6 51:13,14 51:16 52:8,20,22 72:10 74:22 infrastructure 8:15 initial 59:7,11 60:7 initials 41:12 injunction 8:24 instance 68:2 instituted 14:4 institution 48:2 institutional 21:1 21:13 instructed 57:23 instruction 11:20 28:12 instructions 4:20 intention 52:21 interest 17:21 59:16 internal 8:15 interrupt 7:9 22:14 invested 23:22 involve 23:20 involved 13:24 20:3 22:2,8 55:9 IRB 21:5 47:7,8 51:5 52:8 irreversible 35:7 issue 8:24 18:20 30:19</p> <hr/> <p style="text-align: center;">J</p> <p>jeopardy 35:12 Jeremy 1:20 56:3,6 56:9 75:2 job 62:11 joined 7:1 joining 7:2,3 joins 72:6 jointly 20:1 judge 8:23 9:2 12:11 July 20:18 jump 6:1 jumped 54:6,7</p> <hr/> <p style="text-align: center;">K</p> <p>Kanuszewski 1:3 41:13,24 keep 33:1 55:11 56:11 65:18 keeping 56:23 keeps 11:2 Kennedy 1:20 3:4</p>
---	--	---	--	--

<p>56:5,6,12,14 65:24 75:4 key 49:22 keying 51:5 kind 4:10 29:4 38:2 42:16 43:2 46:16 70:4 kinds 21:17 38:4 47:12,18 61:16 Klein 9:13,15,17 10:6 46:19 knew 31:13 know 4:4 6:8 7:2,22 8:8 10:2,16 11:25 14:5 15:2,4,18,23 15:23 16:10,13,19 17:18 18:13,20,23 19:10,12,24 20:11 22:9,12 23:10 24:10 26:6,17,19 26:23 28:14 29:2 29:23,24 30:2 31:11 32:3,4,6,10 32:16,20 33:6 34:3,7 35:4 36:20 36:25 37:10,11,16 37:24 41:7,14,17 42:13,21,25 43:2 43:3 44:12 46:16 46:18,23,24,25 47:2 48:6,9,11 49:1,13,14,18,19 49:20,22 50:6,15 50:18,20,23,24,25 51:19 52:21,23 53:17 55:8 56:21 61:1,5,7,21,24 62:2,10,14,16,18 62:19,22,24,25 63:5 64:13,19 65:11 66:16 68:4 68:6,14,15,15,22 70:15 72:1,19 73:10,16,20 knowledge 11:22 12:1,3,4 13:6,7,10 28:20 31:12 33:2 40:7 43:22 56:20 57:8 65:16 68:19 71:10</p> <hr/> <p style="text-align: center;">L</p> <hr/> <p>L 1:6 lab 41:3</p>	<p>laboratorian 14:12 Laboratories 6:23 laboratory 6:6,14 6:17 7:12 13:17 19:23 39:25 44:21 65:14 lack 32:5 35:8 51:4 lady's 75:5 Lake 45:11 46:7,7 language 5:22 28:21 42:8,22 43:2,3 Lansing 1:18 large 53:1 law 35:19,24 36:6,7 36:17 44:5 69:12 69:16 laws 28:17 lawsuit 4:15 lawyer 12:10 23:11 55:5,20 lawyers 12:9 lay 33:13 learn 50:3 leaves 37:16 72:7 LEE 1:13 leftover 33:16 40:24 leftovers 8:3 legal 1:14 18:2,4 36:3 37:1 65:13 69:17,20 Length 73:5 let's 46:4 47:23 53:2 69:13 level 7:15 32:23 levels 45:11 46:6 Levin 1:16 30:18 36:2 39:12 56:3 66:1,4 67:15 70:11 74:17 75:1 Levine 3:4 74:19 license 64:19 life 35:6 62:24,24 63:2,7 Lifecourse 9:16 54:22 limited 49:5,9 50:10 58:3 limiting 50:14 line 42:15 listed 9:6 literally 63:12,13 little 4:10 17:17 18:24 31:13 45:4 50:15,16 54:17</p>	<p>58:1 lived 46:18 47:3 lives 42:19 60:25 63:13 living 46:24 Lloyd 1:21 locate 58:9 long 4:12 44:11 49:25 55:10 69:10 longer 9:1 13:20 72:25 look 22:11,12,19 28:21 29:19 32:1 32:3 37:6,8 47:12 49:2 65:6 looking 18:22 23:24 27:1 40:8,8 41:10 41:15,17,22 45:2 46:13,22 47:19 48:3 49:17 59:18 60:1 lose 61:16 loss 35:6 61:23 62:24,24 lost 62:14,18 lot 23:15 36:24 49:24 50:2,11,14 66:5,6 67:7,7 72:20 73:7 love 62:10 low 63:1 lucky 73:5 LUDINGTON 1:6 Lyon-Callo 1:9 4:7 4:17,24 5:1 54:12 lysosomal 62:7,17</p> <hr/> <p style="text-align: center;">M</p> <hr/> <p>MAG 1:6 maintains 56:21 maintenance 18:16 59:2 major 37:16 majority 16:22 34:14 53:9 64:13 making 17:17 32:5 65:11,11 man 61:3 manage 13:19 20:1 73:16 managed 7:18 8:12 46:2 73:7 management 13:18 22:5</p>	<p>manager 9:6,15,25 17:10,19 managing 5:18 15:3 18:15 mandate 29:22 mandates 31:1 mandatory 29:16 29:18,20 manner 47:13 73:2 marketing 26:15,17 married 23:15 Mary 9:13,15,17 10:6 46:19 master's 54:18 material 48:18 64:22 materials 23:25 26:15,22,23,24 28:13,22 44:1 49:23 52:20 67:8 MCAD 37:13 MDHHS 1:17 41:5 47:25 48:1 mean 4:9 7:9,9 10:24 17:2,18 18:2,14 19:2,9 22:14 33:13 35:10 39:2 42:1 44:10 46:2 65:2 70:1 meaning 31:2 38:22 50:6 73:23 means 12:11 24:7 meant 26:5 27:16 mechanism 52:25 mechanisms 6:12 media 26:12 medical 20:6 21:5,6 21:9 22:25 35:21 35:25 39:23 52:2 52:14 60:16 62:1 67:9,12,13 69:5 70:17,17,21 72:4 73:25 74:23 meet 62:11 69:21 meeting 61:3 member 29:22 44:13 members 11:6 memory 68:2 mental 61:16 mentally 61:6 mentioned 9:22 23:16 24:13 29:2 42:7 51:2 67:22</p>	<p>mercury 45:11 46:6 59:19,20 messages 29:14 met 48:24 metabolites 72:21 72:24 Michigan 1:1,6,15 1:17,18,20,22 5:6 5:16,17,23 6:6,23 7:18,19,20,21,22 8:1,4,8,12,18,19 8:21 9:7,7,11,13 9:20 10:1,8,11,12 10:14 11:7,10,13 11:14,16,18,20,22 11:24 12:4,5,12 12:13,15,16,20,24 13:2,9,11,16,21 13:22,22,25 14:1 14:13,16,17,23,24 15:1,1,10,25 16:6 16:22,24 17:8,14 19:5,17,20,22,25 20:25 22:6 23:21 23:23 24:23 26:4 27:2,13 28:4,5 29:15 30:1,3 31:9 32:13,25 33:5,12 33:22 34:1 35:24 38:18 39:18,20 40:1 48:25 49:21 53:9 56:24 57:3,4 57:13 58:13,17,19 59:3,9 64:17 65:9 65:20 66:9,13,23 68:5 69:7,8 70:23 72:15 73:13 74:10 Michigan's 12:17 44:6 millimeter 58:2 mind 74:23 minimum 55:3 minor 51:23 minute 20:14 67:22 minutes 70:9 missed 37:8,21 mom 49:14,15 moment 51:11 61:21 moments 43:9 62:2 monetary 15:9 money 17:3 monies 16:20 morning 71:7</p>
---	--	--	---	--

<p>MORRIS 1:6 mortality 62:5 mother 46:24 50:24 62:14 67:14 71:9 mother's 47:5 48:9 50:6,13 mothers 59:19 62:10 mouth 26:13 moved 61:3 moving 15:7 multiple 32:17,18 mute 6:10 30:7</p> <hr/> <p style="text-align: center;">N</p> <p>name 42:19 54:7,8 54:12 56:6 58:12 named 7:6 narrowing 46:13 nature 14:15 17:6 18:5,25 19:2 necessary 31:22 63:16 need 4:14 18:8 29:19 34:11 43:7 46:17 50:1 54:25 58:1,10 64:18 74:1 needed 25:15 42:10 49:3 needs 31:3 58:3 neonatal 1:20 5:6 5:17 7:18,21 8:1 8:10,19 9:20 10:4 10:11,13,14 11:10 11:16,21,22 12:5 12:21,24 13:10,23 13:25 14:1,17,23 14:24 15:1,10 16:6,20,25 17:8 30:2,4 35:16 48:25 49:21 57:4 58:13 66:23 72:16 73:10,24 Network 2:2 never 20:5 31:9 new 32:20 60:10,10 60:11,14,19 67:10 newborn 4:15 5:5 5:11,15,23 6:3,16 6:18 7:13 8:2,3 9:14,25 10:3,6,7 14:2 16:15,22 21:6,25 22:1,25</p>	<p>24:24 26:3 27:9 28:3 29:13 31:12 32:12 33:8,11,15 33:16,19 34:1,3,4 34:7,9,12,13,15 34:16,19 35:3,15 35:17,20 36:13,23 37:7 38:6,12,13 39:5,24 40:18,24 41:4,6 42:19 44:25 46:3 54:23 59:11 60:15,15,24 60:24 61:2,10,18 62:22 63:4 65:22 69:9 72:20 73:1 73:12,14,15 74:10</p> <p>newborns 16:16 60:6 newsletter 29:12 nice 56:23 night 71:7 nine 27:4 nitty-gritty 7:14 nomenclature 38:15 nonprofit 13:13 normal 38:7 NORTHERN 1:2 note 55:7 Noted 36:4 notes 20:9 66:11,11 notice 38:11 number 2:2 15:18 28:6 30:16 48:7 48:23 49:1,3,6,9 49:12 50:7 57:1 58:9 62:7 63:14 63:18,23 numbers 16:4,8 57:24,24 nurse 31:13,17 73:11 nurseries 29:20 nursery 26:1 27:14 27:15 29:11,12,24 31:23 32:14,17,25 nursing 43:20</p> <hr/> <p style="text-align: center;">O</p> <p>Oakland 43:19 oath 27:5 OB/GYN's 74:8 object 36:2 39:12 objection 39:7</p>	<p>observe 7:6 obtain 21:24,24 70:23 obtained 13:22 20:5 22:22 38:25 40:1 52:2,5,20 obtains 22:24 obviously 29:10 39:15 44:19 53:3 71:22 occur 29:5,5,6,7,7 34:3,15 35:20 occurred 42:16 74:4 occurring 39:25 occurs 16:16 offer 29:10 office 48:22 51:4,5 officer 69:16 offices 5:10 51:21 official 8:24 24:5 officially 54:20 officials 11:7 Oh 17:4 43:17 48:12 OHHP 42:17 okay 4:9,19 5:20,25 6:25 7:8,20 8:22 9:4,13 10:15 11:3 11:13,22 12:8,23 13:24 14:5 16:12 17:2,5,5 18:22 20:2 21:10,12,21 22:9,14 24:13 31:6 33:1,19 34:21 38:8,17,19 39:22 40:22 41:20 43:8 44:3,24 45:21 46:4 50:22 53:3,8 56:2,12 58:5,15 59:9 63:17 64:23 65:5 65:16,24 69:12,24 70:13 71:4 72:8 72:11 old 53:5,22 once 6:7 7:11 48:20 48:22 52:11 64:13 64:23 one-on-one 32:8 one-third 63:3 74:5 online 9:24 operates 21:14 operation 16:1 operations 5:10</p>	<p>18:14 opinion 47:15 60:18 opportunity 32:18 43:10 opposed 43:4 opt 38:11,23 39:10 opting 38:22 option 38:21,23 39:9 40:13,19 68:18 options 38:9 order 12:16 ordered 9:2 organization 5:9 organizational 19:6 19:9,14,19,21 original 44:2 Ottawa 1:18 outcome 37:16 outreach 58:21 outside 1:14 12:25 25:18 overall 19:8,13 oversee 12:17 overseeing 7:20 8:9 34:2 oversight 12:20 14:20 17:12 ownership 48:16 66:10,14,22,23 owns 66:7</p> <hr/> <p style="text-align: center;">P</p> <p>p.m 1:11 4:2 75:10 P64821 1:20 P74117 1:13 P81310 1:16 packed 73:7 packets 74:7 PAGE 3:2 painful 62:24 Pam 2:1 paperwork 48:22 65:10 paraphrasing 8:2 pardon 47:13 parent 23:3 25:12 35:13,20,23,23,25 36:8,13,15,20 38:11,25 39:4,19 45:8 51:7,15,22 52:2 53:24 64:12 66:25 67:3 68:2,7 68:9,13,17 73:21</p>	<p>73:22 74:21 parent/guardians 7:17 parental 20:5 52:4 parents 20:8 21:25 22:24 23:25 24:20 25:19,22 26:1,5 27:4,4,11,25 28:10,13,18,25 29:25 31:19 37:9 37:22 38:9 40:19 41:23 43:23 51:12 62:12 67:11,24 70:20 73:20 74:2 parlance 14:18 part 4:15 5:12 6:19 9:4,4,19 16:13,15 17:5,11 20:2,3 22:5 25:7 26:24 34:11,19 38:8,22 39:10,14 40:9 43:12 44:19 47:10 51:13 53:12 54:5 55:9 60:4,5 66:16 69:7 70:12 73:15 partial 15:10 participate 7:5 27:2 33:25 35:14,21 38:12 39:4 51:9 51:24 particular 4:12 5:13 6:2,11 15:20 17:22 41:7,12,22 45:16,16 46:9,9 50:5,7 51:24 57:21 61:11,20,25 partner 14:19 15:2 15:7 party 7:6,7 passed 44:18 passes 47:17 passionate 63:8 patients 43:21 74:12 PATRICIA 1:6 pays 15:25 PC 1:20 Pear 1:20 pediatrician 37:25 37:25 Peninsula 46:8,10 people 24:3,9 27:15 40:6 43:7 45:15</p>
--	---	---	---	---

53:2,17 61:12,19 68:24,24,25 percentage 15:24 16:25 32:9 perform 35:2 36:1 41:3 performing 16:7 period 13:20 36:23 60:15 72:16 73:4 periods 46:19 59:23 permissible 35:18 person 11:15 12:9 22:15 23:11 29:9 49:19,19,23 52:23 52:24 53:9,11,19 53:20,23 64:20 67:25 person's 51:23 personal 55:7 personnel 31:2,23 31:24 32:1 persons 24:14 perspective 7:13 Ph.D 1:9,23 5:1 54:18 PHILIP 1:13 phone 28:6 30:16 75:5 phrase 23:17 26:14 physical 35:8 37:20 physically 29:8 61:6 physician 34:2 35:19 36:7,9 37:5 38:3 physicians 25:25 piece 6:15 PKU 61:10,12 place 37:18 59:13 63:18,24 64:12 69:15 plain 43:3 Plaintiffs 1:4,10,13 5:2 platform 75:8 play 9:13 10:2 plays 9:20 PLC 1:14 please 17:16 23:9 28:1,5 39:1 PO 1:14,17 point 22:6 24:20 28:9,24 31:11 34:18 37:14 47:17 48:3 50:4 52:5,16	53:8 56:7 65:8,13 68:23 points 46:1 policeman 69:19 polices 63:18 64:9 policies 28:16,16 31:1 59:5 63:24 64:10,12 69:24 policy 22:3,9 58:22 70:1 poor 75:5 Population 9:10,17 54:13 population-based 59:14 portion 16:19 34:13 35:2,17 70:6 position 14:2,2,3 possible 24:1 50:4 50:10 67:23 possibly 63:21 potential 53:12 practice 70:15 71:10,14 72:1,2,9 precise 5:21 precision 38:15 preclude 40:15 predates 69:8 pregnant 45:11 46:6,25 prep 70:4 preparation 43:12 prepare 70:6 prepared 16:3,7 17:1 48:4 preregistered 74:6 Present 1:23 presentation 72:10 72:11 presented 11:9 38:20,23 39:9,18 40:19 71:8,19,24 pretend 38:19 45:6 45:8 46:5 47:23 pretty 54:17 prevent 62:4,23 Prevention 54:15 prevents 60:25 previously 43:13 prick 16:15 34:9 35:14 38:13 39:4 39:7 pride 23:14 principles 50:20	58:22 prior 9:5 20:5 51:11 53:25 54:20 74:6 privacy 25:5 48:21 51:5 63:19,24 64:3 private 13:13 probably 8:16 65:15 problem 10:21 27:19,24 procedures 17:24 18:10,11,16 25:17 process 6:18 23:2,4 23:21 24:3,8 25:8 38:9 39:11 49:2 51:17 60:16 61:11 61:13 64:1,3 65:1 65:3 68:14 69:14 69:17,17,20 processed 7:15 processes 17:23 25:17 60:16 processing 7:11 produced 41:21 professional 36:1 67:12,13 professionals 33:20 67:9 professor 43:16,19 44:4,5 program 5:6,12,15 5:15,16,23 6:18 8:3,19 9:14 10:3,8 11:18,24 12:15,20 12:23 13:5,14 16:23 17:15 18:25 19:5,17,17,23,24 21:2,4 22:2 24:4 24:19 26:2,11,11 29:14 31:13,14 32:12 33:12,12,17 33:19,25 34:1,9 34:13,20 35:17 37:23 38:12,14,22 38:23 39:2,5,20 44:25 50:3 54:24 58:15,19 60:24,24 60:25 62:3 69:10 73:15,23 74:22 programs 12:2 37:18 project 18:3 projects 21:18	23:20 57:7 74:23 promote 26:10 57:5 74:8,9 promoting 15:3 promotion 26:17 pronoun 7:10 proper 65:7 properly 31:17 32:22 prophylaxis 63:2 proposals 10:9 58:24,25 protect 25:5 60:1 63:19,24 64:3 73:2 protecting 63:8 protection 21:15 proteins 61:15 protocol 46:16 47:6 47:8 protocols 48:22 provide 15:8,10,14 24:20 25:24 26:1 27:14 28:22 29:3 31:3,3,18,19,25 32:17 38:10,10 46:16 47:14,15 49:4,5,9 50:10 52:15 57:1,14,18 74:7,11 provided 16:2 24:9 27:11 28:13,18 30:3 31:2,9,10 49:6,7 50:9,18 52:3 58:1 67:8 provider 28:12 36:18,18,25 providers 26:12 29:13 74:11 provides 25:2,23 27:14 31:21 providing 29:25 43:23 67:10 74:21 public 21:19,19 24:1,5,12,12 44:14 59:16,17 60:1 pull 24:25 48:5 57:21 punches 49:3 57:25 58:2 purpose 11:23 13:16 21:7 28:23 36:20 69:1,23	purposes 5:7 6:18 7:19 11:17 12:2 12:22 14:25 21:8 24:1 48:15,17 58:6 59:25 72:5 pursuant 41:21 put 14:17 26:13,23 31:6 35:12,16 37:18 49:10 51:16 59:13 60:11 63:24 67:14 putting 72:3
Q				
qualified 66:10,14 66:22,24 quality 41:3 question 8:17 9:19 11:25 16:13 18:23 23:6,8 24:7 29:18 30:24,24 37:2 38:8 39:1 48:11 51:19 52:19 53:3 54:3 70:4 71:4 72:8 questioning 59:17 questions 4:14 5:5 5:25 15:19 19:21 28:5 44:16 55:25 59:16,16 66:1 quite 9:18 23:12 44:11 46:2 50:16 63:8,13				
R				
Rankinen 2:1 rare 37:19 rate 47:14 re-consent 53:18 re-keying 51:5 re-up 52:16 reach 18:19 53:1 64:13 69:2 reaches 16:1 reaching 52:25 53:18,22 read 12:9 27:20 28:1 41:11 42:3 43:10 44:1,3,7 68:20 reading 28:7 43:14 44:10 ready 28:14 really 4:8 55:18				

<p>reason 8:22 14:10 41:6,10,20 42:11 45:4 52:7,18 53:15 55:9 60:4 reasons 49:21 recall 43:14,25 44:10 receive 37:7 received 27:6 32:11 49:17 64:23 receives 58:19 recognition 59:14 record 10:24 30:20 30:21 32:24 33:1 52:23 54:7,9 RECORDED 2:1 Recorder 2:1 records 47:21 48:6 56:21 refer 5:8,11 19:17 42:15 reference 24:11 28:9 referenced 42:23 references 70:2 referencing 29:4 referred 45:25 referring 5:8 13:1,3 34:5,12 45:20 64:7,9 refresher 32:15 refusing 35:20 regarding 5:5 6:11 18:19 28:23,24 regional 29:8 Registration 2:2 registries 45:23 registry 45:1,18,21 45:24 46:1 regular 31:25 regulations 21:15 42:9,12,18 related 12:24 13:10 14:2 15:13 19:20 19:23 21:17,19 42:9 68:15 relatedly 67:3 relation 46:3 relationship 14:15 14:22 15:6 17:6,7 17:11 18:12 release 66:16 released 69:22 relevance 39:12</p>	<p>rely 21:16 relying 51:13 remained 22:1 remaining 70:17 remember 61:1 68:3,7 reminders 32:19 remove 51:16,17 renew 52:16 repeat 7:24 17:16 31:5 57:17 repeated 32:19 rephrase 71:4 74:21 REPORTER 4:22 Reporting 2:2 represent 27:3 71:23 representation 16:14 21:22 27:3 71:21 request 48:6 64:13 64:16,23 65:4,12 66:18,18 67:1,4 70:12,12 requested 68:6 requesting 58:25 64:21 require 42:12 74:1 required 13:19 33:1 72:2 requiring 74:13 research 9:5 12:18 20:6,19 21:6,9,9 21:18 22:25 24:1 24:12 25:4 28:4 40:25 41:2 46:6 48:10 52:2,14 53:12 57:7 58:20 58:24,25 59:16 63:21 66:19 68:4 70:21 72:4 74:23 researchable 73:25 researcher 45:6,7,8 46:5,21 47:1,19 48:2 49:7,8,14,15 49:24 50:10,17 51:2 53:20 57:2 64:4 68:8 researchers 15:4,14 46:23 50:12 57:5 57:11,15,19 60:13 reserved 7:16 residence 47:4,5 residual 5:17 6:9,19</p>	<p>7:15,17 8:2 11:12 12:17,22 13:1 18:17 21:8 23:1 33:16 34:14 48:18 58:20 59:15 66:7 66:7,16 67:4 70:21 71:3 72:12 resource 57:5 59:15 59:21 60:13 69:1 resources 53:16 60:9 respectful 4:4 response 10:17 52:19 responsibilities 14:11,13 19:11 responsibility 19:24 responsible 7:20 8:9 8:16,18 11:19 59:1 67:10 responsive 46:12 rest 55:15 result 38:7 65:22 results 10:7 retain 65:21 retains 66:21 retention 70:16 return 67:4,22 68:12,16,18 returned 32:2 67:24 68:7,9,10,21,25 review 21:1,13,14 27:21 47:7,9,24 48:1,2 50:20 64:1 65:13 70:4 reviewed 47:9,10 48:21,23 reviewers 47:11 reviews 20:13 25:1 40:20 58:18 66:12 rewarding 63:11 RFK 41:12 right 4:9,19,21,21 7:4 19:9 20:2,17 22:20 25:17 26:20 28:9 29:4 30:21 33:7 41:15 44:15 44:24 45:18,22 51:10 52:7 54:3,3 54:6,7 63:15 64:22 69:14 70:4 71:21 74:3 75:6 rightfully 56:15 ringing 45:21</p>	<p>ripped 58:12 risk 35:4 36:21 risks 25:3 73:22 robust 61:6,6 role 9:13,20 10:2,9 10:10,12 12:12 13:5 14:14,20,22 15:19 17:9 20:3,3 22:15,22 23:18 25:10 routinely 37:8 rude 10:22 rule 28:19 74:13 rules 28:17 30:25 run 12:15 62:23</p> <hr/> <p style="text-align: center;">S</p> <hr/> <p>sacrificed 62:21 Saginaw 31:9 33:4 33:5 sample 40:16,17 49:16,18 50:6,7 51:3 52:3,14,20 53:19,21,23 59:15 72:16,19,19 73:9 samples 6:4 11:23 45:14,15 46:9,12 46:13 51:17 sanction 37:4 Sandip 1:23 9:11 11:18 Sarah 1:9 4:7 5:1 54:12 saves 42:19 60:25 63:13 saw 45:9 saying 23:10 39:16 50:1 55:18 says 28:1 50:23 69:19 scheme 19:9,14 school 62:1 science 23:11 47:21 scientific 8:14 18:3 43:1,2 47:10,25 50:19 64:2 scientist 42:24 55:5 55:21 scientists 12:11 55:14 score 47:15 screen 6:16 35:3,8 35:20 36:20 37:8 37:10,14,21 38:1</p>	<p>40:2,21 56:10 60:23 61:18 screened 34:15 35:5 72:24 screening 4:15 5:5 5:11,15,15,23 6:18 7:13 9:14,25 10:3,6,8 14:3 16:23 21:25 24:24 26:4 27:9 28:3 29:14 30:2,4 31:12 32:12 33:8 33:11,16,19 34:1 34:3,4,7,9,12,13 34:15,16,16,17,17 34:19 35:15,17 37:7 38:6,12,13 39:5,24 40:18,24 41:4,6 42:19 44:25 46:3 54:23 59:7,11 60:8,16 60:24 61:2,10,18 62:16,22 63:5 65:22 69:9 72:20 73:1,13,14,15 74:10 screenings 23:1 34:19 60:6 screens 37:21 second 11:2 27:18 section 10:1,6 see 7:1 20:16 21:22 23:25 26:5 28:21 29:19 32:3 62:2,3 63:5 seeking 15:23 72:3 seen 43:24,25 55:22 69:25 seize 37:12 select 57:10 send 57:21 65:14 sense 18:2,3,3 74:1 sensitive 59:23 sent 6:5 48:25 57:10 58:4,13 63:20 68:6 separate 7:3 68:5 September 31:8 seriously 35:9 37:21 servant 54:20 serve 14:7 17:9 served 22:15 services 1:6 6:24 7:23 8:9,21 10:2</p>
--	--	---	--	---

11:8,14 12:14,16 13:2,15,17,21 14:16 15:8,9,25 16:1 17:8 19:1,4 19:25 20:25 22:17 27:7,13 28:6 39:9 45:23 56:25 57:4 57:14 58:6 59:4 59:10 64:18 65:20 66:9,14 session 48:7 sessions 31:25 32:8 32:16,17 set 6:2 49:5 50:11 58:3 59:14 75:9 setting 24:4 setup 5:13 seven 54:18 severe 60:14 sexual 18:4 Shah 1:23 6:13,21 7:1,14 8:15,17 9:12,23 11:18 15:16,18 17:11 18:18 20:1 44:22 54:17 65:15,17 Shah's 14:12 19:23 shape 39:6 share 6:14 shared 13:7 14:13 shortcut 40:16 shot 75:2 show 74:2 sickle 62:25 63:3,6 63:6 side 5:12 65:9 sign 27:12,16 28:10 40:6 52:12 signature 71:9 signed 41:13 significant 23:22 35:6,6,7 61:23 signing 26:6 27:25 28:1 signs 74:21 simpler 17:17 42:23 simplest 8:16 simply 33:9,24 40:16 42:1 57:20 situation 26:19 skip 4:20 54:4,4 sleep 71:7,20 sleeping 71:9 slope 43:8	small 16:23 25:2 28:2 30:22 smaller 20:16 social 26:11 society 61:24 software 13:19 solely 59:1 solemnly 4:22 somebody 53:21 74:20 someone's 52:21 son 31:8,17 39:3 62:14 71:6,21 son's 35:15 Sonia 43:11,16,16 44:4 sorry 6:10 7:24 10:18,19 12:5 15:16 16:3 20:14 21:12 22:14 24:17 26:19 27:18,22 30:7,11,15 31:5 34:23 40:21 42:14 43:17 45:3 49:8 49:24 57:17 63:7 66:10 69:10 sort 13:5 18:14 27:12 29:2 32:5,6 37:4 40:4 56:22 59:20 69:14 70:1 72:12,17 sought 70:22 sounded 63:12 sounds 63:11,12 space 13:18 speak 16:7 17:1 42:24 speaking 29:20 59:24 60:2 specific 28:21 specifically 24:19 73:24 specifics 6:11 16:8 32:1 specimens 13:9,19 spend 50:11,14 spent 23:23 42:21 Sperling 1:20 spoke 61:7 sport 75:7 spot 6:15 7:16 26:18 33:8 50:23 51:15 51:15,23 56:20 57:1,2,14,19,21	58:1,4,5 59:6,10 59:25 63:20 64:14 65:22 66:16 68:16 69:13,15,20 spots 5:17,19 6:4,5 6:9,19 7:16,17 8:2 8:10,12,18 9:1 10:10 11:5,11,12 11:16,17 12:17,22 12:25 13:1,4,9,11 13:12 14:21 15:1 15:3,3 17:14,21 17:22 18:6,17 20:6,17 21:5,6,8 22:1 23:1 24:24 25:4 26:4,9 27:10 33:14,16,19 34:14 34:14 40:24 41:1 41:3,5 48:19 49:2 49:3,7,11 51:18 56:22,25 57:10 58:20,23 59:1,2 64:5 66:7,8,10,15 66:19,24 67:1,5 67:22,23,24 68:3 68:6,9,13,18 69:4 69:5,8 70:21 71:3 72:3,4 Spots' 28:2 staff 7:12 10:11 18:15 26:1 27:14 27:15 28:22 29:8 29:11,12,21,22,24 32:15,17,18,20 46:20 48:4 49:15 49:17,22 standard 69:21 72:2 standards 69:15 standpoint 37:3 start 18:8 54:5 66:5 70:18 starting 21:21,23,24 22:3,20 54:8 state 5:12,16 6:6 8:4 15:11 32:25 35:19 36:17 39:25 40:1 41:3 46:7 59:9,19 60:19 74:5 stated 34:24 statement 10:21 11:8 17:4 26:15 states 1:1 40:23 statute 28:19 stay 28:15 73:5	step 35:11 47:22 56:9,10 steps 25:4 27:8 30:5 31:15,21 36:14 47:19 50:20 51:21 52:11 stick 34:4,5 35:2 40:3 stop 11:3 stops 37:12 storage 5:18 8:20 12:2,17 14:25 18:16 26:8 58:6 59:2,6 62:7,17 66:15 73:25 74:22 store 56:19 59:10 60:4 stored 13:13 14:21 41:1,3,5 44:25 45:17 50:8 stores 8:1,2 17:13 56:21,22 storing 40:16 59:25 Street 1:18 strike 21:3 74:20 structure 8:13 15:13 19:19,21 22:5 studies 43:20,22 51:19 52:4 53:12 66:19 study 45:10 48:24 49:16 51:9,13,20 51:24 53:12 68:4 68:5,10 69:5 study-specific 57:1 stuff 33:7 subject 47:7 50:8 52:14 64:12 subject's 25:8 subjects 21:14,15 21:16 47:9,24 48:2 64:2 submits 74:20 submitted 17:14 subpoena 41:22 sufficient 4:6 21:3,5 22:25 25:12 31:19 sufficiently 24:21 31:17 Suite 1:21 Superior 45:12 46:7 46:8 supervisory 9:18,23	22:23 25:10 44:20 support 15:10,15 16:5 supposed 28:18 sure 4:15 7:10,25 17:17 19:15 20:10 20:11 23:8 24:7 27:9 28:9 29:6 31:16,25 37:24 42:7,25 45:20 46:2 55:21 58:17 65:11 71:4,13 72:12 surprised 35:11 surprising 73:19 Susan 43:15,16 suspicion 38:4 Suter 43:11,16,16 44:4 swear 4:22 sworn 5:2 symptom 38:2,5 system 38:10 44:6 45:1,18 51:16 systems 33:4 37:11
T				
T 1:6 table 3:1 46:5 tailor 46:22 take 14:14 20:9,15 27:8,19,24 29:22 30:5 31:16 35:14 37:1,21 40:22 52:11 63:1 taken 1:10 25:5 35:9 talk 5:14 16:3 27:22 47:1 talked 66:5,6 67:7,7 talking 5:22 6:15 18:2,5 20:8 29:13 33:11 70:19 71:13 71:17 72:12 Tech 5:10 12:6,6 technical 30:23 tell 4:10 17:23 55:20 ten 70:9 term 24:2 45:21 terms 5:14 10:8 15:2,7 18:15 28:19 39:23 42:16 43:1 44:11 46:17				

<p>47:2 59:23 60:5 64:1,2,4 65:2 71:14 72:25 73:7 73:10,11 test 16:16 34:10 35:14,15 36:1,11 38:13 39:4,7 40:2 61:19 testified 12:19 testify 27:5 testimony 4:23 testing 6:6,7,12 8:3 20:6 21:6,9 22:1 39:24 40:18 63:13 69:13 tests 34:7,8 41:4 60:5,10,14,19 text 41:10,11 42:2 thank 4:13 6:25 7:8 18:23 55:13,14,17 55:18,18,20,23 56:1,2,12 64:11 65:24 67:15,16 74:15 75:1,6 thanks 55:20 thereof 8:6 27:7 they' 7:11 they'd 47:15 49:1 69:15 thing 43:2 49:1 60:18 70:14 things 10:23 26:21 62:10 70:3 think 6:10 8:5,5,16 13:7 15:4,16 17:10,20 26:17,23 31:23 34:25 36:24 53:18 54:24 55:2 56:15 59:17 63:11 65:14 67:18 68:20 73:19 thinking 48:10 50:15 THOMAS 1:6 thoughts 52:19 thousands 63:13 three 42:1 47:11 74:2 thrive 61:5 Thursday 4:2 time 7:3,4,24 13:20 20:15 22:10 23:22 23:23 25:22 26:6 27:1,19,23,24</p>	<p>33:6 38:24 40:13 40:22 42:15,22 43:23 45:16 46:9 46:19,24 47:5 49:25 50:12,14 52:13,21 55:4,6 55:23 56:1 60:16 67:19 70:19 72:17 72:22,23,24 73:4 73:8,17,20 74:16 75:7 timely 73:1 times 16:4 42:24 68:25 timing 28:20,23 tissues 72:13 today 5:7 16:4,8,10 17:1,18 40:10 43:12 44:9 53:19 53:20,20 55:4,24 56:1 67:18 74:16 75:7 told 39:9 toll 28:6 tongue-tied 70:18 top 27:25 63:15 totally 34:11 49:12 Town 5:10 12:6,6 toxins 61:15 track 32:21 trained 29:21,25 30:1 31:18 32:19 32:22 training 28:24 29:2 29:3,4,6,9,11,16 31:1,22 32:15,20 36:6 72:10 Trainings 29:7 transcript 12:10 transfer 48:18 transferred 13:12 treat 40:4,5 treating 38:4 67:12 67:14 treatments 62:25 trouble 6:10 36:14 true 53:8,8 truly 73:21 truth 4:23 try 23:25 37:9,22 42:7,25 trying 10:19,22 18:4 19:1,8 20:9 27:20 31:15 41:14</p>	<p>42:22 46:21 50:4 turn 55:24 66:25 67:4 turns 37:16 two 9:10 37:11 48:12 52:19 55:24 58:16 74:1 two-day 53:5 types 34:8 typically 33:21 70:16</p> <hr/> <p style="text-align: center;">U</p> <p>Uh-huh 8:7 15:22 24:16 31:7 45:13 71:18 uh-huh's 10:23 ultimately 12:10 16:1 33:15 67:10 um's 10:23 unable 61:11,13,23 unclear 32:7 underlying 59:5 underneath 44:17 44:18,19 understand 7:25 9:22 19:1 23:9 28:7 31:15 35:25 39:15 41:1,15 42:23 43:7 45:17 46:21 57:20 63:18 72:8 73:22 understandable 42:8 understanding 9:3 18:11 36:7 43:20 45:6 59:21 understood 7:10 39:14 50:2 undertaken 31:22 undertaking 53:1 unfortunate 36:22 unit 38:14 UNITED 1:1 university 15:11 43:18,19 45:8 46:7 Upper 46:8,10 urgent 38:5 use 10:9 11:11,17 11:20 12:18 15:3 21:5,8 23:21 24:2 26:10 29:19,23 38:19,20 48:14,15</p>	<p>48:20 52:20,22 53:19,23 58:19,23 58:25 64:3,4 66:6 66:19 69:3,8 70:16,21 71:5 73:25 useful 72:25 uses 17:13 66:19 usual 4:20 70:19 71:10 72:1,9,10 usually 26:14 65:10 70:23 utilized 25:19 41:8 utilizing 21:25</p> <hr/> <p style="text-align: center;">V</p> <p>v 1:5 valuable 59:15 62:2 values 8:13 50:19 variables 58:3 variation 8:5 variety 14:11 various 19:10,11 59:12 vendor 14:19 15:5 verbal 10:17 version 40:14 41:7 41:15 versus 5:23 23:19 24:6 veterans 55:13 victim 69:6 victims 69:22 video 1:9 4:1 20:13 25:1 27:21 40:20 45:10 58:18 66:12 view 14:21 virtual 26:22 vis-a-vis 12:13 18:25 vital 47:21</p> <hr/> <p style="text-align: center;">W</p> <p>waiver 20:19,24 21:7 51:14 52:8 walk 64:24 want 4:3,4 5:21 6:2 7:25 9:22 10:2 17:17 18:13 21:22 24:14 26:7,8,13 33:24 34:6,6 35:13 37:24 39:4 39:6 41:5 45:9,15 46:8,23 48:9</p>	<p>49:18 51:10 53:23 54:5 55:10 56:4 68:11,11,24 69:20 73:4,9,12,16 75:3 wanted 7:10 45:14 68:3,9 69:12 70:14 73:22 wants 46:6 51:3 WARREN 1:16 Washington 43:18 wasn't 72:11 way 6:2 8:16 10:13 13:6 18:8,9,15 22:3 23:14 25:18 31:24 32:7 38:2,5 39:5 42:24 44:12 46:4,5 52:13 67:14 69:5,10 72:14 Wayne 15:11 ways 29:6 60:1 we'll 38:19 we're 4:10 12:11 18:14 26:19 30:23 33:7 34:24 42:25 43:1 48:15 51:13 64:20 70:9 71:4 73:24 75:9 we've 4:11 26:21 32:16 36:10 42:21 55:9 62:6,15 64:22 66:5 71:16 webinars 29:7 website 26:18 45:10 week 54:18 weeks 74:2 welcome 7:1 went 41:18 62:6 68:8 weren't 71:22 what- 17:6 wife 31:20 71:20,20 window 72:17,22 wish 52:15 wishes 36:12 53:11 Witness 20:13 25:1 27:21 40:20 55:12 55:17,22 56:2 58:18 62:13 66:12 67:16 women 45:11 46:6 46:17,18 wonder 53:7 wonderful 61:21</p>
---	--	--	--	--

63:10 wondering 54:10 word 29:19,23 51:4 words 23:12 26:13 work 21:20 25:14 32:14,15,25 35:22 42:7 44:14,19 55:7,15 61:9,25 63:11 65:10 74:8 worked 44:17,18,21 54:21 working 29:24 32:24 50:12 54:14 54:19 55:4,11 75:7 wouldn't 50:23 54:16 73:25 Wright 1:21 writing 44:5 written 28:16,19 43:7,10 44:4 47:6 52:1 69:24 wrong 42:19 44:18 45:19 49:9	<hr/> 0 <hr/> 0-0-0- 75:12 <hr/> 1 <hr/> 1-800-632-27201 2:3 1:00 1:11 1:01 4:2 100 41:2 100,000 53:1,17 107 1:14 10th 41:24 12 31:11 71:19,20 71:25 73:3,3,8 12-hour 73:20 13 58:2 130 16:18 17 4:2 17th 1:10 18 51:8 53:10 66:25 67:4,25 18-cv-10472 1:5 1984 20:18 1998 54:22 1st 20:18,21	48 73:6 48105 1:22 48626 1:15 48909 1:18 <hr/> 5 <hr/> 5 3:3 50th 61:2 517 1:19 525 1:18 54 60:23 55 35:5 56 3:4 <hr/> 6 <hr/> 6:00 71:7 642-0055 1:15 66 3:4 665-4441 1:22 67 3:3 <hr/> 7 <hr/> 734 1:22 74 3:4 <hr/> 8 <hr/> 8151 2:2 <hr/> 9 <hr/> 989 1:15		
<hr/> X <hr/> X-linked 62:9,15	<hr/> 2 <hr/> 2000 21:23 2001 54:20 2004 50:24 52:3 2010 20:5,7,11,12 20:18,21 21:6,21 21:23 22:4,20 51:11,11 52:1,11 2012 14:3 54:24 2016 41:24 2017 31:8 2020 1:10 4:2 24 1:21 73:3,6,8			
<hr/> Y <hr/> Yancey 1:21 5:9 10:15 11:4 56:8 yeah 7:3,12 9:22 17:4,4 30:14,18 33:23 34:22 45:3 54:11 55:12,22 58:12 63:14 65:4 66:5,13 year 16:18,18 29:9 29:10 41:7 44:11 53:2,17 63:2,7 years 41:2 42:1,6 53:21,25 you're 4:23 young 61:3 yup 7:1,12 11:1 33:23 40:11 46:15	<hr/> 3 <hr/> 3:06 75:10 3:30 71:6 30 53:21,25 30-year-old 53:22 30736 1:17 335-7632 1:19 35-year-old 50:24 36 33:21			
<hr/> Z <hr/> zero 17:2 zip 45:16 46:9 47:2 47:4 50:6,25 Zoom 1:11 4:1,18 26:19 75:8	<hr/> 4 <hr/> 4/22/13 41:13 4532 2:1			

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

ADAM KANUSZEWSKI, et al,

Plaintiffs,

Case No. 18-cv-10472

v

MICHIGAN DEPARTMENT OF HEALTH
AND HUMAN SERVICES,

Defendant.

/

VIDEO CONFERENCE DEPOSITION OF ANTONIO YANCEY

Taken by the Plaintiffs on the 7th day of October, 2020, via
Zoom, at 12:00 p.m.

APPEARANCES:

For the Plaintiffs: MR. PHILIP LEE ELLISON (P74117)

Outside Legal Counsel PLC
PO Box 107

Hemlock, Michigan 48626
(989) 642-0055

For the Defendant MR. AARON WARREN LEVIN (P81310)

MDHHS: MR. DANIEL JOHN PING (P81482)
Michigan Department of Attorney General

PO Box 30736
525 Ottawa Street

Lansing, Michigan 48909
(517) 335-7632

For the Defendant MR. JEREMY C. KENNEDY (P64821)

Antonio Yancey: Pear Sperling Eggan & Daniels PC
24 Frank Lloyd Wright Drive, Suite D2000
Page 1

Domino's Farms
Ann Arbor, Michigan 48105

1 RECORDED BY: Pam Rankinen, CER 4532
 2 Certified Electronic Recorder
 3 Network Reporting Corporation
 4 Firm Registration Number 8151
 5 1-800-632-2720
 6 TRANSCRIBED BY: Janice M. Hanes, CER 8980
 7 Certified Electronic Recorder
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 2

1 TABLE OF CONTENTS

2 PAGE

3 Examination by Mr. Ellison 04

4 Examination by Mr. Kennedy 80

5

6 EXHIBIT INDEX

7 PAGE

8 Deposition Exhibit M marked 08
 (Biobank Website Board of Directors Printout)

9 Deposition Exhibit A marked 35
 (Michigan BioTrust for Health
 Governance/Advisory Structure)

10 Deposition Exhibit K marked 48
 (Price List for Access to Samples)

11 Deposition Exhibit F marked 55
 (Neonatal Biobank Invoice)

12 Deposition Exhibit E marked 64
 (Consent Forms)

13 Deposition Exhibit B marked 68
 (After Newborn Screening Infographic)

14 Deposition Exhibit G marked 72
 (After Newborn Screening Brochure)

15 Deposition Exhibit H marked 73
 (After Newborn Screening Brochure/Current)

16 Deposition Exhibit O marked 75
 (Michigan Neonatal Biobank Brochure)

17 Deposition Exhibit L marked 76
 (Discovery Documents/Previous Case)

18
 19
 20
 21
 22
 23
 24
 25

Page 3

1 Via Zoom Video Conference
 2 Wednesday, October 7, 2020 - At 12:02 p.m.
 3 REPORTER: Do you solemnly swear or affirm that
 4 the testimony you're about to give shall be the whole truth?
 5 DR. YANCEY: I do.
 6 MR. ELLISON: Good morning, Doctor. My name is
 7 Attorney Phillip Ellison. I'm counsel for four parents and
 8 nine children in a case that's been brought in the Eastern
 9 District Court known as the Kanuszewski vs the Department of
 10 Health and Human Services case.
 11 ANTONIO YANCEY
 12 having been called by the Plaintiffs and sworn:
 13 EXAMINATION
 14 BY MR. ELLISON:
 15 Q What I'm going -- today we're doing your deposition. Have
 16 you ever done a deposition before?
 17 **A. I have.**
 18 Q. You have. Okay. All right. Just know as a matter of
 19 practice that I'm a little more nonspecific than I sometimes
 20 try to be, so if my question is not clear in any way, you're
 21 not going to insult me or otherwise upset me in any way if
 22 you say, "Phil, that doesn't make sense. Can you ask it
 23 another way?" or "Try again." Okay? So feel free to jump
 24 in if it doesn't make sense, all right?
 25 **A. Okay.**

Page 4

1 Q. What I'm going to do today, do you have access -- I mean, I
 2 can see you on the screen right now. I'm going to show some
 3 documents on a computer screen. Do you have the ability to
 4 see those? I know I see a light that's pretty bright behind
 5 you there, but can you see the screen okay if I were to
 6 share a document?
 7 **A. Yeah, I see them.**
 8 Q. Okay. Fair enough. I don't need you to adjust, as long as
 9 you can see it. You're a little more of an outline because
 10 you're real bright behind you, but that's fine for me so it
 11 doesn't matter for me.
 12 MR. KENNEDY: You've got a halo, Doctor.
 13 THE WITNESS: I was just thinking that.
 14 MR. ELLISON: Well, it's better than my horns that
 15 usually show up behind me here.
 16 THE WITNESS: Right, right.
 17 Q. Anyway, all right. Well, let's get started here then. Just
 18 for the record you are Dr. Antonio Yancey, correct?
 19 **A. Correct.**
 20 Q. All right. And you are -- and I'm just -- to make this
 21 quick, you're the director of the Michigan Neonatal Biobank,
 22 correct?
 23 **A. Correct.**
 24 Q. All right. How long have you served in that role as a
 25 director of the Biobank?

Page 5

1 **A Since April of 2017.**
 2 Q And what does that role consist of?
 3 **A So I'm pretty much the -- I mean, I'm the director, so I'm**
 4 **responsible for the overall operations of the Biobank. I'm**
 5 **responsible for all of the financials for the Biobank, just**
 6 **pretty much what a typical director would do, just oversee**
 7 **operations and the finance. That includes logistical stuff**
 8 **in terms of building -- the building and assets that are in**
 9 **the lab, just typical things that a director would do.**
 10 Q Sure. So you would be -- not to put words in your mouth,
 11 but you would be in charge of all of the personnel and
 12 equipment, and assets of the Biobank?
 13 **A That's correct.**
 14 Q All right. And as I understand it also, you serve in
 15 administration at Wayne State University as well?
 16 **A Right. So I'm the associate vice president for research**
 17 **operations for Wayne State University. I'm actually a Wayne**
 18 **State University employee. I'm not employed by the Biobank**
 19 **and one of my responsibilities as the associate vice**
 20 **president for the Biobank -- I mean as the director, sorry -**
 21 **-**
 22 Q Take your time. Take your time. Not a problem.
 23 **A Yeah. One of my responsibilities as the associate vice**
 24 **president of research operations is to manage the Biobank.**
 25 Q Okay. Do you get any compensation from the Biobank as part

Page 6

1 of your duties?
 2 **A I do not.**
 3 Q All right. Let me ask it this way: If you were to take a
 4 new position or retire today or decide, "I no longer want to
 5 be here in the lovely State of Michigan anymore" and you go
 6 somewhere else, the person it that would assume your role at
 7 Wayne State University would also assume the directorship of
 8 the Biobank?
 9 **A That is correct. So there was a predecessor that worked for**
 10 **-- prior to me taking over, I think for at least the last**
 11 **ten years. This has always been set up that way here the**
 12 **individual that's managing the Biobank, they also have other**
 13 **responsibilities within a division of research, and it just**
 14 **varies on the position itself but again, I was put into the**
 15 **position in 2017 when my predecessor left the University.**
 16 Q As part of this -- as part of your role with the Biobank,
 17 I've come to learn and maybe you can confirm for me that
 18 you're part of a board of directors with the Biobank,
 19 correct?
 20 **A That's correct.**
 21 Q All right. Just so we're clear for the record today, when I
 22 reference the Biobank, that's the shorthand version of what
 23 I'm referring to as the Michigan Neonatal Biobank, Inc.
 24 Fair enough?
 25 **A That's correct.**

Page 7

1 Q All right. I'm going to share my -- we're going to see if
 2 this works right now. I'm going to try to share my screen
 3 and we'll see if I can make this -- okay. Can you see on
 4 the screen right? You can see, well, your picture right
 5 there?
 6 **A It's me.**
 7 Q All right. Fantastic. This is a -- I'm just going to
 8 represent --
 9 **A That's when I was younger.**
 10 Q Well, I always joke I like the younger pictures of me.
 11 There's less facial real estate, as I tell people, right?
 12 So we all look better yesteryear, but let's blame COVID.
 13 We'll blame COVID for all of that, right?
 14 **A. Right, right.**
 15 Q Anyway, what I've been presented, just for the record, that
 16 this is what I presented to the witness as Exhibit M for
 17 purposes of this deposition.
 18 (Deposition Exhibit M marked)
 19 Q. Doctor, this is a -- and I'm just going to represent to you
 20 this is a printout of the board of directors page of the
 21 Michigan -- of the Biobank website. I see -- I'm going to
 22 present to you there's four -- excuse me. There's six
 23 photographs with six people identified. Are those the
 24 current members of the board of directors for the Biobank?
 25 **A. That's correct.**

Page 8

1 Q. All right. Do you know how they got their roles with the
 2 Biobank as on the board of directors?
 3 **A. I do not.**
 4 Q. I noticed looking at the sheet here with the six of you that
 5 you're the only one that's got the word "director"
 6 underneath that. What distinguishes you as a director
 7 versus the other five that are there in that capacity?
 8 **A. So again, I'm the actual director of the Biobank, and so**
 9 **pretty much, again, I'm over -- I see over -- I see the**
 10 **operations for the Biobank, but I also have an appointment**
 11 **on the board too, and the rest of these individuals are**
 12 **strictly board members, so they don't have anything to do**
 13 **with the day-to-day operations where I do.**
 14 Q Again, not to put words in your mouth, but you'd be like the
 15 manager, but you also have a participation on the board of
 16 directors as well, correct?
 17 **A Correct. I'm the director of the Biobank, correct.**
 18 Q Well, let me ask it this way: When there's a board meeting
 19 of the board of directors for the Biobank, you would
 20 participate in that board of directors meeting, correct?
 21 **A That would be correct.**
 22 Q All right. Do you have a vote? Well, let me lay a
 23 foundation. Does the board of directors vote on matters of
 24 Biobank concerns?
 25 **A Yeah. They -- we do. I mean, it's more like -- pretty**

Page 9

1 **much -- it's not anything formal, think. It's more**
 2 **discussion and collaborations with conversations and**
 3 **decisions of that sort, but I guess the answer would be yes.**
 4 Q I'm going to ask it this way: I mean, one of the things --
 5 my wife -- my wife is a school board president, right? So,
 6 you know, there is not, as you can imagine, a lot of hotly
 7 contested -- you know, like the Supreme Court is a 5-4
 8 decision. Those things are done by discussion. They reach a
 9 consensus at these board meetings, so long as there's no
 10 dissent. Is that -- would that be a fair characterization
 11 of how this board operates?
 12 **A Correct.**
 13 Q All right. And you would be a person that would participate
 14 and would try to reach a consensus with the other five
 15 members of the board for issues that come up that go before
 16 the board of directors?
 17 **A No, that's not correct.**
 18 Q That's not correct? Okay.
 19 **A. I don't have -- yeah. I'm the secretary of the board, so my**
 20 **job pretty much is to facilitate the agendas and, you know,**
 21 **kind of organize the meetings, but I don't have a decision**
 22 **in any of the discussions at all.**
 23 Q Okay. All right. Fair enough. And that's why we get these
 24 depositions, I get to learn such things. Okay. I guess
 25 what I want to start with -- I'm going to turn that -- let's

Page 10

1 see here. Just to be clear, is there -- other than these
 2 six -- well, you identified the five board members plus you
 3 as the director. Is there anybody else that's involved with
 4 the board of directors for the Biobank?
 5 **A In terms of board of directors?**
 6 Q Yes.
 7 **A No.**
 8 Q I'm just going to leave -- I'll tell you what I'm going to
 9 do. I'm just going to leave that there, see if that works.
 10 Nope. I did that wrong. All right. So we'll jump back and
 11 forth a little bit here.
 12 **A Okay.**
 13 Q This is the new world order. I've done exactly three
 14 depositions by Zoom. We don't normally -- we always usually
 15 do these in person with printouts in front of everybody.
 16 What I want to kind of understand that you can help educate
 17 me and ultimately, through this deposition, the Court, is
 18 what is the nature of the role of the Biobank vis-a-vis
 19 Can you explain that?
 20 **A Yeah. So the Biobank really in simple terms, is that we're**
 21 **just a depository, a storage area, so our job is to strictly**
 22 **store the blood spots. That's what we do.**
 23 Q Okay. Well, what's -- now you guys are formulated as an
 24 independent -- legally -- I guess legally independent
 25 nonprofit corporation, correct?

Page 11

1 **A Correct. We are a 501(c).**
 2 Q. Okay. And hence why you have a board of directors?
 3 **A. Correct.**
 4 Q. Right. Let me ask this: Let's just pretend for the sake of
 5 argument that my son was born three years ago. His -- we'll
 6 get into how blood gets in in just a minute, but let's just
 7 assume for the sake of discussion that his blood spot is in
 8 your Biobank, okay? Can I just come to you guys and say,
 9 "Give me his blood sample back"?
 10 **A. No, you cannot.**
 11 Q. Okay. That's what I want to understand. What role do --
 12 does the Biobank fulfill or operate under as it connects to
 13 the Michigan Department of Health and Human Services?
 14 **A Okay. So our job is merely -- I'm going to probably say the**
 15 **word "storage" a lot, because that's what we are.**
 16 Q Fair enough.
 17 **A So basically, our relationship with the State is that we're**
 18 **basically just a storage facility, so what happens is is**
 19 **that any residual blood spots that are left from testing at**
 20 **the State lab, those are basically sent to the Biobank, to**
 21 **the operations that I manage, and then our job is to get**
 22 **those blood spots and we basically store them in our storage**
 23 **facility. That's pretty much what we do, so when those**
 24 **blood spots come, they come from the -- Lansing sends them**
 25 **to the State of Michigan building on West Grand Boulevard,**

Page 12

1 **which is walking distance from our facility. We have an**
 2 **employed that picks up those and they're called the**
 3 **residuals, just leftover again from the State. My team**
 4 **picks up those blood spots and what we do is we catalog them**
 5 **into a system and then eventually from that system it goes**
 6 **into a storage facility that's temperature controlled. And**
 7 **so, we have no idea, you know, who the blood spots are.**
 8 **They come with us with I believe it's an eight-digit number,**
 9 **what's called like a -- it's an association with a Julian**
 10 **date, but there is no -- there is no information on that and**
 11 **our job is basically to store them in numerical order in**
 12 **terms of the Julian date and they go into our storage**
 13 **facility, so that's what we do.**
 14 Q Okay. Let me ask this then. Why, if you know -- and, again
 15 I should be clear. I know you've done a deposition before.
 16 If you don't know the answer to a question, it's perfectly
 17 fine to tell me you don't know.
 18 **A Okay.**
 19 Q Do you know why you -- why the Biobank is structured as a
 20 nonprofit rather than simply the Department of Health and
 21 Human Services just simply having a cooler themselves or
 22 renting a facility themselves? Why do we need the Biobank?
 23 **A I have no idea. That was probably way before my time. I**
 24 **never -- I don't know the answer to that.**
 25 Q Okay. Now, in your role as director of the Biobank, I know

Page 13

4 (Pages 10 to 13)

1 one of the allegations in this complaint that I've made
 2 against you is that you're acting either in concert with or
 3 are a state actor. I guess what I'm trying to understand is
 4 who -- I mean, you've talked about your board of directors
 5 this morning. Who is in charge over you in terms of the
 6 Biobank?
 7 **A So I report -- well, I report to the -- it's kind of the way**
 8 **it's structured, because I'm a Wayne State employee I report**
 9 **to the vice president of research for Wayne State**
 10 **University. That's who I report to in terms of Wayne State.**
 11 **But then I also report to the board as a whole. So I have**
 12 **two -- you know, basically two supervisors, if you would,**
 13 **but primarily all of my evaluations, my performance is all**
 14 **done by the vice president for research for Wayne State**
 15 **University. There is no input or anything that goes to the**
 16 **VP of research in terms of my performance, so I really kind**
 17 **of really see myself I guess technically reporting to the**
 18 **vice president for research.**
 19 Q When you say research, that would be at Wayne State
 20 University, correct?
 21 **A. That is correct.**
 22 Q. One of the things -- let me just say I'm sympathetic to what
 23 you're trying to articulate because I've been trying to sort
 24 out the legal structure of how things fit together, and just
 25 my statement, not whether you agree with it, but it's

Page 14

1 complicated.
 2 **A Right.**
 3 Q Let me ask this question: One of the things that I've been
 4 trying to figure out is as I started -- kind of the top of
 5 this line of questions is assume I have my son's -- my son's
 6 blood sample is in your guys' Biobank, right? It's in one
 7 of the cards and as I've nicknamed them in my mind, the
 8 coolers, right? Temperature-controlled facilities, fair?
 9 **A Right.**
 10 Q Okay. And just let me tell you, I'm going to use probably
 11 the wrong words too when it comes to -- I'm not a science
 12 person, so if you need to correct me --
 13 **A Right.**
 14 Q -- please feel free.
 15 **A. Okay.**
 16 Q So I imagine these blood samples on these Guthrie cards that
 17 have been cut up into squares are in a cooler; would that be
 18 fair?
 19 **A. Yes, it's fair.**
 20 Q. Okay. And they're --
 21 **A. Some are in -- let me clarify that. There are some that are**
 22 **in a cooler and some that are not in a cooler.**
 23 Q. Okay.
 24 **A. So some --**
 25 Q. Let's get that -- I was going to ask about that, so let's

Page 15

1 get that one out of the way. Why are some of these in
 2 coolers and why are some of them at ambient temperatures?
 3 **A So at some point -- and I can't -- this is before my time.**
 4 **I can just kind of tell you a little bit of what I've**
 5 **learned from different people. At one point the State had**
 6 **made a decision to refrigerate the blood spots in order to**
 7 **basically -- and basically to -- what word am I looking for?**
 8 **To keep the spots more viable, I guess, in terms of**
 9 **potential research. So what happens is typically -- someone**
 10 **made a decision and I guess there's research and literature**
 11 **out there regarding this, that if you refrigerate the blood**
 12 **spots, basically the integrity of them are basically**
 13 **protected for a longer period of time, so that's all that**
 14 **means. At some point the State made a decision based on**
 15 **research that's out there in the research world that if you**
 16 **refrigerate these blood spots, then they'll last longer.**
 17 **The integrity, you know, and all those kinds of things are**
 18 **more viable or more from a liability perspective you can**
 19 **trust them, I guess, in terms of -- you can trust them more**
 20 **in terms of whatever research you're doing, so just the**
 21 **viability of the blood spot itself; it's supposed to last**
 22 **longer.**
 23 Q Okay.
 24 **A So they did that -- and I believe it's -- I can just tell**
 25 **you from -- I believe it's 2000 and -- I want to say for the**

Page 16

1 **last -- we've had them about eight years. No, we had them**
 2 **from 2008 to current that are refrigerated in our Biobank.**
 3 Q Okay. And when we talk about the ones before 2008, those
 4 would be just stored at normal ambient everyday room
 5 temperature, fair?
 6 **A That's fair.**
 7 Q Okay. However, would you agree that both pre-2008 ambient
 8 temperature spots, stores spots, and post-2008 refrigerated
 9 spots are both spots that have been made available for
 10 access for researchers or for the punches that are sought by
 11 researchers out in the public?
 12 **A That's correct.**
 13 Q All right. Let me ask this. I mean, I kind of skipped over
 14 and jumped ahead a little bit. What is your background in
 15 terms of scientific understanding? I mean, you're a doctor.
 16 I know you're Dr. Yancey. I've seen that on there.
 17 **A Right.**
 18 Q What is your background? What's your educational background
 19 and field of study.
 20 **A So I'm not a scientist at all. I have a doctorate in**
 21 **organizational leadership, so basically my doctorate is all**
 22 **business-related. I do nothing with science at all in no**
 23 **capacity.**
 24 Q So you're about like me. The extent of our knowledge is
 25 Band-Aids and Robitussin, you know?

Page 17

1 **A There you go. There you go.**
 2 Q All right. So good. We can speak on non-scientific terms
 3 going forward.
 4 **A Yes.**
 5 Q All right. The question you mentioned earlier that the
 6 State decided to, you know, for example, separate out
 7 refrigerated after 2008 and non-refrigerated ambient before
 8 that. What role does the State have in making such a
 9 decision like that as it applies to the Biobank?
 10 **A What decision that they have?**
 11 Q What I guess I'm trying to understand -- forgive me. I'm
 12 going to be a little long-winded here with this. What I'm
 13 trying to understand is the Biobank is a separate legal
 14 entity as a nonprofit.
 15 **A Right.**
 16 Q That's my representation to you. I think you even answered
 17 that earlier.
 18 **A Right.**
 19 Q But a lot of -- I see in the discovery that's been provided
 20 by the State and by Mr. Kennedy, who is your attorney, is
 21 that the State seems to be calling the shots. State
 22 officials over at the Michigan Department of Health and
 23 Human Services are calling the shots and making decisions
 24 about the use, storage, availability of spots, access to
 25 spots, and that the Biobank folks are following or otherwise

Page 18

1 agreeing to that process.
 2 **A Uh-huh (affirmative).**
 3 Q Make me understand what the role is between -- again, let me
 4 start off -- let me strike that and start off by saying am I
 5 wrong, and then follow up by explain to me how can you --
 6 how can you explain to me and vis-a-vis the judge what the
 7 nature of the relationship is between the state officials at
 8 the Department of Health and Human Services as it applies to
 9 all of these activities going on at the Biobank?
 10 **A So the Biobank deposits -- or I guess there's two components**
 11 **from my perspective. One is that yes, you do have the State**
 12 **that is involved in all of the IRB approvals, all of the**
 13 **operation process, and so they're making those decisions at**
 14 **the state level. And then they've contracted us to**
 15 **basically be the bio depository just in terms of the**
 16 **storage, and so, I mean, to answer your question, yes, the**
 17 **State does make some calls, but primarily they don't make**
 18 **any calls regarding the depository bank within itself. That**
 19 **is a call that's made by the board, which as you can see is**
 20 **a collaboration. We have a person from the State, and then**
 21 **all of our other partners from the other universities that**
 22 **sit on this board, so it's fair to say that with some**
 23 **processes the State are making the call, but when it comes**
 24 **to the bio depository within itself, the storage facility,**
 25 **they're not really making the call for that. That would be**

Page 19

1 **the board that's making the ultimate calls for that piece.**
 2 **So there are so many components before it gets to us, and**
 3 **that's when the State gets the lead on those components.**
 4 Q And to be fair, when the board makes a decision, you as a
 5 role of the director, effectuate those decisions and
 6 whatever those decisions may be?
 7 **A That would be correct, yes.**
 8 Q So say, for example, going back to the example I was
 9 starting with with my son, and this is again just as a
 10 reference point for me. My son has got some blood samples,
 11 some dry blood spots in the Biobank right now. Let's say I
 12 wanted to get those -- I wanted to get those spots removed
 13 from the Biobank and I no longer wanted you to have access
 14 to them. Could I come to you, first of all, and say,
 15 "Please remove those spots"?
 16 **A No, absolutely not.**
 17 Q Why not?
 18 **A Because I wouldn't even know how to identify your son's**
 19 **spots because there would be no -- there are no names that**
 20 **are associated with it, so I wouldn't even know, you know,**
 21 **where to go, where to pull it, what shelf it's on. I**
 22 **wouldn't have any of that information.**
 23 Q Okay. Let me play another what-if.
 24 **A Okay.**
 25 Q Pretend I came -- for whatever reason I came to you with the

Page 20

1 -- I call them -- I've seen them referenced in there, called
 2 ascension numbers? Is that fair?
 3 **A Yes.**
 4 Q Okay. I come to you with my son's ascension numbers and I
 5 say, "I would like" -- "These are my son's ascension numbers
 6 which identify the specific blood spot wherever it's stored
 7 in the facility. Go get those. I want those and I want to
 8 take them with me when I come to see you at your office at
 9 TechTown," right? Can I do that with you?
 10 **A You cannot.**
 11 Q Okay. Explain to me why not that in that sense.
 12 **A Because our job is primarily -- we deal strictly with**
 13 **researchers. We don't have any contact with any of the**
 14 **general public in reference to pulling blood spots. It**
 15 **would have to go through the State, and then the State would**
 16 **communicate to me to pull a particular blood spot from the**
 17 **bank. We don't interact with the general public. We only**
 18 **interact with researches only when we've been given approval**
 19 **by the State of Michigan to interact with the researcher,**
 20 **but we definitely never, ever deal with the general public**
 21 **non-researchers.**
 22 Q Okay. We're going to get into that in a little more detail
 23 in a couple minutes.
 24 **A Okay.**
 25 Q But let me ask this question: As you get talking about --

Page 21

1 you know, let's focus on the example with my son, for
 2 example.
 3 **A Okay.**
 4 Q I want to be able to get his sample removed from the
 5 Biobank, okay?
 6 **A Okay.**
 7 Q. How can I go about doing that?
 8 **A. You would have to contact the State of Michigan to request**
 9 **that they be pulled.**
 10 Q So if the State of Michigan provided you with direction that
 11 said, "Hey, here is Phil Ellison's son's number. Go pull
 12 that one and we either want to destroy or otherwise give
 13 that sample back," you would act in accordance with that
 14 directive?
 15 **A That would be correct.**
 16 Q All right. And let's go the other way around. Let's
 17 pretend my second son is born, and the State hands off a
 18 sample to you and says, "Store this in the Biobank," you're
 19 working in agreement in concert with them to put it into the
 20 Biobank at the State's direction, fair?
 21 **A I need you to repeat that question one more time.**
 22 Q Sure; sure. So I was just talking about my first son.
 23 **A Right.**
 24 Q And we're talking about taking a sample out, so I have a
 25 second son.

Page 22

1 **A Okay.**
 2 Q And he's born today, right? Thank goodness I've only got
 3 one, but let's just say I have a second son, right?
 4 **A Okay.**
 5 Q His sample is taken. The State newborn screening program
 6 does the testing on it. They send that sample over to you
 7 and they say, "File this into the cooler."
 8 **A Uh-huh (affirmative).**
 9 Q Right?
 10 **A Uh-huh (affirmative).**
 11 Q I mean, you would be acting in accordance and in joint
 12 concert with them to put that material into the storage
 13 facility for long-term storage like all the other samples?
 14 **A That's correct.**
 15 Q Do you have any discretion or any option to say, "I'm not
 16 going to," -- as the director to say, "I'm not going to have
 17 certain samples come into my facility"?
 18 **A No.**
 19 Q Would there be any reason why you would deny storing
 20 samples?
 21 **A No, not really. The only thing I can of that -- and this is**
 22 **not an issue today, but at some point there could be an**
 23 **issue of capacity, room capacity.**
 24 Q Well, we're not at that point today, are we?
 25 **A No.**

Page 23

1 Q All right. Fair enough. Does the board of directors have
 2 any say on whether a sample is pulled for destruction or
 3 added, and the same example of son one and son two I've just
 4 been giving you, do they have any control over that?
 5 **A Not at all.**
 6 Q Let me ask this: Why not? Why don't you or the board of
 7 directors have any say in that, considering you guys are in
 8 charge of the nonprofit?
 9 **A We are in charge of the -- our job again -- I'm just going**
 10 **to repeat this again.**
 11 Q Fair enough.
 12 **A It's to act as a storage facility on behalf of the State, so**
 13 **all our job basically is to store whatever spots the State**
 14 **is sending over to us. Our job is to store those and to**
 15 **keep them safe, obviously, too, but that's what we do, so**
 16 **the board doesn't have any decision in terms of, you know,**
 17 **what blood spots come, what blood spots get moved or pulled.**
 18 **They don't act in that capacity and, furthermore, the board**
 19 **is not responsible for the -- you know, the day-to-day**
 20 **operations are handled by me and my team of people, so they**
 21 **don't get involved at that level.**
 22 Q All right. Let me ask this: The blood samples when they're
 23 stored at the Biobank, who owns them, if you know?
 24 **A I'm assuming that the State of Michigan owns them.**
 25 Q Okay. Now when you say -- and, again to be fair, I try to

Page 24

1 be the fair attorney with these depositions.
 2 **A Yeah; yeah.**
 3 Q Do you know the State owns them or are you just simply
 4 guessing?
 5 **A I'm guessing. I don't know. I should have answered that I**
 6 **don't know the information to that question.**
 7 Q And that's fair. I only what you to answer what you can
 8 tell me here today, okay?
 9 **A I don't know the answer to that question.**
 10 Q Would you have any opinion, as the director of the Biobank,
 11 as to whether I own my son's blood spots that are in your
 12 bio?
 13 **A My personal opinion or --**
 14 Q Well, I mean, I'm asking -- I guess what I'm trying to
 15 understand is that there's blood, the blood spots come from
 16 the bodies -- I mean, live bodies, obviously, not dead
 17 bodies, but live bodies of children that ultimately make its
 18 way following the newborn screening to your facility at the
 19 Biobank. I guess I'm trying to understand do you, as the
 20 director of the Biobank, have a position as to who owns
 21 those blood spots?
 22 **A Yeah. I believe that --**
 23 MR. KENNEDY: I'm going to object just to the
 24 extent that it calls for my client to reach a legal
 25 conclusion, but other than that, Doctor, you can answer.

Page 25

1 **A Okay. So this is just -- this would just be my opinion**
 2 **based on just my experience as a professor and knowing a lot**
 3 **about records and things of that sort. So the actual**
 4 **record -- the information, the content, belongs to the -- to**
 5 **the individual, and I would say that the physical, the**
 6 **tangible piece, probably would be owned by, in this case the**
 7 **State or healthcare provider if we're talking about medical**
 8 **records. So I think the content, you know, belongs to the**
 9 **patient or in this case to the child or the parents, and**
 10 **then the physical components, the actual cards and things**
 11 **like that belongs to the actual facility, i.e. the State Lab**
 12 **or the State. That's my opinion of how it should work.**
 13 Q Okay. I'm going to --
 14 **A And I say that because of the simple fact that I do know**
 15 **that if someone wants to have their card removed and just**
 16 **based on the requests that I get from the State of Michigan,**
 17 **that a card can be removed at any time. All the parent**
 18 **would have to do is request that it be removed and it's my**
 19 **understanding, and I just know this from my operations, that**
 20 **the State will then tell me to send the card back to them,**
 21 **and I'm assuming that card is destroyed at that time, and**
 22 **that's --**
 23 Q Okay. Let me ask this, though, and I guess we can finish
 24 that thought here. I was trying to establish -- and forgive
 25 me. There's some questions I know the answer to these.

1 **A Yeah.**
 2 Q It's just this is my opportunity to ask you to get them on
 3 the record.
 4 **A Right.**
 5 Q So bear with me.
 6 **A Yeah.**
 7 Q I was asking a little bit earlier about the concept of me
 8 coming to you to remove those cards, and you said you
 9 couldn't do that?
 10 **A That's correct.**
 11 Q All right. And you said -- I believe you answered, and if
 12 not, please correct me and tell me the answer, that the
 13 board of directors can't direct that a blood sample of my
 14 son can be pulled and given back to me or destroyed,
 15 correct?
 16 **A That's correct.**
 17 Q Okay. Who would?
 18 **A The State.**
 19 Q All right. Who at the State has that authority? Who do you
 20 take that direction from?
 21 **A So we have a state coordinator that we deal with where most**
 22 **of our communications come from. Her name is Shelby, I**
 23 **believe, and I kind of went blank on her last name. But we**
 24 **have -- Atkinson, A-t-k-I-n-s-o-n. She's the liaison for**
 25 **the State of Michigan and that's pretty much who we have all**

1 **of our interaction with.**
 2 Q Let me show you -- I'm going to pull up right here an email,
 3 a set of emails.
 4 **A Okay.**
 5 Q Let me see if I can make this work. Yep, here we go. Okay.
 6 I just want to use this as kind of a reference point, okay?
 7 **A. Okay.**
 8 Q. I know I made a big deal in the court case about the Trans-
 9 Hit Bio aspect thing and I know that never went to fruition,
 10 and I get all of that. But I want to show these emails here
 11 as a concept.
 12 **A. Okay.**
 13 Q. My understanding -- and I'm just -- to shortcut this, my
 14 understanding is that Trans-Hit Bio is a -- I call them a
 15 blood broker, but they're a sample broker that reached out
 16 to the Biobank to potentially make contact to buy or have
 17 access to blood spots.
 18 **A. Okay.**
 19 Q. Fair enough?
 20 **A. I don't know really who Trans-Hit Bio -- I don't recall who**
 21 **this person is, but if you say --**
 22 Q. Okay. Let's scroll down here because I think they emailed
 23 you originally.
 24 **A. Okay. And they may have, yeah. Okay.**
 25 Q. You're like me, you get 4,000 mails a day?

1 **A. Probably 10,000.**
 2 Q. So here's an email, November 2nd, 2017, a woman named Sophie
 3 Dahan.
 4 **A. Yeah, I remember this.**
 5 Q. Okay. All right. As I understand it -- I don't want to get
 6 into the finer points of this, but I understand they reached
 7 out to you to see if they could potentially buy samples from
 8 the Biobank?
 9 **A. That's correct.**
 10 Q All right. So as I understand it, is that you forwarded
 11 that discussion to Dr. Shah and Dr. Lyon-Callo, and I'm
 12 going to show you up here -- oh, I'm sorry. I'm mistaken;
 13 let me correct that. You sent it to Carrie Langbo.
 14 **A. Yeah.**
 15 Q. Who is that?
 16 **A. So Carrie Langbo is no longer with the State, from my**
 17 **understanding. The new person is the Shelby Atkinson**
 18 **person.**
 19 Q. Shelby. That was going to be my question. Carrie -- Shelby
 20 is the new Carrie, correct?
 21 **A. That's correct, yes.**
 22 Q. All right. So you forward that email on to them, it looks
 23 like a couple of days later, about reviewing it and there's
 24 some emails back and forth to this aspect, but what I want
 25 to show here, there's an email back to Carrie where -- I'm

1 just going to again shortcut this. Dr. Lyon-Callo and Dr.
 2 Shah discussed this with Legal. They went back and forth
 3 with this and they ultimately decided that they did not want
 4 Trans-Hit Bio to be able to buy samples from the Biobank.
 5 **A. Okay.**
 6 Q. All right. Do you recall -- and then it looks like that
 7 they ultimately said, "Please thank Dr. Yancey for reaching
 8 out about this potential."
 9 **A. Okay.**
 10 Q. To me it appears that they're calling the shots about the
 11 use or access to those bio samples, those blood samples
 12 themselves. Is that fair?
 13 **A. I think so, yes.**
 14 Q. Okay. What role does Dr. Shah and Dr. Lyon-Callo play in
 15 regards to the Biobank?
 16 **A. So Sarah I believe is the --**
 17 Q. Let me be clear. So Sarah is Dr. Sarah Lyon-Callo, correct?
 18 **A. That's correct.**
 19 Q. Okay.
 20 **A So Carrie at that time reported to Sarah. So I guess I'm --**
 21 **so, yeah. We interact with them throughout the day, but**
 22 **they make the calls in terms of -- I don't -- my team, we**
 23 **don't get involved. When things come directly to us like**
 24 **requests for blood spots or, you know, what is the approval**
 25 **process, we send everything over back to the DHHS and**

Page 30

1 **they're the individuals that make the decision in terms of**
 2 **who gets approved and who can basically use the blood spots**
 3 **for whatever research purposes. So I'm not involved in that**
 4 **piece, so to answer your question it is DHHS who is making**
 5 **those types of decisions or --**
 6 Q. Would Dr. -- I'm sorry. Go ahead. I didn't mean to
 7 interrupt you; go ahead.
 8 **A -- or making the decisions in terms of who are and can use**
 9 **blood spots for whatever research purposes. So, again,**
 10 **going back, my job is strictly to act as a depository for**
 11 **the blood spots, so I'm not involved in these types of**
 12 **decisions at all, I'm not, and so in our guidance from these**
 13 **individuals, Sarah. Now, you know, again, Sarah is not here**
 14 **-- Carrie is not here. Shelby is our primary contact for**
 15 **the State of Michigan, so in terms of the approval processes**
 16 **and all those kinds of things, it's handled at the State**
 17 **level and not by the Biobank.**
 18 Q. Okay. Let me ask this: Is Dr. Lyon-Callo one of the
 19 decision-makers on behalf of the Department of Health and
 20 Human Services with the Biobank?
 21 **A I'm not really -- I don't interact with her, so I don't know**
 22 **the answer to that, to be honest with you.**
 23 Q. Okay. And what about --
 24 **A My (indiscernible) is copied on the email sometimes, but I**
 25 **don't even know if this person is still there because I**

Page 31

1 **haven't seen her name in -- they have a lot of turnover, so**
 2 **there has been -- you know, there are a lot of people that I**
 3 **worked with when I first started in '17 that are not here**
 4 **anymore. It's constant, you know, turnover. They move on**
 5 **to different areas, so I haven't talked to Sarah in years, I**
 6 **don't think.**
 7 Q. Okay. Well, let me finish out, and as to Dr. Shah, is he
 8 one of the decision makers?
 9 **A Yes, he is.**
 10 Q. So let me ask this question: If you got an email from
 11 Dr. Shah that said you're authorized -- the Biobank is
 12 authorized to disperse ten punches to a particular
 13 researcher, would that be in your mind authorization from
 14 the State?
 15 **A. Yes and no. I've never got a request from him because he's**
 16 **not involved in the operations, but I know that Dr. Shah is**
 17 **in charge of the State Lab, so I would assume that it would**
 18 **be okay if I got a request from him, but that would be very**
 19 **unusual because he's not involved at that level.**
 20 Q. Okay. What about if Dr. Lyon-Callo had sent you a similar
 21 directive by email that this particular researcher can have
 22 access to, say just as an example, ten samples?
 23 **A. Yeah, because I believe at that time this was the director,**
 24 **and so, you know, if they send me a request to pull it, I**
 25 **would pull it.**

Page 32

1 Q. Okay. All right. Fair enough. Let's make a note here.
 2 **A Uh-huh (affirmative).**
 3 Q. So I guess during all of this -- I guess to bottom line all
 4 of this, when you get a directive from the State to do
 5 something about the Biobank, you're acting in concert with
 6 whatever it is that they're telling you to do, fair?
 7 **A That would be correct.**
 8 Q. Okay. Let's change gears a little bit. Okay. What role --
 9 so let's talk about the Biobank just generally at a high
 10 level, okay?
 11 **A Okay.**
 12 Q. As I understand, I think you confirmed earlier, it's a
 13 nonprofit corporation, correct?
 14 **A Correct.**
 15 Q. All right. And we talked about your board of directors.
 16 What role does Wayne, MSU, You of M and VanAndel apply as to
 17 the operation of the Biobank?
 18 **A So as I mentioned, for the most part it may have been a**
 19 **different arrangement prior to when I got there. It's**
 20 **supposed to be a partnership between all of the**
 21 **universities. I think Wayne, and that's probably because,**
 22 **you know, I guess Wayne is the person that's actually**
 23 **appointing the director of the operations. I think that**
 24 **Wayne State, by me being an employee of Wayne State and all**
 25 **of my predecessor, that we're probably more involved in the**

Page 33

1 overall operations than our other partners. It's each
 2 person sits on the board. You know, there is a university
 3 affiliation for each member on the board, and so again I
 4 think from a collaborative perspective you can get input
 5 from that way, but just in terms of operations I would say
 6 that Wayne State, primarily me at this particular given
 7 time, will be more involved. We -- I think when it first
 8 started it was more of a real partnership where they handled
 9 -- they donated the software to use for the scanning of the
 10 blood spots, and then the You of M would contribute some
 11 things financially, but that has changed, at least since
 12 I've been here. We're pretty much the primary coordinators
 13 in terms of the operations of the storage facility.

14 Q Okay. Let me ask this: I'm just kind of covering different
 15 areas on this. We were talking about as I understand, each
 16 of those four entities appoints someone to serve as their
 17 representative on the board of directors, true?

18 A That's true.

19 Q Is any one of those particular individuals the current
 20 chairman or chairperson of the board?

21 A Yes. That would be Ed.

22 Q I'm sorry?

23 A Ed.

24 Q Oh, Ed?

25 A Yes. He's the -- he acts as the president of the board.

Page 34

1 Q Do you know if that was done pursuant to any sort of vote or
 2 any sort of particular process?

3 A I don't know that information.

4 Q In the last year when -- I mean, let me ask it this way:
 5 Does the board meet on a regular basis?

6 A We do. We meet twice a year.

7 Q Okay. In the time that you've been on the board has there
 8 ever been a vote to nominate and accept Ed as the chairman
 9 or is it just gone without saying?

10 A Gone without saying.

11 Q All right. As part of -- let me see if I have that here.
 12 As part of -- as part of the discovery in this process, I
 13 have asked for a number of documents from the State
 14 Defendants that have been happily provided. I'm sharing
 15 with you what's been marked as Exhibit Number A for purposes
 16 of this deposition, and this is a document that was provided
 17 to me in response to that discovery. Take a moment and take
 18 a look at this.
 19 (Deposition Exhibit A marked)

20 Q. Just let me know when you're ready.

21 A. Okay.

22 Q Okay. Taking a look at this, I've been asking you some oral
 23 questions about the nature of the relationship between the
 24 Biobank and the board of directors and the Department of
 25 Health and Human Services. Does this picture or graphic

Page 35

1 accurately depict the relative relationships between those
 2 three entities that we've been discussing?

3 A. Yes. Well, I can only speak for the Biobank. I can't speak
 4 on the other side because I'm not really sure about some of
 5 the -- I don't get involved with the advisory boards really.
 6 I do attend some of their meetings, but I don't understand
 7 all of the logistics regarding it. I can only tell you on
 8 the right side in terms of my reporting structure, how that
 9 works, but I do know that they do have a scientific advisory
 10 board. I just kind of know that information just from, you
 11 know, interacting with them and just in terms of when they
 12 tell me that someone has to get approval, so I know that
 13 there is a SAB board, but in terms of the community advisory
 14 or advisory board, I do know that they -- because I've
 15 participated in some of the advisory boards. I think they
 16 have a meeting once a year and I've been invited to attend
 17 that, but I can't go on record by saying that this is
 18 completely how their structure is because I don't get
 19 involved on their side.

20 Q. Let me clarify my question. Let's take out -- looking at
 21 this graphic, if we take out the community advisory -- or
 22 community values advisory board and the scientific advisory
 23 board boxes, and we have the three that's left, and that was
 24 the three I was referencing, does the text and information
 25 as this is structured a proper diagram of how these three

Page 36

1 entities, being DHHS, Biobank, and the board of directors
 2 fit with each other?

3 A. Yes, those are correct.

4 Q. And as they describe their services -- as they describe the
 5 bullet points in each box as to what each of them does, is
 6 that an accurate description of what each of them does?

7 A. I can speak for some of the things in this black box for
 8 what they do. There's some I can't. I have no idea what
 9 they mean when they say "honest broker." I mean, "public
 10 education." I'm not involved in that piece, so I can't --

11 Q. Okay. Let me ask this question: In just the Biobank box
 12 are those statements correct?

13 A. Okay. Yes, it is. I'm not really sure about the -- they
 14 have MDHHS non-voting representative. I'm not sure what
 15 that means.

16 Q. I'm sorry. I just want you to focus on just the Biobank
 17 box, not the --

18 A. Okay.

19 Q. Are those bullets there correct on what you guys do at the
 20 Biobank?

21 A. Yes, that's correct. Let me clarify something, though. So
 22 it says assigned study specific ID codes to remain
 23 confidentiality, so I just need to clarify that because
 24 that's very important.

25 Q. Okay. Please do.

Page 37

1 **A. So what happens is that anytime that a study is approved by**
2 **the State, that ascension -- the ascension number that we**
3 **talked about, that eight-digit number, what happens is that**
4 **when it says here, we also assign our own number too that's**
5 **attached to that ascension number. So it's identifiable,**
6 **and then we go through another process of doing another**
7 **identifiable number by adding another two-digit or three-**
8 **digit number on top of that number that comes in, so if a**
9 **researcher ever needed to know, you know, what number was**
10 **pulled for what, we're able to kind of tell them that. So**
11 **if the number 12345678 comes from the State, we'll add a 01,**
12 **02, 03. It depends on how many spots they're given.**
13 Q Okay. So from that information, you could look at that
14 number in your database and you could tell what spots have
15 been pulled --
16 **A For that reason.**
17 Q -- according to what study then, correct?
18 **A Correct.**
19 Q Okay. If a researcher wanted to have access to the Biobank
20 spots, say they needed a thousand of them just as a
21 hypothetical.
22 **A Uh-huh (affirmative).**
23 Q Could they make that request directly to you and have that
24 request fulfilled?
25 **A No.**

1 Q All right. What process would have to be -- as you
2 understand it has to be fulfilled for having access to blood
3 spots for research purposes?
4 **A We refer them back to DHHS for approval.**
5 Q What process, if you know, do they undertake? I don't need
6 the scientific part of it. I'm talking -- I want to take
7 this to kind of a 35,000 foot level. What process do they
8 undertake to let you know -- well, strike that. Let me
9 start that question over. See, I start with a great idea up
10 here and it just doesn't come out through the mouth the
11 right way. I guess what I want to know is what process do
12 you understand occurs when someone wants to have access to
13 blood spots and you send them over to DHHS? What happens
14 before the point that it comes back to you and the State
15 says, "Give them the 1,000 spots"?
16 **A So it's my understanding that it goes -- I mean, the**
17 **researcher would have to elaborate on the reason, I guess,**
18 **for the research, why they need the spots to study. It's my**
19 **understanding that they go through a variety of different**
20 **communities including the scientific advisory board, you**
21 **know, if -- of course, if the research is even approved.**
22 **And then it has to go through a variety of IRB committees**
23 **for approval, so that's my understanding, but I don't know**
24 **how the initial decision is made in terms of who they allow**
25 **and for what purpose, and those kinds of things, so I'm not**

1 **involved and I don't understand that piece.**
2 Q Okay. But you would agree that you act in joint concert
3 with the State, though. When the State says, "Give them
4 these samples," you guys do it over at the Biobank?
5 **A Repeat that question.**
6 Q Fair enough. So what I'm wanting to understand is the State
7 -- somebody at the State, be it Shelby or Carrie, says, "The
8 State has approved this research study," you guys in
9 agreement with them whether you -- you know, you basically
10 hand over that material and agree to do so at their
11 direction?
12 **A That's correct. So once a person is approved, we receive an**
13 **email telling us that a researcher has been approved and**
14 **eventually we will get a request to pull the blood spots, so**
15 **they basically make the decision in terms of what blood**
16 **spots are pulled from the depository.**
17 Q At that point right there, say you get a -- you get an email
18 from -- like the email you were just describing that says,
19 "Pull these 1,000 spots for," you know, to sell a punch,
20 right, or provide a punch to a researcher. Do you take any
21 steps to contact whose blood spots they are or their parents
22 to get consent to give those samples out?
23 **A No.**
24 Q Okay. Why not?
25 **A Because we're not involved in that process. We're just a**

1 **storage facility.**
2 Q. All right. Do you know as part of -- at the time that a
3 research project is proposed and being reviewed by the State
4 and ultimately for approval, does the State attempt to
5 contact the person whose blood spot that belongs to or their
6 parents to get their consent as part of -- before giving out
7 that particular spot?
8 **A. I don't know that information.**
9 Q. Have you ever heard of it happening?
10 **A. (Indiscernible) --**
11 Q. You cut out there for a second.
12 MR. KENNEDY: I'd just object to the extent it
13 calls for hearsay.
14 Q Okay. Go ahead, Dr. Yancey. I should have explained when
15 we do objections, unless he directs you not to answer, we
16 fight it out with the judge later whether my question is any
17 good or not. So you answer the question nonetheless, okay?
18 **A Okay.**
19 Q My question to you was have you ever heard of the State
20 providing --
21 MR. ELLISON: Jeremy, I acknowledge your objection
22 for restating the question.
23 Q. Have you ever heard of the State actually contacting the
24 person whose blood spot it belongs to or their parents when
25 approving a study?

1 **A. No.**
 2 Q You as the director of the Biobank, do you require that
 3 consent be obtained from the person whose blood spot it
 4 belongs to or their parent prior to giving out what blood
 5 sample?
 6 **A No.**
 7 Q. Does the board of directors at Biobank require that?
 8 **A. No.**
 9 Q Has there ever been a discussion or decision about whether
 10 consent needed to be obtained before giving out samples?
 11 And again, this is in the context of when a study has been
 12 approved.
 13 **A No.**
 14 Q Do you believe as the director -- and again, I'm asking you
 15 as director, in your role of director of the Biobank -- that
 16 such consent is required?
 17 **A Do I believe?**
 18 Q Yeah, do you believe it's required?
 19 **A It's my understanding that all of that is done way before it**
 20 **gets over to us at the Biobank, all the consent forms, just**
 21 **knowing a little bit about the process. You know, it's my**
 22 **understanding that the consent forms are all done, you know,**
 23 **way before it gets over to us in terms of the storage**
 24 **facility. So I've always assumed that there's been a**
 25 **consent filed -- a consent form on file.**

Page 42

1 Q I'm going to ask you -- acknowledging this is a
 2 hypothetically question, I'm asking you this in your
 3 capacity as director of the Biobank. Let's assume for the
 4 sake of argument that that consent was not obtained from
 5 somebody's sample who is in the Biobank. Do you think you
 6 have an obligation to obtain consent before giving a blood
 7 spot for an approved study out to a researcher when that
 8 blood spot belongs to a person or their parent?
 9 **A I think a consent form should always be, you know, the**
 10 **primary decision before any blood spot is given to anyone.**
 11 **But, again, I don't get involved in that process.**
 12 Q Fair enough. I understand that. Let me ask this question:
 13 Do you as the director or anybody under you who is under
 14 your purview at the Biobank, do you guys check each blood
 15 spot to make sure of the -- let me try that again. That
 16 came out bad. I guess what I'm trying to -- what I'm trying
 17 to understand is do you guys -- when you get a statement or
 18 a directive from the State that says, "Give out these 1,000
 19 blood spots to the researcher," do you guys go back and
 20 check to make sure that consent was obtained before giving
 21 out any of those samples?
 22 **A No.**
 23 Q Any reason why not?
 24 **A For one, when we get the information, remember we're not**
 25 **getting any names. We're just getting a number, and so we**

Page 43

1 **would have no idea who the blood spot belonged to be able**
 2 **to get a consent form, and then if we were to get a consent**
 3 **form, then we would be exposed to someone's personal**
 4 **information and that's not how the Biobank is set up.**
 5 Q Okay. Does the Biobank -- and, again. Forgive me. There's
 6 questions I know the answers to, but I've got to ask you as
 7 part of this.
 8 **A Yes.**
 9 Q Does the Biobank in any way ask or otherwise obtain its own
 10 consent form from each donor of the blood spot before
 11 putting it into the Biobank?
 12 **A No.**
 13 Q Same question except as to removing a blood spot and giving
 14 it to a researcher. Is any sort of consent obtained by the
 15 Biobank itself?
 16 **A No.**
 17 Q Does the Biobank store any of the consent forms -- let me
 18 back up. Let me preface this the right way. You just
 19 testified earlier that consent forms were obtained as part
 20 of the earlier part of the process.
 21 **A I'm assuming that it was. I can't go on official record.**
 22 **I'm just giving you just, you know, general experience,**
 23 **just, you know, in seeing different emails and things of**
 24 **that sort and kind of understanding a little bit about when**
 25 **I first got in the role, I went on the internet and did**

Page 44

1 **research about how this while piece worked and I've got a**
 2 **little bit of information. So I can't -- do you know what I**
 3 **mean? I just want to be clear that I don't -- I'm just**
 4 **telling you from I guess a private or personal, not in my --**
 5 **not in my capacity as a director because I'm not involved in**
 6 **many of these components that you're asking about.**
 7 Q Well, let me ask it this way. Let me ask you this way.
 8 Does the Biobank have access to or otherwise store any
 9 consent forms of any type related to the blood samples that
 10 are stored at the facility?
 11 **A No.**
 12 Q Do you know where -- if there are consent forms, where those
 13 consent forms would be stored at?
 14 **A No, I don't know where they would be stored at.**
 15 Q Let me ask kind of a weird question. Let's just assume for
 16 the sake of argument that the judge in this case finds that
 17 consent was not properly obtained, and these samples are
 18 being held contrary to consent. Do you have the -- if the
 19 judge was to order you to return these samples back to their
 20 owners, would you have the authority to direct your
 21 employees to fulfill that task?
 22 **A No.**
 23 Q Who would?
 24 **A The State.**
 25 Q And when you say the State --

Page 45

1 **A The reason why, we wouldn't know -- if the judge -- if there**
 2 **was an order that came through, I wouldn't be able to return**
 3 **them because I wouldn't even know who they belonged to**
 4 **because we're not able to identify the individual. Because**
 5 **we operate as a 501(c) company, I'm assuming that if there's**
 6 **a court order and they said, "You've got to give these blood**
 7 **spots up," I would refer them back to the State.**
 8 Q Let me ask you this: If the judge -- again, I'm
 9 acknowledging this as a hypothetical, okay? If the judge
 10 says, "These samples have to be destroyed." Would you have
 11 the ability to destroy those samples as the director of the
 12 Biobank?
 13 **A No.**
 14 Q Who would be the person that would have to make the decision
 15 to destroy those -- or would have to be the one to give the
 16 command to destroy those samples?
 17 **A I'm not sure who that person would be, particularly at the**
 18 **state level, but I would assume that it would have to be**
 19 **someone at the State level because that's who we interact**
 20 **with.**
 21 Q Okay. As I understand, there is a postextraction request
 22 system that's been put into place that allows parents to ask
 23 for samples to be destroyed after they've gotten into the
 24 Biobank, true?
 25 **A I don't know about that system.**

1 Q Okay. Have you ever been, as the director, know about or
 2 seen or otherwise been directed by anybody at the State to
 3 destroy samples at the request of a parent?
 4 **A We do not destroy any samples. We've received requests to**
 5 **pull samples.**
 6 Q Okay. So let me just give you a -- well, I'll give you a
 7 straight-up one. I made such a request when I found out my
 8 son's blood samples were in your Biobank, okay?
 9 **A Okay.**
 10 Q I filled out the form. I sent it in. A few weeks -- a few
 11 months later after I sued them -- that's another issue;
 12 don't worry about that -- I get a letter back that says,
 13 "Your son's samples have been destroyed."
 14 **A Okay.**
 15 Q To your knowledge, how would those samples have gotten out
 16 of the Biobank and been destroyed, if you know?
 17 **A So what happens is when those -- I do kind of recall that**
 18 **form now. So any time that form is completed, what happens**
 19 **is we get an email -- I get an email basically from the**
 20 **State and the State basically tells me to pull ascension**
 21 **number blah, blah, blah, and then I go into the storage area**
 22 **and we pull that blood spot. We're getting daily blood**
 23 **spots every single day from the State of Michigan, you know,**
 24 **all of the current ones that are being done and there are**
 25 **still older ones that we're still trying to get stored, so**

1 **there's a bag that we get every day with the current blood**
 2 **spots, and what we do is we put that particular blood spot,**
 3 **based on the number that they emailed us about, and we put**
 4 **it in a storage bag and, you know, there is a piece of paper**
 5 **we complete that basically -- it's like a little carbon**
 6 **receipt just to let them know that -- we keep a copy on file**
 7 **so that we know for a fact that they requested that and we**
 8 **put that in the catalog spot, and we send it on its way to**
 9 **the State.**
 10 Q Okay. So this kind of brings me back to where we started on
 11 this discussion of the idea if I wanted my son's blood
 12 sample destroyed, I can't come to you. I can't come to your
 13 board of directors. I've got to go through the State
 14 officials at DHHS?
 15 **A That's correct.**
 16 Q All right. Okay. Let's switch -- I'm going to take this
 17 off for a second, and I'm going to open up another one. Oh,
 18 here it is right here.
 19 (Deposition Exhibit K marked)
 20 Q. All right. I'm giving you what I've marked as Exhibit K for
 21 purpose of this deposition. Again, I'll represent to you
 22 this is a document that the State Defendants provided me as
 23 part of the discovery process.
 24 **A. Okay.**
 25 Q. As I understand looking at this form -- I'll give you a

1 chance to look at it -- this is the price list for getting
 2 access to samples and/or portions of samples, which I've
 3 come to learn is called punches or a portion of that blood
 4 sample.
 5 **A. Correct.**
 6 Q. Take a look at that and see if you can confirm that this is
 7 the case.
 8 **A. So, yeah. What you're showing me is a listing of what we**
 9 **charge for the processing of blood spots. Not the**
 10 **processing, but the administrative costs that are involved**
 11 **with processing.**
 12 Q. Okay. So if, for example, I was a Michigan academic,
 13 meaning I'm taking that to mean a Michigan university
 14 researcher, and I wanted a whole random sample punch, a
 15 whole spot, for example --
 16 **A. Okay. Let me back up a little bit. I'm taking a look at**
 17 **this, so this particular -- this is not -- this is something**
 18 **-- so there are costs that the State has, and then there are**
 19 **charges that we have on our end. This is not one of our**
 20 **documents that we have for the Biobank, so this doesn't look**
 21 **like -- yeah, this is not -- I don't know what this is.**
 22 Q. Okay. Let me ask this question --
 23 **A. Yeah, I do have -- we do charge. I do have a -- we do have**
 24 **our own price list, but these are not our rates at all.**
 25 **This is something that the State does. They charge, and**

1 **then we charge also.**
 2 Q. All right. That's something new. I haven't -- you've just
 3 educated me on something I did not put together before, and
 4 so I want to explore that a little bit, so my questions may
 5 be a little weird in that respect. Looking at this
 6 spreadsheet right here, are these the prices the Biobank
 7 charges researchers?
 8 **A. These are -- this list is not a current list. I don't know**
 9 **how old this is, but this is not -- it's very similar to**
 10 **this amount, but these amounts don't look familiar. We have**
 11 **like a three-layer tier system for our blood spots.**
 12 Q. If you have a request to get access to punches or whole
 13 spots for distribution to a researcher or to a -- in my mind
 14 I want to use the word "customer," but someone who's trying
 15 to get access to the spots themselves for whatever purpose,
 16 do you guys have a price list that I could get access to?
 17 **A. Yes. It's on our -- if you go to our -- it's on -- I**
 18 **believe it's on our website, but we have our own price**
 19 **structure that we can get you a copy of.**
 20 Q. Okay. What I'm going to ask you to do is would you get a
 21 copy of that to your attorney?
 22 **A. Okay.**
 23 Q. So I'm going to make a request for that because this is
 24 something I've never -- I've always -- well, I guess maybe
 25 I've wrongly assumed that this was the price for the whole

Page 50

1 package on the thing.
 2 **A. No, and you know what? I don't know if this is an older --**
 3 **it doesn't have like the Biobank on here. I don't -- this -**
 4 **- this just doesn't look familiar to me. I'm just going to**
 5 **be honest with you. I don't know. I do know that the State**
 6 **also does charging on their end and we charge on our end,**
 7 **but this doesn't look like -- I know for a fact this is not**
 8 **my current pricing system. It could be an older document**
 9 **that you have and they've changed the way -- the Biobank had**
 10 **changed the way in terms of the payment structure. It looks**
 11 **familiar just in terms of the prices are a little bit close**
 12 **and some areas are not. We only have a three-tier system,**
 13 **so this has -- one, two, three, four, five; out of state**
 14 **academic, out of state government. I've never seen this, so**
 15 **I don't know what it is.**
 16 Q. Okay. All right. So just, if you could, get that over to
 17 Mr. Kennedy, and I'll make that request, you know, in due
 18 course.
 19 **A. Okay.**
 20 Q. Let me ask this question, and I'm kind of just flying by the
 21 seat of my pants right now. If you guys -- the State
 22 charges whatever it charges. Biobank charges whatever it
 23 charges. Do you guys send your bill to the State so they
 24 added onto this, do you know? Or do you bill directly to
 25 the researcher?

Page 51

1 **A. No, we bill directly to the researchers.**
 2 Q. All right. And what happens to that money that you guys
 3 collect?
 4 **A. It comes back into the Biobank.**
 5 Q. Okay. So it just gets put into the general fund of the
 6 Biobank?
 7 **A. Yes.**
 8 Q. Do you guys know if you get any of this money -- again, let
 9 me just -- we'll just assume for the sake of argument right
 10 now that what you're looking at right now as Exhibit K is
 11 the price list that the DHHS charges the researchers.
 12 **A. Okay.**
 13 Q. Do you know if you get any of that money or a percentage of
 14 that money at all?
 15 **A. We do not.**
 16 Q. That's going to transition me to my next bar here. How does
 17 the Biobank operate in terms of funding?
 18 **A. Okay.**
 19 Q. How does -- what kind of -- I mean, looking at this, looking
 20 at the number, I'm going to represent to you from the data
 21 the State sent me, 63,009 samples have been provided so far,
 22 at least as to what's been disclosed to me. That works out
 23 to about -- assuming -- even assuming it's \$9 a piece, I
 24 mean we're talking a half a million dollars. Maybe it's a
 25 little bit more. How does the Biobank operate in terms of

Page 52

1 funding?
 2 **A. So we operate a variety of ways. We have a variety of**
 3 **funding that comes through to pay for the operational**
 4 **expenses with the Biobank. One is that we get a grant from**
 5 **the State of Michigan every year and that grant is**
 6 **approximately 140,000, I believe, per year. It's actually -**
 7 **- it's actually -- I believe it's 154. 14,000 of that money**
 8 **goes back to the University in what we call indirect costs,**
 9 **and that's just the money, the F&A that comes back to the**
 10 **University, so our actual physical amount is \$140,000 from**
 11 **that grant. We use that, and then we also use the money**
 12 **that we collect for the spots, for the processing, the**
 13 **administrative costs that are associated with the processing**
 14 **of these blood spots for the researchers. Our average**
 15 **charge is currently -- I believe it's \$10 per punch now, and**
 16 **so the money we collect from that goes into the operational**
 17 **cost. And then also there are some other funding sources,**
 18 **for example, we have students that are employed by Wayne**
 19 **State University that is paid by Wayne State University, but**
 20 **they actually help process the blood spots for us, so that's**
 21 **not --**
 22 Q. Is that like work-study kids?
 23 **A. Correct. Work-study, and then we also have what's called**
 24 **temporary technicians, so these are people that are**
 25 **basically -- they don't meet the eligibility of a full-time**

Page 53

1 **student or part-time student, and we can hire them as a**
 2 **temporary worker, and then we just pay them a salary.**
 3 Q Okay. All right.
 4 **A And they get paid by -- everybody gets paid by Wayne State**
 5 **University, and then we also have an operational manager**
 6 **full-time that works for the Biobank and he's also paid.**
 7 **Then we have a variety of other different operational costs**
 8 **like rents. We have to pay for the freezer bank itself. We**
 9 **have a big high payment that we pay, so basically all of**
 10 **that money goes to the operational expenses. The grant**
 11 **doesn't cover nowhere near -- probably the grant covers**
 12 **approximately I would say 40 to 50 percent of our overall**
 13 **operational expenses.**
 14 Q Okay. Do you get any money from any private sources?
 15 **A No.**
 16 Q Do you get any money from -- setting aside, obviously, the
 17 work study, the salary part of this with the kids and the
 18 temporaries, does Wayne State, U of M, MSU, and VanAndel, do
 19 they supply any money?
 20 **A No, not currently. We would like for them to, but --**
 21 Q. Yeah, right.
 22 **A. -- they don't. I believe at one point prior to me it used**
 23 **to be more and I was explaining that earlier. It was more**
 24 **of they give financial contributions, but I think over the**
 25 **years that's changed and Wayne State would be the primary**

Page 54

1 **person that would basically donate on behalf of the --**
 2 Q Okay. The pricing that you guys charge that we're talking
 3 about that goes back to your general fund as part of your
 4 funding, prices you charge for the punches, is that
 5 something that's established by the State or your board of
 6 directors?
 7 **A It's established by the board of directors.**
 8 Q Does that have to be approved by the State at all? Do you
 9 know?
 10 **A No, it does not.**
 11 Q Understanding you're not an attorney and have probably a
 12 better life, do you happen to know if there's any legal
 13 authority that authorizes the Biobank to charge fees for
 14 providing those samples?
 15 **A I have no information of that, no.**
 16 Q And once you guys determine whatever the fee is, you just --
 17 I mean, is it like an invoice you send to the researcher?
 18 **A Yes, we send them an invoice. We have a billing system.**
 19 Q Let me do this: I'm going to see if we can just -- just as
 20 an example for this -- yeah, right here. I'm going to
 21 present to you what is -- your lawyer -- your lawyer
 22 provided me a whole bunch of documents.
 23 **A. Okay.**
 24 **(Deposition Exhibit F marked)**
 25 Q. This is Exhibit F for purposes of this deposition. Here it

Page 55

1 is. Okay. This would be -- I'm presenting Exhibit F. This
 2 would be an example of an invoice you would send in this,
 3 "Future Diagnostic Solutions"?
 4 **A. Correct, yep.**
 5 Q. All right.
 6 **A. Can you go down a little bit? I want to see the title of**
 7 **the --**
 8 Q. This?
 9 **A. Yeah, yep. Okay. Thank you. I wanted to make sure it's**
 10 **our invoice. That's a copy of our invoice.**
 11 Q. Okay. All right. And the second page of this is -- with
 12 counsel's okay I will produce these. I'd like to be able to
 13 redact the account number.
 14 **A. Yeah, I was going to say we really need to redact that.**
 15 MR. ELLISON: Jeremy and Aaron, would you have any
 16 objection to me redacting that when I submit those to the
 17 court reporter?
 18 MR. KENNEDY: No.
 19 MR. LEVIN: No.
 20 MR. ELLISON: Okay. All right. I think the same
 21 thing here. They've got an account number here on these
 22 checks as well.
 23 Q This, for example -- I mean, this would be a check I've seen
 24 made out to the Biobank which matches the number right here?
 25 **A Yep.**

Page 56

1 Q And so you guys would get a payment?
 2 **A That is correct.**
 3 Q Okay. But just -- I mean, I guess to kind of finish this
 4 thought out, though, you would not have sent them these
 5 samples unless the State had approved for you guys to send
 6 the sample?
 7 **A That would be correct.**
 8 Q Okay. We're almost done. A couple of details I just want
 9 to get ahold of. As I understand from the various pieces of
 10 literature I've seen, there are samples that are currently
 11 within the Biobank that go back to -- I've seen a 1984 and
 12 1987. Do you know one way or the other how far back the
 13 samples go that are being stored?
 14 **A. Okay. So this is always a hard question for me and I**
 15 **started to write it down for you. So we have '96 and**
 16 **current -- '96 to current. When I say current, give and**
 17 **take that it takes --**
 18 Q. Well, you're getting samples every day, you said, so --
 19 **A. Well, yeah, but then they're doing the testing. It's at the**
 20 **lab, and so it takes about -- it's a two-week lag time, I**
 21 **guess is what I'm trying to tell you, but we should have**
 22 **everything from '96 to current.**
 23 Q. Okay. Is there -- so on the -- on some of the literature it
 24 says -- even some of your own literature is saying that it
 25 goes back to like the -- I've seen one that says July of

Page 57

1 1984, another one that says 1987.
 2 **A. Yeah.**
 3 Q. Do you have any information about if that's true, how far
 4 that goes back?
 5 **A. I don't know how far they go back, but I do know that -- and**
 6 **I should tell you this, that every day we get current blood**
 7 **spots and then sometimes -- the plan is to eventually have**
 8 **us to store all of the blood spots from when the program**
 9 **first started, and I believe it was '84, maybe '85, I**
 10 **thought. I don't know. But in any case, there's a backlog**
 11 **to get those spots over to us, so sometimes we get current**
 12 **and we may get something, you know, from -- since we're in**
 13 **2009, they would go to 2008. So we would get some -- you**
 14 **know, some of the older spots for us to store for 2008. The**
 15 **plan is to eventually have them all housed and stored with**
 16 **us, but the State hasn't been able to get those older spots**
 17 **to us because there is things they have to do on their end.**
 18 **So eventually, the plan is for us to have all of the spots**
 19 **from when the program first started when the State started**
 20 **testing. I don't know how feasible that would be, as the**
 21 **director of the Biobank, because we wouldn't have -- I mean,**
 22 **I mentioned earlier there will be room capacity issues and**
 23 **we're going to run into that problem in a couple years, and**
 24 **so that will need to be a conversation that we have with the**
 25 **board. But we do get -- we're current getting older stuff**

Page 58

1 **and we get current stuff at the same time.**
 2 Q Let me ask you this: Say I wanted -- I'm a researcher and I
 3 want samples from 1988, for example. Where would those be
 4 stored? Where would I get those?
 5 **A You would get them from the State.**
 6 Q. Do you know where the actual physical samples from 1988 are
 7 stored?
 8 **A. I think it's in your own State Lab. Somewhere in the State**
 9 **Lab is what I understand.**
 10 Q. I mean, you don't know for sure one way or the other?
 11 **A. No, I don't.**
 12 Q. Okay.
 13 **A. I just know that it's at the State.**
 14 Q. Let me ask this question: I've learned that there's a
 15 storage facility that the State has that's storing samples
 16 in Lansing off the -- not at the lab site, but at an offsite
 17 storage facility. Does that help at all in refreshing your
 18 recollection at all?
 19 **A. No, it doesn't. I don't get --**
 20 Q Fair enough. At your -- for the samples that you do have,
 21 who has actual physical access to those samples?
 22 **A Just me and the operations manager that I have there.**
 23 Q. So that was Chris?
 24 **A. That's Christopher Kraus.**
 25 Q. Is he still there?

Page 59

1 **A. Yes, he is.**
 2 Q. Okay. Another question that I'm hoping you can answer is
 3 how many samples do you think you have at the Biobank?
 4 **A. I could not tell you that.**
 5 Q. I mean, are we talking hundreds? Are we talking --
 6 **A. I could probably tell you that, but it would take me some**
 7 **time to tell you that. Let me clarify that. We have**
 8 **thousands and thousands. I mean, the room is -- we've got -**
 9 **- I mean, we have hundreds of thousands of them. I could**
 10 **tell you that; it would just take me a little while.**
 11 Q. I've heard -- I've heard that the State's got 4 million and
 12 I've heard they've got 7 million. I've heard -- I mean, the
 13 numbers -- I was just curious if you knew offhand on that.
 14 **A. No.**
 15 Q. Okay. Are you familiar at all -- you somewhat hinted at it
 16 earlier, but are you familiar at all when the State has made
 17 the assertion that they act as the honest broker?
 18 **A Uh-huh (affirmative).**
 19 Q Do you understand what that concept means at all?
 20 **A No, I mentioned that earlier. That's the first time I've**
 21 **ever seen that.**
 22 Q Do you have the ability, if I was to come down there and
 23 say, you know, "Dr. Yancey, I'd like you to" -- "I got
 24 approval from the State because I'm here on behalf of the
 25 Court. I'd like you to pull a sample of my sister's child,"

Page 60

1 for example, and I know you somewhat answered but I want to
 2 make sure I've got it clear for the record. I come down
 3 there. You haven't talked to the State. I haven't talked
 4 to the State. I just have an approval from the judge to
 5 say, "Go get Phil's sister's son's sample," right?
 6 **A. Uh-huh (affirmative).**
 7 Q. Do you have the capability to be able to locate that sample
 8 if I was to do that say tomorrow?
 9 **A. With a name?**
 10 Q. With just a name, yes.
 11 **A. No, no. There are no names at all on anything, any blood**
 12 **spot out of all of the hundreds of thousands that we have.**
 13 **No name.**
 14 Q Okay. But to be clear, you couldn't go to a computer also
 15 and say -- type in this guy's name or the kid's name or
 16 birth date or some other thing and look up and say -- unless
 17 you actually have that number from the State to correlate
 18 it; fair enough?
 19 **A That is fair.**
 20 Q Okay. So sorry because I actually split my question there.
 21 Let me make sure I get it clear the right way.
 22 **A Okay.**
 23 Q So you would not have the ability, for example, to type in a
 24 child's name, social security number, date of birth and be
 25 able to find that sample from your computer or any sort of

Page 61

1 index onsite at the Biobank?
 2 **A That is correct.**
 3 Q Okay. So by extension, my next question, which I kind of
 4 veered into was that the only way you could pull a
 5 particular person's sample would be if the State provided
 6 you with the ascension number that is associated with that
 7 particular sample?
 8 **A That is correct.**
 9 Q At the facility do you maintain any other data -- well, let
 10 me ask it this way: Any other data that you maintain
 11 relative to the samples? And let me give you some examples
 12 of what I mean. Child's name, blood type, date of birth,
 13 their weight when they were born, the time that they were
 14 born, any physical or physiological data that would allow
 15 you to associate with a particular sample?
 16 **A No.**
 17 Q Let's pretend -- I'm just going to -- let's do a pretend
 18 here. This is a hypothetically. I want to pull -- I'm a
 19 researcher. I want to pull 100 samples of blood samples
 20 from children born after the Flint water crisis, and I want
 21 to be able to see what -- I'm researching something with
 22 blood, right? Do you have any capability to be able to say,
 23 "I can pull these samples based on the zip code," for
 24 example?
 25 **A No.**

Page 62

1 Q All right. Could I do that with information -- could I --
 2 well, let me ask you this: If I wanted those samples, is
 3 there some way that you know of that the State could provide
 4 me with a list of ascension numbers to be able to pull those
 5 samples?
 6 **A Yeah, I'm certain that -- yeah; yes.**
 7 Q Okay. So the State has the data, you have the blood?
 8 **A That's correct.**
 9 Q All right. Do you know what information is available from
 10 the State in terms of data associated with particular --
 11 with individual blood spots?
 12 **A No, I do not.**
 13 Q Is there any sort of documentation that you guys -- you
 14 know, what if I was a researcher contacting you saying, you
 15 know, "Dr. Yancey, I'd like these" -- "I'd like the samples
 16 with these particular characteristics," how would I go about
 17 getting that?
 18 **A. So they would be referred back to Shelby at the State of**
 19 **Michigan and I'm sure that they have a way that, you know,**
 20 **they can identify that information at the State level, but I**
 21 **don't have that information.**
 22 Q Fair enough. Fair enough. Okay. Acknowledging our joke at
 23 the beginning about Band-Aids and Robitussin, humor me.
 24 **A Right.**
 25 Q Do you have any knowledge or expertise as to what sort of

Page 63

1 information can be extracted out of blood samples?
 2 **A No.**
 3 Q I have these -- my questions into blocks. You've answered a
 4 lot of them here. Forgive me if I asked you this: You said
 5 you're not dealing with any aspect of the consent process
 6 for the ongoing storage, use, or research uses for the blood
 7 samples, correct?
 8 **A Correct.**
 9 Q Let me -- I'm going to share a screen with you right here.
 10 **A Okay.**
 11 Q We're on the downward slope. It took a little longer than I
 12 thought, but we're almost done here.
 13 (Deposition Exhibit E marked)
 14 Q. I'm presenting you what's been marked by the deposition as
 15 Exhibit Number E. These have been provided by the State and
 16 I'm just going to scroll through them real quick, just kind
 17 of in a slow scroll, but if you want to look at anything in
 18 particular please let me know. These as I understand are
 19 various consent forms that the State claims provides
 20 consent.
 21 **A. Okay.**
 22 Q. It's my representation, not necessarily the State's
 23 representation.
 24 **A. Gotcha.**
 25 Q. Looking at these, have you ever seen these forms before?

Page 64

1 **A. I've probably seen it once in our operations book, just a**
 2 **general form. You know, I think I've seen this when I first**
 3 **started, just a copy of the form, but I don't get any of**
 4 **these forms.**
 5 Q. I'm going to again represent to you this is my
 6 representation, not necessarily the State's or anybody
 7 else's, but my representation is that if these are in fact
 8 the consent forms, there's no reference to the Biobank
 9 anywhere in these documents. My question -- I want to make
 10 sure. I want to be 100 percent clear. There are no other
 11 consent forms related to the Biobank that you're aware of,
 12 fair?
 13 **A. So the Bio Trust is the Biobank.**
 14 Q. Okay. You're jumping to my next section, believe it or not,
 15 but we can jump to that right now because I'm trying --
 16 that's one of the questions I want to -- I haven't been able
 17 to get a clear understanding on, but bear with me for just
 18 one second here. Let's just separate out the Bio Trust for
 19 Health as something for a second, just set that aside.
 20 **A. Okay.**
 21 Q. Looking at these forms, these are not forms that you -- you
 22 or the Biobank have created, correct?
 23 **A. Right.**
 24 Q. All right. And again, recognizing whatever the Bio Trust
 25 is. We'll talk about that in a second. There's no other

Page 65

1 consent forms at all that you have on file, obtained, or
 2 executed or got in any way related to the blood samples,
 3 true?
 4 **A. Correct.**
 5 Q All right. Did you have anything -- and I say you meaning
 6 the Biobank, the Biobank have anything to do, to your
 7 knowledge, with the drafting of these consent forms?
 8 **A Not during my time.**
 9 Q Okay. Fair enough. And again, I appreciate it. Just what
 10 you know, okay?
 11 **A Right.**
 12 Q I'm going to make one more representation to you. For
 13 example, let's take a look at -- not the best copy in the
 14 world, but this is a copy -- this is, for example, Ms.
 15 LaPorte's son, and this one is -- this is -- just for
 16 reference, this is a consent form for the child we've
 17 identified. By federal law, we've got to identify them by
 18 initials for federal court purposes, but it's Child EMO.
 19 Looking right here, Ms. LaPorte indicated "No, my baby's
 20 blood spots may not be used for health research." But it
 21 goes on to say right below that the blood spots will be
 22 stored forever, but not used for research. Is that -- do
 23 you have any information or explanation as to why when
 24 someone does not want -- when a parent does not want their
 25 child's blood spot being used, that the blood spot will

Page 66

1 nevertheless be stored forever?
 2 **A. No.**
 3 Q Do you have any information as to whether or not a blood
 4 spot will or will not be included as part of the Biobank
 5 storage program if they click or select no, they don't want
 6 to be part of any health research?
 7 **A No.**
 8 Q Does the Biobank have any sort of process or procedure in
 9 place to identify -- that they know of to identify those
 10 samples that are in the Biobank but do not want to be part
 11 of the research or potential research projects?
 12 **A No.**
 13 Q Again, would you agree that that would be information that
 14 probably would have to be obtained from the State?
 15 **A Correct.**
 16 Q You answered that. Do you know of any details or standards
 17 by which parents are told about the Biobank program during
 18 the time that consent is being obtained?
 19 **A No.**
 20 Q Have you been asked or otherwise -- strike that. I take
 21 attorney/client privilege very carefully. Have you ever
 22 ascertained by your own actions or directed someone at your
 23 direction to determine whether or not the nine children who
 24 are part of this case, that their samples are within the
 25 Biobank facility?

Page 67

1 **A Have I? Repeat that. I'm sorry.**
 2 Q Fair enough. I just want to you know if you or Chris --
 3 because you had mentioned earlier that only you and Chris
 4 have access to the samples themselves, correct?
 5 **A Right.**
 6 Q Have you ever been asked or directed to go and check to see
 7 if these nine children's samples are in the warehouse, the
 8 coolers?
 9 **A No; no.**
 10 Q Do you know a Harry Hawkins over at DHHS?
 11 **A No.**
 12 Q Do you know -- I'm just -- Harry Hawkins passed away in the
 13 course of this case. He worked at DHHS. Do you happen to
 14 know what position he held or -- what I'm trying to find
 15 out, do you know who his replacement is?
 16 **A. No, I do not.**
 17 **(Deposition Exhibit B marked)**
 18 Q All right. The last -- I'm down to the last piece here.
 19 I'm going to show you -- let me go through the exhibits
 20 here. Can you see that -- without me redoing that, can you
 21 see the like bluish-purple graphic?
 22 **A. Uh-huh (affirmative).**
 23 Q. Okay. Good, so I don't have to redo that. All right.
 24 Taking a look at that, and we can zoom in if we need to a
 25 little bit, take a moment to take a look at that.

Page 68

1 **A. Okay.**
 2 Q. Okay. Does this accurately depict your understanding of
 3 what happens to leftover blood spots after the newborn
 4 screening process is complete?
 5 **A. I can't really answer that. I mean, I can answer some parts**
 6 **of this document, but some I could not.**
 7 Q. Okay. One of the things I -- again, this is my
 8 representation.
 9 **A. Okay.**
 10 Q. One of the things I've learned as part of this is that of
 11 the blood spots that are the leftovers, some of them are
 12 stored by the State and the balance of those are sent over
 13 to you at the Biobank. Do you know that to be true?
 14 **A. Yes. I do know that they keep -- they do reserve some**
 15 **spots, and then they send the rest over to us for storage.**
 16 **I do know that piece.**
 17 Q. Okay. So there's actually -- in addition to your storage
 18 facility, there is a second one with similar blood spots,
 19 some within the State DHHS system?
 20 **A. I do understand that to be correct, yes.**
 21 Q. Do you know why -- do you have any knowledge or
 22 understanding as to why the State has these two separate
 23 processes, meaning one being you with the Biobank and one
 24 being them with these other samples?
 25 **A I don't know that answer, but I do know that sometimes they**

Page 69

1 **have to go back and retest things, I guess, and they want it**
 2 **to be readily available. I really don't know the answer.**
 3 Q Do you happen too know where physically those other blood
 4 spots, those -- the ones the State retains but doesn't send
 5 to you, where they store those at?
 6 **A. No, I do not.**
 7 Q. You're not in charge or responsible for the storage of those
 8 in any way?
 9 **A. No, I'm not.**
 10 Q. Do you know what the State uses those other blood spots for?
 11 I mean, you mentioned -- you said you had suspected about
 12 other testing, but do you specifically know why they -- what
 13 they use those for?
 14 **A. No. I've just heard that they use it for to retest at**
 15 **times, but I don't know the answer to that, I guess.**
 16 Q Let's see here. So let me -- can you see my mouse?
 17 **A Uh-huh (affirmative).**
 18 Q All right. Good. Right here, this spot right here, this
 19 one blood spot is stored by the State Lab for only your
 20 personal use if needed. That's not the Biobank, correct?
 21 **A That's correct.**
 22 Q All right. Not to put words in your mouth, but I'm looking
 23 at here, your likely -- your option A and option B, correct?
 24 **A. The blood spots go into a safe storage (indiscernible).**
 25 **Yeah, I'm A, and then the blood spots go into safe storage**

Page 70

1 **and will not be used for research to treat -- yep, and I**
 2 **could be B, but the State could possibly be B too.**
 3 Q. Okay. All right. Can you explain your knowledge as to what
 4 is the Michigan Bio Trust for Health, as opposed to or
 5 different from or the same as the Michigan Neonatal Biobank?
 6 **A. So I'm going to be real honest with you. I'm not that savvy**
 7 **in that area.**
 8 Q. I'm glad you're honest. I appreciate that.
 9 **A. This was before my time. I've tried to understand it and**
 10 **read on it a little bit. This is my understanding: So the**
 11 **Bio Trust was set up, I want to say -- I can't remember the**
 12 **year. It was set up as a program to manage the operations**
 13 **of the storage -- of the blood spot storage. Why it was set**
 14 **up that way, how they became a 501(c), blah, blah, I have no**
 15 **idea. I just -- I was just told, "This is your new area and**
 16 **you're going to be managing" under my other 50 million areas**
 17 **that I manage. But that's how I got involved in this. I**
 18 **didn't want it. It just came to me because the boss said,**
 19 **"You're going to have it," so I haven't had -- you know, I**
 20 **don't know the history, to be honest with you, you know,**
 21 **about the whole -- the Biobank and why they chose to set it**
 22 **up the way they did. I don't really have that information.**
 23 **I know that the Bio Trust, I can say this, that it's a**
 24 **variety of stakeholders, so you have the partners with Wayne**
 25 **State and You of M, VanAndel, et cetera, the State, you**

Page 71

1 **know, so there are a variety of stakeholders that are**
 2 **involved in, you know, the management of that, and that**
 3 **could have been the reason why it was set up as a trust, but**
 4 **I don't have that history.**
 5 Q. Okay. Fair enough. Lastly -- or actually, I've got -- the
 6 last exhibit I want to show -- well, let me make sure. Let
 7 me look here. Just a couple of small follow-ups. Looking
 8 at --
 9 (Deposition Exhibit G marked)
 10 Q. I'm presenting you what's been marked as Exhibit Number G
 11 for purposes of the deposition. This has been provided by
 12 the State as the -- what I call the old brochure, and that's
 13 my name I give it, the one before the current one that's out
 14 called "After Newborn Screening." Do you have any -- did
 15 you have any involvement with the drafting of this document?
 16 **A. No.**
 17 Q. All right. Have you -- do you use this document or
 18 otherwise know of this document for purposes of the
 19 Biobank's operation?
 20 **A. I don't -- this looks like -- I think I may have seen this**
 21 **at one point in the office. I'm not sure. It looks a**
 22 **little -- it doesn't look like a current one. I don't know**
 23 **how old this is, but I've seen -- I think I've seen this**
 24 **document before.**
 25 Q. Okay. Does this --

Page 72

1 **A. It looks familiar.**
 2 Q. Okay. Let me ask this question: Does this document to your
 3 knowledge control or otherwise are a part of the way you
 4 operate your Biobank?
 5 **A. I'm not understanding that question.**
 6 Q. I guess let me say it this way: This is something the State
 7 created, it's not something the Biobank uses for its
 8 operation; would you agree with that?
 9 **A. Correct.**
 10 (Deposition Exhibit H marked)
 11 Q. I'm going to present to you now what's Exhibit H.
 12 **A. Okay.**
 13 Q. Again, this is what I call the new brochure.
 14 **A. Okay.**
 15 Q. There's two sides to it here. Did you have any involvement
 16 with the drafting and the putting together of this
 17 particular brochure?
 18 **A. No, I do not.**
 19 Q. Okay. Do you know if your predecessor did?
 20 **A. I don't know that information.**
 21 Q. And again, this is not something you guys created, used, or
 22 maintain as part of the Biobank operations, fair?
 23 **A. Okay. So when you say use, I will have to tell you that**
 24 **I've seen some of these at the facility.**
 25 Q. Okay.

Page 73

1 **A. So sometimes what happens is that -- and I don't know if**
 2 **this is the right one, but we obviously do promote the**
 3 **Biobank at Wayne State University for our researchers, and**
 4 **so I've attended different -- any time that we hire faculty,**
 5 **part of my job is to promote the Biobank for research**
 6 **purposes to the researchers, so I've used some of the**
 7 **pamphlets that have already been created. I use those when**
 8 **we do what we call new faculty orientation, so I may share**
 9 **that information along with some other promotional type**
 10 **stuff.**
 11 Q. Okay.
 12 **A. So the Biobank is promoted for research purposes so that --**
 13 **you know, so that new faculty know that we do have a way of**
 14 **-- you know, of using blood spots for research.**
 15 Q. Okay. I want to get that zoomed in here. I want to draw
 16 your attention -- if you can, make sure you can see. On the
 17 bottom left-hand corner on your screen where I'm circling
 18 the Certificate of Confidentiality.
 19 **A. Okay.**
 20 Q. Do you see that there?
 21 **A. Yep.**
 22 Q. Okay. Does that -- does the Certificate of Confidentiality
 23 mean anything to you regarding the operation of the Biobank?
 24 **A. No.**
 25 Q. All right. That's not something that you know about that

Page 74

1 was either sought or petitioned for under your directorship?
 2 **A. No.**
 3 Q. All right. Okay. Two more here. I want to zoom out here.
 4 (Deposition Exhibit O marked)
 5 Q. This is a document that I will represent that used to be on
 6 your old website. I'm not sure if it made the transition in
 7 the time from the update. Do you recognize this?
 8 **A. I do.**
 9 Q. All right. Is this one of your brochures?
 10 **A. It's one of my brochures, correct.**
 11 Q. All right. Was this something you created or had created?
 12 **A. I made modifications to it when I came onboard because some**
 13 **of the information may have changed.**
 14 Q. Okay. Can you tell --
 15 **A. My marketing department -- I have a marketing department**
 16 **that does all of our brochures and things.**
 17 Q. Okay. Fair enough. And again, I don't know if I said it
 18 but this is Exhibit O for purposes of this deposition.
 19 Looking at -- if you can look toward the top right-hand
 20 side, I'm looking at those carts, that picture right there.
 21 **A. Yep.**
 22 Q. Is that the carts of how the blood samples are stored?
 23 **A. That is correct.**
 24 Q. And again, it's up to you if you want to take a chance to
 25 read this here, but based on that you acknowledged that this

Page 75

1 is a Biobank brochure, the information contained in it is
 2 accurate at least as of the time that they made the
 3 brochure; would you agree?
 4 **A. That is correct.**
 5 Q. All right. Fair enough. Lastly here, before I go to the
 6 Complaint, this one right here.
 7 (Deposition Exhibit L marked)
 8 Q. To your knowledge, these are -- I'm presenting to you what's
 9 been marked as Exhibit L. These are various documents I've
 10 got as part of another lawsuit I have going against the
 11 State, myself and my wife.
 12 **A. You scared me there for a minute. I see this charge of open**
 13 **murder and I thought -- the first thing I thought, oh my**
 14 **God, did I -- have I been charged for something that I don't**
 15 **know about? My heart just literally dropped there.**
 16 Q. Well, I can tell you I'm not charging you with nothing on
 17 that whatsoever, so anyway, these are documents that were in
 18 response to the other case in which I asked about whether
 19 law enforcement had access to the samples at the Biobank.
 20 **A. Okay.**
 21 Q. These are some of the documents -- and I'm representing to
 22 you that were provided in response to that discovery in the
 23 other case.
 24 **A. Okay.**
 25 Q. Do you recognize any of these documents as something that

Page 76

1 you had to deal with?
 2 **A. Yeah. I remember either myself or my manager, I remember**
 3 **getting this or something like this when we first started.**
 4 **He may have gotten served with something.**
 5 Q. Okay.
 6 **A. I do remember this. It was probably at the beginning when I**
 7 **first started, because -- what's this, 2017? '18? Yeah.**
 8 Q. They blocked the date. I don't know. That's --
 9 **A. Yeah, I remember being served or he got served for this.**
 10 Q. Okay. Do you recall whether or not the subpoena -- just
 11 whatever the document was, and I would represent it's a
 12 subpoena of some sort, that those -- that the samples were
 13 provided in response to those -- that legal demand?
 14 **A. I wouldn't know that information because this particular --**
 15 **this particular document was referred over to the State.**
 16 Q. Okay. Do you remember at all whether the Biobank pulled any
 17 samples in response to a subpoena?
 18 **A. I wouldn't be able to give you that information because I**
 19 **wouldn't even know who it was, so we get requests all the**
 20 **time from them to pull something, so I wouldn't be able to**
 21 **know if that number was associated with this person.**
 22 Q. Okay. So I don't want to put words in your mouth, but just
 23 you would have got -- if there would have been a subpoena to
 24 the State, for example, like, for example, right here, the
 25 one I have in front of you on the screen. It's page 2 of

Page 77

1 Exhibit L and someone is being charged with open murder and
 2 it was subpoena directed to the Department of Community
 3 Mental Health, State Public Health Lab Lansing, care of
 4 Harry Hawkins. If they had gotten that and they needed to
 5 provide that to the court, this would have just been a
 6 request to your office to pull like any other request would
 7 have been?
 8 **A. Yes.**
 9 Q All right. And you don't know any firsthand knowledge of
 10 actually receiving a subpoena yourself?
 11 **A No. But we've -- like I said, I'm not sure. We've gotten -**
 12 **- I remember one subpoena since I've been there and again, I**
 13 **don't know if it was for this person, but I do remember**
 14 **being served. It may have been -- it may have been actually**
 15 **for this case, so I don't -- I don't know.**
 16 Q. Okay. But you can't --
 17 **A. In any case, if I had gotten a document like this, it would**
 18 **have immediately went to the State of Michigan.**
 19 Q. Okay. Fair enough. And you don't know sitting here right
 20 now whether or not these subpoenas or legal demands were
 21 otherwise fulfilled, correct?
 22 **A. No.**
 23 Q. Okay. Let me just check. I've got one more -- I'm done
 24 with the exhibits. Let me just look right here. Forgive
 25 me. I may have asked this. I'm going through the

Page 78

1 Complaint. I just have a couple of notes on my Complaint
 2 that I filed on this. I just want to ask a couple questions
 3 on that and you may have answered it, so forgive me if I'm
 4 asking you again. If I -- no, strike that. You've answered
 5 -- no, you've answered that. I was just -- you've answered
 6 that, so. Does the Biobank have any policies about
 7 providing blood samples or blood spots to public or
 8 university researchers versus for-profit companies?
 9 **A. No.**
 10 Q. I've noticed -- and I don't have it on the screen right now,
 11 but the State provided me a list of research projects and
 12 for example, I see companies like Luminex, Genomics (ph)
 13 USA, Astoria Pacific, Advanced Liquid Logic, Asuragen -- A-
 14 s-u-r-a-g-e-n, like for example, you guys provided 10,000
 15 samples to them, for example.
 16 **A. Uh-huh (affirmative).**
 17 Q. These are all for-profit companies I've discovered on that.
 18 There's no -- to your knowledge, there's no prohibition or
 19 concern about providing samples to a for-profit company?
 20 **A. I don't get involved in that information.**
 21 Q. All right. Fair enough. All right. So this is going to
 22 sound silly. This is going to sound like a silly question.
 23 The blood samples are stored at a temperature and humidity
 24 controlled area within a facility near Wayne State
 25 University known as TechTown, correct?

Page 79

1 **A. That's correct.**
 2 Q. All right.
 3 **A. TechTown is on Cass and Burroughs.**
 4 Q. And you did -- as part of your responsibilities at the
 5 Biobank you've never obtained or otherwise sought a search
 6 warrant from a judge to be able to continue to store blood
 7 samples, true?
 8 **A. True.**
 9 Q. All right.
 10 MR. ELLISON: I think that's it, sir. I
 11 apologize. It took a little longer than I had thought, but
 12 I really sincerely appreciate it. I hope -- I hope this was
 13 not an unpleasant experience for you and I appreciate your
 14 time today. With that, I'm going to tender the witness to
 15 Mr. Kennedy and if he's got any questions, then Mr. Level
 16 might have some questions too for you, but otherwise, sir, I
 17 appreciate your time today.
 18 THE WITNESS: All right. Thank you, Mr. Ellison.
 19 MR. ELLISON: Thank you.
 20 MR. KENNEDY: Dr. Yancey, I just want to clear --
 21 make a couple things clear for the record.
 22 EXAMINATION
 23 BY MR. KENNEDY:
 24 Q When you get a request from the State of Michigan to pull
 25 samples, blood spots, they give you specific numbers to

Page 80

1 pull, correct?
 2 **A That's correct.**
 3 Q They don't just ask to pull random numbers, correct?
 4 **A Correct.**
 5 Q So in one of the hypotheticals that Mr. Ellison asked with
 6 Dr. Shah saying pull ten samples, if you didn't get specific
 7 numbers for those samples to pull, you wouldn't pull
 8 anything, correct?
 9 **A That's correct.**
 10 Q All right. Okay. I just wanted to clear that up.
 11 MR. KENNEDY: I have nothing further, unless Mr.
 12 Levin does.
 13 MR. LEVIN: I do not.
 14 THE WITNESS: Who is Mr. Levin's representation?
 15 I missed that earlier and I want to ask that question before
 16 I leave.
 17 MR. KENNEDY: He's from the Attorney General's
 18 Office.
 19 THE WITNESS: Okay.
 20 MR. ELLISON: The joke would be, of course,
 21 there's no halo behind his head right now, right? So ha,
 22 ha, ha. Anyway, I have no further questions at this point
 23 right now either. Again, Dr. Yancey, I sincerely appreciate
 24 your time today and I appreciate your forthrightness. This
 25 concludes the deposition going forward.

Page 81

<p>1 THE WITNESS: Thank you. 2 (At 1:56 p.m., deposition concluded) 3 -0-0- 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p> <p>Page 82</p>	

A	Advanced 79:13 advisory 36:5,9,13 36:14,15,21,22,22 39:20 affiliation 34:3 affirm 4:3 affirmative 19:2 23:8,10 33:2 38:22 60:18 61:6 68:22 70:17 79:16 agendas 10:20 ago 12:5 agree 14:25 17:7 40:2,10 67:13 73:8 76:3 agreeing 19:1 agreement 22:19 40:9 ahead 17:14 31:6,7 41:14 ahold 57:9 al 1:3 allegations 14:1 allow 39:24 62:14 allows 46:22 ambient 16:2 17:4,7 18:7 amount 50:10 53:10 amounts 50:10 and/or 49:2 Ann 1:23 answer 10:3 13:16 13:24 19:16 25:7 25:9,25 26:25 27:12 31:4,22 41:15,17 60:2 69:5,5,25 70:2,15 answered 18:16 25:5 27:11 61:1 64:3 67:16 79:3,4 79:5,5 answers 44:6 Antonio 1:10,22 4:11 5:18 anybody 11:3 43:13 47:2 65:6 anymore 7:5 32:4 anytime 38:1 anyway 5:17 8:15 76:17 81:22 apologize 80:11 APPEARANCES 1:14	appears 30:10 applies 18:9 19:8 apply 33:16 appointing 33:23 appointment 9:10 appoints 34:16 appreciate 66:9 71:8 80:12,13,17 81:23,24 approval 21:18 30:24 31:15 36:12 39:4,23 41:4 60:24 61:4 approvals 19:12 approved 31:2 38:1 39:21 40:8,12,13 42:12 43:7 55:8 57:5 approving 41:25 approximately 53:6 54:12 April 6:1 Arbor 1:23 area 11:21 47:21 71:7,15 79:24 areas 32:5 34:15 51:12 71:16 argument 12:5 43:4 45:16 52:9 arrangement 33:19 articulate 14:23 ascension 21:2,4,5 38:2,2,5 47:20 62:6 63:4 ascertained 67:22 aside 54:16 65:19 asked 35:13 64:4 67:20 68:6 76:18 78:25 81:5 asking 25:14 27:7 35:22 42:14 43:2 45:6 79:4 aspect 28:9 29:24 64:5 assertion 60:17 assets 6:8,12 assign 38:4 assigned 37:22 associate 6:16,19,23 62:15 associated 20:20 53:13 62:6 63:10 77:21	association 13:9 assume 7:6,7 12:7 15:5 32:17 43:3 45:15 46:18 52:9 assumed 42:24 50:25 assuming 24:24 26:21 44:21 46:5 52:23,23 Astoria 79:13 Asuragen 79:13 Atkinson 27:24 29:17 attached 38:5 attempt 41:4 attend 36:6,16 attended 74:4 attention 74:16 attorney 1:18 4:7 18:20 25:1 50:21 55:11 81:17 attorney/client 67:21 authority 27:19 45:20 55:13 authorization 32:13 authorized 32:11 32:12 authorizes 55:13 availability 18:24 available 17:9 63:9 70:2 average 53:14 aware 65:11	bag 48:1,4 balance 69:12 Band-Aids 17:25 63:23 bank 19:18 21:17 54:8 bar 52:16 based 16:14 26:2,16 48:3 62:23 75:25 basically 12:17,18 12:20,22 13:11 14:12 16:7,7,12 16:12 17:21 19:15 24:13 31:2 40:9 40:15 47:19,20 48:5 53:25 54:9 55:1 basis 35:5 bear 27:5 65:17 beginning 63:23 77:6 behalf 24:12 31:19 55:1 60:24 believe 13:8 16:24 16:25 25:22 27:11 27:23 30:16 32:23 42:14,17,18 50:18 53:6,7,15 54:22 58:9 65:14 belonged 44:1 46:3 belongs 26:4,8,11 41:5,24 42:4 43:8 best 66:13 better 5:14 8:12 55:12 big 28:8 54:9 bill 51:23,24 52:1 billing 55:18 bio 19:15,24 25:12 28:9,14,20 30:4 30:11 65:13,18,24 71:4,11,23 Biobank 3:8,12,17 5:21,25 6:4,5,12 6:18,20,24,25 7:8 7:12,16,18,22,23 8:21,24 9:2,8,10 9:17,19,24 11:4 11:18,20 12:8,12 12:20 13:19,22,25 14:6 15:6 17:2 18:9,13,25 19:9 19:10 20:11,13
		B		
		B 3:13 68:17 70:23 71:2,2 baby's 66:19 back 11:10 12:9 20:8 22:13 26:20 27:14 29:24,25 30:2,25 31:10 39:4,14 43:19 44:18 45:19 46:7 47:12 48:10 49:16 52:4 53:8,9 55:3 57:11,12,25 58:4 58:5 63:18 70:1 background 17:14 17:18,18 backlog 58:10 bad 43:16		

22:5,18,20 24:23 25:10,19,20 28:16 29:8 30:4,15 31:17,20 32:11 33:5,9,17 35:24 36:3 37:1,11,16 37:20 38:19 40:4 42:2,7,15,20 43:3 43:5,14 44:4,5,9 44:11,15,17 45:8 46:12,24 47:8,16 49:20 50:6 51:3,9 51:22 52:4,6,17 52:25 53:4 54:6 55:13 56:24 57:11 58:21 60:3 62:1 65:8,11,13,22 66:6,6 67:4,8,10 67:17,25 69:13,23 70:20 71:5,21 73:4,7,22 74:3,5 74:12,23 76:1,19 77:16 79:6 80:5 Biobank's 72:19 BioTrust 3:9 birth 61:16,24 62:12 bit 11:11 16:4 17:14 27:7 33:8 42:21 44:24 45:2 49:16 50:4 51:11 52:25 56:6 68:25 71:10 black 37:7 blah 47:21,21,21 71:14,14 blame 8:12,13 blank 27:23 blocked 77:8 blocks 64:3 blood 11:22 12:6,7 12:9,19,22,24 13:4,7 15:6,16 16:6,11,16,21 20:10,11 21:6,14 21:16 24:17,17,22 25:11,15,15,21 27:13 28:15,17 30:11,24 31:2,9 31:11 34:10 39:2 39:13 40:14,15,21 41:5,24 42:3,4 43:6,8,10,14,19 44:1,10,13 45:9	46:6 47:8,22,22 48:1,2,11 49:3,9 50:11 53:14,20 58:6,8 61:11 62:12,19,22 63:7 63:11 64:1,6 66:2 66:20,21,25,25 67:3 69:3,11,18 70:3,10,19,24,25 71:13 74:14 75:22 79:7,7,23 80:6,25 bluish-purple 68:21 board 3:8 7:18 8:20 8:24 9:2,11,12,15 9:18,19,20,23 10:5,9,11,15,16 10:19 11:2,4,5 12:2 14:4,11 19:19,22 20:1,4 24:1,6,16,18 27:13 33:15 34:2 34:3,17,20,25 35:5,7,24 36:10 36:13,14,22,23 37:1 39:20 42:7 48:13 55:5,7 58:25 boards 36:5,15 bodies 25:16,16,17 25:17 book 65:1 born 12:5 22:17 23:2 62:13,14,20 boss 71:18 bottom 33:3 74:17 Boulevard 12:25 box 1:15,19 37:5,7 37:11,17 boxes 36:23 bright 5:4,10 brings 48:10 brochure 3:15,17 72:12 73:13,17 76:1,3 Brochure/Current 3:16 brochures 75:9,10 75:16 broker 28:15,15 37:9 60:17 brought 4:8 building 6:8,8 12:25 bullet 37:5	bullets 37:19 bunch 55:22 Burroughs 80:3 business-related 17:22 buy 28:16 29:7 30:4 <hr/> C <hr/> C 1:21 call 19:19,23,25 21:1 28:14 53:8 72:12 73:13 74:8 called 4:12 13:2,9 21:1 49:3 53:23 72:14 calling 18:21,23 30:10 calls 19:17,18 20:1 25:24 30:22 41:13 capability 61:7 62:22 capacity 9:7 17:23 23:23,23 24:18 43:3 45:5 58:22 carbon 48:5 card 26:15,17,20,21 cards 15:7,16 26:10 27:8 care 78:3 carefully 67:21 Carrie 29:13,16,19 29:20,25 30:20 31:14 40:7 carts 75:20,22 case 1:4 3:18 4:8,10 26:6,9 28:8 45:16 49:7 58:10 67:24 68:13 76:18,23 78:15,17 Cass 80:3 catalog 13:4 48:8 CER 2:1,4 certain 23:17 63:6 Certificate 74:18,22 Certified 2:1,4 cetera 71:25 chairman 34:20 35:8 chairperson 34:20 chance 49:1 75:24 change 33:8 changed 34:11 51:9 51:10 54:25 75:13	characteristics 63:16 characterization 10:10 charge 6:11 14:5 24:8,9 32:17 49:9 49:23,25 50:1 51:6 53:15 55:2,4 55:13 70:7 76:12 charged 76:14 78:1 charges 49:19 50:7 51:22,22,22,23 52:11 charging 51:6 76:16 check 43:14,20 56:23 68:6 78:23 checks 56:22 child 26:9 60:25 66:16,18 child's 61:24 62:12 66:25 children 4:8 25:17 62:20 67:23 children's 68:7 chose 71:21 Chris 59:23 68:2,3 Christopher 59:24 circling 74:17 claims 64:19 clarify 15:21 36:20 37:21,23 60:7 clear 4:20 7:21 11:1 13:15 30:17 45:3 61:2,14,21 65:10 65:17 80:20,21 81:10 click 67:5 client 25:24 close 51:11 code 62:23 codes 37:22 collaboration 19:20 collaborations 10:2 collaborative 34:4 collect 52:3 53:12 53:16 come 7:17 10:15 12:8,24,24 13:8 20:14 21:4,8 23:17 24:17 25:15 27:22 30:23 39:10 48:12,12 49:3 60:22 61:2	comes 15:11 19:23 38:8,11 39:14 52:4 53:3,9 coming 27:8 command 46:16 committees 39:22 communicate 21:16 communications 27:22 communities 39:20 community 36:13 36:21,22 78:2 companies 79:8,12 79:17 company 46:5 79:19 compensation 6:25 complaint 14:1 76:6 79:1,1 complete 48:5 69:4 completed 47:18 completely 36:18 complicated 15:1 components 19:10 20:2,3 26:10 45:6 computer 5:3 61:14 61:25 concept 27:7 28:11 60:19 concern 79:19 concerns 9:24 concert 14:2 22:19 23:12 33:5 40:2 concluded 82:2 concludes 81:25 conclusion 25:25 Conference 1:10 4:1 confidentiality 37:23 74:18,22 confirm 7:17 49:6 confirmed 33:12 connects 12:12 consensus 10:9,14 consent 3:13 40:22 41:6 42:3,10,16 42:20,22,25,25 43:4,6,9,20 44:2,2 44:10,14,17,19 45:9,12,13,17,18 64:5,19,20 65:8 65:11 66:1,7,16 67:18
---	---	--	--	---

considering 24:7	69:20 70:20,21,23	57:18 58:6	describing 40:18	discovery 3:18
consist 6:2	73:9 75:10,23	day-to-day 9:13	description 37:6	18:19 35:12,17
constant 32:4	76:4 78:21 79:25	24:19	destroy 22:12 46:11	48:23 76:22
contact 21:13 22:8	80:1 81:1,2,3,4,8	days 29:23	46:15,16 47:3,4	discretion 23:15
28:16 31:14 40:21	81:9	dead 25:16	destroyed 26:21	discussed 30:2
41:5	correlate 61:17	deal 21:12,20 27:21	27:14 46:10,23	discussing 36:2
contacting 41:23	cost 53:17	28:8 77:1	47:13,16 48:12	discussion 10:2,8
63:14	costs 49:10,18 53:8	dealing 64:5	destruction 24:2	12:7 29:11 42:9
contained 76:1	53:13 54:7	decide 7:4	detail 21:22	48:11
content 26:4,8	counsel 1:15 4:7	decided 18:6 30:3	details 57:8 67:16	discussions 10:22
CONTENTS 3:1	counsel's 56:12	decision 10:8,21	determine 55:16	disperse 32:12
contested 10:7	couple 21:23 29:23	16:6,10,14 18:9	67:23	dissent 10:10
context 42:11	57:8 58:23 72:7	18:10 20:4 24:16	DHHS 30:25 31:4	distance 13:1
continue 80:6	79:1,2 80:21	31:1 32:8 39:24	37:1 39:4,13	distinguishes 9:6
contracted 19:14	course 39:21 51:18	40:15 42:9 43:10	48:14 52:11 68:10	distribution 50:13
contrary 45:18	68:13 81:20	46:14	68:13 69:19	District 1:1,2 4:9
contribute 34:10	court 1:1 4:9 10:7	decision-makers	Diagnostic 56:3	division 7:13
contributions 54:24	11:17 28:8 46:6	31:19	diagram 36:25	doctor 4:6 5:12
control 24:4 73:3	56:17 60:25 66:18	decisions 10:3	different 16:5 32:5	8:19 17:15 25:25
controlled 13:6	78:5	18:23 19:13 20:5	33:19 34:14 39:19	doctorate 17:20,21
79:24	cover 54:11	20:6 31:5,8,12	44:23 54:7 71:5	document 5:6 35:16
conversation 58:24	covering 34:14	Defendant 1:8,17	74:4	48:22 51:8 69:6
conversations 10:2	covers 54:11	1:21	digit 38:8	72:15,17,18,24
cooler 13:21 15:17	COVID 8:12,13	Defendants 35:14	direct 27:13 45:20	73:2 75:5 77:11
15:22,22 23:7	created 65:22 73:7	48:22	directed 47:2 67:22	77:15 78:17
coolers 15:8 16:2	73:21 74:7 75:11	definitely 21:20	68:6 78:2	documentation
68:8	75:11	demand 77:13	direction 22:10,20	63:13
coordinator 27:21	crisis 62:20	demands 78:20	27:20 40:11 67:23	documents 5:3
coordinators 34:12	curios 60:13	deny 23:19	directive 22:14	35:13 49:20 55:22
copied 31:24	current 8:24 17:2	department 1:6,18	32:21 33:4 33:18	65:9 76:9,17,21
copy 48:6 50:19,21	34:19 47:24 48:1	4:9 12:13 13:20	directly 30:23 38:23	76:25
56:10 65:3 66:13	50:8 51:8 57:16	18:22 19:8 31:19	51:24 52:1	Documents/Previ...
66:14	57:16,16,22 58:6	35:24 75:15,15	director 5:21,25 6:3	3:18
corner 74:17	58:11,25 59:1	78:2	6:6,9,20 9:5,6,8	doing 4:15 16:20
corporation 2:2	72:13,22	depends 38:12	9:17 11:3 13:25	22:7 38:6 57:19
11:25 33:13	currently 53:15	depict 36:1 69:2	20:5 23:16 25:10	dollars 52:24
correct 5:18,19,22	54:20 57:10	deposition 1:10 3:8	25:20 32:23 33:23	Domino's 1:23
5:23 6:13 7:9,19	customer 50:14	3:9,10,11,12,13	42:2,14,15,15	donate 55:1
7:20,25 8:25 9:16	cut 15:17 41:11	3:14,15,16,17	43:3,13 45:5	donated 34:9
9:17,17,20,21		4:15,16 8:17,18	46:11 47:1 58:21	donor 44:10
10:12,17,18 11:25	D	11:17 13:15 35:16	directors 3:8 7:18	downward 64:11
12:1,3 14:20,21	D2000 1:22	35:19 48:19,21	8:20,24 9:2,16,19	Dr 4:5 5:18 17:16
15:12 17:12 20:7	Dahan 29:3	55:24,25 64:13,14	9:20,23 10:16	29:11,11 30:1,1,7
22:15 23:14 27:10	daily 47:22	68:17 72:9,11	11:4,5 12:2 14:4	30:14,14,17 31:6
27:12,15,16 29:9	DANIEL 1:18	73:10 75:4,18	24:1,7 27:13	31:18 32:7,11,16
29:13,20,21 30:17	Daniels 1:22	76:7 81:25 82:2	33:15 34:17 35:24	32:20 41:14 60:23
30:18 33:7,13,14	data 52:20 62:9,10	depositions 10:24	37:1 42:7 48:13	63:15 80:20 81:6
37:3,12,19,21	62:14 63:7,10	11:14 25:1	55:6,7	81:23
38:17,18 40:12	database 38:14	depository 11:21	directorship 7:7	drafting 66:7 72:15
48:15 49:5 53:23	date 13:10,12 61:16	19:15,18,24 31:10	75:1	73:16
56:4 57:2,7 62:2,8	61:24 62:12 77:8	40:16	directs 41:15	draw 74:15
63:8 64:7,8 65:22	day 1:11 28:25	deposits 19:10	disclosed 52:22	Drive 1:22
66:4 67:15 68:4	30:21 47:23 48:1	describe 37:4,4	discovered 79:17	dropped 76:15

<p>dry 20:11 due 51:17 duties 7:1</p> <hr/> <p style="text-align: center;">E</p> <p>E 3:12 64:13,15 earlier 18:5,17 27:7 33:12 44:19,20 54:23 58:22 60:16 60:20 68:3 81:15 Eastern 1:2 4:8 Ed 34:21,23,24 35:8 educate 11:16 educated 50:3 education 37:10 educational 17:18 effectuate 20:5 Eggan 1:22 eight 17:1 eight-digit 13:8 38:3 either 14:2 22:12 75:1 77:2 81:23 elaborate 39:17 Electronic 2:1,4 eligibly 53:25 Ellison 1:14 3:3 4:6 4:7,14 5:14 41:21 56:15,20 80:10,18 80:19 81:5,20 Ellison's 22:11 else's 65:7 email 28:2 29:2,22 29:25 31:24 32:10 32:21 40:13,17,18 47:19,19 emailed 28:22 48:3 emails 28:3,10 29:24 44:23 EMO 66:18 employed 6:18 13:2 53:18 employee 6:18 14:8 33:24 employees 45:21 enforcement 76:19 entities 34:16 36:2 37:1 entity 18:14 equipment 6:12 establish 26:24 established 55:5,7 estate 8:11</p>	<p>et 1:3 71:25 evaluations 14:13 eventually 13:5 40:14 58:7,15,18 everybody 11:15 54:4 everyday 17:4 exactly 11:13 Examination 3:3,3 4:13 80:22 example 18:6 20:8,8 22:1,2 24:3 32:22 49:12,15 53:18 55:20 56:2,23 59:3 61:1,23 62:24 66:13,14 77:24,24 79:12,14 79:15 examples 62:11 excuse 8:22 executed 66:2 exhibit 3:6,8,9,10 3:11,12,13,14,15 3:16,17 8:16,18 35:15,19 48:19,20 52:10 55:24,25 56:1 64:13,15 68:17 72:6,9,10 73:10,11 75:4,18 76:7,9 78:1 exhibits 68:19 78:24 expenses 53:4 54:10 54:13 experience 26:2 44:22 80:13 expertise 63:25 explain 11:19 19:5 19:6 21:11 71:3 explained 41:14 explaining 54:23 explanation 66:23 explore 50:4 exposed 44:3 extension 62:3 extent 17:24 25:24 41:12 extracted 64:1</p> <hr/> <p style="text-align: center;">F</p> <p>F 3:11 55:24,25 56:1 F&A 53:9</p>	<p>facial 8:11 facilitate 10:20 facilities 15:8 facility 12:18,23 13:1,6,13,22 19:24 21:7 23:13 23:17 24:12 25:18 26:11 34:13 41:1 42:24 45:10 59:15 59:17 62:9 67:25 69:18 73:24 79:24 fact 26:14 48:7 51:7 65:7 faculty 74:4,8,13 fair 5:8 7:24 10:10 10:23 12:16 15:8 15:18,19 17:5,6 19:22 20:4 21:2 22:20 24:1,11,25 25:1,7 28:19 30:12 33:1,6 40:6 43:12 59:20 61:18 61:19 63:22,22 65:12 66:9 68:2 72:5 73:22 75:17 76:5 78:19 79:21 familiar 50:10 51:4 51:11 60:15,16 73:1 Fantastic 8:7 far 52:21 57:12 58:3,5 Farms 1:23 feasible 58:20 federal 66:17,18 fee 55:16 feel 4:23 15:14 fees 55:13 field 17:19 fight 41:16 figure 15:4 file 23:7 42:25 48:6 66:1 filed 42:25 79:2 filled 47:10 finance 6:7 financial 54:24 financially 34:11 financials 6:5 find 61:25 68:14 finds 45:16 fine 5:10 13:17 finer 29:6</p>	<p>finish 26:23 32:7 57:3 Firm 2:2 first 20:14 22:22 32:3 34:7 44:25 58:9,19 60:20 65:2 76:13 77:3,7 firsthand 78:9 fit 14:24 37:2 five 9:7 10:14 11:2 51:13 Flint 62:20 flying 51:20 focus 22:1 37:16 folks 18:25 follow 19:5 follow-ups 72:7 following 18:25 25:18 foot 39:7 for-profit 79:8,17 79:19 forever 66:22 67:1 forgive 18:11 26:24 44:5 64:4 78:24 79:3 form 42:25 43:9 44:2,3,10 47:10 47:18,18 48:25 65:2,3 66:16 formal 10:1 forms 3:13 42:20,22 44:17,19 45:9,12 45:13 64:19,25 65:4,8,11,21,21 66:1,7 formulated 11:23 forth 11:11 29:24 30:2 forthrightness 81:24 forward 18:3 29:22 81:25 forwarded 29:10 found 47:7 foundation 9:23 four 4:7 8:22 34:16 51:13 Frank 1:22 free 4:23 15:14 freezer 54:8 front 11:15 77:25 fruition 28:9</p>	<p>fulfill 12:12 45:21 fulfilled 38:24 39:2 78:21 full-time 53:25 54:6 fund 52:5 55:3 funding 52:17 53:1 53:3,17 55:4 further 81:11,22 furthermore 24:18 Future 56:3</p> <hr/> <p style="text-align: center;">G</p> <p>G 3:14 72:9,10 gears 33:8 general 1:18 21:14 21:17,20 44:22 52:5 55:3 65:2 General's 81:17 generally 33:9 Genomics 79:12 getting 43:25,25 47:22 49:1 57:18 58:25 63:17 77:3 give 4:4 12:9 22:12 39:15 40:3,22 43:18 46:6,15 47:6,6 48:25 54:24 57:16 62:11 72:13 77:18 80:25 given 21:18 27:14 34:6 38:12 43:10 giving 24:4 41:6 42:4,10 43:6,20 44:13,22 48:20 glad 71:8 go 7:5 10:15 13:12 18:1,1 20:21 21:7 21:15 22:7,11,16 28:5 31:6,7 36:17 38:6 39:19,22 41:14 43:19 44:21 47:21 48:13 50:17 56:6 57:11,13 58:5,13 61:5,14 63:16 68:6,19 70:1,24,25 76:5 God 76:14 goes 13:5 14:15 39:16 53:8,16 54:10 55:3 57:25 58:4 66:21 going 4:15,21 5:1,2 8:1,1,2,7,19,21</p>
---	---	---	--	---

<p>10:4,25 11:8,8,9 12:14 15:10,25 18:3,12 19:9 20:8 21:22 23:16,16 24:9 25:23 26:13 28:2 29:12,19 30:1 31:10 43:1 48:16,17 50:20,23 51:4 52:16,20 55:19,20 56:14 58:23 62:17 64:9 64:16 65:5 66:12 68:19 71:6,16,19 73:11 76:10 78:25 79:21,22 80:14 81:25 good 4:6 18:2 41:17 68:23 70:18 goodness 23:2 Gotcha 64:24 gotten 46:23 47:15 77:4 78:4,11,17 Governance/Advi... 3:10 government 51:14 Grand 12:25 grant 53:4,5,11 54:10,11 graphic 35:25 36:21 68:21 great 39:9 guess 10:3,24 11:24 14:3,17 16:8,10 16:19 18:11 19:10 25:14,19 26:23 30:20 33:3,3,22 39:11,17 43:16 45:4 50:24 57:3 57:21 70:1,15 73:6 guessing 25:4,5 guidance 31:12 Guthrie 15:16 guy's 61:15 guys 11:23 12:8 24:7 37:19 40:4,8 43:14,17,19 50:16 51:21,23 52:2,8 55:2,16 57:1,5 63:13 73:21 79:14 guys' 15:6</p> <hr/> <p style="text-align: center;">H</p>	<p>H 3:15 73:10,11 ha 81:21,22,22 half 52:24 halo 5:12 81:21 hand 40:10 handled 24:20 31:16 34:8 hands 22:17 Hanes 2:4 happen 55:12 68:13 70:3 happening 41:9 happens 12:18 16:9 38:1,3 39:13 47:17,18 52:2 69:3 74:1 happily 35:14 hard 57:14 Harry 68:10,12 78:4 Hawkins 68:10,12 78:4 head 81:21 health 1:6 3:9 4:10 12:13 13:20 18:22 19:8 31:19 35:25 65:19 66:20 67:6 71:4 78:3,3 healthcare 26:7 heard 41:9,19,23 60:11,11,12,12 70:14 hearsay 41:13 heart 76:15 held 45:18 68:14 help 11:16 53:20 59:17 Hemlock 1:16 Hey 22:11 high 33:9 54:9 hinted 60:15 hire 54:1 74:4 history 71:20 72:4 Hit 28:9 honest 31:22 37:9 51:5 60:17 71:6,8 71:20 hope 80:12,12 hoping 60:2 horns 5:14 hotly 10:6 housed 58:15 Human 1:7 4:10</p>	<p>12:13 13:21 18:23 19:8 31:20 35:25 humidity 79:23 humor 63:23 hundreds 60:5,9 61:12 hypothetical 38:21 46:9 hypothetically 43:2 62:18 hypotheticals 81:5</p> <hr/> <p style="text-align: center;">I</p> <p>i.e 26:11 ID 37:22 idea 13:7,23 37:8 39:9 44:1 48:11 71:15 identifiable 38:5,7 identified 8:23 11:2 66:17 identify 20:18 21:6 46:4 63:20 66:17 67:9,9 imagine 10:6 15:16 immediately 78:18 important 37:24 included 67:4 includes 6:7 including 39:20 independent 11:24 11:24 index 3:6 62:1 indicated 66:19 indirect 53:8 indiscernible 31:24 41:10 70:24 individual 7:12 26:5 46:4 63:11 individuals 9:11 31:1,13 34:19 Infographic 3:14 information 13:10 20:22 25:6 26:4 35:3 36:10,24 38:13 41:8 43:24 44:4 45:2 55:15 58:3 63:1,9,20,21 64:1 66:23 67:3 67:13 71:22 73:20 74:9 75:13 76:1 77:14,18 79:20 initial 39:24</p>	<p>initials 66:18 input 14:15 34:4 insult 4:21 integrity 16:12,17 interact 21:17,18 21:19 30:21 31:21 46:19 interacting 36:11 interaction 28:1 internet 44:25 interrupt 31:7 invited 36:16 invoice 3:12 55:17 55:18 56:2,10,10 involved 11:3 19:12 24:21 30:23 31:3 31:11 32:16,19 33:25 34:7 36:5 36:19 37:10 40:1 40:25 43:11 45:5 49:10 71:17 72:2 79:20 involvement 72:15 73:15 IRB 19:12 39:22 issue 23:22,23 47:11 issues 10:15 58:22</p> <hr/> <p style="text-align: center;">J</p> <p>Janice 2:4 Jeremy 1:21 41:21 56:15 job 10:20 11:21 12:14,21 13:11 21:12 24:9,13,14 31:10 74:5 JOHN 1:18 joint 23:11 40:2 joke 8:10 63:22 81:20 judge 19:6 41:16 45:16,19 46:1,8,9 61:4 80:6 Julian 13:9,12 July 57:25 jump 4:23 11:10 65:15 jumped 17:14 jumping 65:14</p> <hr/> <p style="text-align: center;">K</p> <p>K 3:10 48:19,20 52:10</p>	<p>Kanuszewski 1:3 4:9 keep 16:8 24:15 48:6 69:14 Kennedy 1:21 3:3 5:12 18:20 25:23 41:12 51:17 56:18 80:15,20,23 81:11 81:17 kid's 61:15 kids 53:22 54:17 kind 10:21 11:16 14:7,16 15:4 16:4 17:13 27:23 28:6 34:14 36:10 38:10 39:7 44:24 45:15 47:17 48:10 51:20 52:19 57:3 62:3 64:16 kinds 16:17 31:16 39:25 knew 60:13 know 4:18 5:4 9:1 10:6,7,20 13:7,14 13:15,16,17,19,24 13:25 14:12 16:17 17:16,25 18:6 20:18,20,22 21:1 24:16,19,23 25:3 25:5,6,9 26:8,14 26:19,25 28:8,9 28:20 30:24 31:13 31:21,25 32:2,4 32:16,24 33:22 34:2 35:1,3,20 36:9,10,11,12,14 38:9,9 39:5,8,11 39:21,23 40:9,19 41:2,8 42:21,22 43:9 44:6,22,23 45:2,12,14 46:1,3 46:25 47:1,16,23 48:4,6,7 49:21 50:8 51:2,2,5,5,7 51:15,17,24 52:8 52:13 55:9,12 57:12 58:5,5,10 58:12,14,20 59:6 59:10,13 60:23 61:1 63:3,9,14,15 63:19 64:18 65:2 66:10 67:9,16 68:2,10,12,14,15</p>
---	--	---	---	--

<p>69:13,14,16,21,25 69:25 70:2,3,10 70:12,15 71:19,20 71:20,23 72:1,2 72:18,22 73:19,20 74:1,13,13,14,25 75:17 76:15 77:8 77:14,19,21 78:9 78:13,15,19 knowing 26:2 42:21 knowledge 17:24 47:15 63:25 66:7 69:21 71:3 73:3 76:8 78:9 79:18 known 4:9 79:25 Kraus 59:24</p> <hr/> <p style="text-align: center;">L</p> <p>L 3:17 76:7,9 78:1 lab 6:9 12:20 26:11 32:17 57:20 59:8 59:9,16 70:19 78:3 lag 57:20 Langbo 29:13,16 Lansing 1:20 12:24 59:16 78:3 LaPorte 66:19 LaPorte's 66:15 Lastly 72:5 76:5 law 66:17 76:19 lawsuit 76:10 lawyer 55:21,21 lay 9:22 lead 20:3 leadership 17:21 learn 7:17 10:24 49:3 learned 16:5 59:14 69:10 leave 11:8,9 81:16 LEE 1:14 left 7:15 12:19 36:23 left-hand 74:17 leftover 13:3 69:3 leftovers 69:11 legal 1:15 14:24 18:13 25:24 30:2 55:12 77:13 78:20 legally 11:24,24 let's 5:17 8:12 10:25 12:4,6 15:25,25</p>	<p>20:11 22:1,16,16 23:3 28:22 33:1,8 33:9 36:20 43:3 45:15 48:16 62:17 62:17 65:18 66:13 70:16 letter 47:12 level 19:14 24:21 31:17 32:19 33:10 39:7 46:18,19 63:20 80:15 Levin 1:17 56:19 81:12,13 Levin's 81:14 liability 16:18 liaison 27:24 life 55:12 light 5:4 line 15:5 33:3 Liquid 79:13 list 3:11 49:1,24 50:8,8,16 52:11 63:4 79:11 listing 49:8 literally 76:15 literature 16:10 57:10,23,24 little 4:19 5:9 11:11 16:4 17:14 18:12 21:22 27:7 33:8 42:21 44:24 45:2 48:5 49:16 50:4,5 51:11 52:25 56:6 60:10 64:11 68:25 71:10 72:22 80:11 live 25:16,17 Lloyd 1:22 locate 61:7 Logic 79:13 logistical 6:7 logistics 36:7 long 5:8,24 10:9 long-term 23:13 long-winded 18:12 longer 7:4 16:13,16 16:22 20:13 29:16 64:11 80:11 look 8:12 35:18,22 38:13 49:1,6,16 49:20 50:10 51:4 51:7 61:16 64:17 66:13 68:24,25 72:7,22 75:19</p>	<p>78:24 looking 9:4 16:7 36:20 48:25 50:5 52:10,19,19 64:25 65:21 66:19 70:22 72:7 75:19,20 looks 29:22 30:6 51:10 72:20,21 73:1 lot 10:6 12:15 18:19 26:2 32:1,2 64:4 lovely 7:5 Luminex 79:12 Lyon-Callo 29:11 30:1,14,17 31:18 32:20</p> <hr/> <p style="text-align: center;">M</p> <p>M 2:4 3:8 8:16,18 33:16 34:10 54:18 71:25 mails 28:25 maintain 62:9,10 73:22 makers 32:8 making 18:8,23 19:13,23,25 20:1 31:4,8 manage 6:24 12:21 71:12,17 management 72:2 manager 9:15 54:5 59:22 77:2 managing 7:12 71:16 marked 3:8,9,10,11 3:12,13,14,15,16 3:17 8:18 35:15 35:19 48:19,20 55:24 64:13,14 68:17 72:9,10 73:10 75:4 76:7,9 marketing 75:15,15 matches 56:24 material 23:12 40:10 matter 4:18 5:11 matters 9:23 MDHHS 1:18 37:14 mean 5:1 6:3,20 9:25 10:4 14:4 17:13,15 19:16 23:11 25:14,16</p>	<p>31:6 35:4 37:9,9 39:16 45:3 49:13 52:19,24 55:17 56:23 57:3 58:21 59:10 60:5,8,9,12 62:12 69:5 70:11 74:23 meaning 49:13 66:5 69:23 means 16:14 37:15 60:19 medical 26:7 meet 35:5,6 53:25 meeting 9:18,20 36:16 meetings 10:9,21 36:6 member 34:3 members 8:24 9:12 10:15 11:2 Mental 78:3 mentioned 18:5 33:18 58:22 60:20 68:3 70:11 merely 12:14 Michigan 1:2,6,16 1:18,20,23 3:9,17 5:21 7:5,23 8:21 12:13,25 18:22 21:19 22:8,10 24:24 26:16 27:25 31:15 47:23 49:12 49:13 53:5 63:19 71:4,5 78:18 80:24 million 52:24 60:11 60:12 71:16 mind 15:7 32:13 50:13 minute 12:6 76:12 minutes 21:23 missed 81:15 mistaken 29:12 modifications 75:12 moment 35:17 68:25 money 52:2,8,13,14 53:7,9,11,16 54:10,14,16,19 months 47:11 morning 4:6 14:5 mouse 70:16 mouth 6:10 9:14</p>	<p>39:10 70:22 77:22 move 32:4 moved 24:17 MSU 33:16 54:18 murder 76:13 78:1</p> <hr/> <p style="text-align: center;">N</p> <p>name 4:6 27:22,23 32:1 61:9,10,13 61:15,15,24 62:12 72:13 named 29:2 names 20:19 43:25 61:11 nature 11:18 19:7 35:23 near 54:11 79:24 necessarily 64:22 65:6 need 5:8 13:22 15:12 22:21 37:23 39:5,18 56:14 58:24 68:24 needed 38:9,20 42:10 70:20 78:4 Neonatal 3:12,17 5:21 7:23 71:5 Network 2:2 never 13:24 21:20 28:9 32:15 50:24 51:14 80:5 nevertheless 67:1 new 7:4 11:13 29:17 29:20 50:2 71:15 73:13 74:8,13 newborn 3:14,15,16 23:5 25:18 69:3 72:14 nicknamed 15:7 nine 4:8 67:23 68:7 nominate 35:8 non-refrigerated 18:7 non-researchers 21:21 non-scientific 18:2 non-voting 37:14 nonprofit 11:25 13:20 18:14 24:8 33:13 nonspecific 4:19 Nope 11:10 normal 17:4</p>
--	---	--	--	---

<p>normally 11:14 note 33:1 notes 79:1 noticed 9:4 79:10 November 29:2 number 2:2 13:8 22:11 35:13,15 38:2,3,4,5,7,8,8,9 38:11,14 43:25 47:21 48:3 52:20 56:13,21,24 61:17 61:24 62:6 64:15 72:10 77:21 numbers 21:2,4,5 60:13 63:4 80:25 81:3,7 numerical 13:11</p> <hr/> <p style="text-align: center;">O</p> <p>O 3:16 75:4,18 object 25:23 41:12 objection 41:21 56:16 objections 41:15 obligation 43:6 obtain 43:6 44:9 obtained 42:3,10 43:4,20 44:14,19 45:17 66:1 67:14 67:18 80:5 obviously 24:15 25:16 54:16 74:2 occurs 39:12 October 1:11 4:2 offhand 60:13 office 21:8 72:21 78:6 81:18 official 44:21 officials 18:22 19:7 48:14 offsite 59:16 oh 29:12 34:24 48:17 76:13 okay 4:18,23,25 5:5 5:8 6:25 8:3 10:18 10:23,24 11:12,23 12:2,8,11,14 13:14,18,25 15:10 15:15,20,23 16:23 17:3,7 20:23,24 21:4,11,22,24 22:3,5,6 23:1,4 24:25 25:8 26:1</p>	<p>26:13,23 27:17 28:4,5,6,7,12,18 28:22,24,24 29:5 30:5,9,14,19 31:18,23 32:7,18 32:20 33:1,8,8,10 33:11 34:14 35:7 35:21,22 37:11,13 37:18,25 38:13,19 40:2,24 41:14,17 41:18 44:5 46:9 46:21 47:1,6,8,9 47:14 48:10,16,24 49:12,16,22 50:20 50:22 51:16,19 52:5,12,18 54:3 54:14 55:2,23 56:1,9,11,12,20 57:3,8,14,23 59:12 60:2,15 61:14,20,22 62:3 63:7,22 64:10,21 65:14,20 66:9,10 68:23 69:1,2,7,9 69:17 71:3 72:5 72:25 73:2,12,14 73:19,23,25 74:11 74:15,19,22 75:3 75:14,17 76:20,24 77:5,10,16,22 78:16,19,23 81:10 81:19</p> <p>old 50:9 72:12,23 75:6 older 47:25 51:2,8 58:14,16,25 onboard 75:12 once 36:16 40:12 55:16 65:1 ones 17:3 47:24,25 70:4 ongoing 64:6 onsite 62:1 open 48:17 76:12 78:1 operate 12:12 46:5 52:17,25 53:2 73:4 operates 10:11 operation 19:13 33:17 72:19 73:8 74:23 operational 53:3,16</p>	<p>54:5,7,10,13 operations 6:4,7,17 6:24 9:10,13 12:21 24:20 26:19 32:16 33:23 34:1 34:5,13 59:22 65:1 71:12 73:22 opinion 25:10,13 26:1,12 opportunity 27:2 opposed 71:4 option 23:15 70:23 70:23 oral 35:22 order 11:13 13:11 16:6 45:19 46:2,6 organizational 17:21 organize 10:21 orientation 74:8 originally 28:23 Ottawa 1:19 outline 5:9 Outside 1:15 overall 6:4 34:1 54:12 oversee 6:6 owned 26:6 owners 45:20 owns 24:23,24 25:3 25:20</p> <hr/> <p style="text-align: center;">P</p> <p>p.m 1:12 4:2 82:2 P64821 1:21 P74117 1:14 P81310 1:17 P81482 1:18 Pacific 79:13 package 51:1 page 3:1,6 8:20 56:11 77:25 paid 53:19 54:4,4,6 Pam 2:1 pamphlets 74:7 pants 51:21 paper 48:4 parent 26:17 42:4 43:8 47:3 66:24 parents 4:7 26:9 40:21 41:6,24 46:22 67:17 part 6:25 7:16,16</p>	<p>7:18 33:18 35:11 35:12,12 39:6 41:2,6 44:7,19,20 48:23 54:17 55:3 67:4,6,10,24 69:10 73:3,22 74:5 76:10 80:4 part-time 54:1 participate 9:20 10:13 participated 36:15 participation 9:15 particular 21:16 32:12,21 34:6,19 35:2 41:7 48:2 49:17 62:5,7,15 63:10,16 64:18 73:17 77:14,15 particularly 46:17 partners 19:21 34:1 71:24 partnership 33:20 34:8 parts 69:5 passed 68:12 patient 26:9 pay 53:3 54:2,8,9 payment 51:10 54:9 57:1 PC 1:22 Pear 1:22 people 8:11,23 16:5 24:20 32:2 53:24 percent 54:12 65:10 percentage 52:13 perfectly 13:16 performance 14:13 14:16 period 16:13 person 7:6 10:13 11:15 15:12 19:20 28:21 29:17,18 31:25 33:22 34:2 40:12 41:5,24 42:3 43:8 46:14 46:17 55:1 77:21 78:13 person's 62:5 personal 25:13 44:3 45:4 70:20 personnel 6:11 perspective 16:18 19:11 34:4</p>	<p>petitioned 75:1 ph 79:12 Phil 4:22 22:11 Phil's 61:5 PHILIP 1:14 Phillip 4:7 photographs 8:23 physical 26:5,10 53:10 59:6,21 62:14 physically 70:3 physiological 62:14 picks 13:2,4 picture 8:4 35:25 75:20 pictures 8:10 piece 20:1 26:6 31:4 37:10 40:1 45:1 48:4 52:23 68:18 69:16 pieces 57:9 PING 1:18 place 46:22 67:9 Plaintiffs 1:4,11,14 4:12 plan 58:7,15,18 play 20:23 30:14 PLC 1:15 please 15:14 20:15 27:12 30:7 37:25 64:18 plus 11:2 PO 1:15,19 point 16:3,5,14 20:10 23:22,24 28:6 39:14 40:17 54:22 72:21 81:22 points 29:6 37:5 policies 79:6 portion 49:3 portions 49:2 position 7:4,14,15 25:20 68:14 possibly 71:2 post-2008 17:8 postextraction 46:21 potential 16:9 30:8 67:11 potentially 28:16 29:7 practice 4:19 pre-2008 17:7</p>
--	---	---	---	---

<p>predecessor 7:9,15 33:25 73:19 preface 44:18 present 8:22 55:21 73:11 presented 8:15,16 presenting 56:1 64:14 72:10 76:8 president 6:16,20 6:24 10:5 14:9,14 14:18 34:25 pretend 12:4 20:25 22:17 62:17,17 pretty 5:4 6:3,6 9:9 9:25 10:20 12:23 27:25 34:12 price 3:11 49:1,24 50:16,18,25 52:11 prices 50:6 51:11 55:4 pricing 51:8 55:2 primarily 14:13 19:17 21:12 34:6 primary 31:14 34:12 43:10 54:25 printout 3:8 8:20 printouts 11:15 prior 7:10 33:19 42:4 54:22 private 45:4 54:14 privilege 67:21 probably 12:14 13:23 15:10 26:6 29:1 33:21,25 54:11 55:11 60:6 65:1 67:14 77:6 problem 6:22 58:23 procedure 67:8 process 19:1,13 30:25 35:2,12 38:6 39:1,5,7,11 40:25 42:21 43:11 44:20 48:23 53:20 64:5 67:8 69:4 processes 19:23 31:15 69:23 processing 49:9,10 49:11 53:12,13 produce 56:12 professor 26:2 program 23:5 58:8 58:19 67:5,17 71:12</p>	<p>prohibition 79:18 project 41:3 projects 67:11 79:11 promote 74:2,5 promoted 74:12 promotional 74:9 proper 36:25 properly 45:17 proposed 41:3 protected 16:13 provide 40:20 63:3 78:5 provided 18:19 22:10 35:14,16 48:22 52:21 55:22 62:5 64:15 72:11 76:22 77:13 79:11 79:14 provider 26:7 provides 64:19 providing 41:20 55:14 79:7,19 public 17:11 21:14 21:17,20 37:9 78:3 79:7 pull 20:21 21:16 22:11 28:2 32:24 32:25 40:14,19 47:5,20,22 60:25 62:4,18,19,23 63:4 77:20 78:6 80:24 81:1,3,6,7,7 pulled 22:9 24:2,17 27:14 38:10,15 40:16 77:16 pulling 21:14 punch 40:19,20 49:14 53:15 punches 17:10 32:12 49:3 50:12 55:4 purpose 39:25 48:21 50:15 purposes 8:17 31:3 31:9 35:15 39:3 55:25 66:18 72:11 72:18 74:6,12 75:18 pursuant 35:1 purview 43:14 put 6:10 7:14 9:14 22:19 23:12 46:22</p>	<p>48:2,3,8 50:3 52:5 70:22 77:22 putting 44:11 73:16</p> <hr/> <p style="text-align: center;">Q</p> <hr/> <p>question 4:20 13:16 15:3 18:5 19:16 21:25 22:21 25:6 25:9 29:19 31:4 32:10 36:20 37:11 39:9 40:5 41:16 41:17,19,22 43:2 43:12 44:13 45:15 49:22 51:20 57:14 59:14 60:2 61:20 62:3 65:9 73:2,5 79:22 81:15 questions 15:5 26:25 35:23 44:6 50:4 64:3 65:16 79:2 80:15,16 81:22 quick 5:21 64:16</p> <hr/> <p style="text-align: center;">R</p> <hr/> <p>random 49:14 81:3 Rankinen 2:1 rates 49:24 reach 10:8,14 25:24 reached 28:15 29:6 reaching 30:7 read 71:10 75:25 readily 70:2 ready 35:20 real 5:10 8:11 34:8 64:16 71:6 really 11:20 14:16 14:17 19:25 23:21 28:20 31:21 36:4 36:5 37:13 56:14 69:5 70:2 71:22 80:12 reason 20:25 23:19 38:16 39:17 43:23 46:1 72:3 recall 28:20 30:6 47:17 77:10 receipt 48:6 receive 40:12 received 47:4 receiving 78:10 recognize 75:7 76:25</p>	<p>recognizing 65:24 recollection 59:18 record 5:18 7:21 8:15 26:4 27:3 36:17 44:21 61:2 80:21 RECORDED 2:1 Recorder 2:1,4 records 26:3,8 redact 56:13,14 redacting 56:16 redo 68:23 redoing 68:20 refer 39:4 46:7 reference 7:22 20:10 21:14 28:6 65:8 66:16 referenced 21:1 referencing 36:24 referred 63:18 77:15 referring 7:23 refreshing 59:17 refrigerate 16:6,11 16:16 refrigerated 17:2,8 18:7 regarding 16:11 19:18 36:7 74:23 regards 30:15 Registration 2:2 regular 35:5 related 45:9 65:11 66:2 relationship 12:17 19:7 35:23 relationships 36:1 relative 36:1 62:11 remain 37:22 remember 29:4 43:24 71:11 77:2 77:2,6,9,16 78:12 78:13 remove 20:15 27:8 removed 20:12 22:4 26:15,17,18 removing 44:13 renting 13:22 rents 54:8 repeat 22:21 24:10 40:5 68:1 replacement 68:15 report 14:7,7,8,10</p>	<p>14:11 reported 30:20 reporter 4:3 56:17 reporting 2:2 14:17 36:8 represent 8:8,19 48:21 52:20 65:5 75:5 77:11 representation 18:16 64:22,23 65:6,7 66:12 69:8 81:14 representative 34:17 37:14 representing 76:21 request 22:8 26:18 32:15,18,24 38:23 38:24 40:14 46:21 47:3,7 50:12,23 51:17 78:6,6 80:24 requested 48:7 requests 26:16 30:24 47:4 77:19 require 42:2,7 required 42:16,18 research 6:16,24 7:13 14:9,14,16 14:18,19 16:9,10 16:15,15,20 31:3 31:9 39:3,18,21 40:8 41:3 45:1 64:6 66:20,22 67:6,11,11 71:1 74:5,12,14 79:11 researcher 21:19 32:13,21 38:9,19 39:17 40:13,20 43:7,19 44:14 49:14 50:13 51:25 55:17 59:2 62:19 63:14 researchers 17:10 17:11 21:13 50:7 52:1,11 53:14 74:3,6 79:8 researches 21:18 researching 62:21 reserve 69:14 residual 12:19 residuals 13:3 respect 50:5 response 35:17</p>
--	---	---	---	---

<p>76:18,22 77:13,17 responsibilities 6:19,23 7:13 80:4 responsible 6:4,5 24:19 70:7 rest 9:11 69:15 restating 41:22 retains 70:4 retest 70:1,14 retire 7:4 return 45:19 46:2 reviewed 41:3 reviewing 29:23 right 4:18,24 5:2,16 5:16,17,20,24 6:14,16 7:3,21 8:1 8:2,4,4,7,11,13,14 8:14 9:1,22 10:5 10:13,23 11:10 12:4 15:2,6,8,9,13 17:13,17 18:2,5 18:15,18 20:11 21:9 22:16,23 23:2,3,9 24:1,22 27:4,11,19 28:2 29:5,10,22 30:6 33:1,15 35:11 36:8 39:1,11 40:17,20 41:2 44:18 48:16,18,20 50:2,6 51:16,21 52:2,9,10 54:3,21 55:20 56:5,11,20 56:24 61:5,21 62:22 63:1,9,24 64:9 65:15,23,24 66:5,11,19,21 68:5,18,23 70:18 70:18,18,22 71:3 72:17 74:2,25 75:3,9,11,20 76:5 76:6 77:24 78:9 78:19,24 79:10,21 79:21 80:2,9,18 81:10,21,21,23 right-hand 75:19 Robitussin 17:25 63:23 role 5:24 6:2 7:6,16 11:18 12:11 13:25 18:8 19:3 20:5 30:14 33:8,16 42:15 44:25</p>	<p>roles 9:1 room 17:4 23:23 58:22 60:8 run 58:23</p> <hr/> <p style="text-align: center;">S</p> <hr/> <p>s-u-r-a-g-e-n 79:14 SAB 36:13 safe 24:15 70:24,25 sake 12:4,7 43:4 45:16 52:9 salary 54:2,17 sample 12:9 15:6 22:4,13,18,24 23:5,6 24:2 27:13 28:15 42:5 43:5 48:12 49:4,14 57:6 60:25 61:5,7 61:25 62:5,7,15 samples 3:11 15:16 20:10 23:13,17,20 24:22 29:7 30:4 30:11,11 32:22 40:4,22 42:10 43:21 45:9,17,19 46:10,11,16,23 47:3,4,5,8,13,15 49:2,2 52:21 55:14 57:5,10,13 57:18 59:3,6,15 59:20,21 60:3 62:11,19,19,23 63:2,5,15 64:1,7 66:2 67:10,24 68:4,7 69:24 75:22 76:19 77:12 77:17 79:7,15,19 79:23 80:7,25 81:6,7 Sarah 30:16,17,17 30:20 31:13,13 32:5 savvy 71:6 saying 19:4 35:9,10 36:17 57:24 63:14 81:6 says 22:18 37:22 38:4 39:15 40:3,7 40:18 43:18 46:10 47:12 57:24,25 58:1 scanning 34:9 scared 76:12</p>	<p>school 10:5 science 15:11 17:22 scientific 17:15 36:9 36:22 39:6,20 scientist 17:20 screen 5:2,3,5 8:2,4 64:9 74:17 77:25 79:10 screening 3:14,15 3:16 23:5 25:18 69:4 72:14 scroll 28:22 64:16 64:17 search 80:5 seat 51:21 second 22:17,25 23:3 41:11 48:17 56:11 65:18,19,25 69:18 secretary 10:19 section 65:14 security 61:24 see 5:2,4,4,5,7,9 8:1 8:3,3,4,21 9:9,9 11:1,9 14:17 18:19 19:19 21:8 28:5 29:7 35:11 39:9 49:6 55:19 56:6 62:21 68:6 68:20,21 70:16,16 74:16,20 76:12 79:12 seeing 44:23 seen 17:16 21:1 32:1 47:2 51:14 56:23 57:10,11,25 60:21 64:25 65:1 65:2 72:20,23,23 73:24 select 67:5 sell 40:19 send 23:6 26:20 30:25 32:24 39:13 48:8 51:23 55:17 55:18 56:2 57:5 69:15 70:4 sending 24:14 sends 12:24 sense 4:22,24 21:11 sent 12:20 29:13 32:20 47:10 52:21 57:4 69:12 separate 18:6,13</p>	<p>65:18 69:22 serve 6:14 34:16 served 5:24 77:4,9,9 78:14 services 1:7 4:10 12:13 13:21 18:23 19:8 31:20 35:25 37:4 set 7:11 28:3 44:4 65:19 71:11,12,13 71:21 72:3 setting 54:16 Shah 29:11 30:2,14 32:7,11,16 81:6 share 5:6 8:1,2 64:9 74:8 sharing 35:14 sheet 9:4 Shelby 27:22 29:17 29:19,19 31:14 40:7 63:18 shelf 20:21 shortcut 28:13 30:1 shorthand 7:22 shots 18:21,23 30:10 show 5:2,15 28:2,10 29:12,25 68:19 72:6 showing 49:8 side 36:4,8,19 75:20 sides 73:15 silly 79:22,22 similar 32:20 50:9 69:18 simple 11:20 26:14 simply 13:20,21 25:3 sincerely 80:12 81:23 single 47:23 sir 80:10,16 sister's 60:25 61:5 sit 19:22 site 59:16 sits 34:2 sitting 78:19 six 8:22,23 9:4 11:2 skipped 17:13 slope 64:11 slow 64:17 small 72:7 social 61:24</p>	<p>software 34:9 solemnly 4:3 Solutions 56:3 somebody 40:7 somebody's 43:5 someone's 44:3 somewhat 60:15 61:1 son 12:5 20:9,10 22:1,17,22,25 23:3 24:3,3 27:14 66:15 son's 15:5,5 20:18 21:4,5 22:11 25:11 47:8,13 48:11 61:5 Sophie 29:2 sorry 6:20 29:12 31:6 34:22 37:16 61:20 68:1 sort 10:3 14:23 26:3 35:1,2 44:14,24 61:25 63:13,25 67:8 77:12 sought 17:10 75:1 80:5 sound 79:22,22 sources 53:17 54:14 speak 18:2 36:3,3 37:7 specific 21:6 37:22 80:25 81:6 specifically 70:12 Sperling 1:22 split 61:20 spot 12:7 16:21 21:6,16 41:5,7,24 42:3 43:7,8,10,15 44:1,10,13 47:22 48:2,8 49:15 61:12 66:25,25 67:4 70:18,19 71:13 spots 11:22 12:19 12:22,24 13:4,7 16:6,8,12,16 17:8 17:8,9,9 18:24,25 20:11,12,15,19 21:14 24:13,17,17 25:11,15,21 28:17 30:24 31:2,9,11 34:10 38:12,14,20 39:3,13,15,18</p>
---	---	--	---	--

40:14,16,19,21 43:19 46:7 47:23 48:2 49:9 50:11 50:13,15 53:12,14 53:20 58:7,8,11 58:14,16,18 63:11 66:20,21 69:3,11 69:15,18 70:4,10 70:24,25 74:14 79:7 80:25 spreadsheet 50:6 squares 15:17 stakeholders 71:24 72:1 standards 67:16 start 10:25 19:4,4 39:9,9 started 5:17 15:4 32:3 34:8 48:10 57:15 58:9,19,19 65:3 77:3,7 starting 20:9 state 6:15,17,18 7:5 7:7 12:17,20,25 13:3 14:3,8,9,10 14:14,19 16:5,14 18:6,8,20,21,21 19:7,11,14,17,20 19:23 20:3 21:15 21:15,19 22:8,10 22:17 23:5 24:12 24:13,24 25:3 26:7,11,12,16,20 27:18,19,21,25 29:16 31:15,16 32:14,17 33:4,24 33:24 34:6 35:13 38:2,11 39:14 40:3,3,6,7,8 41:3 41:4,19,23 43:18 45:24,25 46:7,18 46:19 47:2,20,20 47:23 48:9,13,22 49:18,25 51:5,13 51:14,21,23 52:21 53:5,19,19 54:4 54:18,25 55:5,8 57:5 58:16,19 59:5,8,8,13,15 60:16,24 61:3,4 61:17 62:5 63:3,7 63:10,18,20 64:15 64:19 67:14 69:12	69:19,22 70:4,10 70:19 71:2,25,25 72:12 73:6 74:3 76:11 77:15,24 78:3,18 79:11,24 80:24 State's 22:20 60:11 64:22 65:6 statement 14:25 43:17 statements 37:12 STATES 1:1 steps 40:21 storage 11:21 12:15 12:18,22 13:6,12 18:24 19:16,24 23:12,13 24:12 34:13 41:1 42:23 47:21 48:4 59:15 59:17 64:6 67:5 69:15,17 70:7,24 70:25 71:13,13 store 11:22 12:22 13:11 22:18 24:13 24:14 44:17 45:8 58:8,14 70:5 80:6 stored 17:4 21:6 24:23 45:10,13,14 47:25 57:13 58:15 59:4,7 66:22 67:1 69:12 70:19 75:22 79:23 stores 17:8 storing 23:19 59:15 straight-up 47:7 Street 1:19 strictly 9:12 11:21 21:12 31:10 strike 19:4 39:8 67:20 79:4 structure 3:10 14:24 36:8,18 50:19 51:10 structured 13:19 14:8 36:25 student 54:1,1 students 53:18 study 17:19 37:22 38:1,17 39:18 40:8 41:25 42:11 43:7 54:17 stuff 6:7 58:25 59:1 74:10	submit 56:16 subpoena 77:10,12 77:17,23 78:2,10 78:12 subpoenas 78:20 sued 47:11 Suite 1:22 supervisors 14:12 supply 54:19 supposed 16:21 33:20 Supreme 10:7 sure 6:10 22:22,22 36:4 37:13,14 43:15,20 46:17 56:9 59:10 61:2 61:21 63:19 65:10 72:6,21 74:16 75:6 78:11 suspected 70:11 swear 4:3 switch 48:16 sworn 4:12 sympathetic 14:22 system 13:5,5 46:22 46:25 50:11 51:8 51:12 55:18 69:19	79:25 80:3 tell 8:11 11:8 13:17 15:10 16:4,24 25:8 26:20 27:12 36:7,12 38:10,14 57:21 58:6 60:4,6 60:7,10 73:23 75:14 76:16 telling 33:6 40:13 45:4 tells 47:20 temperature 13:6 17:5,8 79:23 Temperature-con... 15:8 temperatures 16:2 temporaries 54:18 temporary 53:24 54:2 ten 7:11 32:12,22 81:6 tender 80:14 terms 6:8 11:5,20 13:12 14:5,10,16 16:8,19,20 17:15 18:2 19:15 24:16 30:22 31:1,8,15 34:5,13 36:8,11 36:13 39:24 40:15 42:23 51:10,11 52:17,25 63:10 testified 44:19 testimony 4:4 testing 12:19 23:6 57:19 58:20 70:12 text 36:24 thank 23:2 30:7 56:9 80:18,19 82:1 thing 23:21 28:9 51:1 56:21 61:16 76:13 things 6:9 10:4,24 14:22,24 15:3 16:17 26:3,10 30:23 31:16 34:11 37:7 39:25 44:23 58:17 69:7,10 70:1 75:16 80:21 think 7:10 10:1 18:16 26:8 28:22 30:13 32:6 33:12 33:21,23 34:4,7	36:15 43:5,9 54:24 56:20 59:8 60:3 65:2 72:20 72:23 80:10 thinking 5:13 thins 10:8 thought 26:24 57:4 58:10 64:12 76:13 76:13 80:11 thousand 38:20 thousands 60:8,8,9 61:12 three 11:13 12:5 36:2,23,24,25 51:13 three- 38:7 three-layer 50:11 three-tier 51:12 tier 50:11 time 6:22,22 13:23 16:3,13 22:21 26:17,21 30:20 32:23 34:7 35:7 41:2 47:18 57:20 59:1 60:7,20 62:13 66:8 67:18 71:9 74:4 75:7 76:2 77:20 80:14 80:17 81:24 times 70:15 title 56:6 today 4:15 5:1 7:4 7:21 23:2,22,24 25:8 80:14,17 81:24 told 67:17 71:15 tomorrow 61:8 top 15:4 38:8 75:19 Trans- 28:8 Trans-Hit 28:14,20 30:4 TRANSCRIBED 2:4 transition 52:16 75:6 treat 71:1 tried 71:9 true 34:17,18 46:24 58:3 66:3 69:13 80:7,8 trust 16:19,19 65:13,18,24 71:4 71:11,23 72:3
T				
TABLE 3:1				
take 6:22,22 7:3 21:8 27:20 35:17 35:17 36:20,21 39:6 40:20 48:16 49:6 57:17 60:6 60:10 66:13 67:20 68:25,25 75:24 taken 1:11 23:5 takes 57:17,20 talk 17:3 33:9 65:25 talked 14:4 32:5 33:15 38:3 61:3,3 talking 21:25 22:22 22:24 26:7 34:15 39:6 52:24 55:2 60:5,5 tangible 26:6 task 45:21 team 13:3 24:20 30:22 technically 14:17 technicians 53:24 TechTown 21:9				

<p>truth 4:4 try 4:20,23 8:2 10:14 24:25 43:15 trying 14:3,23,23 15:4 18:11,13 25:14,19 26:24 43:16,16 47:25 50:14 57:21 65:15 68:14 turn 10:25 turnover 32:1,4 twice 35:6 two 14:12,12 19:10 24:3 51:13 69:22 73:15 75:3 two-digit 38:7 two-week 57:20 type 45:9 61:15,23 62:12 74:9 types 31:5,11 typical 6:6,9 typically 16:9</p> <hr/> <p style="text-align: center;">U</p> <hr/> <p>U 54:18 Uh-huh 19:2 23:8 23:10 33:2 38:22 60:18 61:6 68:22 70:17 79:16 ultimate 20:1 ultimately 11:17 25:17 30:3,7 41:4 underneath 9:6 understand 6:14 11:16 12:11 14:3 18:11,13 19:3 25:15,19 29:5,6 29:10 33:12 34:15 36:6 39:2,12 40:1 40:6 43:12,17 46:21 48:25 57:9 59:9 60:19 64:18 69:20 71:9 understanding 17:15 26:19 28:13 28:14 29:17 39:16 39:19,23 42:19,22 44:24 55:11 65:17 69:2,22 71:10 73:5 undertake 39:5,8 UNITED 1:1 universities 19:21</p>	<p>33:21 university 6:15,17 6:18 7:7,15 14:10 14:15,20 34:2 49:13 53:8,10,19 53:19 54:5 74:3 79:8,25 unpleasant 80:13 unusual 32:19 update 75:7 upset 4:21 USA 79:13 use 15:10 18:24 28:6 30:11 31:2,8 34:9 50:14 53:11 53:11 64:6 70:13 70:14,20 72:17 73:23 74:7 uses 64:6 70:10 73:7 usually 5:15 11:14</p> <hr/> <p style="text-align: center;">V</p> <hr/> <p>v 1:5 values 36:22 VanAndel 33:16 54:18 71:25 varies 7:14 variety 39:19,22 53:2,2 54:7 71:24 72:1 various 57:9 64:19 76:9 veered 62:4 version 7:22 versus 9:7 79:8 viability 16:21 viable 16:8,18 vice 6:16,19,23 14:9 14:14,18 Video 1:10 4:1 vis-a-vis 11:18 19:6 vote 9:22,23 35:1,8 VP 14:16 vs 4:9</p> <hr/> <p style="text-align: center;">W</p> <hr/> <p>walking 13:1 want 7:4 10:25 11:16 12:11 16:25 21:7,7 22:4,12 28:6,10 29:5,24 30:3 37:16 39:6 39:11 45:3 50:4</p>	<p>50:14 56:6 57:8 59:3 61:1 62:18 62:19,20 64:17 65:9,10,16 66:24 66:24 67:5,10 68:2 70:1 71:11 71:18 72:6 74:15 74:15 75:3,24 77:22 79:2 80:20 81:15 wanted 20:12,12,13 38:19 48:11 49:14 56:9 59:2 63:2 81:10 wanting 40:6 wants 26:15 39:12 warehouse 68:7 warrant 80:6 WARREN 1:17 water 62:20 way 4:20,21,23 7:3 7:11 9:18 10:4 13:23 14:7 16:1 22:16 25:18 34:5 35:4 39:11 42:19 42:23 44:9,18 45:7,7 48:8 51:9 51:10 57:12 59:10 61:21 62:4,10 63:3,19 66:2 70:8 71:14,22 73:3,6 74:13 Wayne 6:15,17,17 7:7 14:8,9,10,14 14:19 33:16,21,22 33:24,24 34:6 53:18,19 54:4,18 54:25 71:24 74:3 79:24 ways 53:2 we'll 8:3,13 11:10 12:5 38:11 52:9 65:25 we're 4:15 7:21 8:1 11:20 12:17 21:22 22:24 23:24 26:7 33:25 34:12 38:10 40:25,25 43:24,25 46:4 47:22,25 52:24 55:2 57:8 58:12,23,25 64:11 64:12 we've 17:1 21:18</p>	<p>36:2 47:4 60:8 66:16,17 78:11,11 website 3:8 8:21 50:18 75:6 Wednesday 4:2 weeks 47:10 weight 62:13 weird 45:15 50:5 went 27:23 28:9 30:2 44:25 78:18 West 12:25 what-if 20:23 whatsoever 76:17 why 37:9 wife 10:5,5 76:11 witness 5:13,16 8:16 80:14,18 81:14,19 82:1 woman 29:2 word 9:5 12:15 16:7 50:14 words 6:10 9:14 15:11 70:22 77:22 work 26:12 28:5 54:17 work-study 53:22 53:23 worked 7:9 32:3 45:1 68:13 worker 54:2 working 22:19 works 8:2 11:9 36:9 52:22 54:6 world 11:13 16:15 66:14 worry 47:12 wouldn't 20:18,20 20:22 46:1,2,3 58:21 77:14,18,19 77:20 81:7 Wright 1:22 write 57:15 wrong 11:10 15:11 19:5 wrongly 50:25</p> <hr/> <p style="text-align: center;">X</p> <hr/> <p style="text-align: center;">Y</p> <hr/> <p>Yancey 1:10,22 4:5 4:11 5:18 17:16 30:7 41:14 60:23 63:15 80:20 81:23</p>	<p>yeah 5:7 6:23 9:25 10:19 11:20 25:2 25:2,22 27:1,6 28:24 29:4,14 30:21 32:23 42:18 49:8,21,23 54:21 55:20 56:9,14 57:19 58:2 63:6,6 70:25 77:2,7,9 year 35:4,6 36:16 53:5,6 71:12 years 7:11 12:5 17:1 32:5 54:25 58:23 yep 28:5 56:4,9,25 71:1 74:21 75:21 yesteryear 8:12 you're 4:4 younger 8:9,10</p> <hr/> <p style="text-align: center;">Z</p> <hr/> <p>zip 62:23 zoom 1:12 4:1 11:14 68:24 75:3 zoomed 74:15</p> <hr/> <p style="text-align: center;">0</p> <hr/> <p>0-0-0 82:3 01 38:11 02 38:12 03 38:12 04 3:3 08 3:8</p> <hr/> <p style="text-align: center;">1</p> <hr/> <p>1-800-632-2720 2:3 1,000 39:15 40:19 43:18 1:56 82:2 10 53:15 10,000 29:1 79:14 100 62:19 65:10 107 1:15 12:00 1:12 12:02 4:2 12345678 38:11 14,000 53:7 140,000 53:6,10 154 53:7 17 32:3 18 77:7 18-cv-10472 1:4 1984 57:11 58:1</p>
--	---	--	---	---

1987 57:12 58:1 1988 59:3,6	76 3:17 7th 1:11			
<hr/> 2 <hr/>	<hr/> 8 <hr/>			
2 77:25 2000 16:25 2008 17:2,3 18:7 58:13,14 2009 58:13 2017 6:1 7:15 29:2 77:7 2020 1:11 4:2 24 1:22 2nd 29:2	80 3:3 8151 2:2 84 58:9 85 58:9 8980 2:4			
<hr/> 3 <hr/>	<hr/> 9 <hr/>			
30736 1:19 335-7632 1:20 35 3:9 35,000 39:7	9 52:23 96 57:15,16,22 989 1:16			
<hr/> 4 <hr/>				
4 60:11 4,000 28:25 40 54:12 4532 2:1 48 3:10 48105 1:23 48626 1:16 48909 1:20				
<hr/> 5 <hr/>				
5-4 10:7 50 54:12 71:16 501(c) 12:1 46:5 71:14 517 1:20 525 1:19 55 3:11				
<hr/> 6 <hr/>				
63,009 52:21 64 3:12 642-0055 1:16 665-4441 1:24 68 3:13				
<hr/> 7 <hr/>				
7 4:2 60:12 72 3:14 73 3:15 734 1:24 75 3:16				

Michigan Neonatal Biobank (/)

> [Main Menu](#)

[Home \(/\)](#) > [About us \(/about\)](#) > [Board of Directors](#)

[About us \(/about\)](#)

[Board of Directors \(/about/board\)](#)

[Collaborators \(/about/collaborators\)](#)

[Staff \(/about/staff\)](#)

[Community \(/community\)](#)

[Research \(/research\)](#)

[Resources \(/resources\)](#)

[Contact us \(/contact\)](#)

Board of Directors



Antonio Yancey
Director
Michigan Neonatal Biobank
Detroit, Michigan



Scott Jewell, Ph.D.
Van Andel Institute
Grand Rapids, Michigan



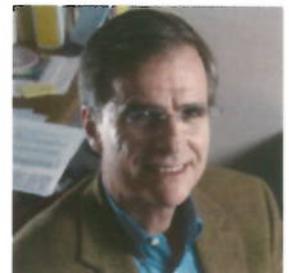
Sonia Hassan, M.D.
Wayne State University
Detroit, Michigan



Ed Goldman
University of Michigan
Ann Arbor, Michigan



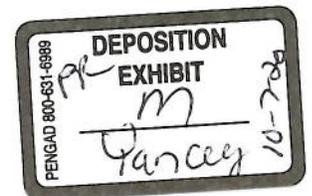
Sandip Shah
Michigan Department of
Community Health
Lansing, Michigan



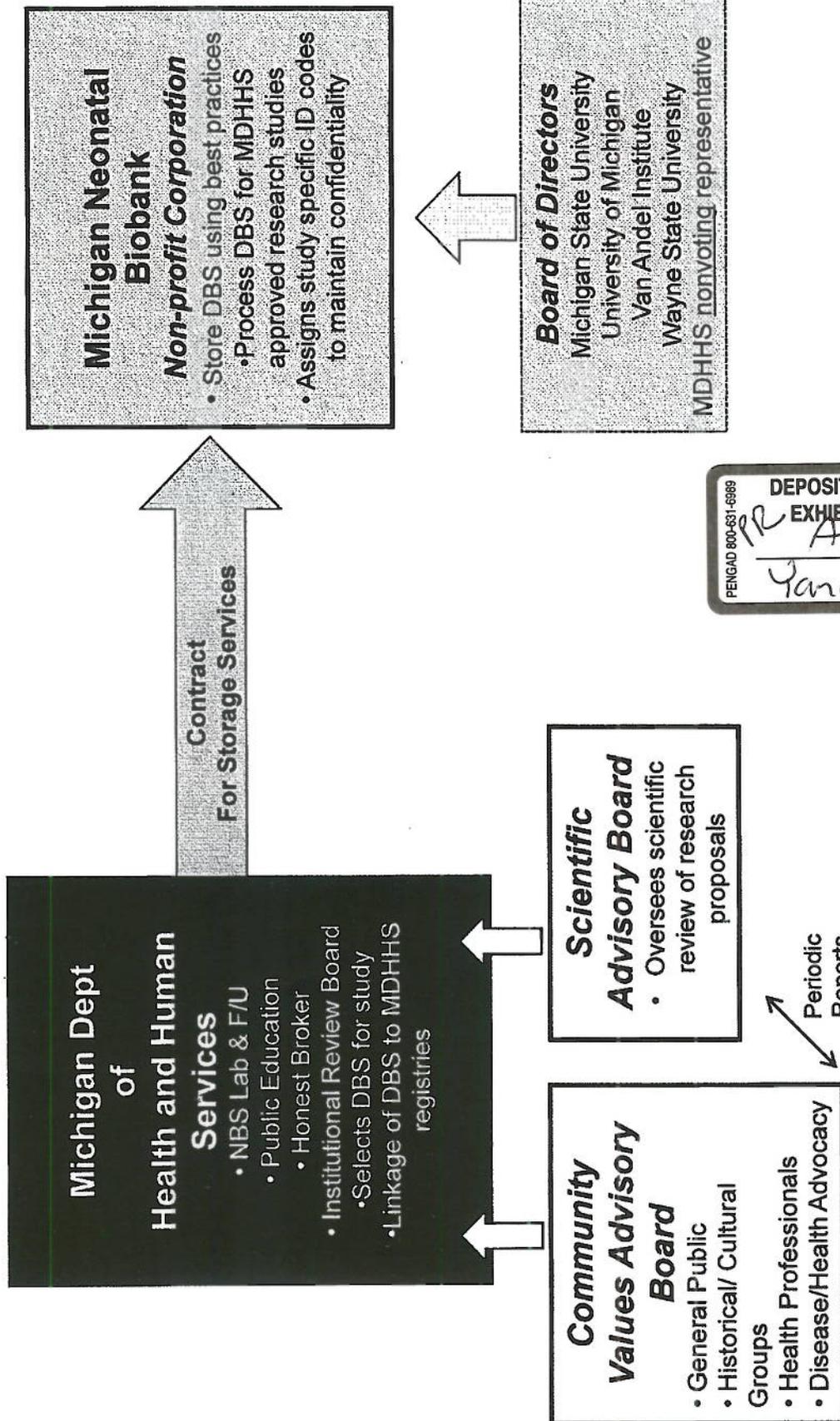
Nigel Paneth, Ph.D.
Michigan State University
Lansing, Michigan

Michigan Neonatal Biobank

440 Burroughs Suite 320
Detroit, Michigan 48202
Phone 313-577-2130



Michigan BioTrust for Health Governance/Advisory Structure



PENGAD 800-661-6889
 DEPOSITION EXHIBIT
 Yancy 10-7-20

Rev. Date: 5.2019

The prices below are for samples that have already been transferred to the Biobank.

	Random Sample			Lookup Only			Minimum Charges for			Linked
	Punch	Half Spot (4 punches)	Whole Spot (10 punches)	Punch	Half Spot (4 punches)	Whole Spot (10 punches)	Punch	Half Spot (4 punches)	Whole Spot (10 punches)	
Michigan Academic	6.30	25.20	63.00	9.80	39.20	98.00	14.00	56.00	140.00	
Mich Government	6.30	25.20	63.00	9.80	39.20	98.00	14.00	56.00	140.00	
Out of State Academic	6.75	27.00	67.50	10.50	42.00	105.00	15.00	60.00	150.00	
Out of State Government	6.75	27.00	67.50	10.50	42.00	105.00	15.00	60.00	150.00	
For Profit Companies	9.00	36.00	90.00	14.00	56.00	140.00	20.00	80.00	200.00	

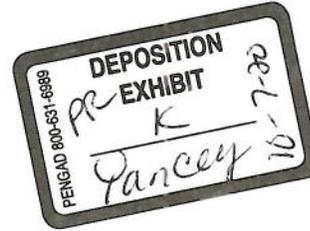
The starting cost is the price per punch that is charged to for-profit companies. All other charges are calculated based on this price.

Michigan academic and government agencies receive a 30% discount.

Out of State academic and government agencies receive a 25% discount.

Optional: For orders of 100 or more samples, subtract 10%.

Optional: For samples that are still in the State Warehouse, add 10%.



058500-BNN

Buitenland

Michigan Neonatal Biobank

440 Burroughs
Suite 320
Detroit, MI 48202

Invoice

Date	Invoice #
1/21/2015	100292

Bill To
Future Diagnostics Solutions BV Ineke Ahlers-de Boer Nieuwegeweg 279 6603 BN WIJCHEN The Netherlands

Ged op 1-2-15

Ship To
Future Diagnostics Solutions BV Ineke Ahlers-de Boer Nieuwegeweg 279 6603 BN WIJCHEN The Netherlands

*De afgeleverde
voor BTW*

P.O. No.	Terms	Ship Date	Ship Via	FOB	Project
12955	Net 30	1/21/2015	Federal Express		

Qty	Item Code	Description	Price Each	Amount
40	Project IBF-505	2 punches each from 6 profound BIOT cases; and 2 punches each from 14 partial BIOT cases	100.00	4,000.00
160	Project IBF-505	2 punches each from 80 Normals (Control Cases) at the discounted price of \$9.00 each	9.00	1,440.00
				<i>€ 1,270.20</i>

MAKE CHECKS
PAYABLE TO:
Michigan Neonatal
Biobank
440 Burroughs Suite 320
Detroit, MI 48202

nummer: 15600762/IAN/MP

It's been a pleasure working with you!	Total	\$5,440.00
--	--------------	-------------------

Return factuur: 7-5-15

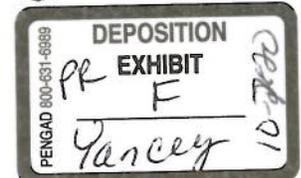
1412	Bostels	Boskh.	Man

db IBC
IBFF-505

db
Koers
12-5-15
1,1265

€ 4,929.12

note via change
GD





DEPOSIT

CHECKING
SAVINGS
R/T 500001020

Today's Date
5-21-15
Customer Name (Please Print)

Michigan Neonatal Biobank

- CASH ▶
- CHECK ▶
- TOTAL FROM OTHER SIDE ▶
- SUBTOTAL ▶
- CASH BACK ▶

5440.00

Sign Here (if cash is received from this deposit)
X

N13060-CH (Rev. 02/10) 11383356 08/11

▼ Start your account number here

841908106

TOTAL \$

5440.00

⑆0965343303⑆ ⑆50000⑆020⑆

FUTURE DIAGNOSTICS, INC.
PO BOX 652
HINGHAM, MA 02043

332

53-13/110 MA
26788

Date 5/21/15

Pay To The Order Of Michigan Neonatal Biobank \$ 5,440.00
Five thousand four hundred forty and xx/xx Dollars

Bank of America

ACH R/T 011000138

For Invoice #100292

Gregg Meyer

⑆000332⑆ ⑆011000138⑆ 009515673125⑆

Future Diagnostics, Inc.
P.O. Box 652
Hingham, MA
02043

↑
Check came from Michigan
440 -





Baby Name

affix label here if desired

Admin. Use Only

Information Provided to Parent

Parent Declined

You should have been given the booklet, "After Newborn Screening". If not, please ask for it. This booklet describes the Michigan BioTrust for Health and how dried blood spots (DBS) could be used for medical research after newborn screening is complete. Please read this booklet and if you have any additional questions, you may call the Newborn Screening Program at 1-866-673-9939.

- Participation in the Michigan BioTrust for Health is completely voluntary.
- If I say "yes" now, I may change my mind at any time and ask that my child's DBS not be used for research by calling 1-866-673-9939.
- When my child is 18 he or she can ask that their DBS not be used for research.
- There is no penalty from not allowing my child's DBS to be used for research.

I voluntarily agree to allow my child's DBS to possibly be used for medical research after newborn screening is complete. My permission applies to any blood spots obtained for newborn screening.



38371

x Ashley Karuszuski
Parent Signature

4-22-13
Date

MI Dept of Community Health Laboratory Copy



Case 1:18-cv-10472-TLL-PTM ECF No. 32-12 filed 05/29/18 PageID.570 *Adm Page 2 of 9*



Baby Name

Use Only

Affix Label Here if Desired
Mark Parent Decision, Collect Signature, Return to MDCH

Blood spots are stored indefinitely (forever). Blood spots labeled with a code can be used for health research through the BioTrust. The brochure, *Your Baby's Blood Spots*, gives details to help you make a choice about allowing your baby's blood spots to be used in health research. Please read this brochure. If you still have questions, please call the Department of Community Health *toll free* at: 1-866-673-9939.

Yes, my baby's blood spots may be used for health research.

No, my baby's blood spots may not be used for health research.

This applies to all blood spots collected for newborn screening.

There is no penalty for saying no.



36371

Ashley Kanuszewski
Parent Signature

2-10-16
Date

MI Dept of Community Health Laboratory Copy



Before you sign this form, please read Your Baby's Blood Spots (circled in more detail how your baby's blood spots may be used in health research through the Michigan BioTrust for Health. If you still have questions, please call the Michigan Department of Health and Human Services (MDHHS) toll free at 1-866-673-9939.

Yes, my baby's blood spots may be used for health research through the BioTrust.
By checking this box you understand:

- Unused blood spots are stored using a code and not your child's name. The spots are stored forever at a secure site (Biobank) unless you, or your grown child, change your mind.
- Stored blood spots may be used by the state lab to help ensure that newborn screening detects those at risk.
- Stored blood spots may also be used for research approved by MDHHS. Blood spots can only be used for studies to better understand disease or improve the public's health.
- Many types of laboratory methods are used to study biological factors like DNA or environmental factors like metals and toxins.
- The risk for using your baby's blood spots in research is that it could be identified. This risk is very low because spots are taken to protect privacy. Details that could identify your child or family are removed before your blood spots are given to a researcher.
- Most likely, you or your child will not benefit from blood spot research.
- Participation is voluntary. You can call MDHHS at any time if you change your mind. There is no penalty or loss of benefits for saying no or changing your mind.

No, my baby's blood spots may not be used for health research.
By checking this box you understand:

- Blood spots will be stored forever but not used for research. These stored blood spots may still be used by the state lab to help ensure that newborn screening detects those at risk.
- You must contact MDHHS if you do not want blood spots stored for any reason after newborn screening.

MDHHS Copy



[Signature]
Parent Signature

2/6/21
Date

Your choice applies to all blood spots collected for newborn screening. Please visit www.michigan.gov/biotrust for further information including research updates. For questions about your research rights or whom to contact in case of a research-related injury, please call the MDHHS IRB at 517-241-1928.

Case 1:18-cv-10472-TLL-PTM ECF No. 32-12 filed 05/29/18 PageID.573 Adm Page 5 of 8



Baby Name
[Redacted]

Use Only
 Information Provided to Parent
 Parent Declined

You should have been given the booklet, "After Newborn Screening". If not, please ask for it. This booklet describes the Michigan BioTrust for Health and how dried blood spots (DBS) could be used for medical research after newborn screening is complete. Please read this booklet and if you have any additional questions, you may call the Newborn Screening Program at 1-866-673-9939.

- Participation in the Michigan BioTrust for Health is completely voluntary.
 - If I say "yes" now I may change my mind at any time and ask that my child's DBS not be used for research by calling 1-866-673-9939.
 - When my child is 18 he or she can ask that their DBS not be used for research.
 - There is no penalty from not allowing my child's DBS to be used for research.
- I voluntarily agree to allow my child's DBS to possibly be used for medical research after newborn screening is complete. My permission applies to any blood spots obtained for newborn screening.



Sybil M. Wajda
Parent Signature

11-22-11
Date

MI Dept of Community Health Laboratory Copy

Case 1:18-cv-10472-TLL-PTM ECF No. 32-12 filed 05/29/18 PageID.572 **Ad Page 4 of 8**



Baby Name: Wiegand, [redacted] Lynnette [redacted]
 DOB: 7/17/2013 [redacted]

Use Only

Information Provided to Parent

Parent Declined

You should have been given the booklet, "After Newborn Screening". If not, please ask for it. This booklet describes the Michigan BioTrust for Health and how dried blood spots (DBS) could be used for medical research after newborn screening is complete. Please read this booklet and if you have any additional questions, you may call the Newborn Screening Program at 1-866-673-9939.

- Participation in the Michigan BioTrust for Health is completely voluntary.
 - If I say "yes" now I may change my mind at any time and ask that my child's DBS not be used for research by calling 1-866-673-9939.
 - When my child is 18 he or she can ask that their DBS not be used for research.
 - There is no penalty from not allowing my child's DBS to be used for research.
- I voluntarily agree to allow my child's DBS to possibly be used for medical research after newborn screening is complete. My permission applies to any blood spots obtained for newborn screening.



[Signature]
 Parent Signature

7-18-13
 Date

MI Dept of Community Health Laboratory Copy

Case 1:18-cv-10472-TLL-PTM ECF No. 32-12 filed 05/29/18 PageID.574 Adm Page 6 of 8



Baby N: Wiegand, [redacted] Lynnette [redacted]
 DOB: 12/24/2014 [redacted]
 Mark [redacted] urn to MDCH

Use Only

Blood spots are stored indefinitely (forever). Blood spots labeled with a code can be used for health research through the BioTrust. The brochure, *Your Baby's Blood Spots*, gives details to help you make a choice about allowing your baby's blood spots to be used in health research. Please read this brochure. If you still have questions, please call the Department of Community Health toll free at: 1-866-673-9939.

<input checked="" type="checkbox"/> Yes, my baby's blood spots may be used for health research.	<input type="checkbox"/> No, my baby's blood spots may not be used for health research.
<i>This applies to all blood spots collected for newborn screening.</i>	<i>There is no penalty for saying no.</i>



38371

Lynnette Wiegand
Parent Signature

12-25-14
Date

MI Dept of Community Health Laboratory Copy



Before you sign this form please read *Your Baby's Blood Spots*. It explains in more detail how your baby's blood spots may be used in health research through the Michigan Bio Trust for Health. If you still have questions, please call the Michigan Department of Health and Human Services (MDHHS) toll free at 1-866-673-9939.

Yes, my baby's blood spots may be used for health research through the Bio Trust.
By checking this box you understand:

- Unused blood spots are stored using a code and not your child's name. The spots are stored forever at a secure site (Biobank) unless you, or your grown child, change your mind.
- Stored blood spots may be used by the state lab to help ensure that newborn screening detects those at risk. Stored blood spots may also be used for research approved by MDHHS. Blood spots can only be used for studies to better understand disease or improve the public's health.
- Many types of laboratory methods are used to study biological factors like DNA or environmental factors like metals and toxins.
- The risk for using your baby's blood spots in research is that it could be identified. This risk is very low. Many steps are taken to protect privacy. Details that could identify your child or family are removed before your child's blood spots are given to a researcher.
- Most likely you or your child will not benefit from blood spot research.
- Participation is voluntary. You can call MDHHS at any time if you change your mind. There is no penalty or loss of benefits for saying no or changing your mind.

No, my baby's blood spots may not be used for health research.
By checking this box you understand:

- Blood spots will be stored forever but not used for research. These stored blood spots may still be used by the state lab to help ensure that newborn screening detects those at risk.
- You must contact MDHHS if you do not want blood spots stored for any reason after newborn screening.

MDHHS Copy

38371

Sydney Wejcek
Parent Signature

1-30-17
Date

Your choice applies to all blood spots collected for newborn screening. Please visit www.michigan.gov/biotrust for further information including research updates. For questions about your research rights or whom to contact in case of a research-related injury, please call the MDHHS IRB at 517-241-1926.

After Newborn Screening

What happens to leftover blood spots?

Parents can choose what happens with the leftover blood spots.

Each spot is smaller than the size of a dime.

Option A: The blood spots can go into safe storage, and they also can be used for research through the Michigan BioTrust for Health to help improve the public's health. To choose this option, select the "yes" option and sign the consent form. Blood spots will never be used for research unless you give permission.

If you choose Option A or Option B, you can change your mind and choose a different option at any time. Just contact MDHHS.

Option B: The blood spots can go into safe storage and will not be used for research. To choose this option, select the "no" option and sign the consent form.

One blood spot is stored by the state lab only for your personal use, if needed.

You can also ask MDHHS to destroy the blood spots. To choose this option, you have to fill out a directive request form. If you choose this option, blood spots will no longer be available for testing if you or your baby's doctor need them. To find this form, please visit www.michigan.gov/biotrust or call 1-866-673-9939.

Here are some reasons why it is important to keep leftover blood spots.

Testing Improvement: To make sure we find babies with possible health problems, we need to make sure that our tests and equipment are working the way they should. This process is called quality control or assurance. Permission is not needed to use blood spots for this process.

Family Needs: Some families ask for blood spots when to do testing if their child gets sick. Looking at blood spots can help give clues about whether something at or before birth made the child sick.

Research on blood spots: When permission is given (Option A), blood spots can be used for research to improve the public's health. All blood spots are de-identified, meaning the baby's name, date of birth, or any other directly identifying information is not attached to the blood spots.



Want to know more?

Michigan Screening Program
Call us: 1-866-673-9939
For questions about leftover blood spots
Email: Screening@mdhhs.gov
Web: www.michigan.gov/biotrust

DEPOSITION
 EXHIBIT
 B
 Yancey
 10-7-20
 PENGAD 800-331-6888

After Newborn Screening



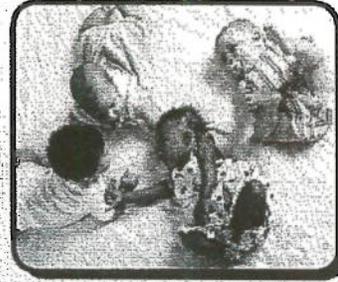
*Facts about using your child's
blood spots for research*

DEPOSITION
EXHIBIT
3
Yancey
10-7-21
PENGAD 800-631-6888

Dear Parents:

Please read this booklet.

You will learn about the choice to let blood spots from newborn screening be used for research.



Newborn Screening (NBS) is a program that screens all babies for many serious medical conditions. A few drops of blood are taken from a baby's heel. The drops are used to fill five spots on a filter paper card. These spots are called "blood spots". The card is sent to the state public health laboratory for testing. The pamphlet, "*Michigan Newborn Screening Saves Babies*" explains newborn screening. Ask hospital staff or your nurse midwife for a copy.

What happens to the blood spots?



Small punches from two blood spots are used for newborn screening (see picture). Five spots are collected in case punches from more than two spots are needed to confirm test results. After newborn screening, one unused blood spot is stored by the state public health laboratory in a secure site for future use by parents or a child over the age of 18, if needed. What is left of the remaining four blood spots is stored indefinitely in a secure storage facility, the Michigan Neonatal Biobank (www.mnbb.org).

What is the Michigan BioTrust for Health?

The Michigan BioTrust for Health is a program that oversees stored blood spots from newborn screening. With your permission, the Michigan BioTrust for Health also allows stored blood spots to be used for medical and public health research.

Who oversees the Michigan BioTrust for Health?

A Community Values Advisory Board is in place to speak on behalf of the general public. This Board suggests guidelines for research use and privacy protections. It also works to engage the community. A Scientific Advisory Board reviews each study to ensure it is a valid use of blood spots. The Michigan Department of Community Health (MDCH) Institutional Review Board (IRB) also reviews each study to protect people's rights.



What types of research might use blood spots?

Many types of research can use blood spots, such as:

- Studies to better diagnose childhood and adult diseases
- Studies to better treat childhood and adult diseases
- Studies on the effects of toxic chemicals

How many blood spots are available for research?

Currently over three million blood spots are stored and can be used for research. Every year over 100,000 babies are born in Michigan and undergo newborn screening. If parents grant permission, these blood spots will also be made available for research.

How are blood spots selected for research?

Depending on the study, blood spots may be chosen at random. They may also be selected based on certain factors. Examples include:

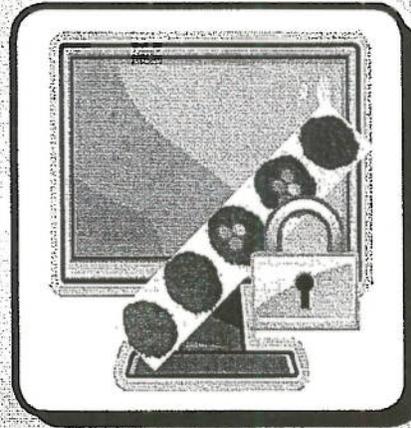
- Birth weight
- Birth year
- Birth county

What are the risks if I permit my child's blood spots to be used for research?

The only risk is that your child's bloodspot could be identified. The chance this would happen is extremely small because of the steps taken to protect privacy.

What steps are taken to protect privacy?

By law MDCH must keep a child's personal information private. Careful steps are taken to do this. Before blood spots are sent for storage, they are marked with a bar code similar to the kind used on groceries. Information that could readily identify a child or family is removed. The storage facility cannot link to this identifying information. Only MDCH can link a blood spot to a specific person. This link is protected by law.



The Michigan BioTrust for Health is a "medical research project" under Michigan law. This means that MDCH cannot be forced to disclose the identity of anyone's blood spot. In addition, the Genetic Information Nondiscrimination Act (GINA) provides protection at the federal level. To further protect privacy, the Michigan BioTrust for Health has requested a Certificate of Confidentiality from the United States Department of Health and Human Services (DHHS). Details are given in the box to the right.

Please call the MDCH Newborn Screening Program at 1-866-673-9939 if you have any questions about this Certificate of Confidentiality.

Certificate of Confidentiality

- It gives the BioTrust the right to refuse a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The BioTrust will exercise that right.
- It cannot be used to resist a demand for information from personnel of the U.S. Government for auditing or evaluation of federally funded projects or for information that must be disclosed in order to meet the requirements of the FDA.
- It does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If you give an insurer, employer, or other person your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

What information about my child will be given to researchers?

In most cases researchers will be given a small punch from a blood spot with no other readily identifiable information. The researcher will not know whose blood spot was used.

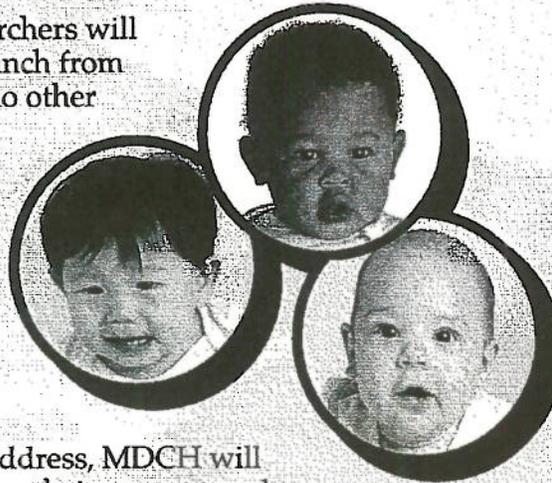
If a researcher needs readily identifying information like a person's name or address, MDCH will contact the person or their parent to ask for written permission before that information is released.

In rare cases, potentially identifying information could be provided to researchers. This would only be allowed after the Scientific Review Board and MDCH IRB determined such information was essential for the research and it was not possible to reach the person for permission. In such a case, the researcher would be required to protect the privacy of any information provided to them.

Will research results be given to those who take part?

Personal results from research tests are not given out.

A list of research projects using blood spots is posted on the MDCH website. Findings from these projects will be posted when available at www.michigan.gov/biotrust.



How will I or others benefit from giving permission to use my child's blood spots for research?

There will likely be no direct benefit to you or your child. You will not be paid if your child's blood spots are used for research. You or your children will not get money if any products (such as new drugs) ever come from the research. However, you will help ensure the Michigan BioTrust for Health represents the entire population of Michigan. You, or someone in your family, may be helped by research looking at new ways to diagnose, prevent or treat disease.

How do I give permission to use blood spots for research?

First you should read this whole booklet. If you agree to allow blood spots to be used for research, you will be asked by hospital staff or your birthing attendant to sign a permission form. Your permission applies to any blood spots obtained for newborn screening.

If I give permission now, can I change my mind?

Yes. You can contact MDCH at any time if you do not want your child's blood spots used for research. At age 18, your child can also ask that his or her stored blood spots no longer be used for research. **Please call 1-866-673-9939 for more information and forms.**

What will happen with my child's blood spots if I do not give my permission for research?

Blood spots are still stored indefinitely even if you do not give permission for research. If you do not want your child's blood spots stored for any purpose call MDCH. At age 18, your child may also make this request. **Please call 1-866-673-9939 for more information and forms.**

What if I have more questions?

If you have any questions about blood spots being used for research, please contact:

MDCH Newborn Screening Program

Telephone

Toll-free: 1-866-673-9939

Fax

517-335-9419

Email

newbornscreening@michigan.gov

Website

www.michigan.gov/newbornscreening

**For questions about your research rights, please
call the MDCH IRB at 517-241-0806.**

*Michigan Department
of Community Health*



**Rick Snyder, Governor
Olga Dazzo, Director**

MDCH is an equal opportunity employer,
services and program provider.

100,000 printed at \$0.18 each with a total cost of \$18,333.76

10/11

What are the risks if your baby's blood spots are used for research?

The risk is that your baby could be identified. The chance this will happen is very low. Many steps are taken to protect privacy.

What steps are taken to protect privacy?

There are many levels of security at the Michigan Neonatal Biobank where blood spots are stored. They are stored coded only with a number and not your child's name or identifying information. Details that could identify a child or family are removed. MDHHS has taken steps to keep blood spots secure. The highest level of protection, a "Certificate of Confidentiality" from the United States Department of Health and Human Services has been granted. Details are below:

Certificate of Confidentiality
 US Department of Health and Human Services
<http://grants.nih.gov/grants/policy/ccc/>

- The BioTrust can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The BioTrust will use the Certificate to resist any demands for information that would identify you, except as explained below.
- The Certificate cannot be used to resist a demand for information from personnel of the U.S. federal or state government agency sponsoring the project and that will be used for auditing or program evaluation or agency funded projects or for information that must be disclosed in order to meet the requirements of the Federal Food and Drug Administration (FDA).
- It does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research, if an insurer, medical care provider, or other person on your written consent to receive research information, then the BioTrust will not use the Certificate to withhold that information.

Will you or your child benefit from blood spot research?

Blood spot research may not directly help you, your child or your family. You will not be paid if your child's blood spots are used. Your family will not get money if products (such as new drugs) ever come from the research. This type of research aims to improve the health of communities. You will help ensure all groups of people in our state are represented in research. You, or a family member, may also be helped by research looking at new ways to diagnose, prevent or treat disease.

What are your choices for blood spot research?

You can say "yes" or "no" to blood spot research. You will be asked to check a box and sign a form found in your baby's newborn screening card. If you say "yes", all blood spots taken for newborn screening may be used, except for the blood spot saved for your own use if needed. If you say "no", blood spots will be stored but not used for research. You must contact MDHHS if you do not want blood spots stored for any reason after newborn screening.

Can you change your mind?

Yes. You can call MDHHS at any time if you change your mind about blood spot research. After turning 18, your child must make this request.



What do you need to do?

ASK if you have questions.

VISIT www.michigan.gov/biotrust to read more about consent options.

CALL MDHHS if you still have questions about blood spots.

MARK your choice for blood spot research use on the BioTrust consent form and sign it.

GET your pink copy of the BioTrust consent form to take home.

MDHHS Newborn Screening Program

Telephone:
(Toll Free) 1-866-673-9939

Email:
newbornscreening@michigan.gov

Website:
www.michigan.gov/newbornscreening

For questions about your research rights or whom to contact in case of a research-related injury, please call the MDHHS IRB at 517-241-1928

After Newborn Screening

Your Baby's Blood Spots



Learn More About the Facts and Choices You Need to Understand



MDHHS is an equal opportunity employer, services and program provider.

10/17



Dear Parents:



Soon after birth a few drops of blood are taken from your baby's heel. These "blood spots" are used for newborn screening. This program is required by state law and screens all babies for rare disorders to ensure early treatment. Please read "Michigan Newborn Screening" for more facts. Hospital staff or your midwife has a copy for you or visit www.michigan.gov/newbornscreening.

What happens to blood spots after newborn screening?

Often parts or whole blood spots end up not being used. Once newborn screening is done, the unused blood spots are stored for up to 100 years. These stored blood spots may be used by the state lab to perform quality control tests and improve newborn screening. Blood spots may also be used to add more tests to newborn screening.

One blood spot is also kept by the state lab for your personal use, if needed. Parents have used this blood spot to help diagnose a disease in their child or to find reasons for a child's untimely death.

The rest of the blood spots are stored at a secure site, the Michigan Neonatal Biobank (www.mnbb.org). These stored blood spots may be used for research approved by the Michigan Department of Health and Human Services (MDHHS). The choice to allow this research is *yours* to make.

What is the Michigan BioTrust for Health?

The BioTrust is an MDHHS program created to oversee the research use of stored blood spots. One



purpose of the BioTrust is to allow all groups of Michiganders to be part of research. Different groups help advise MDHHS on rules for research use of blood spots and suggest ways to inform the public. They include a Community Values Advisory Board with members from different organizations and the general public.

What type of research is done?

Blood spots can only be used for studies to better understand diseases or improve the public's health. We cannot predict every type of study that will be done. Many types of laboratory methods are used to study biological factors like DNA or environmental factors like metals and toxins. Studies have already:

- ◆ Looked for causes of cancer, birth defects and other health concerns, like obesity
- ◆ Improved newborn screening methods
- ◆ Tested mercury levels to find out if pregnant mothers are eating safe amounts of fish

For research guidelines and a list of studies visit
www.michigan.gov/biotrust

What are the steps for using blood spots in research?

1. **MDHHS approves the study:**
 - BioTrust guidelines are met.
 - Scientific Advisory Board(s) ensures the study is good science.
 - Institutional Review Board(s) ensures subjects' rights are protected.
2. **MDHHS selects blood spots:**
 - Blood spots are picked randomly, or
 - Blood spots are picked because a researcher wants to study a specific group (such as people with cancer).
3. **Researcher gets blood spots:**
 - Researchers are not told whose blood spot is provided.
 - Data may be provided such as a diagnosis or year of birth.
 - Information that can identify a person is not provided, unless that person is asked and consents.
4. **Researcher performs study:**
 - Blood spots are studied.
 - Results are recorded.
 - Any left-over spots are destroyed.
 - Study results are reported.

How many blood spots are stored and can be used for research?

Each year over 100,000 babies are born in Michigan. Almost all of these babies have newborn screening. All of these blood spots are stored in the Biobank.

Today, blood spots from over five million people are stored. If you or your child was born after July 1984, your blood spots are included. If collected before May 2010, these blood spots can be used for research unless you or your child (after age 18) contacts MDHHS. You may ask for your spots to be destroyed. You may also ask that your spots remain stored, but not used in research. Please call MDHHS for more details (Toll-free 1-866-673-9939).

Stored blood spots collected after April 2010 can only be used for research if a parent or legal representative returns a signed consent form allowing it.

Will you or your child get blood spot research results?

No. Personal research results are not provided. Researchers are not given data that can identify you or your child. This means you cannot receive research results. A table listing all research using blood spots is posted at www.michigan.gov/biotrust. Research findings are posted here when studies are done.

EXHIBIT
0
OUTSIDE LEGAL COUNSEL PLC
www.olsplc.com



The Michigan Neonatal Biobank, a 501(c)3 non-profit company, is the culmination of collaborative efforts among Wayne State University, Michigan State University, the University of Michigan, the Van Andel Research Institute and the Michigan Department of Community Health to store and manage the State's residual Newborn Screening samples.



CONTACT US

Michigan Neonatal Biobank

440 Burroughs Suite 320

Detroit MI 48202

Telephone: 313-577-2130

Email: mnb@wayne.edu

Website: www.mnb.wayne.edu

**Providing Storage and
Management Services for
Residual Newborn
Screening Samples**



The Michigan BioTrust for Health is a State of Michigan initiative to make leftover newborn screening samples more available for medical or public health research. Requests to use the samples are reviewed by the State's Institutional Review Board and Scientific Advisory Board.

What is the Michigan Neonatal Biobank?

The Michigan Neonatal Biobank is a storage and management facility for residual blood spot cards from Michigan's Newborn Screening program. Our temperature and humidity controlled repository can hold up to 20 million cards and our state of the art inventory system provides Newborn Screening program managers with remote access to images and storage information for each sample.

The Biobank makes samples available for approved research studies.

What can be measured in the dried blood spots?

More than 160 different analytes or polymorphisms are cited in literature as having been measured from dried blood spot specimens. The list includes not only biological markers such as DNA, but also infectious agents and potential environmental contaminants such as heavy metals.



What kind of research can be done with dried blood spots?

In addition to their use in screening newborns for certain disorders, dried blood spot samples have been used to detect a number of other conditions and substances. It is possible to measure, for example, lead and mercury levels and alcohol and tobacco exposure, and to look for environmental or genetic links to many childhood disorders. New technologies make it possible to measure thousands of genes, gene transcripts, proteins, metabolites, infectious agents, drugs, and toxins from small samples when stored under optimal conditions.

Can clinical data be provided?

For approved studies the dried blood spot samples can be linked by the Michigan Department of Community Health to newborn screening results, statewide public health registries, and to live birth and death records. This makes it possible for researchers to request samples that are associated with a known health outcome.

Is there a fee for the samples?

Yes. A user fee is charged to cover the cost of storage and providing samples for research.

An additional fee is charged if the samples need to be linked to information in the State's public health registries, live births and death records.

Contact the Biobank for a quote.



What is the process for approving research that uses the dried blood spots?

All requests to use the dried blood spots for research must have approval from the requesting institution's IRB, and must be submitted for approval to the Department of Community Health's IRB and their Scientific Advisory Board.

Where can I get more information?

For more information contact the Michigan Neonatal Biobank at 313-577-2130 or visit our website www.mnb.wayne.edu.





STATE OF MICHIGAN 12 TH JUDICIAL DISTRICT 4 TH JUDICIAL CIRCUIT & COUNTY PROBATE	SUBPOENA Order to Appear and/or Produce	CASE NO. [REDACTED]
Plaintiff(s) Petitioner(s) <u>X</u> People of the State of Michigan	V	In The Matter Of: [REDACTED]
Civil <u>X</u> Criminal	Charge: Open Murder	
<u> </u> Probate In the matter of		

In the Name of the People of the State of Michigan. To: [REDACTED]

If you require special accommodations to use the court because of disabilities, please contact the court immediately to make arrangements.
YOU ARE ORDERED:

 1. To appear personally at the time and place stated below: You may be required to appear from time to time and day to day until excused.

The court address above Other:

Day		
-----	--	--

 2. Testify at trial / examination / hearing / Jackson County Courthouse, 312 S. Jackson Street, 2nd Floor, Jackson, MI.

X 3. Produce and deliver copies of the following items: The PKU Card of [REDACTED] born at [REDACTED] on [REDACTED] to mother [REDACTED] Please deliver to [REDACTED] Police Department before [REDACTED] can be contacted by phone number [REDACTED]

 4. Testify as to your assets, and bring with you the items listed in line 3 above.

 5. Testify at deposition.

 6. MCL 600.6104(2), 600.6116, or 600.6119 prohibitions against transferring or disposing of property attached.

 7. Other:

 8.

Person requesting subpoena [REDACTED]	Telephone no. [REDACTED]	
Address [REDACTED]		
City	State	Zip [REDACTED]



FAILURE TO OBEY THE COMMANDS OF THE SUBPOENA OR APPEAR AT THE STATED TIME AND PLACE MAY SUBJECT YOU TO PENALTY FOR CONTEMPT OF COURT

[REDACTED] _____
Date Circuit/District Court Judge/Magistrate

Court use only	
<u> </u> Served	<u> </u> Not Served

STATE OF MICHIGAN 12 TH JUDICIAL DISTRICT 4 TH JUDICIAL CIRCUIT & COUNTY PROBATE	SUBPOENA Order to Appear and/or Produce	CASE NO. [REDACTED]
Plaintiff(s) Petitioner(s) <input checked="" type="checkbox"/> People of the State of Michigan	V	In The Matter Of: [REDACTED]
<input type="checkbox"/> Civil <input checked="" type="checkbox"/> Criminal <input type="checkbox"/> Probate In the matter of		Charge: Open Murder

In the Name of the People of the State of Michigan. To: Michigan Department of Community Mental Health
 State Public Health Lab, Lansing, Michigan
 C/O Harry Hawkins

If you require special accommodations to use the court because of disabilities, please contact the court immediately to make arrangements.
YOU ARE ORDERED:

1. To appear personally at the time and place stated below: You may be required to appear from time to time and day to day until excused.

The court address above Other: _____

Day		
-----	--	--

2. Testify at trial / examination / hearing / Jackson County Courthouse, 312 S. Jackson Street, 2nd Floor, Jackson, MI.

3. Produce and deliver copies of the following items: The PKU Card of [REDACTED] on [REDACTED] Police Department before [REDACTED] Please deliver to Detective [REDACTED] can be contacted by phone number [REDACTED]

- 4. Testify as to your assets, and bring with you the items listed in line 3 above.
- 5. Testify at deposition.
- 6. MCL 600.6104(2), 600.6116, or 600.6119 prohibitions against transferring or disposing of property attached.
- 7. Other:

8.

Person requesting subpoena	Telephone no.
[REDACTED]	[REDACTED]
Address	
[REDACTED]	
City	State
[REDACTED]	[REDACTED]
Zip	[REDACTED]



FAILURE TO OBEY THE COMMANDS OF THE SUBPOENA OR APPEAR AT THE STATED TIME AND PLACE MAY SUBJECT YOU TO PENALTY FOR CONTEMPT OF COURT

[REDACTED]
 Date Circuit/District Court Judge/Magistrate

Court use only <input type="checkbox"/> Served <input type="checkbox"/> Not Served

08:08

P. 01

FEDERAL BUREAU OF INVESTIGATION
FACSIMILE COVER SHEET

RECEIVED

PRECEDENCE

Immediate

Priority

MDCOH LEGAL
Routing

CLASSIFICATION

Top Secret

Secret

Confidential

Sensitive

Unclassified

TO

Name of Office:
Michigan Department of Community Health

Facsimile Number:
517-241-1200

Date:
[Redacted]

Attn:
Carrie Waggoner

Room:
Telephone Number:
517-373-2049

FROM

Name of Office:
[Redacted]

Number of Pages: (including cover)
3

Originator's Name:
[Redacted]

Originator's Telephone Number:
[Redacted]

Originator's Facsimile Number:
[Redacted]

Approved:
[Redacted]

DETAILS

Subject:

Please find attached to this fax cover sheet a Federal Grand Jury Subpoena for Residual neonatal dried blood spot cards.

Special Handling Instructions:

Please contact sender to arrange for pick-up or delivery of these samples.

Brief Description of Communication Faxed:

WARNING

Information attached to the cover sheet is U.S. Government Property. If you are not the intended recipient of this information disclosure, reproduction, distribution, or use of this information is prohibited (18.U.S.C. § 641). Please notify the originator or local FBI Office immediately to arrange for proper disposition.

08:08

P.02

AO 110 (Rev. 06/09) Subpoena to Testify Before a Grand Jury

UNITED STATES DISTRICT COURT
for the
Eastern District of Michigan

SUBPOENA TO TESTIFY BEFORE A GRAND JURY

To: Michigan Department of Community Health
c/o Carrie Waggoner

Grand Jury No. [REDACTED]

YOU ARE COMMANDED to appear in this United States district court at the time, date, and place shown below to testify before the court's grand jury. When you arrive, you must remain at the court until the judge or a court officer allows you to leave.

Place: Theodore Levin U.S. Courthouse
231 W. Lafayette
Detroit, Michigan 48226

Date and Time: [REDACTED]

You must also bring with you the following documents, electronically stored information, or objects (*blank if not applicable*):

Residual neonatal dried blood spot cards for:



DAVID J. WEAVER, CLERK OF COURT

Signature of Clerk or Deputy Clerk



Date: [REDACTED]

The name, address, e-mail, and telephone number of the United States attorney, or assistant United States attorney, who requests this subpoena, are:





[Redacted]

[Redacted]

Page 1
State of Michigan

SS

[Redacted]

SEARCH WARRANT

To the Sheriff or any peace officer of said county: [Redacted] the affiant, having subscribed and sworn to an affidavit for a Search Warrant, and I having under oath examined the affiant, am satisfied that probable cause would exist:

THEREFORE, IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN, I COMMAND THAT YOU SEARCH THE FOLLOWING DESCRIBED PLACE:

Michigan Department of Health & Human Services 3350 N MLK Blvd., P.O. Box 30689, Lansing Michigan 48906. The records department for Newborn Screening.

And to there seize, tabulate and make return according to the law the following property or things.

PKU Card (Blood Card) for [Redacted] This card will only be used for victim identification.

SUBSCRIBED AND SWORN TO BEFORE ME AND ISSUED UNDER MY HAND THIS [Redacted] DAY OF [Redacted] IN THE YEAR [Redacted]

[Redacted]

[Redacted]

print

JUDGE/MAGISTRATE,

[Redacted]

Date/

Time

[Redacted]

Page 2
State of Michigan

SS

AFFIDAVIT FOR SEARCH WARRANT

The following facts are sworn to by affiant in support of the issuance of this warrant:

1. The affiant is a member of the [redacted] Department for the past fifteen years and is currently assigned to the [redacted] Missing person Unit.
2. Affiant, along with members of the Homicide Unit (Special Assignment Squad), are investigating the a double fatal fire of [redacted] and an unknown minor child believed to be [redacted]. This incident is documented on [redacted].
3. On [redacted] at approximately [redacted] members of the [redacted] Fire Department responded to [redacted] and found the house engulfed in flames. Once the fire was extinguished two bodies were discovered [redacted] Police [redacted] manned by Police Officers [redacted] and [redacted] responded to the scene and observed an adult and minor child [redacted] non-responsive. The crew held the scene and made notifications.
4. [redacted] was identified through morgue photo however the minor child sustained severe burns to the facial area and has not been positively identified.
5. [redacted] had been the subject of an amber alert prior to the victims being discovered.

SWORN BY ME THIS 4TH DAY OF FEBRUARY IN THE YEAR [redacted]

AFFIANT [redacted]
Sergeant [redacted]
[redacted] Police Department

[redacted]
Print [redacted]
ASSISTANT PROSECUTING ATTORNEY
[redacted] Michigan

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
NORTHERN DIVISION

ADAM KANUSZEWSKI, et al,

Plaintiffs,

v

Case No. 18-cv-10472

MICHIGAN DEPARTMENT OF HEALTH
AND HUMAN SERVICES, et al,

HON. THOMAS L. LUDINGTON
MAG. PATRICIA T. MORRIS

Defendants.

/

VIDEO CONFERENCE DEPOSITION OF ASHLEY KANUSZEWSKI

Taken by the Defendant MDHHS on the 23rd day of October,
2020, via Zoom, at 3:30 p.m.

APPEARANCES:

For the Plaintiffs:

MR. PHILIP LEE ELLISON (P74117)
Outside Legal Counsel PLC
PO Box 107
Hemlock, Michigan 48626
(989) 642-0055

For the Defendant
MDHHS:

MR. AARON WARREN LEVIN (P81310)
Michigan Department of Attorney General
PO Box 30736
525 Ottawa Street
Lansing, Michigan 48909
(517) 335-7632

For the Defendant
Michigan Neonatal
BioBank and Antonio
Yancey:

MR. JEREMY C. KENNEDY (P64821)
Pear Sperling Egan & Daniels PC
24 Frank Lloyd Wright Drive, Suite D2000
Domino's Farms
Ann Arbor, Michigan 48105
(734) 665-4441

1 RECORDED BY: Pam Rankinen, CER 4532
 2 Certified Electronic Recorder
 3 Network Reporting Corporation
 4 Firm Registration Number 8151
 5 1-800-632-2720
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 2

1 Via Zoom Video Conference
 2 Friday, October 23, 2020 - 3:35 p.m.
 3 MR. ELLISON: And I'll just jump in here right off
 4 the bat and say we consent to the Zoom deposition in this
 5 case, and we waive any objection as to doing this deposition
 6 by Zoom.
 7 MR. LEVIN: Thank you. I was going to ask off the
 8 top this time so you --
 9 MR. ELLISON: Oh, there you go. There you go.
 10 Well, I'll shut up and get out of the way then. Go ahead.
 11 MR. LEVIN: Not a problem. All right. So my name
 12 is Aaron Levin. I am Assistant Attorney General. I'm
 13 representing Director Gordon, Dr. Lyon-Callo, Dr. Shah, and
 14 Mary Klein in this case. I don't know if you've done a
 15 deposition before, but bear with me just for a moment. We
 16 are recording. There will be a transcript, so if we can do
 17 our best not to talk over each other, that makes a clean
 18 transcript and keeps everybody happy and not mad at me.
 19 If you don't know the answer to something or you
 20 don't remember, those are both perfectly acceptable answers.
 21 If you need me to rephrase, or anybody who is asking a
 22 question -- because I think we're all going to ask some --
 23 that's perfectly fine. Just let us know. I'm going to, I
 24 anticipate, show you a couple exhibits. If you need me to
 25 zoom in or my screen sharing is not showing that correctly,

Page 4

1 TABLE OF CONTENTS

	PAGE
2	
3	
4	Examination by Mr. Levin 5, 30, 32
	Examination by Mr. Kennedy 14, 30
	Examination by Mr. Ellison 22, 32
5	
6	
7	EXHIBIT INDEX
	PAGE
8	
9	Deposition Exhibit A marked 8
	(Residual Newborn Screening Blood Spot Directive)
10	Deposition Exhibit B marked 9
	(Consent Forms)
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

Page 3

1 let me know. I'll get that adjusted.
 2 If at any point when somebody is asking a
 3 question, you hear somebody object, in all likelihood you'll
 4 continue to answer the question, or we'll stop you if it's
 5 one you shouldn't. But there may be some objections, and
 6 we'll just try not to talk over each other and we'll get
 7 that all squared away. And if you need a question repeated,
 8 we can do that.
 9 MS. KANUSZEWSKI: All right.
 10 MR. LEVIN: So with that, I am going to dive in
 11 unless you have any preliminary matters. Anybody else?
 12 MR. ELLISON: No, go for it.
 13 REPORTER: Do you solemnly swear or affirm that
 14 the testimony you're about to give shall be the whole truth?
 15 MS. KANUSZEWSKI: Yes.
 16 ASHLEY KANUSZEWSKI
 17 having been called by the Defendant MDHHS and sworn:
 18 EXAMINATION
 19 BY MR. LEVIN:
 20 Q All right. So as it relates to this lawsuit, it's regarding
 21 the Department of Health and Human Services retention of
 22 residual dried blood spots. What concerns do you have about
 23 the department retaining those residual dried blood spots?
 24 **A Not fully knowing what's happening with them, and that I**
 25 **didn't really know what -- that they were taking them**

Page 5

1 **completely or what it was for exactly.**
 2 Q Prior to this lawsuit, did you do any research about the
 3 newborn screening program?
 4 **A No.**
 5 Q Prior to this lawsuit did you do any research regarding the
 6 retention and for possible research uses of the dried blood
 7 spots?
 8 **A No.**
 9 Q Have you done any independent research about either of those
 10 things after filing the lawsuit?
 11 **A No.**
 12 Q Do you have any reason to believe that your children's blood
 13 spots have been accessed?
 14 **A Do I have reason to believe they've been accessed?**
 15 Q Correct.
 16 **A Yes, now.**
 17 Q What's that?
 18 **A I guess I'm not completely understanding your question. If**
 19 **you could repeat, rephrase it.**
 20 Q Sure. Sure.
 21 MR. ELLISON: I think -- Aaron, I don't mean to
 22 jump in, but I think she might be thinking blood from the
 23 heel as opposed to blood from the blood bank.
 24 MR. LEVIN: Okay. So, I can clarify that.
 25 Q So as it relates to the stored blood spots post screening --

Page 6

1 so there's the initial screening process and then there is
 2 storage for research purposes after that first screening.
 3 As it relates to those stored blood spots, do you have any
 4 reason to believe -- and I'm going to ask the question the
 5 same way, but if that didn't clear it up -- do you have any
 6 reason to believe that those retained blood spots have been
 7 accessed or used?
 8 **A I guess not, no, I don't know.**
 9 Q Do you have any reason to believe those blood spots have
 10 been sold?
 11 **A No.**
 12 Q What are you hoping happens to the blood spots at the
 13 conclusion of this lawsuit?
 14 **A That they're given back or taken away from anybody who maybe**
 15 **shouldn't have them without my permission.**
 16 Q I am going to -- are you aware that at any time you may
 17 direct the Department of Health and Human Services to
 18 destroy the blood spots?
 19 **A No.**
 20 Q Would the destruction of the blood spots address your
 21 concerns in this case?
 22 **A Yeah. As long as they -- yeah, from everywhere that**
 23 **they're -- but I don't know they're supposed to be, you**
 24 **know. Yes, I would -- if they were destroyed completely,**
 25 **then I guess that would, yes.**

Page 7

1 MR. LEVIN: I'm going to share my screen and show
 2 you what we will mark as Exhibit A.
 3 (Counsel shares document via video)
 4 (Deposition Exhibit A marked)
 5 Q All right. Can you see that?
 6 **A Yeah, mostly. It's kind of small.**
 7 Q All right. I will -- did that help any?
 8 **A Yeah. Yeah, I can see.**
 9 Q All right. If you could just take a moment and review this
 10 form and let me know when you're done and let me know if you
 11 need me to zoom in or zoom out or scroll up or down. Or let
 12 me know when you've read it and if you need me to move the
 13 screen so that you can read it.
 14 (Witness reviews exhibit)
 15 **A Okay.**
 16 Q Have you ever seen this form before?
 17 **A No.**
 18 Q Having had the chance to review it, does it provide the
 19 opportunity to have the blood spots destroyed?
 20 MR. ELLISON: Objection; calls for a legal
 21 conclusion, but go ahead, Ashley.
 22 **A Can you repeat your question one more time?**
 23 Q Sure. So noting the objection and that that will stand as I
 24 ask it, having reviewed the form, does this form allow you
 25 to direct the Department of Health and Human Services to

Page 8

1 have residual dried blood spots destroyed?
 2 **A It looks like it.**
 3 Q Are you willing to sign this form?
 4 **A I don't know. That would be something I'd want to discuss**
 5 **with an attorney or my husband or --**
 6 Q Fair enough.
 7 MR. LEVIN: That's all I'm going to need on this
 8 screen. If you'll bear with me just a moment, I am going to
 9 share my screen again and show what we'll mark as Exhibit B.
 10 So this is two pages. Each page is a different document. I
 11 just marked them together because I thought it would be
 12 easier to share them that way.
 13 (Counsel shares document via video)
 14 (Deposition Exhibit B marked)
 15 Q Can you see it?
 16 **A Yes.**
 17 Q And is this one big enough, small enough, or too small?
 18 **A Yeah, I can read it. It's fine.**
 19 Q All right. If you could let me know when you're done with
 20 the first page, and then I will scroll to the second page.
 21 (Witness reviews exhibit)
 22 **A Yup.**
 23 Q Now if you could review the second page, please.
 24 **A Okay.**
 25 Q Do you recognize either of these?

Page 9

1 **A No. I mean, I recognize my signature. That's about it.**
 2 Q So that is your signature on both forms?
 3 **A Yes.**
 4 Q All right. So I've now scrolled back to the first page.
 5 Fair to say that the checkbox next to, "Yes, my baby's blood
 6 spots may be used for health research" is checked?
 7 **A Yes.**
 8 Q Now, I'm going to scroll back to the second page. Does that
 9 box in the middle -- towards the bottom of that box in the
 10 middle, it says, "I voluntarily agree to allow my child's
 11 DBS" -- which stands for dried blood spots -- "to possibly
 12 be used for medical research after newborn screening is
 13 complete. My permission applies to any blood spots obtained
 14 for newborn screening"; is that correct?
 15 **A Yes.**
 16 Q And is that your signature on this form?
 17 **A Yes.**
 18 Q Do you have any reason to believe that your children's dried
 19 blood spots are being used contrary to the expressed
 20 statements in these two documents?
 21 **A I guess not, no, after I read it now.**
 22 Q Do you recall if you were ever given an educational pamphlet
 23 or brochure explaining the newborn screening program?
 24 **A No.**
 25 Q Do you recall if you were ever given an educational pamphlet

Page 10

1 or brochure explaining that retained blood spots may be used
 2 for medical research?
 3 **A No.**
 4 Q When did you learn about the newborn screening program?
 5 **A Not since this was happening. I don't remember anything**
 6 **about it. I don't -- this -- the dates show the days my**
 7 **kids were born, so I think that was the first time I'd ever**
 8 **heard of it.**
 9 Q After that time, did you ever do any independent -- I
 10 already asked that. Strike that.
 11 MR. ELLISON: I'll give -- I think she's kind of
 12 confused on your question, so go ahead and dig into it. I
 13 don't mind.
 14 MR. LEVIN: Right.
 15 Q So notwithstanding these forms, when do you recall learning
 16 about the newborn screening program?
 17 **A I don't ever recall learning about it.**
 18 Q Are you familiar with it now?
 19 **A Now that I've read this that you've shown me, a little bit.**
 20 **I'm only familiar what I'm reading that you're showing me in**
 21 **these pages right here.**
 22 Q Is it fair to say you were familiar with the newborn
 23 screening program at some point prior to your filing a
 24 lawsuit?
 25 **A Not really, no. I mean, what -- well, yes. I mean, I guess**

Page 11

1 **I don't know -- I guess I'm confused at, like you said -- or**
 2 **like Phil said, what exactly you're asking me. Do I know**
 3 **anything about this screening program? No. Did I learn a**
 4 **little bit about it through this process? Yes.**
 5 Q When was -- so you said you learned a little bit about it.
 6 When was that, to the best of your memory?
 7 **A In speaking with my attorney. I don't know when that was**
 8 **exactly.**
 9 Q Do you think it was shortly before filing the lawsuit?
 10 **A Yes.**
 11 Q Thank you. Was it about that same time you think you
 12 learned about the retention program and possible research
 13 uses?
 14 **A Yes.**
 15 Q Did you ever do any research to determine if you could have
 16 the residual dried blood spots destroyed by means other than
 17 filing a lawsuit?
 18 **A No.**
 19 Q Do you know now that there is a method?
 20 MR. ELLISON: Objection; calls for a legal
 21 conclusion. Go ahead, Ashley, you can answer if you can.
 22 **A Say that -- repeat it, please.**
 23 Q To the best of your knowledge right now, is it possible for
 24 you to request that the blood spots be destroyed outside of
 25 this lawsuit?

Page 12

1 MR. ELLISON: Same objection.
 2 **A I don't know.**
 3 Q So I'm going to re-share my screen again and go back to
 4 Exhibit A.
 5 (Counsel shares document via video)
 6 So we reviewed this form a few minutes ago; correct?
 7 **A Yes, uh-huh.**
 8 Q And at that time you indicated that the form appears to
 9 allow for destruction of the blood spots; correct?
 10 **A Yes; yes.**
 11 Q You are aware now that there is a method for you to request
 12 destruction of blood spots?
 13 **A Yes; yes.**
 14 MR. ELLISON: Objection; calls for a legal
 15 conclusion. Go ahead, Ashley, if you can answer.
 16 **A Yes.**
 17 Q One moment. Sorry.
 18 MR. ELLISON: No, take your time. That's fine.
 19 Q During this lawsuit, did you ever review any paperwork you
 20 may have relating to the newborn screening program, or do
 21 you have any? Let me rephrase that. Have you had an
 22 opportunity to review your paperwork at home or wherever --
 23 I'm going to ask that again. Do you have any paperwork
 24 relating to the newborn screening program?
 25 **A No.**

Page 13

1 Q Do you have any paperwork relating to the retention and
 2 storage, possible research uses of dried blood spots?
 3 **A No.**
 4 MR. LEVIN: I don't have anything further right
 5 now.
 6 MR. KENNEDY: All right. Good afternoon,
 7 Ms. Kanuszewski, my name is Jeremy Kennedy. I'm the
 8 attorney for Dr. Antonio Yancey, Michigan Neonatal Biobank,
 9 the parties in this lawsuit.
 10 EXAMINATION
 11 BY MR. KENNEDY:
 12 Q So you have never -- have you ever requested that your
 13 children's dried blood spot cards be destroyed?
 14 **A No.**
 15 Q Okay. And that Exhibit A that we've been talking about,
 16 assuming that it is as Mr. Levin has represented and a form
 17 that would allow you to request the cards be destroyed,
 18 we're going to start with that assumption that it is as he's
 19 represented. I understand that your attorney has raised an
 20 objection. If you requested the destruction of the dried
 21 blood spots for your children using that card, do you have
 22 any reason to believe they would not be destroyed?
 23 **A I don't know.**
 24 Q Why not? Is it you don't know because you think you fill
 25 out a form with the state, and they'll ignore it?

Page 14

1 **A I guess, like I said, I would like to review it further.**
 2 **From what it says, no, I guess I would not have any reason**
 3 **to believe that. They should do what I sign.**
 4 Q And I'm not saying you have to make that conclusion. I'm
 5 saying if we accept that it is as represented and you ask
 6 for them to destroy it, you don't think there's any reason
 7 they wouldn't destroy it?
 8 **A No.**
 9 Q Now, do you know prior to this lawsuit did you -- had you
 10 ever heard of the Michigan Neonatal Biobank?
 11 **A No.**
 12 Q Since this lawsuit has started, have you learned anything
 13 about the operation of the Michigan Neonatal Biobank?
 14 MR. ELLISON: I'm going to -- Ashley, we're going
 15 to put an objection here, and I want to direct you anything
 16 that I've told you as part of our discussions is covered by
 17 attorney/client privilege. Outside of what I've told you,
 18 you can answer any other information anywhere else. Okay?
 19 THE WITNESS: Yes.
 20 Q Not looking at anything that Mr. Ellison has told you, just
 21 any knowledge you've had on your own, any research you've
 22 done on your own, anything like that?
 23 **A No.**
 24 Q So you have no awareness how the biobank operates?
 25 **A No.**

Page 15

1 Q You have no personal knowledge of what it does?
 2 **A No.**
 3 Q You have no personal knowledge of how it is funded; correct?
 4 **A No.**
 5 Q Do you have any evidence that the biobank is using any of
 6 your children's dried blood spot cards in any manner?
 7 **A No.**
 8 Q It's not even that you -- strike that question. I'll
 9 withdraw what I was about to ask. So prior to this lawsuit
 10 being filed, did you do any research about the use of the
 11 dried blood spot cards?
 12 **A No.**
 13 Q Did you have any knowledge of how dried blood spot cards,
 14 whether they were your children's dried blood spot cards or
 15 any other dried blood spot cards, what they were used for?
 16 **A No.**
 17 Q And you have no reason to believe the cards for your
 18 children have ever been used; correct?
 19 **A Repeat that again. What did you say?**
 20 Q Do you have any reason -- I'm going to rephrase. Do you
 21 have any reason to believe that your children's dried blood
 22 spot cards have ever been used?
 23 **A No.**
 24 Q Do you have any reason to believe that your children's dried
 25 blood spot cards have ever been accessed for any purpose?

Page 16

1 **A No.**
 2 Q Do you have any reason to believe that any of the
 3 information contained in your children's dried blood spot
 4 cards has ever been sold to anyone?
 5 **A No.**
 6 Q Do you feel that the fact that these dried blood spot
 7 cards -- your children's dried blood spot cards being stored
 8 has in any way interfered with your ability to determine
 9 medical care for your children?
 10 **A No.**
 11 Q Now, when Mr. Levin was asking you some of his initial
 12 questions about what you knew about the cards, you said, I
 13 believe, you didn't know why they were taking the blood
 14 spots completely. Did I hear that correctly, first of all?
 15 **A Say that again?**
 16 Q Let me ask it a different way. That seems to be confusing
 17 even to me, and I just asked the question. So you have
 18 three minor children who are plaintiffs in this lawsuit;
 19 correct?
 20 **A Uh-huh (affirmative).**
 21 Q Yes?
 22 **A Yes.**
 23 MR. ELLISON: You've got to say "yes" or "no."
 24 Yup, there you go.
 25 **A Yes.**

Page 17

1 Q Okay. And when we deposed your husband earlier, he said
 2 that the two youngest children were born via C-section;
 3 correct?
 4 **A Yes.**
 5 Q Your oldest child, was that a C-section, or was that a
 6 natural birth?
 7 **A Natural.**
 8 Q Okay. And when all three of your children -- actually,
 9 we're going to -- the two youngest children, the middle
 10 child -- when your middle child was born for the C-section,
 11 were you given any sort of epidural or anesthetic?
 12 **A Yes, epidural.**
 13 Q And were you at any point during that procedure unconscious
 14 because of the medication?
 15 **A No.**
 16 Q And when your youngest child was born, were you given an
 17 anesthetic or an epidural?
 18 Q Epidural.
 19 Q And at any point during that procedure were you ever
 20 unconscious?
 21 **A No.**
 22 Q Now, Exhibit B, you indicated your signature on the two
 23 forms -- on the authorization forms; correct?
 24 **A Yes.**
 25 Q Do you remember signing those forms?

Page 18

1 **A No.**
 2 Q Do you remember anything at all about those forms? When you
 3 received them, for example, whether they were given to you?
 4 Anything at all about that?
 5 **A No.**
 6 Q Okay. Do you recall when you were in the hospital -- when
 7 your -- any of your children were born, any medical
 8 professional actually taking the heel prick, the blood
 9 samples from the children?
 10 **A Not particularly, no. I don't remember that.**
 11 Q So you don't recall --
 12 **A I know they took -- pricked the heel of my oldest son, I**
 13 **remember, because he had complications at birth. I do**
 14 **remember that, but I don't remember any other heel pricking.**
 15 Q Do you remember --
 16 **A And one had jaundice. They pricked his heel for that.**
 17 **That's the only time I remember that.**
 18 MR. ELLISON: Ashley, we should have mentioned --
 19 we didn't mention with you, just because we're in federal
 20 court, we've got rules about referencing children's names.
 21 If you could just use their first letter of their name, we
 22 can reference whichever of your three kids.
 23 THE WITNESS: Okay.
 24 MR. ELLISON: And we all know their names, but
 25 we've got to do that for purposes of the record. Okay?

Page 19

1 THE WITNESS: Okay.
 2 MR. ELLISON: Okay. Thanks.
 3 Q So other than what you've just mentioned, do you recall
 4 them -- anybody in the hospital mentioning anything about
 5 why blood would be taken?
 6 **A No.**
 7 Q Okay. Did you ever object to anyone drawing blood from any
 8 of your children while you were in the hospital?
 9 **A I don't know.**
 10 Q Now, you didn't know anything about the dried blood spot
 11 program before this suit was filed. You didn't know
 12 anything about the storage of the dried blood spot cards, I
 13 believe is what you testified. Why did you then decide to
 14 file suit?
 15 **A It was brought to my attention what they were doing with the**
 16 **blood samples, and my husband came to me about this and**
 17 **asked if -- you know, I guess we discussed it together. My**
 18 **husband is the one who brought it up to me first.**
 19 Q What specifically was brought to your attention that made
 20 you decide to sue?
 21 **A That --**
 22 MR. ELLISON: Wait, wait, wait. I also want to
 23 direct you again to the extent it's not me, though. Okay?
 24 Does that make sense? What I told you is covered by
 25 attorney/client privilege, but you can testify to everything

Page 20

1 else that you were told. Okay?
 2 THE WITNESS: Okay.
 3 MR. ELLISON: Weird rules, I know, but go ahead.
 4 **A So you want to know when -- what made me decide to do this**
 5 **is the question?**
 6 Q You indicated you found out -- I think what you said was
 7 how -- what they were doing with the dried blood spot cards.
 8 **A My husband told me that they were being taken from the blood**
 9 **bank -- like to use for other things beyond maybe -- I don't**
 10 **really know. Being sold, I guess, is what my husband told**
 11 **me. And I don't even really understand what was happening**
 12 **with them, but he -- I remember just awhile ago when he**
 13 **brought this to my attention that's kind of what it was.**
 14 **Things were being done, I guess his understanding, that we**
 15 **were unaware of with this blood sample. I guess finding out**
 16 **that we weren't aware of anything or even remembering**
 17 **anything about this.**
 18 Q And at that point you made no effort to reach out to the
 19 Department of Health and Human Services about this program;
 20 is that correct?
 21 **A No, I did not.**
 22 Q And you made no effort to reach out to any medical
 23 professional to ask questions about the program; is that
 24 correct?
 25 **A No.**

Page 21

1 Q You made no effort to see if your children's dried blood
 2 spot cards were even being used at all; correct?
 3 **A Correct.**
 4 MR. KENNEDY: Thank you. Nothing further.
 5 MR. ELLISON: All right. Ashley, I've got a
 6 couple follow-up questions for you here, and then we're
 7 going to -- you're on your downward slope here, so --
 8 THE WITNESS: Okay.
 9 EXAMINATION
 10 BY MR. ELLISON:
 11 Q For your -- and I'm going to divide this up into two
 12 segments, and if you could bear with me.
 13 **A Okay.**
 14 Q As for -- and I'm going to call them Infant by letter, but
 15 obviously some of your children are no longer infants
 16 anymore, even with the most generous use of the word, but --
 17 **A Yeah.**
 18 Q As for Infant D, my understanding is that Adam is not the
 19 biological father of Infant D; correct?
 20 **A Correct.**
 21 Q But you are his biological mother; correct?
 22 **A Yes.**
 23 Q All right. And you have custody of -- legal custody of
 24 Infant D as well; correct?
 25 **A Yes.**

Page 22

1 Q When Infant D -- when you're going to the hospital -- let me
 2 ask it this way. Before going to the hospital for Infant D,
 3 did anyone from -- your doctors or anyone from the State of
 4 Michigan approach you to explain to you about the newborn
 5 screening program?
 6 **A No.**
 7 Q Did anyone present to you information that would balance the
 8 risks versus the benefits to participating in the newborn
 9 screening program?
 10 **A No.**
 11 MR. LEVIN: I'll note --
 12 MR. ELLISON: I'm sorry?
 13 MR. LEVIN: I'll just note my objection to
 14 relevance, but she answered already.
 15 MR. ELLISON: Yeah.
 16 Q As of -- did anyone from the Michigan Neonatal Biobank ever
 17 present any information to you explaining the negative -- or
 18 the risk or benefits of participating or otherwise
 19 continuing with the newborn screening -- or, excuse me --
 20 with storage blood? Let me start over again on that. Too
 21 many -- too much word salad there. Before Infant D was
 22 born, did anyone from the Michigan Neonatal Biobank present
 23 themselves to you or provide information to you that
 24 explained the benefits versus the risks of storing newborn
 25 blood at the Michigan Biobank?

Page 23

1 **A No.**
 2 Q All right. At the time that you were at the hospital, did
 3 anyone from the hospital or any agent of the state or
 4 representative of the biobank, come to you at the hospital
 5 and explain to you the benefits versus the risk of being --
 6 of participating in the Michigan newborn screening program
 7 and/or the biobanking system?
 8 **A No, not that I'm aware of.**
 9 Q Again, this is for Infant D. This is your first one. Do
 10 you remember signing any form relative to Infant D at all?
 11 **A No.**
 12 Q After Infant D was born, again, same question. Anyone from
 13 the state, from the biobank, or your doctors provide any
 14 information to you explaining to you the risks versus the
 15 benefits of participating in the newborn screening program
 16 or the biobank?
 17 **A No.**
 18 Q Did anyone even tell you that they were taking his blood to
 19 be sent to the state for testing and for later storage?
 20 **A No, not that I'm aware of.**
 21 Q Okay. As for your other two children, I'm going to go
 22 through the same question as to Infant R and Infant C.
 23 Again, would your answers be any different about whether
 24 someone from the state, the biobank or your doctors, before,
 25 during or after their births, came to you and did -- and

Page 24

1 explained to you or gave you documentation that said, "Here
 2 are the risks. Here are the benefits of participating in
 3 the newborn screening program or the biobanking system"?
 4 **A No.**
 5 Q Do you have -- I guess a number of questions have been asked
 6 to you today about whether you have any firsthand
 7 information about whether or not your children's -- any of
 8 your three children's blood spots have been used, sold, or
 9 otherwise accessed in any way. Is that your main concern
 10 with this lawsuit about whether they're actually being used?
 11 **A Can you repeat that one more time? It cut out a little bit.**
 12 **I'm sorry.**
 13 Q Yeah, no problem. So throughout the questioning today by
 14 both Mr. Levin and Mr. Kennedy, they both have been asking
 15 you about the concerns you -- if you have any evidence of
 16 actually having your children's blood samples accessed or
 17 otherwise used. Is that your primary concern about whether
 18 or not they've been used to date?
 19 **A Yes.**
 20 Q Does medical privacy have any concern for you for your
 21 children?
 22 **A Yeah.**
 23 Q What about medical privacy concerns you about the biobank --
 24 for particularly the biobank system having your children's
 25 blood samples on file?

Page 25

1 **A Just not knowing what's being done with it or what**
 2 **information is being given anywhere else, I guess. The**
 3 **unknown makes me wonder.**
 4 Q All right. And is that a concern and fear that you have
 5 that the lack of information would result in your children's
 6 medical privacy and medical data being disclosed to third
 7 parties?
 8 **A Yes.**
 9 Q Have you ever given consent to anyone to transfer your
 10 children's blood from the State of Michigan to the Michigan
 11 Neonatal Biobank?
 12 **A No.**
 13 Q If knowing that -- as you've somewhat probably pieced
 14 together here today with the deposition and knowing -- I'm
 15 going to make a representation to you that your child's
 16 newborn blood, regardless of which selection you pick, is
 17 indefinitely stored at the biobank, absent your directive to
 18 destroy them. If you knew that at the time, would you have
 19 consented to participating in the program?
 20 MR. KENNEDY: Objection; calls for speculation.
 21 Q Go ahead.
 22 **A Probably not, no.**
 23 MR. ELLISON: Exhibit A.
 24 (Counsel shares document via video)
 25 MR. LEVIN: Yes. How's that?

Page 26

1 MR. ELLISON: That's perfect. Thank you.
 2 Q Exhibit A, Ashley, has anyone from the State of Michigan,
 3 your doctors, or the biobank, ever presented you with this
 4 form to give you the option to execute this document?
 5 **A No.**
 6 Q All right. And as I notice --
 7 MR. ELLISON: And if you could scroll down a
 8 little bit, Aaron, on there to the very bottom.
 9 Q I notice on the very bottom it says -- just because I'm an
 10 attorney and I look for these things, I notice that it says,
 11 "Rev.2-19." Does that statement mean anything to you?
 12 **A No.**
 13 Q All right. If I was to tell you that this was a document
 14 that was produced and made in 2019, would that document have
 15 been available to you at the time your children were born?
 16 **A No.**
 17 MR. ELLISON: You can take that down, Aaron.
 18 Q At any point has anyone from the neonatal biobank ever
 19 sought your permission or your confirmation that they
 20 would -- they would -- or that you or your husband would
 21 like to continue to have the blood spots stored at the
 22 Michigan Neonatal Biobank?
 23 **A No.**
 24 Q I'm going to make another representation to you. One of the
 25 blood samples is not stored at the neonatal blood bank.

Page 27

1 It's actually stored at a separate location called the
 2 BioTrust in a warehouse in Lansing, Michigan. Are you aware
 3 of that?
 4 **A No.**
 5 Q Has anyone from the State of Michigan indicated to you that
 6 a -- one of the blood samples has been taken away from the
 7 blood that's been transferred to the biobank and kept for
 8 purposes -- for the benefit of you and your husband?
 9 **A No.**
 10 Q Have you ever given permission to the State of Michigan to
 11 keep that blood sample to your knowledge?
 12 **A No.**
 13 Q Do you feel that as a mother of your three children, that
 14 the decision about what your children's -- who has access to
 15 your children's medical DNA and biological samples should be
 16 a decision you should have, and they should obtain your
 17 consent before their use?
 18 **A Yes.**
 19 MR. KENNEDY: Objection; calls for a legal
 20 conclusion.
 21 Q I'm sorry, Ashley. Go ahead.
 22 **A Yes.**
 23 Q Do you feel that you were adequately informed about the
 24 nature and the scope of the newborn screening program,
 25 including indefinite retention of that sample at the

Page 28

1 Michigan Neonatal Biobank, at the time or shortly after your
 2 children were born?
 3 **A No.**
 4 Q Does it make you concerned, angry, upset or any other
 5 feelings that you found out about this after the fact?
 6 **A Concerned.**
 7 Q Okay. I know you've mentioned earlier you talked to your
 8 husband, and your husband is an attorney; correct?
 9 **A Yes.**
 10 Q All right. Is he your attorney?
 11 **A Yes.**
 12 Q I mean, obviously outside of the newborn blood screening
 13 lawsuit where I'm your attorney, would you consider him your
 14 general attorney for purposes of legal advise?
 15 **A Yes.**
 16 Q My wife does, too. I'm not good with taking out the trash,
 17 but apparently I'm good with legal advise, so there you go.
 18 **A There you go.**
 19 MR. ELLISON: Ashley, I have no further questions.
 20 I appreciate your time today. We reserve the balance of our
 21 questions for trial. Thank you.
 22 THE WITNESS: Thank you.
 23 MR. ELLISON: The other two gentleman might have
 24 some follow-ups.
 25 THE WITNESS: Okay.

Page 29

1 MR. LEVIN: Yeah, just a moment.
 2 EXAMINATION
 3 BY MR. LEVIN:
 4 Q You indicated during your testimony that you're concerned
 5 about the unknown as it relates to these programs?
 6 **A Yes.**
 7 Q Did you ever do any independent research to find out more
 8 about the programs?
 9 **A No.**
 10 MR. LEVIN: I don't have anything else.
 11 EXAMINATION
 12 BY MR. KENNEDY:
 13 Q Ms. Kanuszewski, your attorney asked you if anybody ever
 14 notified you about the benefits and risks of participating
 15 in either the newborn screening program or the biobanking
 16 system. What, in your mind, are the risks of participating
 17 in the newborn screening program?
 18 MR. ELLISON: Objection; calls for a medical
 19 opinion and, perhaps, a legal opinion from a lay witness.
 20 Ashley, go ahead and answer if you can.
 21 **A Just like Phil said, the medical -- what they're using it**
 22 **for. Are they giving information on my, you know, DNA -- my**
 23 **children's DNA to other people or just not knowing where**
 24 **this is going or what it's being used for.**
 25 Q Do you have any evidence of anybody using your children's

Page 30

1 DNA for anything?
 2 **A No.**
 3 Q So this is a speculative risk, not an actual -- not an
 4 actual concern that you've seen happen already?
 5 MR. ELLISON: Objection; calls for a legal
 6 conclusion but go ahead.
 7 **A Yes.**
 8 Q Do you have any evidence of anyone's genetic information
 9 being obtained from the newborn screening program?
 10 **A No.**
 11 Q And what are the risks to you, in your opinion, of
 12 participating in the biobanking system?
 13 **A To me? I don't know.**
 14 Q In your opinion, what are the risks of participating in the
 15 biobank?
 16 **A I'm not sure. I guess I don't know. I'd want to know what**
 17 **the risks are if there are any.**
 18 Q So you don't even know if there are any risks. Is that what
 19 you're just testifying to?
 20 **A Yeah. But I would like to know. I feel like there could**
 21 **be. I don't like not knowing where or what they're using it**
 22 **for.**
 23 Q And because of those concerns, you took precisely zero
 24 action, prior to filing this litigation, to investigate; is
 25 that correct?

Page 31

1 **A True.**
 2 Q So how serious are those concerns then if you are -- didn't
 3 take any action whatsoever to look into them?
 4 **A I've mostly left it to my husband.**
 5 Q Okay.
 6 MR. KENNEDY: Thank you, nothing further.
 7 MR. LEVIN: I have a follow-up, although you can
 8 go first. I should have asked a moment ago. I just want to
 9 make everyone aware.
 10 MR. ELLISON: That's fine. We can keep going. I
 11 have one more follow-up as well, but either way. Aaron, if
 12 you want me to go or you want to go, it's up to you.
 13 MR. LEVIN: I'll jump in. I should have asked a
 14 minute ago, and then you can address everything at the end.
 15 EXAMINATION
 16 BY MR. LEVIN:
 17 Q You testified that you don't remember before, during, or
 18 after the birth of your children that anybody gave you any
 19 information about these programs. Do you remember for
 20 certain that no one gave you that information, or do you not
 21 recall being given that information?
 22 **A I don't recall being given any information.**
 23 MR. LEVIN: Okay. Thank you. That's all.
 24 EXAMINATION
 25 BY MR. ELLISON:

Page 32

1 Q Ashley, as part of your -- when you first learned of the
 2 newborn screening program and the biobanking system from
 3 your husband, had he discussed with you about hiring me to
 4 represent your interests as to the scope of what's going on
 5 with the biobanking system?
 6 **A Yes.**
 7 Q And you, in fact, did hire me to pursue legal action and to
 8 represent you and your children's interest as it applies to
 9 the biobanking system; correct?
 10 **A Yes.**
 11 Q And that would have been work that I would have done for you
 12 before filing the lawsuit; correct?
 13 **A Yes.**
 14 MR. ELLISON: Thank you very much. Anybody else?
 15 MR. LEVIN: That's all I have.
 16 MR. KENNEDY: No.
 17 (Deposition concluded at 4:19 p.m.)
 18
 19 -0-0-0-
 20
 21
 22
 23
 24
 25

Page 33

<p style="text-align: center;">A</p> <p>Aaron 1:17 4:12 6:21 27:8,17 32:11 ability 17:8 absent 26:17 accept 15:5 acceptable 4:20 access 28:14 accessed 6:13,14 7:7 16:25 25:9,16 action 31:24 32:3 33:7 actual 31:3,4 Adam 1:3 22:18 address 7:20 32:14 adequately 28:23 adjusted 5:1 advise 29:14,17 affirm 5:13 affirmative 17:20 afternoon 14:6 agent 24:3 ago 13:6 21:12 32:8 32:14 agree 10:10 ahead 4:10 8:21 11:12 12:21 13:15 21:3 26:21 28:21 30:20 31:6 al 1:3,6 allow 8:24 10:10 13:9 14:17 and/or 24:7 anesthetic 18:11,17 angry 29:4 Ann 1:23 answer 4:19 5:4 12:21 13:15 15:18 30:20 answered 23:14 answers 4:20 24:23 anticipate 4:24 Antonio 1:22 14:8 anybody 4:21 5:11 7:14 20:4 30:13 30:25 32:18 33:14 anymore 22:16 anyone's 31:8 apparently 29:17 APPEARANCES 1:13 appears 13:8</p>	<p>applies 10:13 33:8 appreciate 29:20 approach 23:4 Arbor 1:23 Ashley 1:9 5:16 8:21 12:21 13:15 15:14 19:18 22:5 27:2 28:21 29:19 30:20 33:1 asked 11:10 17:17 20:17 25:5 30:13 32:8,13 asking 4:21 5:2 12:2 17:11 25:14 Assistant 4:12 assuming 14:16 assumption 14:18 attention 20:15,19 21:13 attorney 1:18 4:12 9:5 12:7 14:8,19 27:10 29:8,10,13 29:14 30:13 attorney/client 15:17 20:25 authorization 18:23 available 27:15 aware 7:16 13:11 21:16 24:8,20 28:2 32:9 awareness 15:24 awhile 21:12</p> <p style="text-align: center;">B</p> <p>B 3:10 9:9,14 18:22 baby's 10:5 back 7:14 10:4,8 13:3 balance 23:7 29:20 bank 6:23 21:9 27:25 bat 4:4 bear 4:15 9:8 22:12 believe 6:12,14 7:4 7:6,9 10:18 14:22 15:3 16:17,21,24 17:2,13 20:13 benefit 28:8 benefits 23:8,18,24 24:5,15 25:2 30:14 best 4:17 12:6,23 beyond 21:9</p>	<p>big 9:17 biobank 1:22 14:8 15:10,13,24 16:5 23:16,22,25 24:4 24:13,16,24 25:23 25:24 26:11,17 27:3,18,22 28:7 29:1 31:15 biobanking 24:7 25:3 30:15 31:12 33:2,5,9 biological 22:19,21 28:15 BioTrust 28:2 birth 18:6 19:13 32:18 births 24:25 bit 11:19 12:4,5 25:11 27:8 blood 3:9 5:22,23 6:6,12,22,23,23 6:25 7:3,6,9,12,18 7:20 8:19 9:1 10:5 10:11,13,19 11:1 12:16,24 13:9,12 14:2,13,21 16:6 16:11,13,14,15,21 16:25 17:3,6,7,13 19:8 20:5,7,10,12 20:16 21:7,8,15 22:1 23:20,25 24:18 25:8,16,25 26:10,16 27:21,25 27:25 28:6,7,11 29:12 born 11:7 18:2,10 18:16 19:7 23:22 24:12 27:15 29:2 bottom 10:9 27:8,9 box 1:15,18 10:9,9 brochure 10:23 11:1 brought 20:15,18 20:19 21:13</p> <p style="text-align: center;">C</p> <p>C 1:21 24:22 C-section 18:2,5,10 call 22:14 called 5:17 28:1 calls 8:20 12:20 13:14 26:20 28:19 30:18 31:5</p>	<p>card 14:21 cards 14:13,17 16:6 16:11,13,14,15,17 16:22,25 17:4,7,7 17:12 20:12 21:7 22:2 care 17:9 case 1:5 4:5,14 7:21 CER 2:1 certain 32:20 Certified 2:1 chance 8:18 checkbox 10:5 checked 10:6 child 18:5,10,10,16 child's 10:10 26:15 children 14:21 16:18 17:9,18 18:2,8,9 19:7,9 20:8 22:15 24:21 25:21 27:15 28:13 29:2 32:18 children's 6:12 10:18 14:13 16:6 16:14,21,24 17:3 17:7 19:20 22:1 25:7,8,16,24 26:5 26:10 28:14,15 30:23,25 33:8 clarify 6:24 clean 4:17 clear 7:5 come 24:4 complete 10:13 completely 6:1,18 7:24 17:14 complications 19:13 concern 25:9,17,20 26:4 31:4 concerned 29:4,6 30:4 concerns 5:22 7:21 25:15,23 31:23 32:2 concluded 33:17 conclusion 7:13 8:21 12:21 13:15 15:4 28:20 31:6 Conference 1:9 4:1 confirmation 27:19 confused 11:12 12:1 confusing 17:16</p>	<p>consent 3:10 4:4 26:9 28:17 consented 26:19 consider 29:13 contained 17:3 CONTENTS 3:1 continue 5:4 27:21 continuing 23:19 contrary 10:19 Corporation 2:2 correct 6:15 10:14 13:6,9 16:3,18 17:19 18:3,23 21:20,24 22:2,3 22:19,20,21,24 29:8 31:25 33:9 33:12 correctly 4:25 17:14 Counsel 1:15 8:3 9:13 13:5 26:24 couple 4:24 22:6 court 1:1 19:20 covered 15:16 20:24 custody 22:23,23 cut 25:11</p> <p style="text-align: center;">D</p> <p>D 22:18,19,24 23:1 23:2,21 24:9,10 24:12 D2000 1:22 Daniels 1:21 data 26:6 date 25:18 dates 11:6 day 1:10 days 11:6 DBS 10:11 decide 20:13,20 21:4 decision 28:14,16 Defendant 1:10,17 1:21 5:17 Defendants 1:7 department 1:6,18 5:21,23 7:17 8:25 21:19 deposed 18:1 deposition 1:9 3:9 3:10 4:4,5,15 8:4 9:14 26:14 33:17 destroy 7:18 15:6,7 26:18</p>
--	--	--	--	---

<p>destroyed 7:24 8:19 9:1 12:16,24 14:13,17,22 destruction 7:20 13:9,12 14:20 determine 12:15 17:8 different 9:10 17:16 24:23 dig 11:12 direct 7:17 8:25 15:15 20:23 directive 3:9 26:17 Director 4:13 disclosed 26:6 discuss 9:4 discussed 20:17 33:3 discussions 15:16 DISTRICT 1:1,1 dive 5:10 divide 22:11 DIVISION 1:2 DNA 28:15 30:22 30:23 31:1 doctors 23:3 24:13 24:24 27:3 document 8:3 9:10 9:13 13:5 26:24 27:4,13,14 documentation 25:1 documents 10:20 doing 4:5 20:15 21:7 Domino's 1:22 downward 22:7 Dr 4:13,13 14:8 drawing 20:7 dried 5:22,23 6:6 9:1 10:11,18 12:16 14:2,13,20 16:6,11,13,14,15 16:21,24 17:3,6,7 20:10,12 21:7 22:1 Drive 1:22</p> <hr/> <p style="text-align: center;">E</p> <p>earlier 18:1 29:7 easier 9:12 EASTERN 1:1 educational 10:22</p>	<p>10:25 effort 21:18,22 22:1 Eggen 1:21 either 6:9 9:25 30:15 32:11 Electronic 2:1 Ellison 1:14 3:4 4:3 4:9 5:12 6:21 8:20 11:11 12:20 13:1 13:14,18 15:14,20 17:23 19:18,24 20:2,22 21:3 22:5 22:10 23:12,15 26:23 27:1,7,17 29:19,23 30:18 31:5 32:10,25 33:14 epidural 18:11,12 18:17,18 et 1:3,6 everybody 4:18 evidence 16:5 25:15 30:25 31:8 exactly 6:1 12:2,8 Examination 3:3,4 3:4 5:18 14:10 22:9 30:2,11 32:15,24 example 19:3 excuse 23:19 execute 27:4 exhibit 3:7,9,10 8:2 8:4,14 9:9,14,21 13:4 14:15 18:22 26:23 27:2 exhibits 4:24 explain 23:4 24:5 explained 23:24 25:1 explaining 10:23 11:1 23:17 24:14 expressed 10:19 extent 20:23</p> <hr/> <p style="text-align: center;">F</p> <p>fact 17:6 29:5 33:7 fair 9:6 10:5 11:22 familiar 11:18,20 11:22 Farms 1:22 father 22:19 fear 26:4 federal 19:19</p>	<p>feel 17:6 28:13,23 31:20 feelings 29:5 file 20:14 25:25 filed 16:10 20:11 filing 6:10 11:23 12:9,17 31:24 33:12 fill 14:24 find 30:7 finding 21:15 fine 4:23 9:18 13:18 32:10 Firm 2:2 first 7:2 9:20 10:4 11:7 17:14 19:21 20:18 24:9 32:8 33:1 firsthand 25:6 follow-up 22:6 32:7 32:11 follow-ups 29:24 form 8:10,16,24,24 9:3 10:16 13:6,8 14:16,25 24:10 27:4 forms 3:10 10:2 11:15 18:23,23,25 19:2 found 21:6 29:5 Frank 1:22 Friday 4:2 fully 5:24 funded 16:3 further 14:4 15:1 22:4 29:19 32:6</p> <hr/> <p style="text-align: center;">G</p> <p>general 1:18 4:12 29:14 generous 22:16 genetic 31:8 gentleman 29:23 give 5:14 11:11 27:4 given 7:14 10:22,25 18:11,16 19:3 26:2,9 28:10 32:21,22 giving 30:22 go 4:9,9,10 5:12 8:21 11:12 12:21 13:3,15 17:24 21:3 24:21 26:21</p>	<p>28:21 29:17,18 30:20 31:6 32:8 32:12,12 going 4:7,22,23 5:10 7:4,16 8:1 9:7,8 10:8 13:3,23 14:18 15:14,14 16:20 18:9 22:7 22:11,14 23:1,2 24:21 26:15 27:24 30:24 32:10 33:4 good 14:6 29:16,17 Gordon 4:13 guess 6:18 7:8,25 10:21 11:25 12:1 15:1,2 20:17 21:10,14,15 25:5 26:2 31:16</p> <hr/> <p style="text-align: center;">H</p> <p>happen 31:4 happening 5:24 11:5 21:11 happens 7:12 happy 4:18 health 1:6 5:21 7:17 8:25 10:6 21:19 hear 5:3 17:14 heard 11:8 15:10 heel 6:23 19:8,12,14 19:16 help 8:7 Hemlock 1:16 hire 33:7 hiring 33:3 home 13:22 HON 1:6 hoping 7:12 hospital 19:6 20:4,8 23:1,2 24:2,3,4 How's 26:25 Human 1:6 5:21 7:17 8:25 21:19 husband 9:5 18:1 20:16,18 21:8,10 27:20 28:8 29:8,8 32:4 33:3</p> <hr/> <p style="text-align: center;">I</p> <p>ignore 14:25 including 28:25 indefinite 28:25 indefinitely 26:17</p>	<p>independent 6:9 11:9 30:7 INDEX 3:7 indicated 13:8 18:22 21:6 28:5 30:4 Infant 22:14,18,19 22:24 23:1,2,21 24:9,10,12,22,22 infants 22:15 information 15:18 17:3 23:7,17,23 24:14 25:7 26:2,5 30:22 31:8 32:19 32:20,21,22 informed 28:23 initial 7:1 17:11 interest 33:8 interests 33:4 interfered 17:8 investigate 31:24</p> <hr/> <p style="text-align: center;">J</p> <p>jaundice 19:16 Jeremy 1:21 14:7 jump 4:3 6:22 32:13</p> <hr/> <p style="text-align: center;">K</p> <p>Kanuszewski 1:3,9 5:9,15,16 14:7 30:13 keep 28:11 32:10 keeps 4:18 Kennedy 1:21 3:4 14:6,7,11 22:4 25:14 26:20 28:19 30:12 32:6 33:16 kept 28:7 kids 11:7 19:22 kind 8:6 11:11 21:13 Klein 4:14 knew 17:12 26:18 know 4:14,19,23 5:1 5:25 7:8,23,24 8:10,10,12 9:4,19 12:1,2,7,19 13:2 14:23,24 15:9 17:13 19:12,24 20:9,10,11,17 21:3,4,10 29:7 30:22 31:13,16,16 31:18,20</p>
---	---	---	---	--

<p>knowing 5:24 26:1 26:13,14 30:23 31:21</p> <p>knowledge 12:23 15:21 16:1,3,13 28:11</p> <hr/> <p style="text-align: center;">L</p> <hr/> <p>L 1:6</p> <p>lack 26:5</p> <p>Lansing 1:19 28:2</p> <p>lawsuit 5:20 6:2,5 6:10 7:13 11:24 12:9,17,25 13:19 14:9 15:9,12 16:9 17:18 25:10 29:13 33:12</p> <p>lay 30:19</p> <p>learn 11:4 12:3</p> <p>learned 12:5,12 15:12 33:1</p> <p>learning 11:15,17</p> <p>LEE 1:14</p> <p>left 32:4</p> <p>legal 1:15 8:20 12:20 13:14 22:23 28:19 29:14,17 30:19 31:5 33:7</p> <p>letter 19:21 22:14</p> <p>Levin 1:17 3:3 4:7 4:11,12 5:10,19 6:24 8:1 9:7 11:14 14:4,16 17:11 23:11,13 25:14 26:25 30:1,3,10 32:7,13,16,23 33:15</p> <p>likelihood 5:3</p> <p>litigation 31:24</p> <p>little 11:19 12:4,5 25:11 27:8</p> <p>Lloyd 1:22</p> <p>location 28:1</p> <p>long 7:22</p> <p>longer 22:15</p> <p>look 27:10 32:3</p> <p>looking 15:20</p> <p>looks 9:2</p> <p>LUDINGTON 1:6</p> <p>Lyon-Callo 4:13</p> <hr/> <p style="text-align: center;">M</p> <hr/> <p>mad 4:18</p>	<p>MAG 1:6</p> <p>main 25:9</p> <p>manner 16:6</p> <p>mark 8:2 9:9</p> <p>marked 3:9,10 8:4 9:11,14</p> <p>Mary 4:14</p> <p>matters 5:11</p> <p>MDHHS 1:10,18 5:17</p> <p>mean 6:21 10:1 11:25,25 27:11 29:12</p> <p>means 12:16</p> <p>medical 10:12 11:2 17:9 19:7 21:22 25:20,23 26:6,6 28:15 30:18,21</p> <p>medication 18:14</p> <p>memory 12:6</p> <p>mention 19:19</p> <p>mentioned 19:18 20:3 29:7</p> <p>mentioning 20:4</p> <p>method 12:19 13:11</p> <p>Michigan 1:1,6,16 1:18,19,21,23 14:8 15:10,13 23:4,16,22,25 24:6 26:10,10 27:2,22 28:2,5,10 29:1</p> <p>middle 10:9,10 18:9 18:10</p> <p>mind 11:13 30:16</p> <p>minor 17:18</p> <p>minute 32:14</p> <p>minutes 13:6</p> <p>moment 4:15 8:9 9:8 13:17 30:1 32:8</p> <p>MORRIS 1:6</p> <p>mother 22:21 28:13</p> <p>move 8:12</p> <hr/> <p style="text-align: center;">N</p> <hr/> <p>name 4:11 14:7 19:21</p> <p>names 19:20,24</p> <p>natural 18:6,7</p> <p>nature 28:24</p> <p>need 4:21,24 5:7 8:11,12 9:7</p>	<p>negative 23:17</p> <p>neonatal 1:21 14:8 15:10,13 23:16,22 26:11 27:18,22,25 29:1</p> <p>Network 2:2</p> <p>never 14:12</p> <p>newborn 3:9 6:3 10:12,14,23 11:4 11:16,22 13:20,24 23:4,8,19,24 24:6 24:15 25:3 26:16 28:24 29:12 30:15 30:17 31:9 33:2</p> <p>NORTHERN 1:2</p> <p>note 23:11,13</p> <p>notice 27:6,9,10</p> <p>notified 30:14</p> <p>noting 8:23</p> <p>number 2:2 25:5</p> <hr/> <p style="text-align: center;">O</p> <hr/> <p>object 5:3 20:7</p> <p>objection 4:5 8:20 8:23 12:20 13:1 13:14 14:20 15:15 23:13 26:20 28:19 30:18 31:5</p> <p>objections 5:5</p> <p>obtain 28:16</p> <p>obtained 10:13 31:9</p> <p>obviously 22:15 29:12</p> <p>October 1:10 4:2</p> <p>Oh 4:9</p> <p>Okay 6:24 8:15 9:24 14:15 15:18 18:1,8 19:6,23,25 20:1,2,7,23 21:1,2 22:8,13 24:21 29:7,25 32:5,23</p> <p>oldest 18:5 19:12</p> <p>operates 15:24</p> <p>operation 15:13</p> <p>opinion 30:19,19 31:11,14</p> <p>opportunity 8:19 13:22</p> <p>opposed 6:23</p> <p>option 27:4</p> <p>Ottawa 1:19</p> <p>outside 1:15 12:24 15:17 29:12</p>	<hr/> <p style="text-align: center;">P</p> <hr/> <p>p.m 1:11 4:2 33:17</p> <p>P64821 1:21</p> <p>P74117 1:14</p> <p>P81310 1:17</p> <p>page 3:2,7 9:10,20 9:20,23 10:4,8</p> <p>pages 9:10 11:21</p> <p>Pam 2:1</p> <p>pamphlet 10:22,25</p> <p>paperwork 13:19 13:22,23 14:1</p> <p>part 15:16 33:1</p> <p>participating 23:8 23:18 24:6,15 25:2 26:19 30:14 30:16 31:12,14</p> <p>particularly 19:10 25:24</p> <p>parties 14:9 26:7</p> <p>PATRICIA 1:6</p> <p>PC 1:21</p> <p>Pear 1:21</p> <p>people 30:23</p> <p>perfect 27:1</p> <p>perfectly 4:20,23</p> <p>permission 7:15 10:13 27:19 28:10</p> <p>personal 16:1,3</p> <p>Phil 12:2 30:21</p> <p>PHILIP 1:14</p> <p>pick 26:16</p> <p>pieced 26:13</p> <p>plaintiffs 1:4,14 17:18</p> <p>PLC 1:15</p> <p>please 9:23 12:22</p> <p>PO 1:15,18</p> <p>point 5:2 11:23 18:13,19 21:18 27:18</p> <p>possible 6:6 12:12 12:23 14:2</p> <p>possibly 10:11</p> <p>post 6:25</p> <p>precisely 31:23</p> <p>preliminary 5:11</p> <p>present 23:7,17,22</p> <p>presented 27:3</p> <p>prick 19:8</p> <p>pricked 19:12,16</p> <p>pricking 19:14</p> <p>primary 25:17</p>	<p>prior 6:2,5 11:23 15:9 16:9 31:24</p> <p>privacy 25:20,23 26:6</p> <p>privilege 15:17 20:25</p> <p>probably 26:13,22</p> <p>problem 4:11 25:13</p> <p>procedure 18:13,19</p> <p>process 7:1 12:4</p> <p>produced 27:14</p> <p>professional 19:8 21:23</p> <p>program 6:3 10:23 11:4,16,23 12:3 12:12 13:20,24 20:11 21:19,23 23:5,9 24:6,15 25:3 26:19 28:24 30:15,17 31:9 33:2</p> <p>programs 30:5,8 32:19</p> <p>provide 8:18 23:23 24:13</p> <p>purpose 16:25</p> <p>purposes 7:2 19:25 28:8 29:14</p> <p>pursue 33:7</p> <p>put 15:15</p> <hr/> <p style="text-align: center;">Q</p> <hr/> <p>question 4:22 5:3,4 5:7 6:18 7:4 8:22 11:12 16:8 17:17 21:5 24:12,22</p> <p>questioning 25:13</p> <p>questions 17:12 21:23 22:6 25:5 29:19,21</p> <hr/> <p style="text-align: center;">R</p> <hr/> <p>R 24:22</p> <p>raised 14:19</p> <p>Rankinen 2:1</p> <p>re-share 13:3</p> <p>reach 21:18,22</p> <p>read 8:12,13 9:18 10:21 11:19</p> <p>reading 11:20</p> <p>really 5:25 11:25 21:10,11</p> <p>reason 6:12,14 7:4,6</p>
---	---	--	--	--

<p>7:9 10:18 14:22 15:2,6 16:17,20 16:21,24 17:2 recall 10:22,25 11:15,17 19:6,11 20:3 32:21,22 received 19:3 recognize 9:25 10:1 record 19:25 RECORDED 2:1 Recorder 2:1 recording 4:16 reference 19:22 referencing 19:20 regarding 5:20 6:5 regardless 26:16 Registration 2:2 relates 5:20 6:25 7:3 30:5 relating 13:20,24 14:1 relative 24:10 relevance 23:14 remember 4:20 11:5 18:25 19:2 19:10,13,14,14,15 19:17 21:12 24:10 32:17,19 remembering 21:16 repeat 6:19 8:22 12:22 16:19 25:11 repeated 5:7 rephrase 4:21 6:19 13:21 16:20 REPORTER 5:13 Reporting 2:2 represent 33:4,8 representation 26:15 27:24 representative 24:4 represented 14:16 14:19 15:5 representing 4:13 request 12:24 13:11 14:17 requested 14:12,20 research 6:2,5,6,9 7:2 10:6,12 11:2 12:12,15 14:2 15:21 16:10 30:7 reserve 29:20 residual 3:9 5:22,23 9:1 12:16</p>	<p>result 26:5 retained 7:6 11:1 retaining 5:23 retention 5:21 6:6 12:12 14:1 28:25 Rev.2-19 27:11 review 8:9,18 9:23 13:19,22 15:1 reviewed 8:24 13:6 reviews 8:14 9:21 right 4:3,11 5:9,20 8:5,7,9 9:19 10:4 11:14,21 12:23 14:4,6 22:5,23 24:2 26:4 27:6,13 29:10 risk 23:18 24:5 31:3 risks 23:8,24 24:14 25:2 30:14,16 31:11,14,17,18 rules 19:20 21:3</p> <hr/> <p style="text-align: center;">S</p> <hr/> <p>salad 23:21 sample 21:15 28:11 28:25 samples 19:9 20:16 25:16,25 27:25 28:6,15 saying 15:4,5 says 10:10 15:2 27:9 27:10 scope 28:24 33:4 screen 4:25 8:1,13 9:8,9 13:3 screening 3:9 6:3,25 7:1,2 10:12,14,23 11:4,16,23 12:3 13:20,24 23:5,9 23:19 24:6,15 25:3 28:24 29:12 30:15,17 31:9 33:2 scroll 8:11 9:20 10:8 27:7 scrolled 10:4 second 9:20,23 10:8 see 8:5,8 9:15 22:1 seen 8:16 31:4 segments 22:12 selection 26:16 sense 20:24 sent 24:19</p>	<p>separate 28:1 serious 32:2 Services 1:6 5:21 7:17 8:25 21:19 Shah 4:13 share 8:1 9:9,12 shares 8:3 9:13 13:5 26:24 sharing 4:25 shortly 12:9 29:1 show 4:24 8:1 9:9 11:6 showing 4:25 11:20 shown 11:19 shut 4:10 sign 9:3 15:3 signature 10:1,2,16 18:22 signing 18:25 24:10 slope 22:7 small 8:6 9:17,17 sold 7:10 17:4 21:10 25:8 solemnly 5:13 somebody 5:2,3 somewhat 26:13 son 19:12 sorry 13:17 23:12 25:12 28:21 sort 18:11 sought 27:19 speaking 12:7 specifically 20:19 speculation 26:20 speculative 31:3 Sperling 1:21 spot 3:9 14:13 16:6 16:11,13,14,15,22 16:25 17:3,6,7 20:10,12 21:7 22:2 spots 5:22,23 6:7,13 6:25 7:3,6,9,12,18 7:20 8:19 9:1 10:6 10:11,13,19 11:1 12:16,24 13:9,12 14:2,21 17:14 25:8 27:21 squared 5:7 stand 8:23 stands 10:11 start 14:18 23:20 started 15:12</p>	<p>state 14:25 23:3 24:3,13,19,24 26:10 27:2 28:5 28:10 statement 27:11 statements 10:20 STATES 1:1 stop 5:4 storage 7:2 14:2 20:12 23:20 24:19 stored 6:25 7:3 17:7 26:17 27:21,25 28:1 storing 23:24 Street 1:19 strike 11:10 16:8 sue 20:20 suit 20:11,14 Suite 1:22 supposed 7:23 sure 6:20,20 8:23 31:16 swear 5:13 sworn 5:17 system 24:7 25:3,24 30:16 31:12 33:2 33:5,9</p> <hr/> <p style="text-align: center;">T</p> <hr/> <p>T 1:6 TABLE 3:1 take 8:9 13:18 27:17 32:3 taken 1:10 7:14 20:5 21:8 28:6 talk 4:17 5:6 talked 29:7 talking 14:15 tell 24:18 27:13 testified 20:13 32:17 testify 20:25 testifying 31:19 testimony 5:14 30:4 testing 24:19 Thank 4:7 12:11 22:4 27:1 29:21 29:22 32:6,23 33:14 Thanks 20:2 things 6:10 21:9,14 27:10 think 4:22 6:21,22</p>	<p>11:7,11 12:9,11 14:24 15:6 21:6 thinking 6:22 third 26:6 THOMAS 1:6 thought 9:11 three 17:18 18:8 19:22 25:8 28:13 time 4:8 7:16 8:22 11:7,9 12:11 13:8 13:18 19:17 24:2 25:11 26:18 27:15 29:1,20 today 25:6,13 26:14 29:20 told 15:16,17,20 20:24 21:1,8,10 top 4:8 transcript 4:16,18 transfer 26:9 transferred 28:7 trash 29:16 trial 29:21 True 32:1 truth 5:14 try 5:6 two 9:10 10:20 18:2 18:9,22 22:11 24:21 29:23</p> <hr/> <p style="text-align: center;">U</p> <hr/> <p>uh-huh 13:7 17:20 unaware 21:15 unconscious 18:13 18:20 understand 14:19 21:11 understanding 6:18 21:14 22:18 UNITED 1:1 unknown 26:3 30:5 upset 29:4 use 16:10 19:21 21:9 22:16 28:17 uses 6:6 12:13 14:2</p> <hr/> <p style="text-align: center;">V</p> <hr/> <p>v 1:5 versus 23:8,24 24:5 24:14 video 1:9 4:1 8:3 9:13 13:5 26:24 voluntarily 10:10</p>
--	---	--	---	--

W	0-0-0- 33:19		
wait 20:22,22,22	1		
waive 4:5	1-800-632-2720 2:3		
want 9:4 15:15	107 1:15		
20:22 21:4 31:16	14 3:4		
32:8,12,12	18-cv-10472 1:5		
warehouse 28:2	2		
WARREN 1:17	2019 27:14		
way 4:10 7:5 9:12	2020 1:11 4:2		
17:8,16 23:2 25:9	22 3:4		
32:11	23 4:2		
we'll 5:4,6,6 9:9	23rd 1:10		
we're 4:22 14:18	24 1:22		
15:14 18:9 19:19	3		
22:6	3:30 1:11		
we've 14:15 19:20	3:35 4:2		
19:25	30 3:3,4		
Weird 21:3	30736 1:18		
weren't 21:16	32 3:3,4		
whatsoever 32:3	335-7632 1:20		
whichever 19:22	4		
wife 29:16	4:19 33:17		
willing 9:3	4532 2:1		
withdraw 16:9	48105 1:23		
withstanding 11:15	48626 1:16		
witness 8:14 9:21	48909 1:19		
15:19 19:23 20:1	5		
21:2 22:8 29:22	5 3:3		
29:25 30:19	517 1:20		
wonder 26:3	525 1:19		
word 22:16 23:21	6		
work 33:11	642-0055 1:16		
wouldn't 15:7	665-4441 1:23		
Wright 1:22	7		
X	734 1:23		
Y	8		
Yancey 1:22 14:8	8 3:9		
yeah 7:22,22 8:6,8,8	8151 2:2		
9:18 22:17 23:15	9		
25:13,22 30:1	9 3:10		
31:20	989 1:16		
you're 5:14			
youngest 18:2,9,16			
Yup 9:22 17:24			
Z			
zero 31:23			
zoom 1:11 4:1,4,6			
4:25 8:11,11			
0			

RESIDUAL NEWBORN SCREENING BLOOD SPOT DIRECTIVE

Michigan Department of Health and Human Services

Child's Name at Birth	Date of Birth
Child's Current Name	Check Birth Order if Multiple Birth <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
Mother's Name at Time of Child's Birth	Hospital of Birth

I am a legal representative* of the child named above. I am asking the Michigan Department of Health and Human Services (MDHHS) to (check one):

- Destroy **all** remaining blood spots. I understand that by checking this box, **NO** blood spots will be available for any future use including medical, identification, or research purposes.
- Destroy **only** the portion of blood spots stored for research use. I understand by checking this box, one blood spot will be held by MDHHS. I must direct any potential future use including medical, identification or research purposes.
- Store but **not** use blood spots for research after newborn screening is complete. I understand that the blood spots will be kept by the laboratory but not used for research of any kind unless directed in writing by me.

* **Legal representative** means a parent or guardian of a minor who has authority to act on behalf of the minor or the individual from whom the specimen was collected if 18 years or older or legally emancipated.

Nature of Parent, Guardian or other Legal Representatives		Relationship to Child	
Print Name		Date	
Street Address	City	Zip Code	Phone Number

If you are asking MDHHS to destroy any blood spots, you must also attach a copy of **the birth certificate** belonging to the person whose blood spots are being destroyed **AND the driver's license, state issued identification card or passport** of the person who signed above.

Return document(s) via:

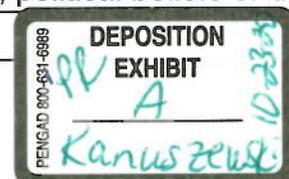
Email: biotrust@michigan.gov **Fax:** 517-335-9419 or

Post Mail: BioTrust Coordinator, NBS Follow-up Program, PO Box 30195, Lansing, MI 48909

Please note that MDHHS cannot guarantee email security if you choose to submit this form and accompanying documents to the department via email.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Authority: Michigan Public Health Code, Act 368 of 1978





Baby Name

Affix Label Here if Desired
Mark Parent Decision, Collect Signature, Return to MDCH

Admin.
Use Only

Blood spots are stored indefinitely (forever). Blood spots labeled with a code can be used for health research through the BioTrust. The brochure, *Your Baby's Blood Spots*, gives details to help you make a choice about allowing your baby's blood spots to be used in health research. Please read this brochure. If you still have questions, please call the Department of Community Health toll free at: 1-866-673-9939.

Yes, my baby's blood spots may be used for health research.

No, my baby's blood spots may not be used for health research.

This applies to all blood spots collected for newborn screening.

There is no penalty for saying no.

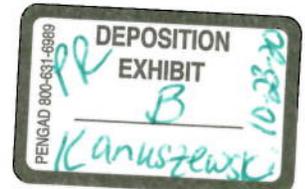


38371

Ashley Kanuszewski
Parent Signature

2-10-16
Date

MI Dept of Community Health Laboratory Copy





Baby Name

Admin. Use Only

Affix Label Here if Desired
Mark Parent Decision, Collect Signature, Return to MDCH

Blood spots are stored indefinitely (forever). Blood spots labeled with a code can be used for health research through the BioTrust. The brochure, *Your Baby's Blood Spots*, gives details to help you make a choice about allowing your baby's blood spots to be used in health research. Please read this brochure. If you still have questions, please call the Department of Community Health toll free at: 1-866-673-9939.

Yes, my baby's blood spots may be used for health research.

No, my baby's blood spots may not be used for health research.

This applies to all blood spots collected for newborn screening.

There is no penalty for saying no.



38371

Parent Signature Ashley Koruszinski

Date 2-10-16

MI Dept of Community Health Laboratory Copy



Admin. Use Only

Baby Name _____

Affix Label Here if Desired

Information Provided to Parent

Parent Declined

You should have been given the booklet, "After Newborn Screening". If not, please ask for it. This booklet describes the Michigan BioTrust for Health and how dried blood spots (DBS) could be used for medical research after newborn screening is complete. Please read this booklet and if you have any additional questions, you may call the Newborn Screening Program at 1-866-673-9939.

- Participation in the Michigan BioTrust for Health is completely voluntary.
 - If I say "yes" now I may change my mind at any time and ask that my child's DBS not be used for research by calling 1-866-673-9939.
 - When my child is 18 he or she can ask that their DBS not be used for research.
 - There is no penalty from not allowing my child's DBS to be used for research.
- I voluntarily agree to allow my child's DBS to possibly be used for medical research after newborn screening is complete. My permission applies to any blood spots obtained for newborn screening.

38371

x Ashley Kanoyushi 4-22-13
 Parent Signature Date

MI Dept of Community Health Laboratory Copy

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
NORTHERN DIVISION

ADAM KANUSZEWSKI, et al,
Plaintiffs,

v

Case No. 18-cv-10472

MICHIGAN DEPARTMENT OF HEALTH
AND HUMAN SERVICES, et al,

HON. THOMAS L. LUDINGTON
MAG. PATRICIA T. MORRIS

Defendants.

/

VIDEO CONFERENCE DEPOSITION OF ADAM KANUSZEWSKI

Taken by the Defendant MDHHS on the 23rd day of October,
2020, via Zoom, at 1:30 p.m.

APPEARANCES:

For the Plaintiffs:

MR. PHILIP LEE ELLISON (P74117)
Outside Legal Counsel PLC
PO Box 107
Hemlock, Michigan 48626
(989) 642-0055

For the Defendant
MDHHS:

MR. AARON WARREN LEVIN (P81310)
Michigan Department of Attorney General
PO Box 30736
525 Ottawa Street
Lansing, Michigan 48909
(517) 335-7632

For the Defendant
Michigan Neonatal
BioBank and Antonio
Yancey:

MR. JEREMY C. KENNEDY (P64821)
Pear Sperling Egan & Daniels PC
24 Frank Lloyd Wright Drive, Suite D2000
Domino's Farms
Ann Arbor, Michigan 48105
(734) 665-4441

1 RECORDED BY: Pam Rankinen, CER 4532
 2 Certified Electronic Recorder
 3 Network Reporting Corporation
 4 Firm Registration Number 8151
 5 1-800-632-2720
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 2

1 Via Zoom Video Conference
 2 Friday, October 23, 2020 - 1:31 p.m.
 3 MR. LEVIN: All right. Actually, just very
 4 quickly, how would you like us to pronounce your last name?
 5 MR. KANUSZEWSKI: Kanuszewski (pronouncing).
 6 MR. LEVIN: Kanuszewski. Thank you.
 7 MR. KANUSZEWSKI: Uh-huh (affirmative).
 8 MR. LEVIN: So I am Aaron Levin. I work at the
 9 Attorney General's office. I am the attorney representing
 10 Director Gordon, Dr. Shah, Dr. Lyon-Callo, and Mary Klein.
 11 It's my understanding that you're an attorney; is that
 12 correct?
 13 MR. KANUSZEWSKI: Yes.
 14 MR. LEVIN: So you know how depositions work. I
 15 won't bore you with all of that. If you have any questions,
 16 feel free to ask. If you need me to re-ask or you don't
 17 understand the question, please let me know. If you don't
 18 remember, that is a perfectly acceptable answer. If you
 19 hear "objection," we will -- you generally proceed to
 20 answer, or we'll stop you, depending on the objection. But
 21 I think you know all of that. So I will dive right in.
 22 REPORTER: Do you solemnly swear or affirm that
 23 the testimony you're about to give shall be the whole truth?
 24 MR. KANUSZEWSKI: Yes.
 25

Page 4

1 TABLE OF CONTENTS
 2 PAGE
 3
 4 Examination by Mr. Levin 5, 26
 Examination by Mr. Kennedy 14, 27
 Examination by Mr. Ellison 20
 5
 6
 7 EXHIBIT INDEX
 8 PAGE
 9
 10 Deposition Exhibit A marked 7
 (Residual Newborn Screening Blood Spot Directive)
 Deposition Exhibit B marked 9
 (Consent Forms)
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 3

1 ADAM KANUSZEWSKI
 2 having been called by the Defendant MDHHS and sworn:
 3 EXAMINATION
 4 BY MR. LEVIN:
 5 Q So this lawsuit is regarding --
 6 MR. ELLISON: I'll stop you real quick. Just to
 7 make sure on the record that, because we're doing this via
 8 Zoom, and I know there's some different rules with this, we
 9 have no objection to this being conducted via Zoom, even
 10 though we're not all in the same room. So go ahead, Aaron.
 11 MR. LEVIN: Thank you. I appreciate that.
 12 Q So diving in, this lawsuit is relating to the continued
 13 retention and possible research uses of residual dried blood
 14 spots. What concerns do you have about the Department of
 15 Health and Human Services retaining those residual dried
 16 blood spots?
 17 **A I never knew anything about it.**
 18 Q I'm sorry. I think we lost connection for a moment there.
 19 **A I didn't know anything about it.**
 20 Q Now that you do, do you have any other concerns?
 21 **A Yes.**
 22 Q What are they?
 23 **A I don't know what they're being used for, who they're being**
 24 **given to, and quite frankly, whenever I deal with the**
 25 **government and stuff, I don't think they should be taking**

Page 5

1 **things without asking permission.**
 2 Q Have you done any independent research about the program?
 3 **A I have not.**
 4 Q When did you learn about the program?
 5 **A When I talked to Phil.**
 6 Q Do you remember when that was, ballpark?
 7 **A Without looking, I don't. I'd be guessing at a date.**
 8 Q Do you remember what year it was?
 9 **A Probably two years ago, but that's purely a guess. I mean,**
 10 **somebody could refresh my memory with something.**
 11 Q Do you remember if it was about the time the lawsuit was
 12 filed?
 13 **A Yeah. It was right previously before the lawsuit was filed.**
 14 **I don't even recall when the lawsuit was filed, to be honest**
 15 **with you.**
 16 Q Fair enough. Do you have any reason to believe that your
 17 children's blood spots have been accessed?
 18 **A No.**
 19 Q Do you have any reason to believe they've been used for
 20 research?
 21 **A No.**
 22 Q Do you have any reason to believe these blood spots have
 23 been sold?
 24 **A No.**
 25 Q What are you hoping happens to these residual dried blood

Page 6

1 spots at the conclusion of this lawsuit?
 2 **A I've never really put a lot of thought into that to be**
 3 **honest with you. I guess I'd want them returned to me.**
 4 Q Are you aware that you may direct the Department of Health
 5 and Human Services to destroy your children's blood spots at
 6 any time?
 7 **A No.**
 8 MR. LEVIN: All right. I am going to share my
 9 screen and I will mark this and send it around, or I'll send
 10 it around, at least, at the conclusion. It's the same
 11 exhibit we looked at this morning for counsel.
 12 (Deposition Exhibit A marked)
 13 (Counsel shares document via video)
 14 MR. LEVIN: All right. Can you all see that?
 15 MR. ELLISON: Yes.
 16 MR. LEVIN: Is the whole form visible or do I need
 17 to zoom it out?
 18 MR. ELLISON: You've got to zoom it out. It's all
 19 crunched up.
 20 MR. LEVIN: All right. One moment. There we go.
 21 MR. ELLISON: That's pretty good right there.
 22 MR. LEVIN: Can you read it?
 23 MR. ELLISON: I can see the whole thing as one big
 24 document. You might have to -- I don't know if Adam can see
 25 it, but I can see it fine. I'm on a computer, though.

Page 7

1 THE WITNESS: I'm on my phone. I can pull my
 2 computer, but if I strain I can see it. Do you want to give
 3 me a minute to read it?
 4 MR. LEVIN: Yeah. Do you want -- would it help if
 5 I zoomed in?
 6 THE WITNESS: Well, if you zoom in, you're going
 7 to have to scroll up and down as I read it. Just give me a
 8 second.
 9 MR. LEVIN: Okay.
 10 (Witness reviews exhibit)
 11 **A All right. I read it.**
 12 Q Have you seen this form before?
 13 **A No.**
 14 Q Having reviewed it, would you agree that it allows you to
 15 request or direct the Department of Health and Human
 16 Services to destroy your children's blood spots?
 17 MR. ELLISON: I'm going to place an objection. I
 18 know this is going to sound kind of silly. Recognizing
 19 Mr. Kanuszewski is an attorney, he is being called as a lay
 20 witness. So I object to the fact that he's being asked to
 21 render a legal opinion. But, Adam, go ahead.
 22 **A It appears I have some options as to, yeah, what I want done**
 23 **with the blood that's in their possession.**
 24 Q Does the first one say "destroy all remaining blood spots?"
 25 **A It says that, and it says, "I understand that by checking**

Page 8

1 **this box, no blood spots will be available for any future**
 2 **use, including medical, identification, or research**
 3 **purposes." Does that mean that they were being used for**
 4 **medical, identification, or research purposes?**
 5 Q I'll show you another exhibit in a moment. Let me finish
 6 with this one. But having read the form, is this something
 7 you'd be willing to sign?
 8 **A I'd probably consult legal counsel first.**
 9 Q Fair enough.
 10 MR. LEVIN: All right. So I am going to share
 11 another exhibit.
 12 MR. ELLISON: Do you want to give that one a
 13 letter or a number? How do you want to do that?
 14 MR. LEVIN: Oh, so, yeah. That first one will be
 15 A, and then this next one I will mark as B and send around
 16 at the conclusion as well.
 17 MR. ELLISON: Okay.
 18 MR. LEVIN: So this will be B.
 19 (Deposition Exhibit B marked)
 20 (Witness shares document via video)
 21 Q Can you see that?
 22 **A No. You'd have to blow it up a little bit.**
 23 Q All right. How's that?
 24 **A Yeah, I can see it. I'm going to try to -- I can read it.**
 25 **Hold on a second.**

Page 9

1 Q This one is actually three pages, so let me know, and I will
 2 scroll so you can see all the pages.
 3 **A Okay. I read it.**
 4 Q Okay. This is page two. I think it's the same as page one.
 5 I'm not entirely --
 6 **A It appears to be the same.**
 7 Q All right. So page three is different. And I will review
 8 my notes as to why that happened. But here's page three.
 9 **A Okay.**
 10 **(Witness reviews exhibit)**
 11 **Okay. I read it.**
 12 Q Does that appear to be your wife's signature at the bottom?
 13 **A It looks like it.**
 14 Q Do you have any reason to believe it's not?
 15 **A No.**
 16 Q All right.
 17 **A Can you scroll up to the other one? The one you showed me**
 18 **first?**
 19 Q Yeah, how's that?
 20 **A Yeah. So I think the first two pages were the same; right?**
 21 Q I believe so. I think that's just an oversight on my part.
 22 **A Because I was just looking at the years. It looks like the**
 23 **first one would have been -- okay -- for one kid. And**
 24 **then -- okay. All right. They're not together, is what I'm**
 25 **saying. They're dated years apart, so that's not like one**

Page 10

1 **document. That's like two documents -- two documents.**
 2 Q I know, I --
 3 **A Yeah, okay.**
 4 Q Yes, that's correct. I've put them in one --
 5 **A It's misleading. I was going to say it's misleading when**
 6 **it's given to you as, like, one document because I think the**
 7 **years were different is all.**
 8 Q Yeah. The years are. It's just -- I put them in one
 9 document thinking they'd be easier to review, but -- do you
 10 need more time to review it, or are you satisfied?
 11 **A No, I looked at it. I'm fine.**
 12 Q So looking at this first one, is it fair to say that, "Yes,
 13 my baby's blood spots may be used for health research," is
 14 checked?
 15 **A It is checked.**
 16 Q So based on this form and referring to only this form, do
 17 you have any reason to believe that the state has used your
 18 baby's blood spots contrary to your express wishes or the
 19 family's express wishes?
 20 **A Well, my signature is not on there, but, I mean, it appears**
 21 **my wife's is.**
 22 Q All right. I'm going to go now to the third page, which is
 23 the different one. Same question. Do you have any reason
 24 to believe that the state has done anything contrary to this
 25 form?

Page 11

1 **A Will you rephrase that, please?**
 2 Q Yes. And if you need to take a moment to review the form,
 3 that is all right, too. So the form looks a little bit
 4 different, but it is also a consent form for use of blood
 5 spots in research. Do you have any reason to believe that
 6 the -- the Department of Health and Human Services has acted
 7 contrary to the permissions described in this form?
 8 MR. ELLISON: Objection. Now, that calls for a
 9 legal conclusion, and I also object to the statement at the
 10 beginning of that as to lack of foundation. Go ahead.
 11 Q If you need to review the form, take all the time you need.
 12 MR. ELLISON: I was objecting on the basis of your
 13 recitation of what this form is, but, go ahead.
 14 **A So rephrase it so I make sure I give you the right "yes" or**
 15 **"no" answer here.**
 16 Q And I apologize. It's starting to storm here. So if the
 17 mic picks that up --
 18 **A No, that's all right.**
 19 Q -- or interference, I will be back as soon as I can.
 20 **A Did you ask me if I had any reason to believe that the state**
 21 **used the blood in any form contrary to this form? Is that**
 22 **what you said?**
 23 Q Yeah. And I will rephrase if that's not clear. Would you
 24 like me to rephrase?
 25 **A Yes, please. I was waiting.**

Page 12

1 Q Oh, sorry. All right. So towards the -- there's that box
 2 in the middle.
 3 **A Uh-huh (affirmative).**
 4 Q And towards the bottom there's a sentence that starts, "I
 5 voluntary agree?"
 6 **A Yes.**
 7 Q So I'm going to read that box. So that box says, "I
 8 voluntarily agree to allow my child's dried blood spots" --
 9 it's abbreviated but dried blood spots -- "to possibly used
 10 for medical research after newborn screening is complete.
 11 My permission applies to any blood spots obtained for
 12 newborn screening."
 13 **A Correct.**
 14 Q Do you have any reason to believe that the state has acted
 15 contrary to that paragraph and in this document?
 16 **A No; no.**
 17 Q Do you recall if you were ever given an educational pamphlet
 18 or brochure explaining the newborn screening program?
 19 **A I don't.**
 20 Q Do you recall if you were ever given an educational pamphlet
 21 or brochure explaining that retained blood spots may be used
 22 for medical research?
 23 **A I don't.**
 24 Q Did you review your files at home and determine if you had
 25 any documents related to this program?

Page 13

1 **A I didn't specifically scour the house or anything. I don't**
 2 **really have files at home. I mean, I have a strong box with**
 3 **some legal documents. It's certainly not in there.**
 4 MR. LEVIN: Just one second. I think that may be
 5 all I have. That's all I have right now.
 6 MR. ELLISON: Jeremy, do you want to go next?
 7 MR. KENNEDY: Yes.
 8 MR. ELLISON: Yup, all right.
 9 MR. KENNEDY: Good morning (sic), Mr. Kanuszewski.
 10 My name is Jeremy Kennedy. I'm the attorney for Dr. Antonio
 11 Yancey and Michigan Neonatal Biobank.
 12 THE WITNESS: Good afternoon.
 13 EXAMINATION
 14 BY MR. KENNEDY:
 15 Q So you are the parent of -- I believe you have three
 16 children who are plaintiff's in this case; is that correct?
 17 **A I'm the biological father of two of them, but I consider**
 18 **myself a parent to all three, yes.**
 19 Q Okay. So one would be a stepchild?
 20 **A Correct.**
 21 Q Okay. And the two that you're the biological father of,
 22 were you present when they were born?
 23 **A I was.**
 24 Q You were in the room with your wife?
 25 **A I was.**

Page 14

1 Q With the births of the youngest -- or I'm sorry, -- the
 2 older of your two biological children, was it natural birth
 3 or C-section?
 4 **A C-section.**
 5 Q Did she have an epidural, to your recollection?
 6 **A I don't recall.**
 7 Q Was she ever unconscious as far as you can recall?
 8 **A I don't think so.**
 9 Q What was the date of your oldest child's birth?
 10 **A My oldest biological child?**
 11 Q Yes. Sorry.
 12 **A It would have been -- he's April 22nd of '13.**
 13 Q Do you remember what time of day?
 14 **A Morning, I believe.**
 15 Q Okay. And you said that looking at Exhibit B on the third
 16 page with -- you said you believe that's your wife's
 17 signature?
 18 **A I do.**
 19 Q As far as you can tell?
 20 **A Yeah.**
 21 Q Do you recall what time of day that form was signed?
 22 **A I don't remember that form being signed.**
 23 Q Okay. And I'm sorry. They said that I'm sleep deprived
 24 right now. Did you say after the C-section -- was your wife
 25 ever unconscious for any amount of time from the medication?

Page 15

1 **A I don't recall. I don't -- I mean, outside of sleeping, I**
 2 **mean, -- I mean, I don't -- well, I guess you'd have to**
 3 **narrow it down to, like, a time frame. So after she had the**
 4 **birth, when are you asking?**
 5 Q (Inaudible)
 6 **A Well, of course, she slept. I mean, yeah, she was**
 7 **unconscious at times. I mean, we were there for, I think, a**
 8 **couple days.**
 9 Q Other than sleeping?
 10 **A I don't think so.**
 11 Q Okay. You said the first time you became aware of this --
 12 of these -- backup. Are you aware of anything about the
 13 Michigan Neonatal Biobank prior to this case? Let me ask
 14 you a different --
 15 **A I don't -- yeah, please.**
 16 Q Prior to this case, have you ever heard of the Michigan
 17 Neonatal Biobank?
 18 **A No, I don't think so.**
 19 Q All right. Are you aware of anything about how the biobank
 20 operates?
 21 **A Not really. I mean, I know there's some blood samples**
 22 **stored now. But outside of that, no, not really.**
 23 Q And prior to this case being filed or initial -- we'll say
 24 initial investigation, you had no awareness of how it
 25 operated; correct?

Page 16

1 **A Correct.**
 2 Q And you had no awareness of how the biobank is funded?
 3 **A No.**
 4 Q Okay. And do you have -- do you have any personal knowledge
 5 of how the dried blood spot cards are used?
 6 **A No.**
 7 Q Do you have any personal firsthand knowledge that any of
 8 your children, biological or otherwise, whether their
 9 cards -- their blood spots cards are even being used for
 10 anything?
 11 **A I don't.**
 12 Q So, therefore, you also do not have any evidence that the
 13 dried blood spot cards are being used contrary to any
 14 authorization that may have been given?
 15 **A Correct.**
 16 MR. ELLISON: Objection. Asked for a legal
 17 conclusion, but go ahead and answer.
 18 **A Correct. I answered.**
 19 THE WITNESS: Did you guys hear it?
 20 MR. ELLISON: Yeah.
 21 MR. KENNEDY: Yes, thank you.
 22 THE WITNESS: Oh, yeah.
 23 MR. ELLISON: Jeremy has got a new one that just
 24 came along, so he hasn't been sleeping too much the last
 25 couple days here, so --

Page 17

1 Q This is true. He will be two weeks old tomorrow, so I'm
 2 still getting him up.
 3 **A Did you get presented your forms?**
 4 Q I did.
 5 **A Okay.**
 6 Q I did. So have you ever requested that the dried blood spot
 7 card of any of your children be destroyed?
 8 **A I have not.**
 9 Q Are you aware of any of the possible uses of the dried blood
 10 spot cards that are being stored?
 11 **A No.**
 12 Q Are there any uses of those cards that you would consider
 13 acceptable?
 14 **A I don't think so.**
 15 Q In your opinion, is it acceptable for the blood spots to be
 16 taken to test for congenital or chronic diseases under the
 17 program?
 18 **A That's kind of an odd question.**
 19 Q Okay. Let me --
 20 **A That's saying -- well, it's like you're inferring that if I**
 21 **had given them permission to take them. I mean, I would**
 22 **say, yeah, that would be appropriate if I said, "Yeah, take**
 23 **them." But, I mean, I think the issue is, like, not knowing**
 24 **that they were taking them. I mean, once you have them, if**
 25 **I said you could use them, then, yeah, sure.**

Page 18

1 Q That's not what I'm asking. You are aware that they take
 2 the five or six spots of blood to -- initially to test
 3 for -- I believe the current number is 56 chronic
 4 conditions, diseases. Are you aware of that?
 5 **A No.**
 6 Q So you have no knowledge of what the blood spots are taken
 7 for whatsoever?
 8 **A To be honest, no.**
 9 Q Okay. Prior to this lawsuit being filed, did you, in any
 10 way, investigate the use of the dried blood spot cards?
 11 **A No.**
 12 Q Now, is it your position that the taking of the dried blood
 13 spot cards in any way interferes with your ability to direct
 14 medical care for any of your children?
 15 **A Could you rephrase that, please?**
 16 Q Do you believe that taking the dried blood spot cards in any
 17 way interferes with your ability to determine how to care
 18 for your child medically?
 19 **A No. Do I -- I think I understand what you're saying. It's**
 20 **kind of a long question. I think it breaks up in between.**
 21 **Do I think that them -- rephrase it one more time. I**
 22 **believe the answer is no. I'm trying to draw the -- go**
 23 **ahead.**
 24 Q Let me see if I can ask it simpler, and I know that's not
 25 always my strong point. Have you ever felt that your

Page 19

1 ability to determine the medical care for your child has
 2 been impacted by the taking of the dried blood spot card?
 3 **A No.**
 4 Q Do you feel like your ability to determine medical care for
 5 any of your children has been impacted by the storage of the
 6 dried blood spot cards?
 7 **A No.**
 8 Q And you have, I believe you said, no personal knowledge
 9 whether the dried blood spot cards had been used for any
 10 purpose at all; correct?
 11 **A Correct.**
 12 Q If you were not aware before, you are aware now that there
 13 is a form that you can fill out to request the destruction
 14 of the blood spot cards; correct?
 15 **A I just read it, yes.**
 16 MR. KENNEDY: I have nothing further.
 17 MR. ELLISON: Okay. I have a few questions for
 18 you here.
 19 EXAMINATION
 20 BY MR. ELLISON:
 21 Q I'm going to refer to your three children by their first
 22 initials because of the federal privacy laws with minors.
 23 **A That's fine.**
 24 Q Okay. And, fortunately, you've got three children with
 25 three different initials, so that helps.

Page 20

1 **A Yes.**
 2 Q As for -- and I'm going to call them "infant." I know some
 3 of them aren't infants anymore with their age now, but to
 4 Infant R and Infant C, that's -- those are your two
 5 biological children?
 6 **A They are.**
 7 Q Yup. And Infant D is the child -- the biological child of
 8 your wife; correct?
 9 **A Correct.**
 10 Q Are you the legal guardian for Infant D?
 11 **A To be actually honest, I don't know exactly. I mean, yeah;**
 12 **yeah.**
 13 Q Let me ask you this. Have you adopted as --
 14 **A No; no.**
 15 Q Okay. All right. And I don't mean to be passing judgment
 16 on parenting or that nature. It's just the legal nature of
 17 these sorts of things, so --
 18 **A Yeah. And I guess when you say "legal guardian," I guess I**
 19 **don't know the actual definition of legal guardian. I mean,**
 20 **he resides here full-time. I mean, my wife and I raise him.**
 21 **He still has contact with his biological father. His**
 22 **biological father is still involved in his life. So maybe**
 23 **that gives you a better picture of that.**
 24 Q Okay. Very good. For your two biological children, did
 25 anyone from the State of Michigan or any of its agents,

Page 21

1 including even a doctor, talk to you beforehand about the
 2 risks versus the benefits of conducting any sort of blood
 3 tests as it applies to the newborn screening program?
 4 **A I don't believe so.**
 5 Q Has anybody -- at the time that the blood samples -- well,
 6 let me ask this. Did you know that either one of your two
 7 biological children -- did you know or were told that blood
 8 samples were being taken from your child for testing by
 9 agents of the State of Michigan?
 10 MR. LEVIN: I'm going to object to relevance and
 11 to the conclusion that the doctors are agents.
 12 MR. ELLISON: Fair enough.
 13 Q Go ahead.
 14 **A No; no.**
 15 Q All right. Did anyone tell you that they were going to be
 16 taking blood samples for your two biological children prior
 17 to them extracting the blood?
 18 **A No.**
 19 Q After the blood was taken, did anyone talk to you about the
 20 risks, benefits, basically being informed about what the
 21 purpose and goals were to taking those blood samples?
 22 **A No.**
 23 Q Did anyone tell you where they were taking those blood
 24 samples and what they were doing with them?
 25 **A No.**

Page 22

1 Q Did they tell you who was going to be in possession of them
 2 and from what basis they were going to be retained for?
 3 **A No.**
 4 Q Did anyone at any time talk to you, be it from the state, an
 5 agent of the state, or someone from the biobank, talk to you
 6 about the blood samples being transferred from where they
 7 were being tested to the nonprofit Michigan Neonatal
 8 Biobank?
 9 **A No.**
 10 Q Did anyone discuss with you and explain the benefits and
 11 risks of storing either one of your two biological
 12 children's blood samples in the newborn -- or, excuse me --
 13 in the Michigan Neonatal Biobank?
 14 **A No.**
 15 Q Has anyone spoken to you or otherwise explained to you about
 16 what sort of legal protections or what sort of privacy
 17 protections the blood samples have while in the Michigan
 18 Neonatal Biobank?
 19 **A No.**
 20 Q As you've come to learn through this lawsuit, you have
 21 learned that your two children's -- your two biological
 22 children's blood samples are, in fact, in the Michigan
 23 Neonatal Biobank; correct?
 24 **A Correct.**
 25 Q Would you, if you had known at the time that the blood

Page 23

1 samples were going to be indefinitely stored without your
 2 permission ahead of time, would you have given consent?
 3 MR. KENNEDY: Objection; calls for speculation.
 4 **A Do you want me to answer, Phil?**
 5 Q Yes, please. Yes, please.
 6 **A I don't think so without researching it a little bit, you
 7 know. I would want to know what would be -- I would just
 8 want -- I'd want to know more. I still want to know more.**
 9 Q Did anyone present you before, during, or after the blood
 10 being extracted from your two biological children, any sort
 11 of paperwork or pamphlets about anything, aspect of the
 12 newborn screening program, including the storage at the
 13 neonatal biobank?
 14 **A Not that I recall.**
 15 Q Do you have any concerns about -- today, as I was just
 16 saying, the biobank -- I'll make the representation to you
 17 that your two biological children's blood samples, including
 18 their DNA and medical data about what's contained within
 19 those blood samples, are being stored at the Michigan
 20 Neonatal Biobank. Do you have any concerns about that
 21 material and that information being stored at the biobank?
 22 **A Yes.**
 23 Q What kind of concerns do you have?
 24 **A Well, I don't feel it belongs to them. I feel that that's
 25 mine, my wife's, our kids genetic biological information. I**

Page 24

1 **don't want it out there being bought, sold, used or
 2 whatever. And I don't even know if that's a thing, but it
 3 certainly is a concern of mine that someone else has control
 4 of it and basically didn't tell us anything about it.**
 5 Q Okay. Looking at -- on your screen right now, this is a
 6 copy of Infant R, the form in that respect. Is there any
 7 reference on here to the Michigan Neonatal Biobank?
 8 **A I don't see any.**
 9 Q Okay. Have you provided -- to your knowledge, have you or
 10 your wife provided any authorization to transfer your two
 11 biological children's blood samples to the Michigan Neonatal
 12 Biobank?
 13 **A No.**
 14 Q Have you given any authorization for them to -- the Michigan
 15 Neonatal Biobank -- to sell, convey, give or otherwise allow
 16 third parties like researchers to use that blood sample from
 17 the biobank?
 18 **A No; no.**
 19 Q Do you have any concerns about your children's medical
 20 privacy today with the way the blood samples are currently
 21 housed and stored?
 22 **A Yes.**
 23 Q Okay. What are those?
 24 **A I don't even know how they're housed or stored.**
 25 Q Would you agree that the lack of information and lack of

Page 25

1 knowledge would -- strike that. Let me ask it this way.
 2 **A That's actually -- that's the scary part, I mean, is the**
 3 **lack of knowledge of what's going on and what could be done.**
 4 **I mean, I don't know if the scare, the threat, is real, not**
 5 **real. I mean, I just know that somebody has ahold of that**
 6 **stuff and something is being done with it, and to what**
 7 **extent, I don't know and I was never told.**
 8 Q Okay. Is that the concern that you have with this lawsuit
 9 is the fact that someone else has your son's -- your two
 10 biological sons' medical and DNA data without you having any
 11 control or say over that material?
 12 **A Yes.**
 13 Q As for Infant D, which was not your biological child, were
 14 you present for his birth at all?
 15 **A Was not.**
 16 Q Now knowing what you know now about the biobank and the
 17 newborn screening program, would you, in fact, have provided
 18 consent to store your blood samples indefinitely with the
 19 Michigan Neonatal Biobank?
 20 **A No.**
 21 MR. ELLISON: I have no further questions.
 22 MR. LEVIN: I have a couple just briefly.
 23 EXAMINATION
 24 BY MR. LEVIN:
 25 Q Prior to filing the lawsuit, did you do any independent

Page 26

1 research about the newborn screening program or the biobank?
 2 **A No.**
 3 Q Have you done any since?
 4 **A No.**
 5 Q How much would you say you know about these programs?
 6 **A Not much.**
 7 Q Did you ever investigate if there was a means of having the
 8 blood spots destroyed, other than filing a lawsuit?
 9 **A No.**
 10 Q Do you know how long the actual screening process takes?
 11 **A No.**
 12 MR. LEVIN: That's all I have.
 13 MR. ELLISON: Jeremy, do you want anything else?
 14 MR. KENNEDY: I actually just want to circle back.
 15 EXAMINATION
 16 BY MR. KENNEDY:
 17 Q I forgot to ask, your youngest child, was that a natural
 18 birth or a C-section?
 19 **A C-section.**
 20 Q I assumed as much, but want to make sure. And similar to
 21 the question about your older biological child, was your
 22 wife given any kind of anesthesia, epidural, anything like
 23 that?
 24 **A I don't know. I couldn't be for certain.**
 25 Q Okay. And other than sleeping, was she ever unconscious any

Page 27

1 time as a result of drugs or other --
 2 **A You know, she being -- I thought about that after you asked,**
 3 **and I think with C it's more possible. I want to say that**
 4 **she lost a lot of blood and that she was away from us for**
 5 **quite some time. I think that with the youngest would be,**
 6 **if I'm not mistaken. So it's possible, but I wasn't -- I**
 7 **didn't see it. So she'd be able to tell you.**
 8 MR. KENNEDY: Okay. That's all I have.
 9 MR. ELLISON: Okay. We reserve the balance of our
 10 questions for trial. Adam, you're all set, and you can log
 11 off.
 12 THE WITNESS: All right. Thanks.
 13 MR. LEVIN: Thank you.
 14 (Deposition concluded at 2:10 p.m.)
 15
 16 -0-0-0-
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 28

<p style="text-align: center;">A</p> <p>Aaron 1:17 4:8 5:10 abbreviated 13:9 ability 19:13,17 20:1,4 able 28:7 acceptable 4:18 18:13,15 accessed 6:17 acted 12:6 13:14 actual 21:19 27:10 Adam 1:3,9 5:1 7:24 8:21 28:10 adopted 21:13 affirm 4:22 affirmative 4:7 13:3 afternoon 14:12 age 21:3 agent 23:5 agents 21:25 22:9 22:11 ago 6:9 agree 8:14 13:5,8 25:25 ahead 5:10 8:21 12:10,13 17:17 19:23 22:13 24:2 ahold 26:5 al 1:3,6 allow 13:8 25:15 allows 8:14 amount 15:25 anesthesia 27:22 Ann 1:23 answer 4:18,20 12:15 17:17 19:22 24:4 answered 17:18 Antonio 1:22 14:10 anybody 22:5 anymore 21:3 apart 10:25 apologize 12:16 appear 10:12 APPEARANCES 1:13 appears 8:22 10:6 11:20 applies 13:11 22:3 appreciate 5:11 appropriate 18:22 April 15:12 Arbor 1:23</p>	<p>asked 8:20 17:16 28:2 asking 6:1 16:4 19:1 aspect 24:11 assumed 27:20 attorney 1:18 4:9,9 4:11 8:19 14:10 authorization 17:14 25:10,14 available 9:1 aware 7:4 16:11,12 16:19 18:9 19:1,4 20:12,12 awareness 16:24 17:2</p> <hr/> <p style="text-align: center;">B</p> <p>B 3:10 9:15,18,19 15:15 baby's 11:13,18 back 12:19 27:14 backup 16:12 balance 28:9 ballpark 6:6 based 11:16 basically 22:20 25:4 basis 12:12 23:2 beginning 12:10 believe 6:16,19,22 10:14,21 11:17,24 12:5,20 13:14 14:15 15:14,16 19:3,16,22 20:8 22:4 belongs 24:24 benefits 22:2,20 23:10 better 21:23 big 7:23 biobank 1:22 14:11 16:13,17,19 17:2 23:5,8,13,18,23 24:13,16,20,21 25:7,12,15,17 26:16,19 27:1 biological 14:17,21 15:2,10 17:8 21:5 21:7,21,22,24 22:7,16 23:11,21 24:10,17,25 25:11 26:10,13 27:21 birth 15:2,9 16:4 26:14 27:18</p>	<p>births 15:1 bit 9:22 12:3 24:6 blood 3:10 5:13,16 6:17,22,25 7:5 8:16,23,24 9:1 11:13,18 12:4,21 13:8,9,11,21 16:21 17:5,9,13 18:6,9,15 19:2,6 19:10,12,16 20:2 20:6,9,14 22:2,5,7 22:16,17,19,21,23 23:6,12,17,22,25 24:9,17,19 25:11 25:16,20 26:18 27:8 28:4 blow 9:22 bore 4:15 born 14:22 bottom 10:12 13:4 bought 25:1 box 1:15,18 9:1 13:1 13:7,7 14:2 breaks 19:20 briefly 26:22 brochure 13:18,21</p> <hr/> <p style="text-align: center;">C</p> <p>C 1:21 21:4 28:3 C-section 15:3,4,24 27:18,19 call 21:2 called 5:2 8:19 calls 12:8 24:3 card 18:7 20:2 cards 17:5,9,9,13 18:10,12 19:10,13 19:16 20:6,9,14 care 19:14,17 20:1,4 16:16,23 CER 2:1 certain 27:24 certainly 14:3 25:3 Certified 2:1 checked 11:14,15 checking 8:25 child's 13:8 child 15:10 19:18 20:1 21:7,7 22:8 26:13 27:17,21 child's 15:9 children 14:16 15:2</p>	<p>17:8 18:7 19:14 20:5,21,24 21:5 21:24 22:7,16 24:10 children's 6:17 7:5 8:16 23:12,21,22 24:17 25:11,19 chronic 18:16 19:3 circle 27:14 clear 12:23 come 23:20 complete 13:10 computer 7:25 8:2 concern 25:3 26:8 concerns 5:14,20 24:15,20,23 25:19 concluded 28:14 conclusion 7:1,10 9:16 12:9 17:17 22:11 conditions 19:4 conducted 5:9 conducting 22:2 Conference 1:9 4:1 congenital 18:16 connection 5:18 consent 3:11 12:4 24:2 26:18 consider 14:17 18:12 consult 9:8 contact 21:21 contained 24:18 CONTENTS 3:1 continued 5:12 contrary 11:18,24 12:7,21 13:15 17:13 control 25:3 26:11 convey 25:15 copy 25:6 Corporation 2:2 correct 4:12 11:4 13:13 14:16,20 16:25 17:1,15,18 20:10,11,14 21:8 21:9 23:23,24 counsel 1:15 7:11 7:13 9:8 couple 16:8 17:25 26:22 course 16:6 COURT 1:1</p>	<p>crunched 7:19 current 19:3 currently 25:20</p> <hr/> <p style="text-align: center;">D</p> <p>D 21:7,10 26:13 D2000 1:22 Daniels 1:21 data 24:18 26:10 date 6:7 15:9 dated 10:25 day 1:10 15:13,21 days 16:8 17:25 deal 5:24 Defendant 1:10,17 1:21 5:2 Defendants 1:7 definition 21:19 Department 1:6,18 5:14 7:4 8:15 12:6 depending 4:20 Deposition 1:9 3:9 3:10 7:12 9:19 28:14 depositions 4:14 deprived 15:23 described 12:7 destroy 7:5 8:16,24 destroyed 18:7 27:8 destruction 20:13 determine 13:24 19:17 20:1,4 different 5:8 10:7 11:7,23 12:4 16:14 20:25 direct 7:4 8:15 19:13 Directive 3:10 Director 4:10 discuss 23:10 diseases 18:16 19:4 DISTRICT 1:1,1 dive 4:21 diving 5:12 DIVISION 1:2 DNA 24:18 26:10 doctor 22:1 doctors 22:11 document 7:13,24 9:20 11:1,6,9 13:15 documents 11:1,1 13:25 14:3</p>
--	--	--	---	---

<p>doing 5:7 22:24 Domino's 1:22 Dr 4:10,10 14:10 draw 19:22 dried 5:13,15 6:25 13:8,9 17:5,13 18:6,9 19:10,12 19:16 20:2,6,9 Drive 1:22 drugs 28:1</p> <hr/> <p style="text-align: center;">E</p> <p>easier 11:9 EASTERN 1:1 educational 13:17 13:20 Eggan 1:21 either 22:6 23:11 Electronic 2:1 Ellison 1:14 3:4 5:6 7:15,18,21,23 8:17 9:12,17 12:8 12:12 14:6,8 17:16,20,23 20:17 20:20 22:12 26:21 27:13 28:9 entirely 10:5 epidural 15:5 27:22 et 1:3,6 evidence 17:12 exactly 21:11 Examination 3:3,4 3:4 5:3 14:13 20:19 26:23 27:15 excuse 23:12 exhibit 3:7,9,10 7:11,12 8:10 9:5 9:11,19 10:10 15:15 explain 23:10 explained 23:15 explaining 13:18,21 express 11:18,19 extent 26:7 extracted 24:10 extracting 22:17</p> <hr/> <p style="text-align: center;">F</p> <p>fact 8:20 23:22 26:9 26:17 fair 6:16 9:9 11:12 22:12 family's 11:19</p>	<p>far 15:7,19 Farms 1:22 father 14:17,21 21:21,22 federal 20:22 feel 4:16 20:4 24:24 24:24 felt 19:25 filed 6:12,13,14 16:23 19:9 files 13:24 14:2 filing 26:25 27:8 fill 20:13 fine 7:25 11:11 20:23 finish 9:5 Firm 2:2 first 8:24 9:8,14 10:18,20,23 11:12 16:11 20:21 firsthand 17:7 five 19:2 forgot 27:17 form 7:16 8:12 9:6 11:16,16,25 12:2 12:3,4,7,11,13,21 12:21 15:21,22 20:13 25:6 forms 3:11 18:3 fortunately 20:24 foundation 12:10 frame 16:3 Frank 1:22 frankly 5:24 free 4:16 Friday 4:2 full-time 21:20 funded 17:2 further 20:16 26:21 future 9:1</p> <hr/> <p style="text-align: center;">G</p> <p>General 1:18 General's 4:9 generally 4:19 genetic 24:25 getting 18:2 give 4:23 8:2,7 9:12 12:14 25:15 given 5:24 11:6 13:17,20 17:14 18:21 24:2 25:14 27:22</p>	<p>gives 21:23 go 5:10 7:20 8:21 11:22 12:10,13 14:6 17:17 19:22 22:13 goals 22:21 going 7:8 8:6,17,18 9:10,24 11:5,22 13:7 20:21 21:2 22:10,15 23:1,2 24:1 26:3 good 7:21 14:9,12 21:24 Gordon 4:10 government 5:25 guardian 21:10,18 21:19 guess 6:9 7:3 16:2 21:18,18 guessing 6:7 guys 17:19</p> <hr/> <p style="text-align: center;">H</p> <p>happened 10:8 happens 6:25 health 1:6 5:15 7:4 8:15 11:13 12:6 hear 4:19 17:19 heard 16:16 help 8:4 helps 20:25 Hemlock 1:16 Hold 9:25 home 13:24 14:2 HON 1:6 honest 6:14 7:3 19:8 21:11 hoping 6:25 house 14:1 housed 25:21,24 how's 9:23 10:19 Human 1:6 5:15 7:5 8:15 12:6</p> <hr/> <p style="text-align: center;">I</p> <p>identification 9:2,4 impacted 20:2,5 Inaudible 16:5 including 9:2 22:1 24:12,17 indefinitely 24:1 26:18 independent 6:2</p>	<p>26:25 INDEX 3:7 infant 21:2,4,4,7,10 25:6 26:13 infants 21:3 inferring 18:20 information 24:21 24:25 25:25 informed 22:20 initial 16:23,24 initially 19:2 initials 20:22,25 interference 12:19 interferes 19:13,17 investigate 19:10 27:7 investigation 16:24 involved 21:22 issue 18:23</p> <hr/> <p style="text-align: center;">J</p> <p>Jeremy 1:21 14:6 14:10 17:23 27:13 judgment 21:15</p> <hr/> <p style="text-align: center;">K</p> <p>Kanuszewski 1:3,9 4:5,5,6,7,13,24 5:1 8:19 14:9 Kennedy 1:21 3:4 14:7,9,10,14 17:21 20:16 24:3 27:14,16 28:8 kid 10:23 kids 24:25 kind 8:18 18:18 19:20 24:23 27:22 Klein 4:10 knew 5:17 know 4:14,17,21 5:8 5:19,23 7:24 8:18 10:1 11:2 16:21 19:24 21:2,11,19 22:6,7 24:7,7,8,8 25:2,24 26:4,5,7 26:16 27:5,10,24 28:2 knowing 18:23 26:16 knowledge 17:4,7 19:6 20:8 25:9 26:1,3 known 23:25</p>	<p style="text-align: center;">L</p> <p>L 1:6 lack 12:10 25:25,25 26:3 Lansing 1:19 laws 20:22 lawsuit 5:5,12 6:11 6:13,14 7:1 19:9 23:20 26:8,25 27:8 lay 8:19 learn 6:4 23:20 learned 23:21 LEE 1:14 legal 1:15 8:21 9:8 12:9 14:3 17:16 21:10,16,18,19 23:16 letter 9:13 Levin 1:17 3:3 4:3,6 4:8,8,14 5:4,11 7:8,14,16,20,22 8:4,9 9:10,14,18 14:4 22:10 26:22 26:24 27:12 28:13 life 21:22 little 9:22 12:3 24:6 Lloyd 1:22 log 28:10 long 19:20 27:10 looked 7:11 11:11 looking 6:7 10:22 11:12 15:15 25:5 looks 10:13,22 12:3 lost 5:18 28:4 lot 7:2 28:4 LUDINGTON 1:6 Lyon-Callo 4:10</p> <hr/> <p style="text-align: center;">M</p> <p>MAG 1:6 mark 7:9 9:15 marked 3:9,10 7:12 9:19 Mary 4:10 material 24:21 26:11 MDHHS 1:10,18 5:2 mean 6:9 9:3 11:20 14:2 16:1,2,2,6,7 16:21 18:21,23,24 21:11,15,19,20</p>
---	---	---	---	--

<p>26:2,4,5 means 27:7 medical 9:2,4 13:10 13:22 19:14 20:1 20:4 24:18 25:19 26:10 medically 19:18 medication 15:25 memory 6:10 mic 12:17 Michigan 1:1,6,16 1:18,19,21,23 14:11 16:13,16 21:25 22:9 23:7 23:13,17,22 24:19 25:7,11,14 26:19 middle 13:2 mine 24:25 25:3 minors 20:22 minute 8:3 misleading 11:5,5 mistaken 28:6 moment 5:18 7:20 9:5 12:2 morning 7:11 14:9 15:14 MORRIS 1:6</p> <hr/> <p style="text-align: center;">N</p> <p>name 4:4 14:10 narrow 16:3 natural 15:2 27:17 nature 21:16,16 need 4:16 7:16 11:10 12:2,11,11 neonatal 1:21 14:11 16:13,17 23:7,13 23:18,23 24:13,20 25:7,11,15 26:19 Network 2:2 never 5:17 7:2 26:7 new 17:23 newborn 3:10 13:10 13:12,18 22:3 23:12 24:12 26:17 27:1 nonprofit 23:7 NORTHERN 1:2 notes 10:8 number 2:2 9:13 19:3</p> <hr/> <p style="text-align: center;">O</p>	<p>object 8:20 12:9 22:10 objecting 12:12 objection 4:19,20 5:9 8:17 12:8 17:16 24:3 obtained 13:11 October 1:10 4:2 odd 18:18 office 4:9 Oh 9:14 13:1 17:22 okay 8:9 9:17 10:3,4 10:9,11,23,24 11:3 14:19,21 15:15,23 16:11 17:4 18:5,19 19:9 20:17,24 21:15,24 25:5,9,23 26:8 27:25 28:8,9 old 18:1 older 15:2 27:21 oldest 15:9,10 once 18:24 operated 16:25 operates 16:20 opinion 8:21 18:15 options 8:22 Ottawa 1:19 outside 1:15 16:1,22 oversight 10:21</p> <hr/> <p style="text-align: center;">P</p> <p>p.m 1:11 4:2 28:14 P64821 1:21 P74117 1:14 P81310 1:17 page 3:2,8 10:4,4,7 10:8 11:22 15:16 pages 10:1,2,20 Pam 2:1 pamphlet 13:17,20 pamphlets 24:11 paperwork 24:11 paragraph 13:15 parent 14:15,18 parenting 21:16 part 10:21 26:2 parties 25:16 passing 21:15 PATRICIA 1:6 PC 1:21 Pear 1:21 perfectly 4:18</p>	<p>permission 6:1 13:11 18:21 24:2 permissions 12:7 personal 17:4,7 20:8 Phil 6:5 24:4 PHILIP 1:14 phone 8:1 picks 12:17 picture 21:23 place 8:17 plaintiff's 14:16 Plaintiffs 1:4,14 PLC 1:15 please 4:17 12:1,25 16:15 19:15 24:5 24:5 PO 1:15,18 point 19:25 position 19:12 possession 8:23 23:1 possible 5:13 18:9 28:3,6 possibly 13:9 present 14:22 24:9 26:14 presented 18:3 pretty 7:21 previously 6:13 prior 16:13,16,23 19:9 22:16 26:25 privacy 20:22 23:16 25:20 probably 6:9 9:8 proceed 4:19 process 27:10 program 6:2,4 13:18,25 18:17 22:3 24:12 26:17 27:1 programs 27:5 pronounce 4:4 pronouncing 4:5 protections 23:16 23:17 provided 25:9,10 26:17 pull 8:1 purely 6:9 purpose 20:10 22:21 purposes 9:3,4</p>	<p>put 7:2 11:4,8</p> <hr/> <p style="text-align: center;">Q</p> <p>question 4:17 11:23 18:18 19:20 27:21 questions 4:15 20:17 26:21 28:10 quick 5:6 quickly 4:4 quite 5:24 28:5</p> <hr/> <p style="text-align: center;">R</p> <p>R 21:4 25:6 raise 21:20 Rankinen 2:1 re-ask 4:16 read 7:22 8:3,7,11 9:6,24 10:3,11 13:7 20:15 real 5:6 26:4,5 really 7:2 14:2 16:21,22 reason 6:16,19,22 10:14 11:17,23 12:5,20 13:14 recall 6:14 13:17,20 15:6,7,21 16:1 24:14 recitation 12:13 Recognizing 8:18 recollection 15:5 record 5:7 RECORDED 2:1 Recorder 2:1 refer 20:21 reference 25:7 referring 11:16 refresh 6:10 regarding 5:5 Registration 2:2 related 13:25 relating 5:12 relevance 22:10 remaining 8:24 remember 4:18 6:6 6:8,11 15:13,22 render 8:21 rephrase 12:1,14,23 12:24 19:15,21 REPORTER 4:22 Reporting 2:2 representation 24:16</p>	<p>representing 4:9 request 8:15 20:13 requested 18:6 research 5:13 6:2 6:20 9:2,4 11:13 12:5 13:10,22 27:1 researchers 25:16 researching 24:6 reserve 28:9 resides 21:20 residual 3:10 5:13 5:15 6:25 respect 25:6 result 28:1 retained 13:21 23:2 retaining 5:15 retention 5:13 returned 7:3 review 10:7 11:9,10 12:2,11 13:24 reviewed 8:14 reviews 8:10 10:10 right 4:3,21 6:13 7:8,14,20,21 8:11 9:10,23 10:7,16 10:20,24 11:22 12:3,14,18 13:1 14:5,8 15:24 16:19 21:15 22:15 25:5 28:12 risks 22:2,20 23:11 room 5:10 14:24 rules 5:8</p> <hr/> <p style="text-align: center;">S</p> <p>sample 25:16 samples 16:21 22:5 22:8,16,21,24 23:6,12,17,22 24:1,17,19 25:11 25:20 26:18 satisfied 11:10 saying 10:25 18:20 19:19 24:16 says 8:25,25 13:7 scare 26:4 scary 26:2 scour 14:1 screen 7:9 25:5 screening 3:10 13:10,12,18 22:3 24:12 26:17 27:1</p>
--	---	---	--	--

<p>9</p> <p>9 3:10</p> <p>989 1:16</p>				
--	--	--	--	--

RESIDUAL NEWBORN SCREENING BLOOD SPOT DIRECTIVE

Michigan Department of Health and Human Services

Child's Name at Birth	Date of Birth
Child's Current Name	Check Birth Order if Multiple Birth <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
Mother's Name at Time of Child's Birth	Hospital of Birth

I am a legal representative* of the child named above. I am asking the Michigan Department of Health and Human Services (MDHHS) to (check one):

- Destroy **all** remaining blood spots. I understand that by checking this box, **NO** blood spots will be available for any future use including medical, identification, or research purposes.
- Destroy **only** the portion of blood spots stored for research use. I understand by checking this box, one blood spot will be held by MDHHS. I must direct any potential future use including medical, identification or research purposes.
- Store but **not** use blood spots for research after newborn screening is complete. I understand that the blood spots will be kept by the laboratory but not used for research of any kind unless directed in writing by me.

* **Legal representative** means a parent or guardian of a minor who has authority to act on behalf of the minor or the individual from whom the specimen was collected if 18 years or older or legally emancipated.

Nature of Parent, Guardian or other Legal Representatives	Relationship to Child	
Print Name	Date	
Street Address	City	Zip Code Phone Number

If you are asking MDHHS to destroy any blood spots, you must also attach a copy of **the birth certificate** belonging to the person whose blood spots are being destroyed **AND the driver's license, state issued identification card or passport** of the person who signed above.

Return document(s) via:

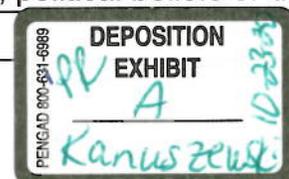
Email: biotrust@michigan.gov **Fax:** 517-335-9419 or

Post Mail: BioTrust Coordinator, NBS Follow-up Program, PO Box 30195, Lansing, MI 48909

Please note that MDHHS cannot guarantee email security if you choose to submit this form and accompanying documents to the department via email.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Authority: Michigan Public Health Code, Act 368 of 1978





Baby Name

Affix Label Here if Desired
Mark Parent Decision, Collect Signature, Return to MDCH

Admin.
Use Only

Blood spots are stored indefinitely (forever). Blood spots labeled with a code can be used for health research through the BioTrust. The brochure, *Your Baby's Blood Spots*, gives details to help you make a choice about allowing your baby's blood spots to be used in health research. Please read this brochure. If you still have questions, please call the Department of Community Health toll free at: 1-866-673-9939.

Yes, my baby's blood spots may be used for health research.

No, my baby's blood spots may not be used for health research.

This applies to all blood spots collected for newborn screening.

There is no penalty for saying no.

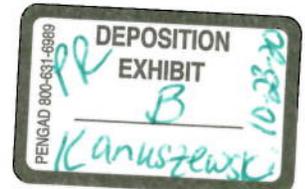


38371

Ashley Kanuszewski
Parent Signature

2-10-16
Date

MI Dept of Community Health Laboratory Copy





Baby Name

Admin. Use Only

Affix Label Here if Desired
Mark Parent Decision, Collect Signature, Return to MDCH

Blood spots are stored indefinitely (forever). Blood spots labeled with a code can be used for health research through the BioTrust. The brochure, *Your Baby's Blood Spots*, gives details to help you make a choice about allowing your baby's blood spots to be used in health research. Please read this brochure. If you still have questions, please call the Department of Community Health toll free at: 1-866-673-9939.

Yes, my baby's blood spots may be used for health research.

No, my baby's blood spots may not be used for health research.

This applies to all blood spots collected for newborn screening.

There is no penalty for saying no.



38371

Parent Signature Ashley Koruszinski

Date 2-10-16

MI Dept of Community Health Laboratory Copy



Baby Name	
Affix Label Here if Desired	

Admin. Use Only

Information Provided to Parent

Parent Declined

You should have been given the booklet, "After Newborn Screening". If not, please ask for it. This booklet describes the Michigan BioTrust for Health and how dried blood spots (DBS) could be used for medical research after newborn screening is complete. Please read this booklet and if you have any additional questions, you may call the Newborn Screening Program at 1-866-673-9939.

- Participation in the Michigan BioTrust for Health is completely voluntary.
 - If I say "yes" now I may change my mind at any time and ask that my child's DBS not be used for research by calling 1-866-673-9939.
 - When my child is 18 he or she can ask that their DBS not be used for research.
 - There is no penalty from not allowing my child's DBS to be used for research.
- I voluntarily agree to allow my child's DBS to possibly be used for medical research after newborn screening is complete. My permission applies to any blood spots obtained for newborn screening.



38371

x Ashley Kanoyushi 4-22-13
 Parent Signature Date

MI Dept of Community Health Laboratory Copy

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
NORTHERN DIVISION

ADAM KANUSZEWSKI, et al,
Plaintiffs,

v

Case No. 18-cv-10472

MICHIGAN DEPARTMENT OF HEALTH
AND HUMAN SERVICES, et al,

HON. THOMAS L. LUDINGTON
MAG. PATRICIA T. MORRIS

Defendants.

/

VIDEO CONFERENCE DEPOSITION OF SANDIP SHAH, Ph.D.

Taken by the Plaintiffs on the 17th day of December, 2020,
via Zoom, at 2:00 p.m.

APPEARANCES:

For the Plaintiffs:

MR. PHILIP LEE ELLISON (P74117)
Outside Legal Counsel PLC
PO Box 107
Hemlock, Michigan 48626
(989) 642-0055

For the Defendant
MDHHS:

MR. AARON WARREN LEVIN (P81310)
Michigan Department of Attorney General
PO Box 30736
525 Ottawa Street
Lansing, Michigan 48909
(517) 335-7632

For the Defendant
Michigan Neonatal
Biobank and Antonio
Yancey:

MR. JEREMY C. KENNEDY (P64821)
Pear Sperling Eggan & Daniels PC
24 Frank Lloyd Wright Drive, Suite D2000
Domino's Farms
Ann Arbor, Michigan 48105
(734) 665-4441

Also Present:

Eric Hendricks

1 RECORDED BY: Pam Rankinen, CER 4532
 2 Certified Electronic Recorder
 3 Network Reporting Corporation
 4 Firm Registration Number 8151
 5 1-800-632-2720
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 2

1 Via Zoom Video Conference
 2 Thursday, December 17, 2020 - 3:16 p.m.
 3 REPORTER: Do you solemnly swear or affirm that
 4 the testimony you're about to give shall be the whole truth?
 5 DR. SHAH: I do.
 6 SANDIP SHAH, Ph.D.
 7 having been called by the Plaintiffs and sworn:
 8 EXAMINATION
 9 BY MR. ELLISON:
 10 Q Good afternoon, sir. If you could state your name -- we're
 11 going to do it right this time. State your name for the
 12 record and your current position with the department.
 13 **A Yes. Sandip is my first name, S-a-n-d-i-p. Last name is**
 14 **Shah, S-h-a-h. I'm the state public health laboratory**
 15 **director, Board Certified director for Lansing as well as**
 16 **regional laboratory system, and I manage Kent County**
 17 **laboratory for State of Michigan.**
 18 Q So you've been doing some COVID tests, I'm guessing, the
 19 last few months?
 20 **A Oh, my goodness. It has been 24/7, 365 almost. I haven't**
 21 **had a day of vacation yet, not even a weekend, so --**
 22 Q It sounds like you might get some next year, but you're not
 23 doing a vacation anytime soon. But --
 24 **A I hope if I last that long.**
 25 Q There you go. There you go. So just to confirm, you just

Page 4

1 TABLE OF CONTENTS
 2 PAGE
 3
 4 Examination by Mr. Ellison 4, 51
 5 Examination by Mr. Kennedy 43
 6 Examination by Mr. Levine. 49
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 3

1 said you're --
 2 MR. ELLISON: Sorry. Pam is waving at us.
 3 REPORTER: Phil, your -- could you turn your
 4 volume up a little bit, and, Doctor, could you turn yours
 5 down a little bit?
 6 MR. ELLISON: Oh, sure.
 7 THE WITNESS: Absolutely.
 8 MR. ELLISON: Yeah, how about we do that? I'll
 9 move my mic. Is that better?
 10 REPORTER: That's better. Thank you. Sorry for
 11 interrupting.
 12 MR. ELLISON: No problem.
 13 THE WITNESS: No problem.
 14 MR. ELLISON: I was going to say I'm normally not
 15 accused of being too quiet in a situation, so that's new.
 16 Q So, anyway, I'm just going to jump in and ask you some
 17 questions here. Obviously you sat just through the
 18 deposition of Dr. Callo-Lyon. Is it --
 19 **A Sarah Lyon-Callo.**
 20 Q Lyon-Callo? I got it back- -- I knew that it didn't sound
 21 right. Lyon-Callo. I'm going to have just some follow-up
 22 questions with you on this, and then we'll turn it over to
 23 the other guys here. Have you ever done a deposition
 24 before?
 25 **A No, this is the first one.**

Page 5

1 Q You did get a chance to see what went on the last time
 2 around. And that's pretty much -- I'm going to ask some
 3 questions for awhile. If my questions don't make sense,
 4 don't hesitate, and say, "That doesn't make sense. Restate
 5 it." You know, you're not going to hurt my feelings at all
 6 with this.
 7 And I think we only had one thing last time
 8 around. Occasionally the lawyer might object to the
 9 question. Unless Mr. Levin directs you not to answer the
 10 question, you still answer all questions, and later on the
 11 judge decides whether the question that was objected to was
 12 improper in some form or fashion. Okay?
 13 **A Okay.**
 14 Q Anyway, all right. And you are here, also, as I would note,
 15 here in your official capacity, which is basically you're
 16 the -- I've sued you as the agent of the department that
 17 way. So your questions are not on your behalf but on behalf
 18 of essentially your agency as a department -- as part of the
 19 department; fair enough?
 20 **A Uh-huh; sure.**
 21 Q Okay. Now, occasionally -- I was just going to say I'm glad
 22 you did that because occasionally I may say, "Is that a
 23 'yes,' or is that a 'no'?" That's just because we're human.
 24 I can see you and know what reaction it is, but Pam on here
 25 has got to write it down in verbal form in some fashion. So

Page 6

1 with that being said, let's get underway.
 2 What -- and I know we've talked a little bit
 3 before with Sarah about the BioTrust. Can you explain, from
 4 your perspective, what is the BioTrust within the Department
 5 of the HHS?
 6 **A Absolutely. The BioTrust is a program that's run by the**
 7 **Department of Health and Human Services, and this is to**
 8 **oversee Michigan's storage spots, the dried blood spots and**
 9 **their potential use in health research for overall good.**
 10 **The BioTrust encompasses also outreach and community**
 11 **engagement policy, development as well as coordination and**
 12 **approval of research from that blood spot. So that's the**
 13 **BioTrust.**
 14 Q Okay. Now that's separate from the newborn screening
 15 program, I guess -- I don't want to say "theoretically,"
 16 but, I mean, there's kind of an invisible line, if you will,
 17 between those two programs; is that fair?
 18 **A Yes. The newborn screening program is the testing program,**
 19 **and this is for potential research coming out of those spots**
 20 **that we save.**
 21 Q And we've talked today obviously about the Michigan Neonatal
 22 Biobank, and I'm just going to call it "Biobank" for short,
 23 as we've been doing throughout today. What role do you have
 24 in relation to the Biobank?
 25 **A I sit on the board of Michigan Neonatal Biobank, or Biobank,**

Page 7

1 **as you say.**
 2 Q Yup.
 3 **A As a stakeholder. The Biobank is a storage repository for**
 4 **dried blood spots. It's distinct from State of Michigan,**
 5 **different entity. It's a 501(c), whatever they call a**
 6 **nonprofit agency and the stakeholders run it. By**
 7 **stakeholders we are one, and obviously other university,**
 8 **like the University of Michigan, Michigan State University,**
 9 **Wayne State University, they all participate in this, and**
 10 **they're all part of running the neonatal Biobank for**
 11 **dispensing the blood spots to potential researchers.**
 12 Q Okay. And why -- I guess let me ask this question: Why --
 13 let me go back, maybe a half step back. Were you involved
 14 with the formation of the Biobank back in -- and I'm just
 15 spitballing here -- around 2010?
 16 **A No.**
 17 Q Okay. How did you get on to this -- and I'm going to call
 18 it the "board," and I treat it as a board of directors, but
 19 on this board or you call it "stakeholders." How did you
 20 get assigned to that particular responsibility?
 21 **A This was in 2012, December, when I took over as the state**
 22 **public health laboratory director. Before that I was in**
 23 **infectious diseases, so I was not part of the chain of**
 24 **command for newborn screening program.**
 25 Q Well, did the person who held your current position before

Page 8

1 you serve in that role on the Biobank board?
 2 **A Yes, I believe so; yes.**
 3 Q And what role does -- what activities or what
 4 responsibilities does the board have in relation to the
 5 Biobank as an entity?
 6 **A So the board oversees the storage program, so to say. They**
 7 **look at how the blood spots are stored, in what manner, how**
 8 **secure everything is. The promotions that the blood bank**
 9 **usually do with other researchers, other centers that are**
 10 **potential clients, all that is reviewed by the board**
 11 **probably two or three times a year and we look at the**
 12 **finances of the Biobank, if everything is okay, and we**
 13 **discuss potential problems, if there are any, as a group, as**
 14 **a board.**
 15 Q Okay. And, I mean, just to shortcut this, you would agree
 16 that the Biobank is storing, managing, cataloging, and
 17 assuming control but not ownership of the blood spots in
 18 infants that have been sent there by the department
 19 following the completion of the newborn screening testing?
 20 **A That is correct. They are a repository only, and an**
 21 **institution that will dispense this blood spots as required,**
 22 **when ordered to do so.**
 23 Q Is there any particular reason that you know of why the
 24 state has utilized a private, nonprofit entity as a storage
 25 facility that -- I mean, from my -- this is my

Page 9

1 perspective -- would be outside of the normal controls of
 2 government to store these blood spots?
 3 **A Yes, of course. As a state entity, if I had to do this, I**
 4 **couldn't. I don't have the resources. I don't have room.**
 5 **I don't have space. I don't have personnel and the**
 6 **expertise that this private organization has and that's why**
 7 **we utilize them. If I had to do it it would be much more**
 8 **expensive, no funding for it.**
 9 Q Okay. But the department -- as we heard from Sarah, the
 10 department actually does contribute money towards this
 11 particular -- towards the operation of the Biobank. I mean,
 12 would you agree with that in your role at -- and I'm asking
 13 you today as -- on your behalf of your role today in your
 14 deposition today if you agree with that position.
 15 **A Yes, of course. And it's only a partial funding. We --**
 16 **other entities like University of Michigan, other**
 17 **stakeholders, let me put it that way, they also contribute.**
 18 Q Okay. How is -- I mean, looking at the board of directors,
 19 we have the DeVos (sic) group, which is a -- we'll call it a
 20 private organization. You have three universities, and you
 21 have this -- just for a shortcut -- the State -- right? --
 22 our representatives of the Health and Human Services. Is
 23 there any reason why you don't have somebody who takes my
 24 view of the world, which is that this has got medical
 25 privacy and medical and constitutional issues, to serve as a

1 stakeholder on that board?
 2 **A I would rephrase that question again for my proper**
 3 **understanding.**
 4 Q I guess what -- I'm under- -- what I see is -- and, again,
 5 this is my representation, my viewpoint as I'm trying to
 6 articulate to you. You've got three universities who are
 7 all potential beneficiaries of the blood spots they need for
 8 their research work that's being done by employees and
 9 researchers at their universities. The DeVos Group has got
 10 medical research interest in there. The state obviously
 11 wants someone to, as you just mentioned, make it more cost
 12 effective to store these suckers.
 13 Is there any particular reason why stakeholders --
 14 like there's no parents or specifically parents or someone
 15 like myself who you guys have come to -- have to come to
 16 learn that I've got some objections to this particular
 17 program, why there aren't others on that board outside of
 18 kind of basically the ones who benefit from having access to
 19 blood spots?
 20 **A All the stakeholders, they have contributed something in**
 21 **order to be on the board, to be honest with you. I think**
 22 **what you're calling "DeVos" is probably Van Andel Institute.**
 23 **Is that what -- well --**
 24 Q Yeah, Van Andel.
 25 **A Okay. There is no DeVos that I know of, I can tell you**

1 **that.**
 2 Q I'm sorry. I get those western -- I'm from the eastern side
 3 of the state. The Van Andels and DeVoses, I get them
 4 backward sometimes on those things, but, yeah.
 5 **A So the reason Van Andel Institute is used is they are the**
 6 **ones who are providing the software for cataloging all these**
 7 **blood spots. If we had to buy that software, we would close**
 8 **the program. This software is available for free for us to**
 9 **use from Van Andel, and that's why they're part of it.**
 10 Q Why do they supply -- do you know why they supply the cost
 11 or the software itself?
 12 **A In good faith to promote research for human good.**
 13 Q Would you agree -- and I didn't ask Dr. Lyon-Callo this, but
 14 would you agree that the testing results from the newborn
 15 screening -- we've seen numbers along the lines of one in
 16 every 500 children or one in every 400 children gets flagged
 17 as a potential health concern based on that. Is that
 18 consistent with what you understand the numbers are? I know
 19 very obviously, depending on what group you look at, but is
 20 that a fair representation of the statistics of what you're
 21 finding through the screening program?
 22 **A Yes, I would agree to that. Normally if I had to put a good**
 23 **average in front of you it will be about 275 kids that come**
 24 **down with life threatening problems out of 100,000 babies**
 25 **born in Michigan. This is on a yearly basis. Sometimes --**

1 **from testing sometimes we have more babies, but then we**
 2 **confirm the testing by doing confirmatory tests and we**
 3 **either eliminate those babies, or we include some. But on**
 4 **the average, about 275 babies identified out of 100,000.**
 5 Q Out of 100,000?
 6 **A That could be the right statistics, yes.**
 7 Q Okay. You -- again, I'm going to just keep this short-
 8 circuited here. Would you agree with Sarah's assessment
 9 that before 2010, that -- excuse me -- before 2010, that
 10 consent for medical research purposes was not obtained from
 11 parents for blood spots being held today at the Biobank that
 12 are qualified -- that are owned in a qualified manner by the
 13 department?
 14 **A Correct. It was not obtained. This was a new program.**
 15 **BioTrust was just coming up, just evolving, so it hadn't**
 16 **been thought about yearly.**
 17 Q Now, I know we've mentioned you're a doctor. You have a
 18 Ph.D.
 19 **A Yes.**
 20 Q You're in the same club with my wife; right? Another Ph.D.,
 21 you know, that way. I guess, do you have -- I mean, as part
 22 of your -- part of your education, do you have medical
 23 training?
 24 **A I have medical training. I am the -- my Ph.D. -- my**
 25 **doctorate degree is in veterinary medicine, and I have a**

1 **master's degree in human microbiology.**
 2 Q Okay. So, I mean, I guess -- I mean, I'm not trying to poke
 3 fingers or anything here, but would you categorize yourself
 4 here as a public health -- I hate to --
 5 **A Laboratorian.**
 6 Q -- expert, but, I mean, you're a person that is learned in
 7 the ways of public health. Would you agree with that?
 8 **A Yes, I would. I am a public laboratorian.**
 9 Q Okay. I heard that phrase earlier, and I've never heard
 10 that phrase before that way and that was a new one on me,
 11 but -- would you feel that in -- someone of your position
 12 and with your education would be able to comment about the
 13 necessary consent that is required for medical research
 14 purposes such as the one being undertaken through blood
 15 samples from the Biobank?
 16 **A Yes.**
 17 Q Okay. All right. So my question would be to you -- would
 18 be is, do you believe, based on the practice of what is
 19 informed consent, that a sufficient amount of informed
 20 consent was obtained from the parents of newborns prior to
 21 2010 to authorize their use in medical research studies,
 22 but, you know, for the blood spots that are being stored in
 23 the Biobank?
 24 MR. LEVIN: I will object just to the extent it
 25 calls for a legal conclusion.

1 **A IRB is a board, and my conclusion will be yes.**
 2 Q Okay. Is there any -- in your mind, is there any limits,
 3 again, as a public health -- on the public health -- excuse
 4 me -- public health perspective as opposed to legal -- as to
 5 when -- as to how much consent needs to be obtained when
 6 consent is not obtained from the very person -- you know,
 7 their human material -- when they, themselves, haven't given
 8 that consent? I mean, is there any principles, or is there
 9 any standards that guide, as a customary practice in your
 10 particular field of expertise, that would say -- you know,
 11 obviously you've said so far an IRB approving something is
 12 acceptable. What would be unacceptable? What would be on
 13 the other side of that line?
 14 **A Unacceptable would be if we were doing research by**
 15 **identifying the individuals. That would be wrong. If we**
 16 **would be -- doing research that is outside of human good,**
 17 **that would be objectionable, and I won't agree to that. In**
 18 **this case, there is no harm done. There is only benefit.**
 19 **The research only provides good data for improvement of**
 20 **newborn screening programs or development of new tests,**
 21 **development of new equipment, maybe more advance and so on.**
 22 **There's no harm done.**
 23 Q Okay. I asked this of Sarah, and I did it somewhat
 24 inartfully before, and I'm probably going to do it
 25 inartfully again right now. But what I was asking her was

1 Q Go ahead, Doctor.
 2 **A Yeah. I would leave it to my legal experts to provide an**
 3 **opinion on that. If it had to personally say something, I**
 4 **would say, "Well, it didn't exist back then." As soon as we**
 5 **realized we had to do something, we instituted it, and that**
 6 **is past, I guess, May of 2010.**
 7 Q Okay. Are you aware -- I mean, there was a case that --
 8 there was a challenge to Texas's newborn screening program
 9 about the retention of blood spots, and it resulted in --
 10 and, again, I'm just making my representation to you here,
 11 is that it resulted in Texas deciding to destroy almost 5
 12 million blood spots. Are you aware of that circumstance?
 13 **A At one time I did happen to read a little bit about it.**
 14 **Yes, I'm aware of it. I don't have the details as to why**
 15 **they had to destroy so many spots.**
 16 Q Okay.
 17 **A That's a big loss to the human research in this nation.**
 18 Q So -- and, again, I'm not asking you to draw on a legal
 19 conclusion here. I'm simply asking in your role as someone
 20 who is in a public health profession --
 21 MR. ELLISON: And, Aaron, I will acknowledge your
 22 objection about calling for a legal conclusion.
 23 Q The IRB's can decide in lieu of parents or the persons
 24 themselves to provide consent for medical research of blood
 25 spots taken at birth, in your opinion?

1 is that for some reason if the judge said, "I'm ordering
 2 you" -- you know, "Dr. Shah, to do the following things as
 3 it applies to the retention of newborn blood," would you be
 4 the right person to be that person where that would be
 5 directed at? Meaning you're in charge, have enough
 6 sufficient authority to direct the Biobank and the BioTrust
 7 about new -- about the retention utilization of newborn
 8 blood samples being stored at the Biobank?
 9 **A I would be one of the persons, not the only.**
 10 Q Okay. Would Sarah be the other one, Dr. Lyon-Callo?
 11 **A Dr. Lyon-Callo would be the other one.**
 12 Q Anybody else in your opinion?
 13 **A Sure. We would definitely consult with the chief medical**
 14 **executive of DHHS and the director of DHHS.**
 15 Q That's Dr. Joneigh Khaldun?
 16 **A Yeah, Dr. Joneigh Khaldun and Robert Gordon is the director.**
 17 Q Is the director? Okay. We've all come to learn Dr. J --
 18 right? -- from the press conferences, obviously, the last
 19 ten months of COVID world. Let me ask this: Obviously
 20 knowing Robert Gordon is the director of the agency, and if
 21 he directed you to do something relative to the program, you
 22 would be subject to his directive ultimately -- correct? --
 23 as it applies to the BioTrust?
 24 **A Yes. It would be a directive that we would study as a group**
 25 **and make sure that it is the right directive.**

1 Q Okay. So --
 2 **A Mr. Gordon is not a scientist.**
 3 Q So, I guess -- let me ask -- let me put it this way: The
 4 bucks would stop with him as the head of the department?
 5 **A No, it would not. It would be one of the opinions because**
 6 **he's not a scientist. So we will evaluate the order based**
 7 **upon science.**
 8 Q Okay. Let me ask it this way because I want to make sure
 9 that I have named the right people in this lawsuit, is what
 10 I'm trying to make sure I understand. Is there anybody
 11 else -- I mean, I know you -- what I tend to find -- and I'm
 12 just going to be frank with you and speak candidly, as I
 13 already have been -- nobody seems to be the ultimate
 14 decision-maker in this department because you guys all work
 15 together largely as a team. Okay? And that's just my
 16 observation, and I don't fault anybody for that, but as a
 17 lawyer somebody has got to be the decision-maker; right?
 18 Someone -- the buck has to stop with somebody, and usually
 19 in the legal profession. Who, in your opinion, would be the
 20 person that would be the decision-maker for the way the
 21 BioTrust operates as it applies to newborn screening blood
 22 sample residuals?
 23 **A Are you looking for a dictator? We're not. I'm sorry.**
 24 **It's kind of funny, but, yeah.**
 25 Q It's a weird question, I know, because -- you know, there's

1 inherently a disconnect, obviously, between the way
 2 scientists approached issues as opposed to lawyers
 3 approaching issues, obviously, and the law approaches
 4 issues. I guess I just want to make sure -- is Dr. J
 5 somebody I'm going to need to add to this lawsuit? Is she
 6 someone that's got supervisory authority that should be part
 7 of this? Is there -- is it just -- or is it just Director
 8 Gordon? Obviously you two, you and Lyon-Callo both have
 9 direct supervisory control over the program. Is there
 10 anybody else that I need to be focused on about the way the
 11 BioTrust operates going forward, in your opinion, in your
 12 role within the department?
 13 **A To answer that question today, I would say no, because the**
 14 **others have not been involved at all. They're all new**
 15 **people, and so Sarah and I -- Sarah, meaning Dr. Lyon-Callo,**
 16 **and I, we are the chief entities here.**
 17 Q All right. Very good, and I appreciate that. I appreciate
 18 you sticking with me as I flub my way inartfully through
 19 that. So a couple other questions I have, once -- let's set
 20 up the time frame here. The hospital has a child that's
 21 born at it; medical personnel conduct the heel prick test,
 22 distract that blood, put it on a Guthrie card or a DBS card
 23 I've seen them called, too. It's shipped over to a state
 24 laboratory, which you're in charge -- that's your division
 25 you're in charge of. The testing is done. Okay?

1 Now, up to that point right now I've been trying
 2 to fight about that, and we -- that's now not part of the
 3 case right now based on some court rulings. And then from
 4 that point forward is when the BioTrust program kind of
 5 kicks in and takes over. It takes those residuals, ships
 6 them over to the Biobank, and then, of course, we'd have the
 7 research issues and things of that nature. Is that -- I
 8 know it's an overly simplistic view, but is that a fair,
 9 high-level overview of start to finish of the chain of
 10 different entities that we've talked about today and Dr.
 11 Lyon-Callo has talked about as well?
 12 **A Yes.**
 13 Q Okay. I want to know then, after the newborn screening
 14 program is complete and the testing -- or excuse me -- and
 15 the storage and the medical research part begins --
 16 right? -- you know, at that point going forward, all the way
 17 through the Biobank and research -- is there anything that's
 18 being done at that particular point that makes a child
 19 specifically at risk if those activities do not occur on a
 20 child-by-child basis?
 21 **A No. Unless there were abnormal results, then it would**
 22 **trigger some actions on our part.**
 23 Q And to be fair, what I understand is if there's abnormal
 24 results, that's still part of the newborn screening program
 25 as opposed to the BioTrust; is that right, or am I wrong

1 about that?
 2 **A That is correct.**
 3 Q Okay. All right. So my question, to make sure we're on
 4 clear, so from the BioTrust point forward, that's the time
 5 frame I'm talking about. There's nothing specifically by --
 6 if they did not store that blood sample, a child's life
 7 would not be necessarily in eminent danger in any way; fair?
 8 **A That would be fair, but if we had to repeat the test, we**
 9 **would lose that ability to do it. If we had to run a**
 10 **quality assurance, we would lose that ability as a**
 11 **laboratory.**
 12 Q But you could agree with me that if you guys needed a blood
 13 sample, you could call the parents and ask them to provide a
 14 second blood sample; true?
 15 **A It is not same as the original blood spot because the**
 16 **metabolites change. That's why we have that window between**
 17 **12 and 24 hours to draw the blood because it represents a**
 18 **specific status. It changes if it's delayed.**
 19 Q Have you -- I'm going to switch gears here a little bit, and
 20 have you seen the brochure -- and it's called, "Your Child:
 21 Your Blood Spots," or, "Your Child's Blood Spots" brochure
 22 that was referenced? I just call it the "brochure." I
 23 don't know what the title is offhand.
 24 (Witness shares document via video)
 25 Yup, that one right there; yup. Thank you. If a parent did

1 not receive a copy of that brochure prior to signing the
 2 consent form, would you, as a public health official, a
 3 public health -- a person learned in the ways of public
 4 health -- believe that the parent had received sufficient
 5 informed consent when signing the consent form?
 6 MR. ELLISON: And, Aaron, I will acknowledge,
 7 because I'm guessing you're going to want to jump in with a
 8 legal -- I'm not asking a legal here, so I'll acknowledge
 9 that objection right now. Save you the call.
 10 MR. LEVIN: Thank you. Thank you.
 11 MR. ELLISON: Yup.
 12 Q But, Doctor, what do you say about that, as a public health
 13 official, about if a person did not get that brochure?
 14 A I have to agree that if the brochure was not given, that
 15 would be a wrong practice, and if we knew about it, I would
 16 let Sarah know, Dr. Lyon-Callo, and her group will try to
 17 reeducate the hospital or wherever this took place. This
 18 brochure and the consent form and everything has to be given
 19 when the blood is taken from the child. Simple as that.
 20 Q Okay. Well, let me -- and I appreciate your answer, but
 21 it's not quite what I asked. My question, though, was is
 22 that would you, as a public health official, conclude, based
 23 on your experience and education and understanding of public
 24 health issues and testing and IRB's, and, you know,
 25 everything else, that if a parent did not receive the

Page 22

1 brochure that they did not get sufficient -- they were not
 2 sufficiently informed about the Biobank and the BioTrust
 3 program to be -- to have -- to be able to give informed
 4 consent? Would you agree with that?
 5 MR. LEVIN: Same objection, but proceed.
 6 A It would concern me. If somebody had to point out that they
 7 did not get this, it would concern me, yes, absolutely.
 8 Q Would you say that would just simply be attempted consent or
 9 attempted informed consent but not actual informed consent?
 10 I'm trying to box -- I'm not joking. I'm not -- I'm trying
 11 to box you in. There's no -- I'm not -- you know, I don't
 12 make any qualms about it. I'm trying to box you in right
 13 now to say, you know, if -- you know, basically if a parent
 14 was just given the card and no context with the brochure,
 15 does that, based on your experience, fail to provide enough
 16 information so that the parent could not have given informed
 17 consent?
 18 A Simple answer is, yes. But if I was a parent, I would
 19 legitimately ask, "What is this? Explain this to me." You
 20 and I have both seen hospital bills; right? Don't we
 21 question that? Same thing here.
 22 Q Same question I asked Sarah. Do you know what is the
 23 customary or normal practice of when a hospital presents the
 24 brochure and the consent card to a parent to seek their
 25 consent for -- and, again, just because the case is the way

Page 23

1 it is, the BioTrust and the Biobank portion of this
 2 particular program from start to finish?
 3 A I would say most of the times everything goes well. It's
 4 occasionally that we hear something in Sarah's group -- I
 5 mean, Dr. Lyon-Callo's group. They try to correct it every
 6 time. And human beings are involved here, so mistakes can
 7 occur under pressure. That's what we're dealing with here.
 8 Q When would you expect the hospital to have provided that
 9 information where the parent would be in the best position
 10 to make an informed decision about this -- about whether or
 11 not they want their newborn's blood sample to be part of the
 12 BioTrust and the Biobank portion of this system?
 13 A To me it should happen right before the blood spots are
 14 taken. It could happen when the mother was admitted
 15 hopefully, but different departments of the hospital deal
 16 with these scenarios. I can't expect the admitting person
 17 to actually handle these kinds of things. It's really
 18 almost impossible. So that's why, yup.
 19 Q Well, wouldn't it be more ideal, though, to say -- and I
 20 guess Ms. Sarah testified that one-third of birth are -- I
 21 don't want to say "unplanned," but just spur of the moment
 22 sort of things, weren't planned. That means two-thirds.
 23 That means you said there's 100,000 births a year. That
 24 means 66,000 births a year are well-planned out ahead of
 25 time. Wouldn't it make more sense that if a person -- if

Page 24

1 the goal of the department was to make people fully and
 2 fairly, as best possibly, informed about the newborn
 3 screening program, the BioTrust program, the Biobank
 4 program, that the best time would have been a few weeks
 5 before showing up rather than mom is in labor or right after
 6 when mom has just given birth 12 hours before?
 7 A In order to do that, how do we know who is pregnant, who is
 8 going to go to which hospital or even going to hospital?
 9 There are some who don't go to hospital. They've called
 10 somebody home. I've seen that. This is difficult to
 11 ascertain. How do you do that?
 12 Q Well, that's one of the benefits of being a lawyer, I don't
 13 necessarily have to give the good answer for this. I get to
 14 ask the questions; right? So let me ask this then: Let me
 15 ask you -- and I don't mean to be intruding on your personal
 16 life, but do you have children?
 17 A Yes, sir. I've got -- I've got two grandchildren, too.
 18 Q Two grandchildren? Well, congratulations.
 19 A Thank you.
 20 Q You've bought your way into heaven now with those
 21 grandchildren. All right? So -- that's what I tell my dad.
 22 The father that's giving gifts to my son is not the same
 23 father I grew up with. I can tell you that, so -- but,
 24 anyway. You know, interests change in time, you know.
 25 A Yes.

Page 25

1 Q So anyway. You know, when your wife gave birth to your
 2 children, and, you know, it's a -- you would agree it's a
 3 stressful, trying, difficult process having a woman giving
 4 birth to a child. I mean, I think we can agree to that,
 5 couldn't we?

6 **A Yeah. And I like to smile. You're young when you have a
 7 child born. Okay? You have different hormones. I'll be
 8 tired but not when I was young.**

9 Q So my son was born two weeks early and this is my story to
 10 put this in context. My son was born two weeks early. I
 11 literally that day was having the window guys replace the
 12 windows -- all the windows in our house that day. So half
 13 the windows were gone, decided today was the day to show up
 14 two weeks beforehand. And we go to the hospital, and he's
 15 born at 3:30 in the afternoon. We had some medical issues
 16 where he had to be admitted to the neonatal unit and the
 17 nurse presents to me, after being at the hospital all night
 18 at 6:00 o'clock in the morning, the card. Not the brochure,
 19 just the card. Okay?

20 Would that, in your -- looking at that as an
 21 example, would that -- and again, understanding that we
 22 don't necessarily -- can't control all facets of nature.
 23 I'll be the first to -- as the father of a young child, I
 24 can say we can't control all facets. I don't doubt that.
 25 But wouldn't that -- at that time frame -- what? -- 15 hours

Page 26

1 after the birth of my son and with the NICU issues, that
 2 that would not have been the best time to ask me or my wife
 3 to make an informed decision? Would you agree with that?

4 **A So out of 100,000 parents I'm hearing this from you. So you
 5 have one parent who's bringing this to me out of all of
 6 those.**

7 Q Uh-huh (affirmative).

8 **A That's scenario number one.**

9 Q Yup.

10 **A Number two, you may not read it at that time, but you have a
 11 right to read it like 48 hours, 72 hours, 96 hours after
 12 that, and then again decide whether you want to participate
 13 or not.**

14 Q Right.

15 **A You don't have to decide right away if you're so busy;
 16 correct?**

17 Q That's not what the nurse told me, but I don't want to get
 18 into that right now. I won't get into that part of it right
 19 now. Let me ask this question: Let's go back -- let's jump
 20 backwards a little bit; right? You know, we went to the
 21 hospital in the afternoon to give birth to my -- you know,
 22 for my wife to give -- not me, my wife to give birth to my
 23 son. Why wasn't this presented -- why wouldn't it have been
 24 presented to me as a matter of good -- if the purpose and
 25 the goal was to be informed consent, why wasn't it presented

Page 27

1 to us when we first got to the hospital and said, "Hey,
 2 you're going to be in labor for awhile. Here's something
 3 that we have to make a decision on, and we want you to think
 4 about it before your child arrives."

5 Wouldn't that have been a better time? Even if
 6 it's not weeks in advance, at least it would give us a
 7 better chance of being more properly informed about the
 8 options that we had available to us to make that the best
 9 informed decision. Wouldn't that be a better time from the
 10 department's perspective if the goal is to get -- really,
 11 truly get informed consent?

12 **A Good argument and department would not have objection to
 13 that. This is hospital practice as to when they are able to
 14 do this. As I mentioned, when the patient is admitted, this
 15 would have been given at the same time, but are they able to
 16 do that? What other difficulty does the hospitals have?
 17 That that would be question for them.**

18 **(Mr. Hendricks exits deposition)**

19 Q Right. Well, let me ask this: What steps does the
 20 department take that assist or otherwise direct the hospital
 21 on how to effectuate seeking informed consent from parents?

22 **A Training. Departmental wide training to all the working
 23 places including hospitals.**

24 Q Okay. What does training consist of? What does that mean?

25 **A That's a good question for Sarah Lyon-Callo. It's her**

Page 28

1 **department. I usually don't interfere in the training
 2 programs. It's done by the newborn screening area in
 3 epidemiology.**

4 Q Okay. But, I mean, would you agree or have any knowledge --
 5 I mean, this is my chance to ask you some questions. But
 6 would you have any knowledge as to whether the department
 7 maintains and logs who got what training at what hospital?

8 **A Oh, I'm certain about it, yeah. This would be Mary Klein
 9 who works for Dr. Sarah Lyon-Callo. She would have that
 10 information.**

11 Q Okay. All right. That's good to know.

12 **A Yeah.**

13 Q All right. I asked Dr. -- I'm going to get it right one of
 14 these times. Dr. Lyon-Callo, I asked her about has she
 15 reviewed the articles that we -- from our experts in this
 16 case from Dr. Elizabeth Eisenhauer and Dr. -- or I shouldn't
 17 say "doctor," Professor Sonia Suter in this case? Have you
 18 had a chance to review those at all?

19 **A I have not.**

20 Q Okay. All right. So you're not -- I mean, because you
 21 haven't reviewed them, you are not prepared to comment on
 22 their conclusions or their assertions in any way; would that
 23 be fair?

24 **A That would be fair, yeah, I'm not.**

25 Q Fair enough, fair enough. All right. Harry Hawkins. I

Page 29

1 know Harry passed away shortly after we started this case,
 2 and I never got a chance to meet him because he was the one
 3 that signed the letter after we did a destruction of sample
 4 request. What was his job title -- well, let me ask you
 5 this: Was he under your supervisory chain at the
 6 department?
 7 **A Yes, he was.**
 8 Q Okay. What was his position with the department?
 9 **A He was the section manager of newborn screening program.**
 10 Q Now, where does that put him relative to Mary Klein?
 11 **A Mary Klein is in a different bureau, epidemiology bureau.**
 12 Q All right. So what did Harry do? What was his job
 13 responsibilities as it applies to -- and I'm just going
 14 to -- I'm going to call it the "whole" program. I don't
 15 know where he fits in. From heel prick to Biobank, where
 16 does he fit into this whole process?
 17 **A So as a section manager of newborn screening testing**
 18 **program, he oversaw all the testing that is done in the**
 19 **laboratory, all 55 different tests that we do at the lab.**
 20 **He had a staff of probably about 20, 25 people under him.**
 21 Q Who's is his replacement?
 22 **A Her name is Dr. Mary Seeterlin.**
 23 Q Okay. I've seen that name, yup. All right. Just to round
 24 out this: Harry Hawkins, in that position, did not have
 25 anything to do -- I mean, relatively speaking, -- with the

Page 30

1 BioTrust or the Biobank; correct?
 2 **A No. But he was part of the group discussions when needed.**
 3 Q But meaning he wasn't -- he wasn't in charge or had
 4 responsibilities, the day-to-day responsibilities, in the
 5 BioTrust portion or the Biobank portion of this particular
 6 overall program. Would that be fair?
 7 **A Partially. He did see the sample move -- sample, being the**
 8 **blood spots, move to Biobank on a daily basis.**
 9 Q Okay.
 10 **A Or weekly basis, however it worked out.**
 11 Q So I think I get you. I mean, you don't necessarily draw a
 12 nice, straight line on all of these?
 13 **A No.**
 14 Q Him and his team are prepping these things to go to the
 15 Biobank; fair?
 16 **A Uh-huh; yes.**
 17 Q All right. Forgive me, I'm going to jump back to where we
 18 kind of got off a bit here. After May of 2010, the newborn
 19 screening program then started requiring -- well, strike
 20 that. Let me try again. Starting in May of 2010 and going
 21 forward, the BioTrust required a form of -- some sort of
 22 written consent form that we've talked about with
 23 Dr. Lyon-Callo and going forward, were you involved at all
 24 with the -- with that change in policy?
 25 **A I was not the laboratory director at the time, so I did not.**

Page 31

1 Q Okay. And whatever position you held at that time, were
 2 you -- let me ask this: Were you working with the
 3 department at that time in 2010?
 4 **A Yes, I was. I was in infectious diseases at the time.**
 5 Q Okay. Did you have anything to do with that policy change
 6 at all? I mean, any contribution or any discussion as part
 7 of that in your role at that time?
 8 **A No, I did not. I was in a totally different area,**
 9 **infectious diseases, so --**
 10 Q See, I know that means something to you like "being
 11 somewhere else." To the rest of us, we -- I mean, you guys
 12 were just in a big, brick building to the rest of us on the
 13 outside; right, so --
 14 **A Absolutely.**
 15 Q All right. That takes care of that one. To finish up
 16 another line of thought I had earlier, I had asked you about
 17 if a brochure had not been presented to a parent about
 18 whether that was sufficient informed consent. Let me ask
 19 the next logical step after that would be do you believe, as
 20 a public health official, that if a parent had been given
 21 the brochure and the consent card, that that would provide
 22 enough information to successfully provide -- or to
 23 successfully allow the department to obtain informed consent
 24 from the parents for residual blood spots being used for
 25 medical research?

Page 32

1 MR. LEVIN: I'm going to just, again, object to
 2 the extent it calls for a legal conclusion, but proceed.
 3 MR. ELLISON: Yup, understood.
 4 **A In my opinion, yes, there is a ton of information with these**
 5 **two pages. It's a very descriptive brochure, and, you know,**
 6 **we always improve it almost every year to put as much**
 7 **information as possible. So if it was read carefully, which**
 8 **should be done by every parent, there would be sufficient**
 9 **information. And there are numbers and contact information**
 10 **here they can contact us any time, and we're always prepared**
 11 **to answer any questions or concerns.**
 12 Q Okay. Do you have any concerns about -- as a public health
 13 official, have any concerns about the fact that informed
 14 consent is not obtained from parents before starting this
 15 whole process, before the sample is taken, for newborn
 16 screening, Biobank, Biotrust, and all of these things? Does
 17 that cause you any pause or any concern in your role with
 18 the department or in your role as a public health official?
 19 MR. LEVIN: I'm going to just, in part, make an
 20 objection to the extent the question involves some things
 21 that are dismissed and not relevant. But, again, proceed.
 22 MR. ELLISON: Understood.
 23 **A So my answer would be the BioTrust program comes later on;**
 24 **right?**
 25 Q Right.

Page 33

1 **A And consent is for that program. Obtaining specimen from a**
 2 **child, that is something that's mandated by the legislature.**
 3 **That's why we do it.**
 4 Q Okay. Is there any reason why -- well, let me, again -- I
 5 appreciate you allowing me to be contextual here today with
 6 our discussion.
 7 **A Okay.**
 8 Q Understand -- I mean, Mr. Levin has been pointing out today
 9 that this case has two parts. And one case was -- part of
 10 it was dismissed, which was the newborn screening challenge
 11 part of this, not on the merit but on some legal
 12 technicalities that you don't need to worry about, and we're
 13 here about the newborn or the BioTrust and the Biobank
 14 portion of this case.
 15 From my aspect, and let me just say this to you --
 16 and this is my representation -- is that if I was really
 17 concerned about the State getting access to my child's
 18 medical and genetic data, the best and safest way to ensure
 19 that would be is to prevent the test -- any testing, the
 20 extraction of the blood ever, in the first instance. Okay?
 21 And I'm not trying to impede on the case -- part of the case
 22 that we're not on here.
 23 But I guess what I'd want to understand is would
 24 you agree with me that if my interest, as a parent, was to
 25 make sure that my child's medical, private data which can be

Page 34

1 extracted from blood samples -- all sorts of information can
 2 be extracted from that -- that the best way to do that would
 3 be to prevent the Sate from even starting the newborn
 4 screening process to begin with? Would you agree with that
 5 position?
 6 And I guess then, before you answer, let me take
 7 it one step further because we heard -- let me look at my
 8 notes for a second. Yeah, Dr. Lyon-Callo testified that
 9 even if the blood sample is destroyed, all of the medical
 10 data extracted from that sample is still retained
 11 nonetheless. Wouldn't it make the most sense as a parent if
 12 I had the really, truly interest that I didn't want the
 13 State to have that kind of information, that I'd cut it off
 14 at the beginning rather than later on in the process when
 15 the data is still going to be retained anyways? And I know
 16 I'm giving you tough questions today, and I appreciate --
 17 **A No; no. Believe me, this is not tough. I can tell you in**
 18 **two words what you just said is a flawed thinking.**
 19 Q Okay. Why is that?
 20 **A Because this testing is for the benefit of your child. It**
 21 **is a public health testing. This is not to extract any DNA**
 22 **information or anything else. The State does not have any**
 23 **of that information. You know, frankly, did anybody ask, I**
 24 **would not allow them to even come nearby me. No, I'm not**
 25 **going to allow -- I'm a state public health laboratory**

Page 35

1 **director. I have a specific program to run. I don't allow**
 2 **those spots to go anywhere else for any other testing.**
 3 **All I have is newborn testing that those 55**
 4 **parameters that we check for, and that's it. Then it goes**
 5 **into storage. Yes, BioTrust comes in later on, but we have**
 6 **boards that monitor the research activity. We only allow**
 7 **activities which pertain to public health for benefit of**
 8 **all, for public good, for getting better testing in the**
 9 **future, for discovering more and so on.**
 10 Q Okay. Let me ask --
 11 **A I'm a public health advocate, so --**
 12 Q I get it. I get it.
 13 **A Yeah.**
 14 Q And I'm a privacy advocate, so I --
 15 **A There you go.**
 16 Q But let me say this: Isn't it true, though, that as a
 17 parent I could have every one of those 55 tests done
 18 privately in a private lab?
 19 **A You probably could, and you could do it at Mayo lab, and it**
 20 **would cost you probably a couple of thousand bucks. If**
 21 **you're ready to pay for that, you should -- when you reach**
 22 **the hospital, you should make it clear to them. And if they**
 23 **allow you, go ahead.**
 24 Q Okay.
 25 **A Would they come and get your spots within 20, 24 hours, I'm**

Page 36

1 **not sure how that whole thing would work. This has been**
 2 **tried elsewhere in other countries, and it hasn't worked.**
 3 Q But that would be -- but you would agree that if the State's
 4 interest -- you know, the interest of the public health was
 5 to get that information to make sure that the child did not
 6 have one of those 55, you know, tested for diseases, it
 7 could be done without the intervention of the State, and by
 8 extension, would prevent private medical data being stored
 9 in the database and prevent those blood spots from being
 10 used by -- potentially used by researchers in the future?
 11 Wouldn't that be an alternative that would solve the concern
 12 that testing needs to be done, but at the same time protect
 13 the privacy of the infant?
 14 MR. KENNEDY: Objection. It's an improper
 15 hypothetical.
 16 MR. LEVIN: And I'm going to object to the extent
 17 it calls for a legal conclusion.
 18 MR. ELLISON: It must be a good question, because
 19 they're objecting like crazy; right? And I'm just -- I
 20 was -- we're laughing. We're joking here.
 21 Q But go ahead, Doctor. What say you to that? I mean, what
 22 do you say to that response to that argument right there in
 23 your role as a public health officer?
 24 **A So, again, I would say that's flawed thinking. So here what**
 25 **you're proposing is the State has it's testing data, which**

Page 37

1 it has to keep by the accrediting agency. We are accredited
 2 under the College of American Pathology nationwide. We have
 3 to keep our testing data in order for any audit in the
 4 future.
 5 Now, if you want to do this private lab testing,
 6 go ahead and do it. Do you think a private lab is going to
 7 retain this data? Yes, they will, and they'll retain it
 8 precisely for the same reason for future audits by their
 9 accreditation agencies. All laboratories have to undergo
 10 this. They have to retain data. We cannot get rid of it.
 11 Q Do you have any knowledge about law enforcement accessing
 12 blood samples for law enforcement purposes?
 13 A I do have knowledge only for identifying the person and
 14 that's it, and it is very well spelled out here in the
 15 certification of confidentiality. It's very well-written.
 16 (Witness reviews document via video)
 17 Q Right. Where does it say in there -- could you read that?
 18 Go ahead and read that into the record, that statement right
 19 there in that -- I'm glad you have that brochure in front of
 20 you. Could you read that?
 21 A Oh, sure. Can I get a reading glass, please?
 22 Q Oh, sure.
 23 A Can I get it from here and --
 24 Q Yes; yes; yes; yes. Absolutely.
 25 A Sorry. I'm showing my age here.

Page 38

1 (Off the record)
 2 Q All right. Go ahead. Could you read that section of the
 3 brochure, please?
 4 A Yes. So for law enforcement it says:
 5 "The BioTrust can use this certificate to legally
 6 refuse to disclose information that may identify you in
 7 any federal, state or local, civil, criminal,
 8 administrative, legislative or other proceedings. For
 9 example, if there is a court subpoena, the BioTrust can
 10 use the certificate to resist any demands for
 11 information that would identify you except as explained
 12 below."
 13 The below part is:
 14 "The certificate cannot be used to demand for
 15 information from personnel of the US federal or state
 16 government agencies sponsoring the project and that
 17 will be used for auditing or program evaluation of
 18 agency funded the projects or information that must be
 19 disclosed in order to meet the requirements of the
 20 Federal Food and Drug Administration. It does not
 21 prevent you or a member of your family from voluntarily
 22 releasing information about yourself or your
 23 involvement in this research. If an insurer, medical
 24 care provider or other person obtains your written
 25 consent to receive such information, then the BioTrust

Page 39

1 will not use the certificate to withhold that
 2 information."
 3 Q Okay. So having read that, are you aware of any instance in
 4 which the BioTrust or the Biobank supplied a blood sample as
 5 a result of a subpoena being issued for access to be
 6 delivered -- for delivery and access to a blood sample?
 7 A The only incidence I knew was one time when the police asked
 8 for identification of a person, and that was it.
 9 Q Uh-huh (affirmative).
 10 A And no other incidents that I can remember.
 11 Q So in that one instance right there, they didn't use the
 12 certificate of confident- -- what is it? -- certificate
 13 of --
 14 A Confidentiality.
 15 Q -- of confidentiality then, did they?
 16 A I'm not sure what they did. You know, this was a few years
 17 ago.
 18 Q But they did -- but you can say they complied with the
 19 subpoena and provided the sample; correct?
 20 A Because it was for identification purposes only, nothing
 21 else.
 22 Q Was there -- where in that statement right there, it says,
 23 "Except" -- "Will use the confiden-" -- "the certificate of
 24 confidentiality except for to identify crime victims"?
 25 There is no exception for that in there, is there?

Page 40

1 A Let's see. Let me look at it again. It does say -- in the
 2 first paragraph it said, "The BioTrust can use the
 3 certificate to resist any demands for information that would
 4 identify you except as explained below." And in below
 5 lines, they are saying, you know, that you can provide this
 6 without using the certificate if it is just for
 7 identification purpose.
 8 Q I don't know if I read it that way, but that's a legal fight
 9 that the lawyers will have later on on that. I appreciate
 10 that, so --
 11 A I'm not a lawyer. I'm just a poorly paid, hard-working,
 12 poor scientist. What can I say?
 13 Q Well, I was going to say we're glad you're there because
 14 otherwise the rest of us wouldn't be able to go to work to
 15 be able to -- we'd be all stuck hiding from COVID. So we're
 16 glad you're there.
 17 So the only other question I had was -- because
 18 this wraps up for me -- looking at my notes, I think I've
 19 got everything checked here I wanted to ask you. Let me
 20 check one more thing real quick. Forgive me, I know the
 21 answer to this, but this is my chance to ask the question.
 22 As part of your responsibilities working as part of the
 23 BioTrust, you don't ever obtain a warrant from a judge or a
 24 magistrate before taking these samples into -- I'm going to
 25 use the word "custody," but possession, custody, whatever

Page 41

1 you want to say, as part of the BioTrust; correct?
 2 **A Correct.**
 3 Q All right. And, again, -- I know, again, Mr. Levin has
 4 pointed out there is different parts to this case, but
 5 because I want to talk from the start to finish on this, in
 6 the beginning before the sample is taken, you, as part of
 7 your responsibilities with the BioTrust and the Biobank, you
 8 don't get a warrant at the front end of this thing from a
 9 judge or a magistrate to seize those samples for BioTrust
 10 and Biobank purposes; correct?
 11 **A Correct from my side, but, again, this is a legal question.**
 12 Q You don't have a team of lawyers running down to the
 13 courthouse every time someone is born; correct?
 14 **A Right; correct.**
 15 MR. ELLISON: Doctor, it has been a pleasure
 16 talking to you today. I thank you for your time. And as I
 17 noted before we started, I also thank you for your service
 18 in the fight against COVID. And sorry to keep you away. I
 19 needed you for a few hours here to solve this case here, so
 20 thank you for your time. I'm going to hand you over to
 21 Jeremy and Aaron, and they're going to ask you some
 22 questions.
 23 THE WITNESS: Thank you, Mr. Ellison.
 24 MR. ELLISON: Yeah, thank you.
 25 MR. LEVIN: Jeremy, I know I jumped in last time,

Page 42

1 **would do the testing for them. We are a part of CDC.**
 2 Q So all of the testing that's done by DHS here, the one who
 3 ultimately oversees it; is that accurate?
 4 **A That is accurate.**
 5 Q How long have you worked with the newborn screening program?
 6 **A Eight years now.**
 7 Q Okay. And do you recall -- Dr. Lyon-Callo testified
 8 earlier, I believe, that there have been a number of new
 9 diseases or conditions that have been able to -- you've
 10 developed tests to screen for in the -- recently; is that
 11 correct?
 12 **A Yes. On the average, about two tests are added every year.**
 13 **We depend on the federal government to tell us which ones**
 14 **are approved to be tested, and we certainly follow up.**
 15 Q So in the eight years that you've been there, would it be
 16 fair to say that roughly 15, 16 new conditions have had
 17 tests developed for them?
 18 **A I would say -- let me start with (inaudible) which had four**
 19 **foundations. I'm just thinking loudly here. I would say**
 20 **good eight or nine tests have been added ever since I took**
 21 **off. Sometimes we try to add a test, and we are unable to**
 22 **because the -- somehow the validation didn't work or the**
 23 **process didn't work somehow, something broke down. We also**
 24 **took away two tests that we were running already and --**
 25 **because they expired and the importance sort of ran away.**

Page 44

1 but I will let you go first.
 2 MR. KENNEDY: Okay. Good afternoon, Dr. Shah.
 3 Again, my name is --
 4 MR. ELLISON: Jeremy, let me interrupt you. I'm
 5 going to do the same thing. I'm going to be off screen for
 6 a minute or two but keep going.
 7 MR. KENNEDY: No problem. I believe I mentioned
 8 this before in Dr. Lyon-Callo's deposition, I am the
 9 attorney for Dr. Antonio Yancey and the Michigan Neonatal
 10 Biobank. Just have a few questions for you.
 11 EXAMINATION
 12 BY MR. KENNEDY:
 13 Q You are the -- sorry -- is it director of laboratories for
 14 the Department of Health and Human Services?
 15 **A Yes.**
 16 Q Okay. And what exactly does that entail? What are your
 17 responsibilities in that position?
 18 **A As a laboratory director I oversee all the public**
 19 **health-related testing in our laboratory, state laboratory**
 20 **as well as county laboratories as a regional laboratory**
 21 **system. We are responsible for 7 million different tests**
 22 **every year; clinical tests, biological tests, biological**
 23 **terrorism, chemical terrorism, any toxin tests, all of that**
 24 **included in here. Or any hospitals that have problems with**
 25 **their pathology testing, they would connect with us, and we**

Page 43

1 **So that also happens. But I would say about eight to nine**
 2 **tests have added since I took over.**
 3 Q When you screen for the genetic conditions with the
 4 newborns, currently you can detect approximately 55
 5 conditions; is that accurate?
 6 **A Now, genetic is just one portion.**
 7 Q Okay.
 8 **A The testing we do, it depends upon three different things.**
 9 **Either it's a metabolic error that we detected, it could be**
 10 **an enzyme detection, not a genetic, or it could be endocrine**
 11 **detection. That means one of the hormones is imbalanced in**
 12 **the body. So that's a different type of testing and**
 13 **genetic, of course, is the third type of testing.**
 14 Q So these are all the different types of conditions that you
 15 detect in the blood screening?
 16 **A Yes; yes.**
 17 Q You heard Mr. Ellison state -- it was kind of an off-the-
 18 cuff remark that he's a privacy advocate, and you're a
 19 public health advocate. One of the questions we were
 20 looking at is what -- you have policies in place to protect
 21 the privacy of the individuals whose blood samples you've
 22 taken; correct?
 23 **A Correct.**
 24 Q Can you describe all of the privacy -- "all" may be -- hold
 25 on a second. Can you tell us what types of policies are in

Page 45

1 place to protect the privacy of these individuals?
 2 **A So as a state laboratory, clinical laboratory, we are all**
 3 **Board Certified laboratory workers. So we maintain full**
 4 **HIPAA policy in place. Number two, when we send samples**
 5 **out -- samples meaning the dried blood spot to, say,**
 6 **Biobank, the only thing that goes out with the blood spot is**
 7 **an accession number and no other information goes out.**
 8 **That's all in -- in our -- our system. Then Biobank**
 9 **decides, based upon BioTrust activities, what is to be sent**
 10 **out to a researcher. They enter another code to the**
 11 **specimen. They don't send out our accession number that**
 12 **went to them. They assign their own code that goes out to**
 13 **the researcher.**
 14 **So this is two deep for the researcher to find out**
 15 **anything about anybody's item. And that -- that has been**
 16 **working very well so far. There has been no breach.**
 17 Q Now, do you store or do you keep a record of the genetic
 18 information of any of the individuals whose blood spots you
 19 take other than a record of the testing results for the
 20 blood screen and what those were?
 21 **A So when you say "genetic information," that's a broad term.**
 22 Q Okay.
 23 **A We don't test for genetic profile of an individual, no.**
 24 **These are fixed 55 tests. That's the only information we**
 25 **have, and they are all into our LIMS meaning the laboratory**

Page 46

1 **information system and it's all highly secure. It's not**
 2 **even on the web. It's very local, right here on our servers**
 3 **and completely sealed.**
 4 Q Is there any way that information could be hacked by an
 5 outside source, to your knowledge?
 6 **A This would be a speculation.**
 7 Q Okay.
 8 **A What happens in the future, I can't really tell, but there**
 9 **are big companies out there that are protecting that**
 10 **information. Like in our system is a world-renowned system,**
 11 **and they use that and everything that we have is behind the**
 12 **firewall and everything is backed up every night. So if**
 13 **something was hacked today, for example -- nothing has**
 14 **happened so far. We have been very secure. But if anything**
 15 **happens today, next day we will have our operation under**
 16 **different server with the same information.**
 17 Q Okay. You indicated you're not connected to the internet
 18 with this information; correct?
 19 **A Yes, we are not.**
 20 Q So it would take a very -- it would seem to be anyway, it
 21 would take a very dedicated effort to get that kind of
 22 information. Would that be fair?
 23 **A Oh, absolutely because something has to go wrong with the**
 24 **entire state system in order for something to happen.**
 25 Q Now, one of the questions I asked Dr. Lyon-Callo was about

Page 47

1 the information that you have from these individuals when
 2 the DBS cards are actually destroyed. What information does
 3 DHS keep after a card is destroyed?
 4 **A So you can visualize that when the cards are received by us,**
 5 **they are logged into the computer system. It's all**
 6 **demographic information that is provided to us by the**
 7 **hospitals. It goes into our laboratory information system.**
 8 **This data stays with the results of the test. The physical**
 9 **cards that we have, if we were asked to destroy, we would**
 10 **immediately archive those and destroy those. But**
 11 **information still stays with us and we are to keep it, and**
 12 **no laboratory in the United States can get rid of it. You**
 13 **take a private lab or us or anybody.**
 14 Q And that's because of all the regulations you'd have to
 15 comply with?
 16 **A Absolutely, yes.**
 17 Q State and federal regulations; right?
 18 **A Absolutely, yes.**
 19 Q And private labs have the same, or at a minimum, very
 20 similar requirements they have to comply with as well;
 21 correct?
 22 **A Exactly the same requirement. We are governed by the same**
 23 **federal act with is called Clinical Laboratory Improvement**
 24 **Act of 1988, and that's what governs us.**
 25 Q One second. Doctor, you're on the Biobank's board; correct?

Page 48

1 **A I am, yes.**
 2 Q The Biobank board, does it have any role in approving any
 3 research project where the dried blood spot -- where
 4 someone's dried blood spot cards may be used?
 5 **A No.**
 6 Q And the Biobank has no role in determining what dried blood
 7 spot cards are sent to a particular researcher; is that
 8 correct?
 9 **A No. They are given instructions as to what cards to be sent**
 10 **where.**
 11 MR. KENNEDY: Thank you. I have nothing further
 12 for you.
 13 THE WITNESS: Thank you.
 14 MR. LEVIN: I have a couple questions.
 15 EXAMINATION
 16 BY MR. LEVINE:
 17 Q So in talking about the board of the Michigan Neonatal
 18 Biobank, there was a question about -- at the beginning of
 19 the deposition -- if there's a role for parents on that
 20 board. Do parents have a role -- strike that. I'm going to
 21 rephrase this. That was not a good question. Is there a
 22 community value advisory board?
 23 **A There is, and --**
 24 Q What is that?
 25 **A To give you the description of that. Let's see.**

Page 49

1 (Witness reviews document via video)
 2 I have a complete description:
 3 "The community values advisory board," -- CVAB, as
 4 we call it -- "they provide guidance on ethical issues
 5 including what types of research are or are not
 6 acceptable uses of the dried blood spots. The
 7 community values advisory board also provides advice on
 8 educational methods and materials for engaging and
 9 informing the public about BioTrust."
 10 Q So if a parent were concerned about privacy interests, would
 11 that board be the place to bring that concern?
 12 A Yes, sir.
 13 Q Not the board of the Biobank?
 14 A Not the Biobank. The Biobank doesn't decide anything.
 15 Q Is there ever a need to go back to older, residual dried
 16 blood spots and retest them or perform some additional test
 17 on them for the benefit of the child?
 18 A Yes, there is. Now, it depends upon how old the spot is
 19 because the -- the integrity of the spot, it changes with
 20 time. The older the spot, chances are that there's
 21 substantial amount of degradation for doing further testing.
 22 I must also qualify that older spots were not
 23 really stored in the ideal conditions. Ideal condition is
 24 the spot, as soon as testing is done, should be preserved in
 25 the freezer with lowest humidity, minus 20 degrees Celsius

Page 50

1 at all times. And that was not the case with older spots
 2 because we did not have the facility.
 3 Q Thank you. I'm just looking a few things over. Are you
 4 aware of any efforts to educate OB/GYN's regarding the
 5 BioTrust consent process?
 6 A That would be a good question for Mary Klein. It is her
 7 section that does it. I know that they do this, but in
 8 order to get a very correct answer, it would be a question
 9 for her.
 10 Q But at a minimum you know it occurs?
 11 A It occurs, yes.
 12 MR. LEVIN: I think that is all I have. Thank
 13 you.
 14 THE WITNESS: Sure. Thank you.
 15 MR. ELLISON: We have two follow-ups, and then
 16 we're all done.
 17 THE WITNESS: All right.
 18 MR. ELLISON: We going to send you, unfortunately,
 19 on your way.
 20 EXAMINATION
 21 BY MR. ELLISON:
 22 Q I just was looking just now about who is on this community
 23 values advisory board. Do you know who is on the board at
 24 all?
 25 A That, again, is a tough question for me to answer because I

Page 51

1 don't have anything in front of me that can give me that
 2 information.
 3 Q Well, let me ask -- don't -- I just want to know if you know
 4 it. Don't -- just offhand, do you know right now?
 5 A Okay. Yeah. No, I don't have an answer who those people
 6 are or how they are created. But people like you, you can
 7 easily be on the CVAB board and influence, yes.
 8 Q Okay. In your role with the BioTrust, have they ever made a
 9 recommendation to you about -- or raised a concern with you
 10 in the role for the operation of the BioTrust and the
 11 Biobank, about informed consent?
 12 A No. But I do participate in the I guess updating of these
 13 documents and discussion about how can we make things
 14 better. I do participate in those discussions, but
 15 generally I leave it to the epidemiology.
 16 Q I mean, but as you sit here today, you can't identify a
 17 change in government policy or department policy based on
 18 informed consent based on what this CVAB board recommended;
 19 is that fair?
 20 A It is fair, and all this that we have developed is based on
 21 CVAB recommendation, too. They are part of it. That's how
 22 this is developed.
 23 Q Last question I have for you then or -- I always say "last
 24 question." There's always three. But the medical results
 25 you said are retained if the newborn residual -- you know,

Page 52

1 the part of the Guthrie card is still -- is retained. Who
 2 has access to that data? I think you said it's stored in
 3 LIMS?
 4 A Yeah, laboratory information system.
 5 Q Yup. Okay.
 6 A And the selective few would have access to it only when
 7 needed. We are reg- -- department regulated agency, so --
 8 Q Is it possible -- it is available if someone -- now, this is
 9 somewhat of a trick question so bear with me. Is it
 10 possible if someone wanted to request their medical data
 11 from that system that it could be printed out and given to
 12 that person?
 13 A That's not so easy to do. In order for you to request, you
 14 would go to your provider first, your hospital, and ask them
 15 for the data. We don't work with community. We don't work
 16 with any individual patients. If hospital requests us, then
 17 we will ask the individual to give us everything in writing
 18 and identify themselves.
 19 Q Right. Well, I requested the data and got it for my son.
 20 Okay?
 21 A Yes; yes.
 22 Q So I guess the point is is when you talk about it being a
 23 secure system, you can print the results on paper and mail
 24 it out to somebody?
 25 A We could, yes. It's part of the mandate from CDC and the

Page 53

1 **federal government that we be able to provide this service.**

2 Q Is that right? I accessed it through some obscure medical
3 law that's in Michigan that I found I was able to use. So
4 the point is, though -- I guess the point I'm trying to get
5 at is is that it's not locked away forever. It can be
6 extracted out, as needed, whether it's a hospital, as you
7 suggested, or an individual like me who finds some obscure
8 health law? It's not, once it goes into the vault, it can
9 never come back out? I mean, it can be extracted as needed
10 or requested by the operator of the system with the right
11 authorizations or right credentials in first that have
12 been --

13 **A Under right conditions, yes. If we have a vault where**
14 **nothing can come out, then the vault is called destruction.**

15 Q Well, then it's a hole; right. So there you go.

16 MR. ELLISON: Doctor, thank you so much today.
17 You've been a wonderful, wonderful witness today. You have
18 been a joy. It's really been an enjoyment to talk to you
19 today.

20 THE WITNESS: Thank you so much. Very nice
21 meeting you all.

22 (Deposition concluded at 4:37 p.m.)

23
24 -0-0-0-
25

<p style="text-align: center;">A</p> <p>Aaron 1:17 15:21 22:6 42:21 ability 21:9,10 able 14:12 23:3 28:13,15 41:14,15 44:9 54:1,3 abnormal 20:21,23 absolutely 5:7 7:6 23:7 32:14 38:24 47:23 48:16,18 acceptable 16:12 50:6 access 11:18 34:17 40:5,6 53:2,6 accessed 54:2 accessing 38:11 accession 46:7,11 accreditation 38:9 accredited 38:1 accrediting 38:1 accurate 44:3,4 45:5 accused 5:15 acknowledge 15:21 22:6,8 act 48:23,24 actions 20:22 activities 9:3 20:19 36:7 46:9 activity 36:6 actual 23:9 ADAM 1:3 add 19:5 44:21 added 44:12,20 45:2 additional 50:16 Administration 39:20 administrative 39:8 admitted 24:14 26:16 28:14 admitting 24:16 advance 16:21 28:6 advice 50:7 advisory 49:22 50:3 50:7 51:23 advocate 36:11,14 45:18,19 affirm 4:3 affirmative 27:7 40:9 afternoon 4:10</p>	<p>26:15 27:21 43:2 age 38:25 agencies 38:9 39:16 agency 6:18 8:6 17:20 38:1 39:18 53:7 agent 6:16 ago 40:17 agree 9:15 10:12,14 12:13,14,22 13:8 14:7 16:17 21:12 22:14 23:4 26:2,4 27:3 29:4 34:24 35:4 37:3 ahead 15:1 24:24 36:23 37:21 38:6 38:18 39:2 al 1:3,6 allow 32:23 35:24 35:25 36:1,6,23 allowing 34:5 alternative 37:11 American 38:2 amount 14:19 50:21 Andel 11:22,24 12:5 12:9 Andels 12:3 Ann 1:23 answer 6:9,10 19:13 22:20 23:18 25:13 33:11,23 35:6 41:21 51:8,25 52:5 Antonio 1:22 43:9 anybody 17:12 18:10,16 19:10 35:23 48:13 anybody's 46:15 anytime 4:23 anyway 5:16 6:14 25:24 26:1 47:20 anyways 35:15 APPEARANCES 1:13 applies 17:3,23 18:21 30:13 appreciate 19:17,17 22:20 34:5 35:16 41:9 approached 19:2 approaches 19:3 approaching 19:3 approval 7:12 approved 44:14</p>	<p>approving 16:11 49:2 approximately 45:4 Arbor 1:23 archive 48:10 area 29:2 32:8 argument 28:12 37:22 arrives 28:4 articles 29:15 articulate 11:6 ascertain 25:11 asked 16:23 22:21 23:22 29:13,14 32:16 40:7 47:25 48:9 asking 10:12 15:18 15:19 16:25 22:8 aspect 34:15 assertions 29:22 assessment 13:8 assign 46:12 assigned 8:20 assist 28:20 assuming 9:17 assurance 21:10 attempted 23:8,9 attorney 1:18 43:9 audit 38:3 auditing 39:17 audits 38:8 authority 17:6 19:6 authorizations 54:11 authorize 14:21 available 12:8 28:8 53:8 average 12:23 13:4 44:12 aware 15:7,12,14 40:3 51:4 awhile 6:3 28:2</p>	<p>based 12:17 14:18 18:6 20:3 22:22 23:15 46:9 52:17 52:18,20 basically 6:15 11:18 23:13 basis 12:25 20:20 31:8,10 bear 53:9 beginning 35:14 42:6 49:18 begins 20:15 behalf 6:17,17 10:13 beings 24:6 believe 9:2 14:18 22:4 32:19 35:17 43:7 44:8 beneficiaries 11:7 benefit 11:18 16:18 35:20 36:7 50:17 benefits 25:12 best 24:9 25:2,4 27:2 28:8 34:18 35:2 better 5:9,10 28:5,7 28:9 36:8 52:14 big 15:17 32:12 47:9 bills 23:20 Biobank 1:22 7:22 7:22,24,25,25 8:3 8:10,14 9:1,5,12 9:16 10:11 13:11 14:15,23 17:6,8 20:6,17 23:2 24:1 24:12 25:3 30:15 31:1,5,8,15 33:16 34:13 40:4 42:7 42:10 43:10 46:6 46:8 49:2,6,18 50:13,14,14 52:11 Biobank's 48:25 biological 43:22,22 BioTrust 7:3,4,6,10 7:13 13:15 17:6 17:23 18:21 19:11 20:4,25 21:4 23:2 24:1,12 25:3 31:1 31:5,21 33:16,23 34:13 36:5 39:5,9 39:25 40:4 41:2 41:23 42:1,7,9 46:9 50:9 51:5</p>	<p>52:8,10 birth 15:25 24:20 25:6 26:1,4 27:1 27:21,22 births 24:23,24 bit 5:4,5 7:2 15:13 21:19 27:20 31:18 blood 7:8,12 8:4,11 9:7,8,17,21 10:2 11:7,19 12:7 13:11 14:14,22 15:9,12,24 17:3,8 18:21 19:22 21:6 21:12,14,15,17,21 21:21 22:19 24:11 24:13 31:8 32:24 34:20 35:1,9 37:9 38:12 40:4,6 45:15,21 46:5,6 46:18,20 49:3,4,6 50:6,16 board 4:15 7:25 8:18,18,19 9:1,4,6 9:10,14 10:18 11:1,17,21 16:1 46:3 48:25 49:2 49:17,20,22 50:3 50:7,11,13 51:23 51:23 52:7,18 boards 36:6 body 45:12 born 12:25 19:21 26:7,9,10,15 42:13 bought 25:20 box 1:15,18 23:10 23:11,12 breach 46:16 brick 32:12 bring 50:11 bringing 27:5 broad 46:21 brochure 21:20,21 21:22 22:1,13,14 22:18 23:1,14,24 26:18 32:17,21 33:5 38:19 39:3 broke 44:23 buck 18:18 bucks 18:4 36:20 building 32:12 bureau 30:11,11 busy 27:15 buy 12:7</p>
		<p style="text-align: center;">B</p> <p>babies 12:24 13:1,3 13:4 back 8:13,13,14 15:4 27:19 31:17 50:15 54:9 back- 5:20 backed 47:12 backward 12:4 backwards 27:20 bank 9:8</p>		

C				
C 1:21	50:19	concluded 54:22	48:25 49:8 51:8	28:3,9
call 7:22 8:5,17,19	charge 17:5 19:24	conclusion 14:25	cost 11:11 12:10	decision-maker
10:19 21:13,22	19:25 31:3	15:19,22 16:1	36:20	18:14,17,20
22:9 30:14 50:4	check 36:4 41:20	33:2 37:17	Counsel 1:15	dedicated 47:21
called 4:7 19:23	checked 41:19	conclusions 29:22	countries 37:2	deep 46:14
21:20 25:9 48:23	chemical 43:23	condition 50:23	county 4:16 43:20	Defendant 1:17,21
54:14	chief 17:13 19:16	conditions 44:9,16	couple 19:19 36:20	Defendants 1:7
calling 11:22 15:22	child 19:20 20:18	45:3,5,14 50:23	49:14	definitely 17:13
Callo-Lyon 5:18	21:20 22:19 26:4	54:13	course 10:3,15 20:6	degradation 50:21
calls 14:25 33:2	26:7,23 28:4 34:2	conduct 19:21	45:13	degree 13:25 14:1
37:17	35:20 37:5 50:17	Conference 1:9 4:1	court 1:1 20:3 39:9	degrees 50:25
candidly 18:12	child's 21:6,21	conferences 17:18	courthouse 42:13	delayed 21:18
capacity 6:15	34:17,25	confiden- 40:23	COVID 4:18 17:19	delivered 40:6
card 19:22,22 23:14	child-by-child	confident- 40:12	41:15 42:18	delivery 40:6
23:24 26:18,19	20:20	confidentiality	crazy 37:19	demand 39:14
32:21 48:3 53:1	children 12:16,16	38:15 40:14,15,24	created 52:6	demands 39:10 41:3
cards 48:2,4,9 49:4	25:16 26:2	confirm 4:25 13:2	credentials 54:11	demographic 48:6
49:7,9	circuited 13:8	confirmatory 13:2	crime 40:24	department 1:6,18
care 32:15 39:24	circumstance 15:12	congratulations	criminal 39:7	4:12 6:16,18,19
carefully 33:7	civil 39:7	25:18	cuff 45:18	7:4,7 9:18 10:9,10
case 1:5 15:7 16:18	clear 21:4 36:22	connect 43:25	current 4:12 8:25	13:13 18:4,14
20:3 23:25 29:16	clients 9:10	connected 47:17	currently 45:4	19:12 25:1 28:12
29:17 30:1 34:9,9	clinical 43:22 46:2	consent 13:10 14:13	custody 41:25,25	28:20 29:1,6 30:6
34:14,21,21 42:4	48:23	14:19,20 15:24	customary 16:9	30:8 32:3,23
42:19 51:1	close 12:7	16:5,6,8 22:2,5,5	23:23	33:18 43:14 52:17
cataloging 9:16	club 13:20	22:18 23:4,8,9,9	cut 35:13	53:7
12:6	code 46:10,12	23:17,24,25 27:25	CVAB 50:3 52:7,18	department's 28:10
categorize 14:3	College 38:2	28:11,21 31:22	52:21	Departmental
cause 33:17	come 11:15,15	32:18,21,23 33:14		28:22
CDC 44:1 53:25	12:23 17:17 35:24	34:1 39:25 51:5	D	departments 24:15
Celsius 50:25	36:25 54:9,14	52:11,18	D2000 1:22	depend 44:13
centers 9:9	comes 33:23 36:5	consist 28:24	dad 25:21	depending 12:19
CER 2:1	coming 7:19 13:15	consistent 12:18	daily 31:8	depends 45:8 50:18
certain 29:8	command 8:24	constitutional 10:25	danger 21:7	deposition 1:9 5:18
certainly 44:14	comment 14:12	consult 17:13	Daniels 1:21	5:23 10:14 28:18
certificate 39:5,10	29:21	contact 33:9,10	data 16:19 34:18,25	43:8 49:19 54:22
39:14 40:1,12,12	community 7:10	CONTACTS 3:1	35:10,15 37:8,25	describe 45:24
40:23 41:3,6	49:22 50:3,7	context 23:14 26:10	38:3,7,10 48:8	description 49:25
certification 38:15	51:22 53:15	contextual 34:5	53:2,10,15,19	50:2
Certified 2:1 4:15	companies 47:9	contribute 10:10,17	database 37:9	descriptive 33:5
46:3	complete 20:14 50:2	contributed 11:20	day 1:10 4:21 26:11	destroy 15:11,15
chain 8:23 20:9	completely 47:3	contribution 32:6	26:12,13 47:15	48:9,10
30:5	completion 9:19	control 9:17 19:9	day-to-day 31:4	destroyed 35:9 48:2
challenge 15:8	complied 40:18	26:22,24	DBS 19:22 48:2	48:3
34:10	comply 48:15,20	controls 10:1	deal 24:15	destruction 30:3
chance 6:1 28:7	computer 48:5	coordination 7:11	dealing 24:7	54:14
29:5,18 30:2	concern 12:17 23:6	copy 22:1	December 1:10 4:2	details 15:14
41:21	23:7 33:17 37:11	Corporation 2:2	8:21	detect 45:4,15
chances 50:20	50:11 52:9	correct 9:20 13:14	decide 15:23 27:12	detected 45:9
change 21:16 25:24	concerned 34:17	17:22 21:2 24:5	27:15 50:14	detection 45:10,11
31:24 32:5 52:17	50:10	27:16 31:1 40:19	decided 26:13	determining 49:6
changes 21:18	concerns 33:11,12	42:1,2,10,11,13	decides 6:11 46:9	developed 44:10,17
	33:13	42:14 44:11 45:22	deciding 15:11	52:20,22
	conclude 22:22	45:23 47:18 48:21	decision 24:10 27:3	development 7:11

<p>16:20,21 DeVos 10:19 11:9 11:22,25 DeVoses 12:3 DHHS 17:14,14 DHS 44:2 48:3 dictator 18:23 different 8:5 20:10 24:15 26:7 30:11 30:19 32:8 42:4 43:21 45:8,12,14 47:16 difficult 25:10 26:3 difficulty 28:16 direct 17:6 19:9 28:20 directed 17:5,21 directive 17:22,24 17:25 director 4:15,15 8:22 17:14,16,17 17:20 19:7 31:25 36:1 43:13,18 directors 8:18 10:18 directs 6:9 disclose 39:6 disclosed 39:19 disconnect 19:1 discovering 36:9 discuss 9:13 discussion 32:6 34:6 52:13 discussions 31:2 52:14 diseases 8:23 32:4,9 37:6 44:9 dismissed 33:21 34:10 dispense 9:21 dispensing 8:11 distinct 8:4 distract 19:22 DISTRICT 1:1,1 division 1:2 19:24 DNA 35:21 doctor 5:4 13:17 15:1 22:12 29:17 37:21 42:15 48:25 54:16 doctorate 13:25 document 21:24 38:16 50:1 documents 52:13 doing 4:18,23 7:23</p>	<p>13:2 16:14,16 50:21 Domino's 1:22 doubt 26:24 Dr 4:5 5:18 12:13 17:2,10,11,15,16 17:17 19:4,15 20:10 22:16 24:5 29:9,13,14,16,16 30:22 31:23 35:8 43:2,8,9 44:7 47:25 draw 15:18 21:17 31:11 dried 7:8 8:4 46:5 49:3,4,6 50:6,15 Drive 1:22 Drug 39:20</p> <hr/> <p style="text-align: center;">E</p> <p>earlier 14:9 32:16 44:8 early 26:9,10 easily 52:7 eastern 1:1 12:2 easy 53:13 educate 51:4 education 13:22 14:12 22:23 educational 50:8 effective 11:12 effectuate 28:21 effort 47:21 efforts 51:4 Eggan 1:21 eight 44:6,15,20 45:1 Eisenhauer 29:16 either 13:3 45:9 Electronic 2:1 eliminate 13:3 Elizabeth 29:16 Ellison 1:14 3:3 4:9 5:2,6,8,12,14 15:21 22:6,11 33:3,22 37:18 42:15,23,24 43:4 45:17 51:15,18,21 54:16 eminent 21:7 employees 11:8 encompasses 7:10 endocrine 45:10 enforcement 38:11</p>	<p>38:12 39:4 engagement 7:11 engaging 50:8 enjoyment 54:18 ensure 34:18 entail 43:16 enter 46:10 entire 47:24 entities 10:16 19:16 20:10 entity 8:5 9:5,24 10:3 enzyme 45:10 epidemiology 29:3 30:11 52:15 equipment 16:21 Eric 1:24 error 45:9 essentially 6:18 et 1:3,6 ethical 50:4 evaluate 18:6 evaluation 39:17 evolving 13:15 exactly 43:16 48:22 Examination 3:3,4 3:4 4:8 43:11 49:15 51:20 example 26:21 39:9 47:13 exception 40:25 excuse 13:9 16:3 20:14 executive 17:14 exist 15:4 exits 28:18 expect 24:8,16 expensive 10:8 experience 22:23 23:15 expert 14:6 expertise 10:6 16:10 experts 15:2 29:15 expired 44:25 explain 7:3 23:19 explained 39:11 41:4 extension 37:8 extent 14:24 33:2 33:20 37:16 extract 35:21 extracted 35:1,2,10 54:6,9 extraction 34:20</p>	<hr/> <p style="text-align: center;">F</p> <p>facets 26:22,24 facility 9:25 51:2 fact 33:13 fail 23:15 fair 6:19 7:17 12:20 20:8,23 21:7,8 29:23,24,25,25 31:6,15 44:16 47:22 52:19,20 fairly 25:2 faith 12:12 family 39:21 far 16:11 46:16 47:14 Farms 1:22 fashion 6:12,25 father 25:22,23 26:23 fault 18:16 federal 39:7,15,20 44:13 48:17,23 54:1 feel 14:11 feelings 6:5 field 16:10 fight 20:2 41:8 42:18 finances 9:12 find 18:11 46:14 finding 12:21 finds 54:7 fingers 14:3 finish 20:9 24:2 32:15 42:5 firewall 47:12 Firm 2:2 first 4:13 5:25 26:23 28:1 34:20 41:2 43:1 53:14 54:11 fit 30:16 fits 30:15 fixed 46:24 flagged 12:16 flawed 35:18 37:24 flub 19:18 focused 19:10 follow 44:14 follow-up 5:21 follow-ups 51:15 following 9:19 17:2 Food 39:20 forever 54:5</p>	<p>Forgive 31:17 41:20 form 6:12,25 22:2,5 22:18 31:21,22 formation 8:14 forward 19:11 20:4 20:16 21:4 31:21 31:23 found 54:3 foundations 44:19 four 44:18 frame 19:20 21:5 26:25 frank 1:22 18:12 frankly 35:23 free 12:8 freezer 50:25 front 12:23 38:19 42:8 52:1 full 46:3 fully 25:1 funded 39:18 funding 10:8,15 funny 18:24 further 35:7 49:11 50:21 future 36:9 37:10 38:4,8 47:8</p> <hr/> <p style="text-align: center;">G</p> <p>gears 21:19 General 1:18 generally 52:15 genetic 34:18 45:3,6 45:10,13 46:17,21 46:23 getting 34:17 36:8 gifts 25:22 give 4:4 23:3 25:13 27:21 22,22 28:6 49:25 52:1 53:17 given 16:7 22:14,18 23:14,16 25:6 28:15 32:20 49:9 53:11 giving 25:22 26:3 35:16 glad 6:21 38:19 41:13,16 glass 38:21 go 4:25,25 8:13 15:1 25:8,9 26:14 27:19 31:14 36:2 36:15,23 37:21 38:6,18 39:2</p>
--	---	--	---	--

<p>knowledge 29:4,6 38:11,13 47:5</p> <hr/> <p style="text-align: center;">L</p> <p>L 1:6 lab 30:19 36:18,19 38:5,6 48:13 labor 25:5 28:2 laboratorian 14:5,8 laboratories 38:9 43:13,20 laboratory 4:14,16 4:17 8:22 19:24 21:11 30:19 31:25 35:25 43:18,19,19 43:20 46:2,2,3,25 48:7,12,23 53:4 labs 48:19 Lansing 1:19 4:15 largely 18:15 laughing 37:20 law 19:3 38:11,12 39:4 54:3,8 lawsuit 18:9 19:5 lawyer 6:8 18:17 25:12 41:11 lawyers 19:2 41:9 42:12 learn 11:16 17:17 learned 14:6 22:3 leave 15:2 52:15 LEE 1:14 legal 1:15 14:25 15:2,18,22 16:4 18:19 22:8,8 33:2 34:11 37:17 41:8 42:11 legally 39:5 legislative 39:8 legislature 34:2 legitimately 23:19 let's 7:1 19:19 27:19 27:19 41:1 49:25 letter 30:3 Levin 1:17 6:9 14:24 22:10 23:5 33:1,19 34:8 37:16 42:3,25 49:14 51:12 Levine 3:4 49:16 lieu 15:23 life 12:24 21:6 25:16 limits 16:2</p>	<p>LIMS 46:25 53:3 line 7:16 16:13 31:12 32:16 lines 12:15 41:5 literally 26:11 little 5:4,5 7:2 15:13 21:19 27:20 Lloyd 1:22 local 39:7 47:2 locked 54:5 logged 48:5 logical 32:19 logs 29:7 long 4:24 44:5 look 9:7,11 12:19 35:7 41:1 looking 10:18 18:23 26:20 41:18 45:20 51:3,22 lose 21:9,10 loss 15:17 loudly 44:19 lowest 50:25 LUDINGTON 1:6 Lyon-Callo 5:19,20 5:21 12:13 17:10 17:11 19:8,15 20:11 22:16 28:25 29:9,14 31:23 35:8 44:7 47:25 Lyon-Callo's 24:5 43:8</p> <hr/> <p style="text-align: center;">M</p> <p>MAG 1:6 magistrate 41:24 42:9 mail 53:23 maintain 46:3 maintains 29:7 making 15:10 manage 4:16 manager 30:9,17 managing 9:16 mandate 53:25 mandated 34:2 manner 9:7 13:12 Mary 29:8 30:10,11 30:22 51:6 master's 14:1 material 16:7 materials 50:8 matter 27:24 Mayo 36:19</p>	<p>MDHHS 1:18 mean 7:16 9:15,25 10:11,18 13:21 14:2,2,6 15:7 16:8 18:11 24:5 25:15 26:4 28:24 29:4,5 29:20 30:25 31:11 32:6,11 34:8 37:21 52:16 54:9 meaning 17:5 19:15 31:3 46:5,25 means 24:22,23,24 32:10 45:11 medical 10:24,25 11:10 13:10,22,24 14:13,21 15:24 17:13 19:21 20:15 26:15 32:25 34:18 34:25 35:9 37:8 39:23 52:24 53:10 54:2 medicine 13:25 meet 30:2 39:19 meeting 54:21 member 39:21 mentioned 11:11 13:17 28:14 43:7 merit 34:11 metabolic 45:9 metabolites 21:16 methods 50:8 mic 5:9 Michigan 1:1,6,16 1:18,19,21,23 4:17 7:21,25 8:4,8 8:8 10:16 12:25 43:9 49:17 54:3 Michigan's 7:8 microbiology 14:1 million 15:12 43:21 mind 16:2 minimum 48:19 51:10 minus 50:25 minute 43:6 mistakes 24:6 mom 25:5,6 moment 24:21 money 10:10 monitor 36:6 months 4:19 17:19 morning 26:18 MORRIS 1:6 mother 24:14</p>	<p>move 5:9 31:7,8</p> <hr/> <p style="text-align: center;">N</p> <p>name 4:10,11,13,13 30:22,23 43:3 named 18:9 nation 15:17 nationwide 38:2 nature 20:7 26:22 nearby 35:24 necessarily 21:7 25:13 26:22 31:11 necessary 14:13 need 11:7 19:5,10 34:12 50:15 needed 21:12 31:2 42:19 53:7 54:6,9 needs 16:5 37:12 neonatal 1:21 7:21 7:25 8:10 26:16 43:9 49:17 Network 2:2 never 14:9 30:2 54:9 new 5:15 13:14 14:10 16:20,21 17:7 19:14 44:8 44:16 newborn 7:14,18 8:24 9:19 12:14 15:8 16:20 17:3,7 18:21 20:13,24 25:2 29:2 30:9,17 31:18 33:15 34:10 34:13 35:3 36:3 44:5 52:25 newborn's 24:11 newborns 14:20 45:4 nice 31:12 54:20 NICU 27:1 night 26:17 47:12 nine 44:20 45:1 no' 6:23 nonprofit 8:6 9:24 normal 10:1 23:23 normally 5:14 12:22 NORTHERN 1:2 note 6:14 noted 42:17 notes 35:8 41:18 number 2:2 27:8,10 44:8 46:4,7,11</p>	<p>numbers 12:15,18 33:9 nurse 26:17 27:17</p> <hr/> <p style="text-align: center;">O</p> <p>o'clock 26:18 OB/GYN's 51:4 object 6:8 14:24 33:1 37:16 objected 6:11 objecting 37:19 objection 15:22 22:9 23:5 28:12 33:20 37:14 objectionable 16:17 objections 11:16 obscure 54:2,7 observation 18:16 obtain 32:23 41:23 obtained 13:10,14 14:20 16:5,6 33:14 Obtaining 34:1 obtains 39:24 obviously 5:17 7:21 8:7 11:10 12:19 16:11 17:18,19 19:1,3,8 occasionally 6:8,21 6:22 24:4 occur 20:19 24:7 occurs 51:10,11 off-the- 45:17 offhand 21:23 52:4 officer 37:23 official 6:15 22:2,13 22:22 32:20 33:13 33:18 Oh 4:20 5:6 29:8 38:21,22 47:23 okay 6:12,13,21 7:14 8:12,17 9:12 9:15 10:9,18 11:25 13:7 14:2,9 14:17 15:7,16 16:2,23 17:10,17 18:1,8,15 19:25 20:13 21:3 22:20 26:7,19 28:24 29:4,11,20 30:8 30:23 31:9 32:1,5 33:12 34:4,7,20 35:19 36:10,24 40:3 43:2,16 44:7</p>
--	--	---	---	---

<p>45:7 46:22 47:7 47:17 52:5,8 53:5 53:20 old 50:18 older 50:15,20,22 51:1 once 19:19 54:8 one-third 24:20 ones 11:18 12:6 44:13 operates 18:21 19:11 operation 10:11 47:15 52:10 operator 54:10 opinion 15:3,25 17:12 18:19 19:11 33:4 opinions 18:5 opposed 16:4 19:2 20:25 options 28:8 order 11:21 18:6 25:7 38:3 39:19 47:24 51:8 53:13 ordered 9:22 ordering 17:1 organization 10:6 10:20 original 21:15 Ottawa 1:19 outreach 7:10 outside 1:15 10:1 11:17 16:16 32:13 47:5 overall 7:9 31:6 overly 20:8 oversaw 30:18 oversee 7:8 43:18 oversees 9:6 44:3 overview 20:9 owned 13:12 ownership 9:17</p> <hr/> <p style="text-align: center;">P</p> <p>p.m 1:11 4:2 54:22 P64821 1:21 P74117 1:14 P81310 1:17 PAGE 3:2 pages 33:5 paid 41:11 Pam 2:1 5:2 6:24 paper 53:23</p>	<p>paragraph 41:2 parameters 36:4 parent 21:25 22:4 22:25 23:13,16,18 23:24 24:9 27:5 32:17,20 33:8 34:24 35:11 36:17 50:10 parents 11:14,14 13:11 14:20 15:23 21:13 27:4 28:21 32:24 33:14 49:19 49:20 part 6:18 8:10,23 12:9 13:21,22 19:6 20:2,15,22 20:24 24:11 27:18 31:2 32:6 33:19 34:9,11,21 39:13 41:22,22 42:1,6 44:1 52:21 53:1 53:25 partial 10:15 Partially 31:7 participate 8:9 27:12 52:12,14 particular 8:20 9:23 10:11 11:13,16 16:10 20:18 24:2 31:5 49:7 parts 34:9 42:4 passed 30:1 pathology 38:2 43:25 patient 28:14 patients 53:16 PATRICIA 1:6 pause 33:17 pay 36:21 PC 1:21 Pear 1:21 people 18:9 19:15 25:1 30:20 52:5,6 perform 50:16 person 8:25 14:6 16:6 17:4,4 18:20 22:3,13 24:16,25 38:13 39:24 40:8 53:12 personal 25:15 personally 15:3 personnel 10:5 19:21 39:15 persons 15:23 17:9</p>	<p>perspective 7:4 10:1 16:4 28:10 pertain 36:7 Ph.D 1:9 4:6 13:18 13:20,24 Phil 5:3 PHILIP 1:14 phrase 14:9,10 physical 48:8 place 22:17 45:20 46:1,4 50:11 places 28:23 Plaintiffs 1:4,10,14 4:7 planned 24:22 PLC 1:15 please 38:21 39:3 pleasure 42:15 PO 1:15,18 point 20:1,4,16,18 21:4 23:6 53:22 54:4,4 pointed 42:4 pointing 34:8 poke 14:2 police 40:7 policies 45:20,25 policy 7:11 31:24 32:5 46:4 52:17 52:17 poor 41:12 poorly 41:11 portion 24:1,12 31:5,5 34:14 45:6 position 4:12 8:25 10:14 14:11 24:9 30:8,24 32:1 35:5 43:17 possession 41:25 possible 33:7 53:8 53:10 possibly 25:2 potential 7:9,19 8:11 9:10,13 11:7 12:17 potentially 37:10 practice 14:18 16:9 22:15 23:23 28:13 precisely 38:8 pregnant 25:7 prepared 29:21 33:10 prepping 31:14 Present 1:24</p>	<p>presented 27:23,24 27:25 32:17 presents 23:23 26:17 preserved 50:24 press 17:18 pressure 24:7 pretty 6:2 prevent 34:19 35:3 37:8,9 39:21 prick 19:21 30:15 principles 16:8 print 53:23 printed 53:11 prior 14:20 22:1 privacy 10:25 36:14 37:13 45:18,21,24 46:1 50:10 private 9:24 10:6,20 34:25 36:18 37:8 38:5,6 48:13,19 privately 36:18 probably 9:11 11:22 16:24 30:20 36:19,20 problem 5:12,13 43:7 problems 9:13 12:24 43:24 proceed 23:5 33:2 33:21 proceedings 39:8 process 26:3 30:16 33:15 35:4,14 44:23 51:5 profession 15:20 18:19 Professor 29:17 profile 46:23 program 7:6,15,18 7:18 8:24 9:6 11:17 12:8,21 13:14 15:8 17:21 19:9 20:4,14,24 23:3 24:2 25:3,3,4 30:9,14,18 31:6 31:19 33:23 34:1 36:1 39:17 44:5 programs 7:17 16:20 29:2 project 39:16 49:3 projects 39:18 promote 12:12 promotions 9:8</p>	<p>proper 11:2 properly 28:7 proposing 37:25 protect 37:12 45:20 46:1 protecting 47:9 provide 15:2,24 21:13 23:15 32:21 32:22 41:5 50:4 54:1 provided 24:8 40:19 48:6 provider 39:24 53:14 provides 16:19 50:7 providing 12:6 public 4:14 8:22 14:4,7,8 15:20 16:3,3,4 22:2,3,3 22:12,22,23 32:20 33:12,18 35:21,25 36:7,8,11 37:4,23 43:18 45:19 50:9 purpose 27:24 41:7 purposes 13:10 14:14 38:12 40:20 42:10 put 10:17 12:22 18:3 19:22 26:10 30:10 33:6</p> <hr/> <p style="text-align: center;">Q</p> <p>qualified 13:12,12 qualify 50:22 quality 21:10 qualms 23:12 question 6:9,10,11 8:12 11:2 14:17 18:25 19:13 21:3 22:21 23:21,22 27:19 28:17,25 33:20 37:18 41:17 41:21 42:11 49:18 49:21 51:6,8,25 52:23,24 53:9 questions 5:17,22 6:3,3,10,17 19:19 25:14 29:5 33:11 35:16 42:22 43:10 45:19 47:25 49:14 quick 41:20 quiet 5:15 quite 22:21</p>
--	--	---	--	---

<p style="text-align: center;">R</p> <p>raised 52:9 ran 44:25 Rankinen 2:1 reach 36:21 reaction 6:24 read 15:13 27:10,11 33:7 38:17,18,20 39:2 40:3 41:8 reading 38:21 ready 36:21 real 41:20 realized 15:5 really 24:17 28:10 34:16 35:12 47:8 50:23 54:18 reason 9:23 10:23 11:13 12:5 17:1 34:4 38:8 recall 44:7 receive 22:1,25 39:25 received 22:4 48:4 recommendation 52:9,21 recommended 52:18 record 4:12 38:18 39:1 46:17,19 RECORDED 2:1 Recorder 2:1 reeducate 22:17 referenced 21:22 refuse 39:6 reg- 53:7 regarding 51:4 regional 4:16 43:20 Registration 2:2 regulated 53:7 regulations 48:14 48:17 relation 7:24 9:4 relative 17:21 30:10 relatively 30:25 releasing 39:22 relevant 33:21 remark 45:18 remember 40:10 repeat 21:8 rephrase 11:2 49:21 replace 26:11 replacement 30:21 REPORTER 4:3</p>	<p>5:3,10 Reporting 2:2 repository 8:3 9:20 representation 11:5 12:20 15:10 34:16 representatives 10:22 represents 21:17 request 30:4 53:10 53:13 requested 53:19 54:10 requests 53:16 required 9:21 14:13 31:21 requirement 48:22 requirements 39:19 48:20 requiring 31:19 research 7:9,12,19 11:8,10 12:12 13:10 14:13,21 15:17,24 16:14,16 16:19 20:7,15,17 32:25 36:6 39:23 49:3 50:5 researcher 46:10,13 46:14 49:7 researchers 8:11 9:9 11:9 37:10 residual 32:24 50:15 52:25 residuals 18:22 20:5 resist 39:10 41:3 resources 10:4 response 37:22 responsibilities 9:4 30:13 31:4,4 41:22 42:7 43:17 responsibility 8:20 responsible 43:21 rest 32:11,12 41:14 Restate 6:4 result 40:5 resulted 15:9,11 results 12:14 20:21 20:24 46:19 48:8 52:24 53:23 retain 38:7,7,10 retained 35:10,15 52:25 53:1 retention 15:9 17:3 17:7 retest 50:16</p>	<p>review 29:18 reviewed 9:10 29:15 29:21 reviews 38:16 50:1 rid 38:10 48:12 right 4:11 5:21 6:14 10:21 13:6,20 14:17 16:25 17:4 17:18,25 18:9,17 19:17 20:1,3,16 20:25 21:3,25 22:9 23:12,20 24:13 25:5,14,21 27:11,14,15,18,18 27:20 28:19 29:11 29:13,13,20,25 30:12,23 31:17 32:13,15 33:24,25 37:19,22 38:17,18 39:2 40:11,22 42:3,14 47:2 48:17 51:17 52:4 53:19 54:2,10,11 54:13,15 risk 20:19 Robert 17:16,20 role 7:23 9:1,3 10:12,13 15:19 19:12 32:7 33:17 33:18 37:23 49:2 49:6,19,20 52:8 52:10 room 10:4 roughly 44:16 round 30:23 rulings 20:3 run 7:6 8:6 21:9 36:1 running 8:10 42:12 44:24</p>	<p>Sarah 5:19 7:3 10:9 16:23 17:10 19:15 19:15 22:16 23:22 24:20 28:25 29:9 Sarah's 13:8 24:4 sat 5:17 Sate 35:3 save 7:20 22:9 saying 41:5 says 39:4 40:22 scenario 27:8 scenarios 24:16 science 18:7 scientist 18:2,6 41:12 scientists 19:2 screen 43:5 44:10 45:3 46:20 screening 7:14,18 8:24 9:19 12:15 12:21 15:8 16:20 18:21 20:13,24 25:3 29:2 30:9,17 31:19 33:16 34:10 35:4 44:5 45:15 sealed 47:3 second 21:14 35:8 45:25 48:25 section 30:9,17 39:2 51:7 secure 9:8 47:1,14 53:23 see 6:1,24 11:4 31:7 32:10 41:1 49:25 seek 23:24 seeking 28:21 seen 12:15 19:23 21:20 23:20 25:10 30:23 Seeterlin 30:22 seize 42:9 selective 53:6 send 46:4,11 51:18 sense 6:3,4 24:25 35:11 sent 9:18 46:9 49:7 49:9 separate 7:14 serve 9:1 10:25 server 47:16 servers 47:2 service 42:17 54:1 Services 1:6 7:7 10:22 43:14</p>	<p>set 19:19 Shah 1:9 4:5,6,14 17:2 43:2 shares 21:24 shipped 19:23 ships 20:5 short 7:22 short- 13:7 shortcut 9:15 10:21 shortly 30:1 show 26:13 showing 25:5 38:25 sic 10:19 side 12:2 16:13 42:11 signed 30:3 signing 22:1,5 similar 48:20 Simple 22:19 23:18 simplistic 20:8 simply 15:19 23:8 sir 4:10 25:17 50:12 sit 7:25 52:16 situation 5:15 smile 26:6 software 12:6,7,8 12:11 solemnly 4:3 solve 37:11 42:19 somebody 10:23 18:17,18 19:5 23:6 25:10 53:24 someone's 49:4 somewhat 16:23 53:9 son 25:22 26:9,10 27:1,23 53:19 Sonia 29:17 soon 4:23 15:4 50:24 sorry 5:2,10 12:2 18:23 38:25 42:18 43:13 sort 24:22 31:21 44:25 sorts 35:1 sound 5:20 sounds 4:22 source 47:5 space 10:5 speak 18:12 speaking 30:25 specific 21:18 36:1 specifically 11:14</p>
		<p style="text-align: center;">S</p> <p>S-a-n-d-i-p 4:13 S-h-a-h 4:14 safest 34:18 sample 18:22 21:6 21:13,14 24:11 30:3 31:7,7 33:15 35:9,10 40:4,6,19 42:6 samples 14:15 17:8 35:1 38:12 41:24 42:9 45:21 46:4,5 Sandip 1:9 4:6,13</p>		

<p>20:19 21:5 specimen 34:1 46:11 speculation 47:6 spelled 38:14 Sperling 1:21 spitballing 8:15 sponsoring 39:16 spot 7:12 21:15 46:5 46:6 49:3,4,7 50:18,19,20,24 spots 7:8,8,19 8:4 8:11 9:7,17,21 10:2 11:7,19 12:7 13:11 14:22 15:9 15:12,15,25 21:21 21:21 24:13 31:8 32:24 36:2,25 37:9 46:18 50:6 50:16,22 51:1 spur 24:21 staff 30:20 stakeholder 8:3 11:1 stakeholders 8:6,7 8:19 10:17 11:13 11:20 standards 16:9 start 20:9 24:2 42:5 44:18 started 30:1 31:19 42:17 starting 31:20 33:14 35:3 state 4:10,11,14,17 8:4,8,9,21 9:24 10:3,21 11:10 12:3 19:23 34:17 35:13,22,25 37:7 37:25 39:7,15 43:19 45:17 46:2 47:24 48:17 State's 37:3 statement 38:18 40:22 States 1:1 48:12 statistics 12:20 13:6 status 21:18 stays 48:8,11 step 8:13 32:19 35:7 steps 28:19 sticking 19:18 stop 18:4,18 storage 7:8 8:3 9:6</p>	<p>9:24 20:15 36:5 store 10:2 11:12 21:6 46:17 stored 9:7 14:22 17:8 37:8 50:23 53:2 storing 9:16 story 26:9 straight 31:12 Street 1:19 stressful 26:3 strike 31:19 49:20 stuck 41:15 studies 14:21 study 17:24 subject 17:22 subpoena 39:9 40:5 40:19 substantial 50:21 successfully 32:22 32:23 suckers 11:12 sued 6:16 sufficient 14:19 17:6 22:4 23:1 32:18 33:8 sufficiently 23:2 suggested 54:7 Suite 1:22 supervisory 19:6,9 30:5 supplied 40:4 supply 12:10,10 sure 5:6 6:20 17:13 17:25 18:8,10 19:4 21:3 34:25 37:1,5 38:21,22 40:16 51:14 Suter 29:17 swear 4:3 switch 21:19 sworn 4:7 system 4:16 24:12 43:21 46:8 47:1 47:10,10,24 48:5 48:7 53:4,11,23 54:10</p> <hr/> <p style="text-align: center;">T</p> <hr/> <p>T 1:6 TABLE 3:1 take 28:20 35:6 46:19 47:20,21 48:13</p>	<p>taken 1:10 15:25 22:19 24:14 33:15 42:6 45:22 takes 10:23 20:5,5 32:15 talk 42:5 53:22 54:18 talked 7:2,21 20:10 20:11 31:22 talking 21:5 42:16 49:17 team 18:15 31:14 42:12 technicalities 34:12 tell 11:25 25:21,23 35:17 44:13 45:25 47:8 ten 17:19 tend 18:11 term 46:21 terrorism 43:23,23 test 19:21 21:8 34:19 44:21 46:23 48:8 50:16 tested 37:6 44:14 testified 24:20 35:8 44:7 testimony 4:4 testing 7:18 9:19 12:14 13:1,2 19:25 20:14 22:24 30:17,18 34:19 35:20,21 36:2,3,8 37:12,25 38:3,5 43:19,25 44:1,2 45:8,12,13 46:19 50:21,24 tests 4:18 13:2 16:20 30:19 36:17 43:21,22,22,23 44:10,12,17,20,24 45:2 46:24 Texas 15:11 Texas's 15:8 thank 5:10 21:25 22:10,10 25:19 42:16,17,20,23,24 49:11,13 51:3,12 51:14 54:16,20 theoretically 7:15 thing 6:7 23:21 37:1 41:20 42:8 43:5 46:6 things 12:4 17:2</p>	<p>20:7 24:17,22 31:14 33:16,20 45:8 51:3 52:13 think 6:7 11:21 26:4 28:3 31:11 38:6 41:18 51:12 53:2 thinking 35:18 37:24 44:19 third 45:13 THOMAS 1:6 thought 13:16 32:16 thousand 36:20 threatening 12:24 three 9:11 10:20 11:6 45:8 52:24 Thursday 4:2 time 4:11 6:1,7 15:13 19:20 21:4 24:6,25 25:4,24 26:25 27:2,10 28:5,9,15 31:25 32:1,3,4,7 33:10 37:12 40:7 42:13 42:16,20,25 50:20 times 9:11 24:3 29:14 51:1 tired 26:8 title 21:23 30:4 today 7:21,23 10:13 10:13,14 13:11 19:13 20:10 26:13 34:5,8 35:16 42:16 47:13,15 52:16 54:16,17,19 told 27:17 ton 33:4 totally 32:8 tough 35:16,17 51:25 toxin 43:23 training 13:23,24 28:22,22,24 29:1 29:7 treat 8:18 trick 53:9 tried 37:2 trigger 20:22 true 21:14 36:16 truly 28:11 35:12 truth 4:4 try 22:16 24:5 31:20 44:21 trying 11:5 14:2 18:10 20:1 23:10</p>	<p>23:10,12 26:3 34:21 54:4 turn 5:3,4,22 two 7:17 9:11 19:8 25:17,18 26:9,10 26:14 27:10 33:5 34:9 35:18 43:6 44:12,24 46:4,14 51:15 two-thirds 24:22 type 45:12,13 types 45:14,25 50:5</p> <hr/> <p style="text-align: center;">U</p> <hr/> <p>Uh-huh 6:20 27:7 31:16 40:9 ultimate 18:13 ultimately 17:22 44:3 unable 44:21 unacceptable 16:12 16:14 under- 11:4 undergo 38:9 understand 12:18 18:10 20:23 34:8 34:23 understanding 11:3 22:23 26:21 understood 33:3,22 undertaken 14:14 underway 7:1 unfortunately 51:18 unit 26:16 United 1:1 48:12 universities 10:20 11:6,9 university 8:7,8,8,9 10:16 unplanned 24:21 updating 52:12 use 7:9 12:9 14:21 39:5,10 40:1,11 40:23 41:2,25 47:11 54:3 uses 50:6 usually 9:9 18:18 29:1 utilization 17:7 utilize 10:7 utilized 9:24</p> <hr/> <p style="text-align: center;">V</p> <hr/>
---	---	---	--	--

<p>v 1:5 vacation 4:21,23 validation 44:22 value 49:22 values 50:3,7 51:23 Van 11:22,24 12:3,5 12:9 vault 54:8,13,14 verbal 6:25 veterinary 13:25 victims 40:24 video 1:9 4:1 21:24 38:16 50:1 view 10:24 20:8 viewpoint 11:5 visualize 48:4 volume 5:4 voluntarily 39:21</p> <hr/> <p style="text-align: center;">W</p> <p>want 7:15 18:8 19:4 20:13 22:7 24:11 24:21 27:12,17 28:3 34:23 35:12 38:5 42:1,5 52:3 wanted 41:19 53:10 wants 11:11 warrant 41:23 42:8 WARREN 1:17 wasn't 27:23,25 31:3,3 waving 5:2 way 6:17 10:17 13:21 14:10 18:3 18:8,20 19:1,10 19:18 20:16 21:7 23:25 25:20 29:22 34:18 35:2 41:8 47:4 51:19 Wayne 8:9 ways 14:7 22:3 we'll 5:22 10:19 we're 4:10 6:23 18:23 21:3 24:7 33:10 34:12,22 37:20,20 41:13,15 51:16 we've 7:2,21,23 12:15 13:17 17:17 20:10 31:22 web 47:2 weekend 4:21 weekly 31:10 weeks 25:4 26:9,10</p>	<p>26:14 28:6 weird 18:25 well-planned 24:24 well-written 38:15 went 6:1 27:20 46:12 weren't 24:22 western 12:2 wide 28:22 wife 13:20 26:1 27:2 27:22,22 window 21:16 26:11 windows 26:12,12 26:13 withhold 40:1 witness 5:7,13 21:24 38:16 42:23 49:13 50:1 51:14 51:17 54:17,20 woman 26:3 wonderful 54:17,17 word 41:25 words 35:18 work 11:8 18:14 37:1 41:14 44:22 44:23 53:15,15 worked 31:10 37:2 44:5 workers 46:3 working 28:22 32:2 41:22 46:16 works 29:9 world 10:24 17:19 world-renowned 47:10 worry 34:12 wouldn't 24:19,25 26:25 27:23 28:5 28:9 35:11 37:11 41:14 wraps 41:18 Wright 1:22 write 6:25 writing 53:17 written 31:22 39:24 wrong 16:15 20:25 22:15 47:23</p> <hr/> <p style="text-align: center;">X</p> <hr/> <p style="text-align: center;">Y</p> <p>Yancey 1:22 43:9 yeah 5:8 11:24 12:4 15:2 17:16 18:24</p>	<p>26:6 29:8,12,24 35:8 36:13 42:24 52:5 53:4 year 4:22 9:11 24:23,24 33:6 43:22 44:12 yearly 12:25 13:16 years 40:16 44:6,15 yes,' 6:23 you're 4:4 young 26:6,8,23 yup 8:2 21:25,25 22:11 24:18 27:9 30:23 33:3 53:5</p> <hr/> <p style="text-align: center;">Z</p> <p>Zoom 1:11 4:1</p> <hr/> <p style="text-align: center;">0</p> <p>0-0-0- 54:24</p> <hr/> <p style="text-align: center;">1</p> <p>1-800-632-2720 2:3 100,000 12:24 13:4 13:5 24:23 27:4 107 1:15 12 21:17 25:6 15 26:25 44:16 16 44:16 17 4:2 17th 1:10 18-cv-10472 1:5 1988 48:24</p> <hr/> <p style="text-align: center;">2</p> <p>2:00 1:11 20 30:20 36:25 50:25 2010 8:15 13:9,9 14:21 15:6 31:18 31:20 32:3 2012 8:21 2020 1:10 4:2 24 1:22 21:17 36:25 24/7 4:20 25 30:20 275 12:23 13:4</p> <hr/> <p style="text-align: center;">3</p> <p>3:16 4:2 3:30 26:15 30736 1:18 335-7632 1:20</p>	<p>365 4:20</p> <hr/> <p style="text-align: center;">4</p> <p>4 3:3 4:37 54:22 400 12:16 43 3:4 4532 2:1 48 27:11 48105 1:23 48626 1:16 48909 1:19 49 3:4</p> <hr/> <p style="text-align: center;">5</p> <p>5 15:11 500 12:16 501(c) 8:5 51 3:3 517 1:20 525 1:19 55 30:19 36:3,17 37:6 45:4 46:24</p> <hr/> <p style="text-align: center;">6</p> <p>6:00 26:18 642-0055 1:16 66,000 24:24 665-4441 1:23</p> <hr/> <p style="text-align: center;">7</p> <p>7 43:21 72 27:11 734 1:23</p> <hr/> <p style="text-align: center;">8</p> <p>8151 2:2</p> <hr/> <p style="text-align: center;">9</p> <p>96 27:11 989 1:16</p>
--	--	--	--

Michigan BioTrust for Health - Consent Options

Prior to making a decision about participation in the BioTrust, please make sure you read the [Frequently Asked Questions](#) section of this website and get all of your questions answered.

The consent process differs depending on your or your child's date of birth. It is important to take a moment to learn more about the opt-out process for "legacy" blood spots, those collected prior to May 1, 2010. Please also read more about the opt-in process for "prospective" blood spots, those collected after April 30, 2010 through present day.

Background

Blood spots have always been stored for some period of time following newborn screening, but the length of time has changed over the years. In the 1970s, samples were saved for 7 years. In the 1980s, the Michigan Department of Health and Human Services (MDHHS) changed the policy to store each sample for 21.5 years following the receipt of legal advice. In 2008, the policy was revised for indefinite storage of blood spots to align with a recommendation from the Governor's Commission on Genetic Privacy and Progress. Today, blood spots are stored for up to 100 years once newborn screening is completed. The changes in storage policy have allowed for a collection of stored blood spots dating back to July 1984.

Any samples received by the state laboratory on infants born before July 1984 have been destroyed.

Opt-Out Process for Births Between July 1984 and April 30, 2010

Blood spots collected between October 1987 and April 30, 2010 are stored for up to 100 years. Blood spots collected between July 1984 and September 1987 are scheduled to be destroyed per the MDHHS Bureau of Laboratories' retention schedule. These stored spots are de-identified and may be used in health research under a waiver of informed consent granted by the MDHHS Institutional Review Board. The stored blood spots may also be requested by a parent or person (>18y) for their own use. If you or your child were born between July 1984 and April 30, 2010, and you want to continue allowing the use of the de-identified blood spots in research, you do not need to do anything. If you do not want your or your child's stored blood spots used for future health research, there are two options to **opt-out**. You may fill out a form to: (1) request that the blood spots continue to be stored but not used for research, or (2) request that the blood spots be destroyed. If you ask for the blood spots to be destroyed, the laboratory requires verification that you are the legal representative entitled to make the request. Call 1-866-673-9939 or email newbornscreening@michigan.gov to obtain a form, or download:

- [Residual Newborn Screening Blood Spot Directive](#)
- [DCH 1465 Directive to Store But Not Use Dried Blood Spot Specimen For Research](#) ([Arabic](#)) ([Spanish](#))
- [Directive to Destroy Residual NBS Blood Specimen](#) ([Arabic](#)) ([Spanish](#))

Opt-In Process for Births After April 30, 2010

Blood spots from an infant born after April 30, 2010, will be stored for up to 100 years after newborn screening is done. However, the blood spots will not be used in research through the BioTrust unless a signed parental consent form is on file with the state laboratory. This new **opt-in** process began May 1, 2010. Currently, all birthing hospitals and midwives have been instructed to give new parents the option of signing a consent form after delivery if they want their child's remaining blood spots made available for future medical research. One full blood spot will also be saved for future use by the child or family, should

it ever be needed. After signing the consent form, parents can still change their mind later using the directive forms above.

****Please note, if a parent declines participation in the BioTrust blood spots are still stored for up to 100 years unless a Residual Newborn Screening Blood Spot Directive requesting destruction is returned to the state laboratory.****

- [After Newborn Screening Your Baby's Blood Spots - Michigan BioTrust For Health Consent Brochure English](#)
- [After Newborn Screening Your Baby's Blood Spots - Michigan BioTrust for Health Consent Brochure Spanish Arabic](#)
- [Audio Recording of BioTrust Consent Brochure](#)
- [BioTrust Consent Form English](#)
- [BioTrust Alternate Consent Form](#)
- [Directive to use DBS for research English](#)

[BioTrust Main Page](#)

[NBS Main Page](#)

Updated 1-25-2018

EXHIBIT 8



“Your Baby’s Blood Spots” pamphlet



What are the risks if your baby's blood spots are used for research?

The risk is that your baby could be identified. The chance this will happen is very low. Many steps are taken to protect privacy.

What steps are taken to protect privacy?

There are many levels of security at the Michigan Neonatal Biobank where blood spots are stored. They are stored coded only with a number and not your child's name or identifying information. Details that could identify a child or family are removed. MDHHS has taken steps to keep blood spots secure. The highest level of protection, a "Certificate of Confidentiality" from the United States Department of Health and Human Services has been granted. Details are below:

Certificate of Confidentiality

US Department of Health and Human Services
<http://grants.nih.gov/grants/policy/cco/>

- The BioTrust can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The BioTrust will use the Certificate to resist any demands for information that would identify you, except as explained below.
- The Certificate cannot be used to resist a demand for information from personnel of the U.S. federal or state government agency sponsoring the project and that will be used for auditing or program evaluation of agency funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).
- It does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, medical care provider, or other person obtains your written consent to receive research information, then the BioTrust will not use the Certificate to withhold that information.

Will you or your child benefit from blood spot research?

Blood spot research may not directly help you, your child or your family. You will not be paid if your child's blood spots are used. Your family will not get money if products (such as new drugs) ever come from the research. This type of research aims to improve the health of communities. You will help ensure all groups of people in our state are represented in research. You, or a family member, may also be helped by research looking at new ways to diagnose, prevent or treat disease.

What are your choices for blood spot research?

You can say "yes" or "no" to blood spot research. You will be asked to check a box and sign a form found in your baby's newborn screening card. If you say "yes", all blood spots taken for newborn screening may be used, except for the blood spot saved for your own use if needed. If you say "no", blood spots will be stored but not used for research. You must contact MDHHS if you do not want blood spots stored for any reason after newborn screening.

Can you change your mind?

Yes. You can call MDHHS at any time if you change your mind about blood spot research. After turning 18, your child must make this request.



What do you need to do?

ASK if you have questions.

VISIT www.michigan.gov/biotrust to read more about consent options.

CALL MDHHS if you still have questions about blood spots.

MARK your choice for blood spot research use on the BioTrust consent form and sign it.

GET your pink copy of the BioTrust consent form to take home.

MDHHS Newborn Screening Program

Telephone:
(Toll Free) 1-866-673-9939

Email:
newbornscreening@michigan.gov

Website:
www.michigan.gov/newbornscreening

For questions about your research rights or whom to contact in case of a research-related injury: please call the MDHHS IRB at 517-241-1928



MDHHS is an equal opportunity employer, services and program provider.

After Newborn Screening

Your Baby's Blood Spots



Learn More About the Facts and Choices You Need to Understand

Dear Parents:



Soon after birth a few drops of blood are taken from your baby's heel. These "blood spots" are used for newborn screening. This program is required by state law and screens all babies for rare disorders to ensure early treatment. Please read "Michigan Newborn Screening" for more facts. Hospital staff or your midwife has a copy for you or visit www.michigan.gov/newbornscreening.

What happens to blood spots after newborn screening?

Often parts or whole blood spots end up not being used. Once newborn screening is done, the unused blood spots are stored for up to 100 years. These stored blood spots may be used by the state lab to perform quality control tests and improve newborn screening. Blood spots may also be used to add more tests to newborn screening.

One blood spot is also kept by the state lab for your personal use, if needed. Parents have used this blood spot to help diagnose a disease in their child or to find reasons for a child's untimely death.

The rest of the blood spots are stored at a secure site, the Michigan Neonatal Biobank (www.mnbb.org). These stored blood spots may be used for research approved by the Michigan Department of Health and Human Services (MDHHS). The choice to allow this research is *yours* to make.

What is the Michigan BioTrust for Health?

The BioTrust is an MDHHS program created to oversee the research use of stored blood spots. One purpose of the BioTrust is to allow all groups of Michiganders to be part of research. Different groups help advise MDHHS on rules for research use of blood spots and suggest ways to inform the public. They include a Community Values Advisory Board with members from different organizations and the general public.



What type of research is done?

Blood spots can only be used for studies to better understand diseases or improve the public's health. We cannot predict every type of study that will be done. Many types of laboratory methods are used to study biological factors like DNA or environmental factors like metals and toxins. Studies have already:

- ◆ Looked for causes of cancer, birth defects and other health concerns, like obesity
- ◆ Improved newborn screening methods
- ◆ Tested mercury levels to find out if pregnant mothers are eating safe amounts of fish

For research guidelines and a list of studies visit www.michigan.gov/biotrust

What are the steps for using blood spots in research?

1. MDHHS approves the study:

- BioTrust guidelines are met.
- Scientific Advisory Board(s) ensures the study is good science.
- Institutional Review Board(s) ensures subjects' rights are protected.

2. MDHHS selects blood spots:

- Blood spots are picked randomly, *or*
- Blood spots are picked because a researcher wants to study a specific group (such as people with cancer).

3. Researcher gets blood spots:

- Researchers are not told whose blood spot is provided.
- Data may be provided such as a diagnosis or year of birth.
- Information that can identify a person is not provided, unless that person is asked and consents.

4. Researcher performs study:

- Blood spots are studied.
- Results are recorded.
- Any left-over spots are destroyed.
- Study results are reported.

How many blood spots are stored and can be used for research?

Each year over 100,000 babies are born in Michigan. Almost all of these babies have newborn screening. All of these blood spots are stored in the Biobank.

Today, blood spots from over five million people are stored. If you or your child was born after July 1984, your blood spots are included. If collected before May 2010, these blood spots can be used for research unless you or your child (after age 18) contacts MDHHS. You may ask for your spots to be destroyed. You may also ask that your spots remain stored, but not used in research. Please call MDHHS for more details (Toll-free 1-866-673-9939).

Stored blood spots collected after April 2010 can only be used for research if a parent or legal representative returns a signed consent form allowing it.

Will you or your child get blood spot research results?

No. Personal research results are not provided. Researchers are not given data that can identify you or your child. This means you cannot receive research results. A table listing all research using blood spots is posted at www.michigan.gov/biotrust. Research findings are posted here when studies are done.

EXHIBIT 9



Signature Card dated 2/6/07



Before you sign this form please read, *Your Baby's Blood Spots*. It explains in more detail how your baby's blood spots may be used in health research through the Michigan BioTrust for Health. If you still have questions, please call the Michigan Department of Health and Human Services (MDHHS) toll free at 1-866-673-9939.

Yes, my baby's blood spots may be used for health research through the BioTrust.
By checking this box you understand:

- Unused blood spots are stored using a code and not your child's name. The spots are stored forever at a secure site (Biobank) unless you, or your grown child, change your mind.
- Stored blood spots may be used by the state lab to help ensure that newborn screening detects those at risk. Stored blood spots may also be used for research approved by MDHHS. Blood spots can only be used for studies to better understand disease or improve the public's health.
- Many types of laboratory methods are used to study biological factors like DNA or environmental factors like metals and toxins.
- The risk for using your baby's blood spots in research is that it could be identified. This risk is very low. Many steps are taken to protect privacy. Details that could identify your child or family are removed before your child's blood spots are given to a researcher.
- Most likely you or your child will not benefit from blood spot research.
- Participation is voluntary. You can call MDHHS at any time if you change your mind. There is no penalty or loss of benefits for saying no or changing your mind.

No, my baby's blood spots may not be used for health research.
By checking this box you understand:

- Blood spots will be stored forever but not used for research. These stored blood spots may still be used by the state lab to help ensure that newborn screening detects those at risk.
- You must contact MDHHS if you do not want blood spots stored for any reason after newborn screening.

MDHHS Copy



38371

[Signature]
Parent Signature

2/6/18
Date

Your choice applies to all blood spots collected for newborn screening. Please visit www.michigan.gov/biotrust for further information including research updates. For questions about your research rights or whom to contact in case of a research-related injury, please call the MDHHS IRB at 517-241-1928.

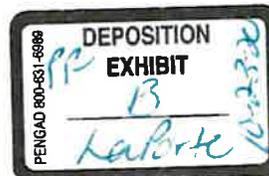


EXHIBIT 10



Signature Card dated 11/22/11



Baby Name

[Redacted area for Baby Name]

Admin. Use Only

Information Provided to Parent

Parent Declined

You should have been given the booklet, "After Newborn Screening". If not, please ask for it. This booklet describes the Michigan BioTrust for Health and how dried blood spots (DBS) could be used for medical research after newborn screening is complete. Please read this booklet and if you have any additional questions, you may call the Newborn Screening Program at 1-866-673-9939.

- Participation in the Michigan BioTrust for Health is completely voluntary.
- If I say "yes" now I may change my mind at any time and ask that my child's DBS not be used for research by calling 1-866-673-9939.
- When my child is 18 he or she can ask that their DBS not be used for research.
- There is no penalty from not allowing my child's DBS to be used for research.

I voluntarily agree to allow my child's DBS to possibly be used for medical research after newborn screening is complete. My permission applies to any blood spots obtained for newborn screening.

Sybil M Wiegand
Parent Signature

11-22-11
Date

MI Dept of Community Health Laboratory Copy



38371



EXHIBIT 11



Signature Card dated 7/18/13



Baby Name	Wiegand, [redacted] Lynnette [redacted]	Admin. Use Only
DOB:	7/17/2013 [redacted]	
	[redacted]	<input checked="" type="checkbox"/> Information Provided to Parent
		<input type="checkbox"/> Parent Declined

You should have been given the booklet, "After Newborn Screening". If not, please ask for it. This booklet describes the Michigan BioTrust for Health and how dried blood spots (DBS) could be used for medical research after newborn screening is complete. Please read this booklet and if you have any additional questions, you may call the Newborn Screening Program at 1-866-673-9939.

- Participation in the Michigan BioTrust for Health is completely voluntary.
- If I say "yes" now I may change my mind at any time and ask that my child's DBS not be used for research by calling 1-866-673-9939.
- When my child is 18 he or she can ask that their DBS not be used for research.
- There is no penalty from not allowing my child's DBS to be used for research.

I voluntarily agree to allow my child's DBS to possibly be used for medical research after newborn screening is complete. My permission applies to any blood spots obtained for newborn screening.



[Handwritten Signature]
Parent Signature

7-18-13
Date

MI Dept of Community Health Laboratory Copy

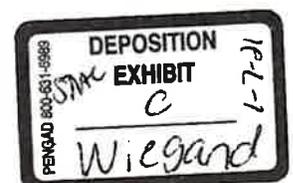


EXHIBIT 12



Signature Card dated 12/25/14



Baby Name: Wiegand, [redacted] Lynnette [redacted]
 DOB: 12/24/2014 [redacted]
 Mark: [redacted] urn to MDCH

Admin: Use Only

Blood spots are stored indefinitely (forever). Blood spots labeled with a code can be used for health research through the BioTrust. The brochure, *Your Baby's Blood Spots*, gives details to help you make a choice about allowing your baby's blood spots to be used in health research. Please read this brochure. If you still have questions, please call the Department of Community Health toll free at: 1-866-673-9939.

<input checked="" type="checkbox"/> Yes, my baby's blood spots may be used for health research.	<input type="checkbox"/> No, my baby's blood spots may not be used for health research.
<i>This applies to all blood spots collected for newborn screening.</i>	<i>There is no penalty for saying no.</i>



38371

Lynnette Wiegand
Parent Signature

12-25-14
Date

MI Dept of Community Health Laboratory Copy

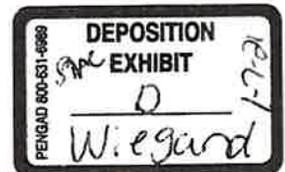


EXHIBIT 13



Signature Card dated 1/30/17



Before you sign this form please read, *Your Baby's Blood Spots*. It explains in more detail how your baby's blood spots may be used in health research through the Michigan BioTrust for Health. If you still have questions, please call the Michigan Department of Health and Human Services (MDHHS) toll free at 1-866-673-9939.

Yes, my baby's blood spots may be used for health research through the BioTrust.
By checking this box you understand:

- Unused blood spots are stored using a code and not your child's name. The spots are stored forever at a secure site (Biobank) unless you, or your grown child, change your mind.
- Stored blood spots may be used by the state lab to help ensure that newborn screening detects those at risk. Stored blood spots may also be used for research approved by MDHHS. Blood spots can only be used for studies to better understand disease or improve the public's health.
- Many types of laboratory methods are used to study biological factors like DNA or environmental factors like metals and toxins.
- The risk for using your baby's blood spots in research is that it could be identified. This risk is very low. Many steps are taken to protect privacy. Details that could identify your child or family are removed before your child's blood spots are given to a researcher.
- Most likely you or your child will not benefit from blood spot research.
- Participation is voluntary. You can call MDHHS at any time if you change your mind. There is no penalty or loss of benefits for saying no or changing your mind.

No, my baby's blood spots may not be used for health research.
By checking this box you understand:

- Blood spots will be stored forever but not used for research. These stored blood spots may still be used by the state lab to help ensure that newborn screening detects those at risk.
- You must contact MDHHS if you do not want blood spots stored for any reason after newborn screening.

MDHHS Copy



38371

Sybil Weigand
Parent Signature

1-30-17
Date

Your choice applies to all blood spots collected for newborn screening. Please visit www.michigan.gov/biotrust for further information including research updates. For questions about your research rights or whom to contact in case of a research-related injury, please call the MDHHS IRB at 517-241-1928.

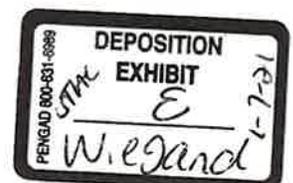


EXHIBIT 14



Signature Card dated 2/10/16



Baby Name

Admin. Use Only

Affix Label Here if Desired
Mark Parent Decision, Collect Signature, Return to MDCH

Blood spots are stored indefinitely (forever). Blood spots labeled with a code can be used for health research through the BioTrust. The brochure, *Your Baby's Blood Spots*, gives details to help you make a choice about allowing your baby's blood spots to be used in health research. Please read this brochure. If you still have questions, please call the Department of Community Health toll free at: 1-866-673-9939.

Yes, my baby's blood spots may be used for health research.

No, my baby's blood spots may not be used for health research.

This applies to all blood spots collected for newborn screening.

There is no penalty for saying no.



38371

Ashley Kanuszewski
Parent Signature

2-10-16
Date

MI Dept of Community Health Laboratory Copy

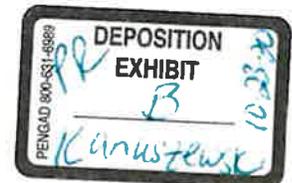


EXHIBIT 15



**Signature Card dated 2/10/16
signed by Ashley Kanuszewski**



Baby Name

Admin. Use Only

Affix Label Here if Desired
Mark Parent Decision, Collect Signature, Return to MDCH

Blood spots are stored indefinitely (forever). Blood spots labeled with a code can be used for health research through the BioTrust. The brochure, *Your Baby's Blood Spots*, gives details to help you make a choice about allowing your baby's blood spots to be used in health research. Please read this brochure. If you still have questions, please call the Department of Community Health toll free at: 1-866-673-9939.



Yes, my baby's blood spots may be used for health research.



No, my baby's blood spots may not be used for health research.

This applies to all blood spots collected for newborn screening.

There is no penalty for saying no.



38371

Ashley Konesyundis
Parent Signature

2-10-16
Date

MI Dept of Community Health Laboratory Copy

EXHIBIT 16



Signature Card dated 4/22/13



Baby Name

Affix Label Here if Desired

Admin. Use Only

Information Provided to Parent

Parent Declined

You should have been given the booklet, "After Newborn Screening". If not, please ask for it. This booklet describes the Michigan BioTrust for Health and how dried blood spots (DBS) could be used for medical research after newborn screening is complete. Please read this booklet and if you have any additional questions, you may call the Newborn Screening Program at 1-866-673-9939.

- Participation in the Michigan BioTrust for Health is completely voluntary.
 - If I say "yes" now I may change my mind at any time and ask that my child's DBS not be used for research by calling 1-866-673-9939.
 - When my child is 18 he or she can ask that their DBS not be used for research.
 - There is no penalty from not allowing my child's DBS to be used for research.
- I voluntarily agree to allow my child's DBS to possibly be used for medical research after newborn screening is complete. My permission applies to any blood spots obtained for newborn screening.



38371

x Ashley Karuszewski
Parent Signature

4-22-13
Date

MI Dept of Community Health Laboratory Copy

EXHIBIT 17



Deposition of Shannon LaPorte

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
NORTHERN DIVISION

ADAM KANUSZEWSKI, et al,
Plaintiffs,

v

Case No. 18-cv-10472

MICHIGAN DEPARTMENT OF HEALTH
AND HUMAN SERVICES, et al,

HON. THOMAS L. LUDINGTON
MAG. PATRICIA T. MORRIS

Defendants.

VIDEO CONFERENCE DEPOSITION OF SHANNON LaPORTE

Taken by the Defendant MDHHS on the 23rd day of October,
2020, via Zoom, at 11:00 a.m.

APPEARANCES:

For the Plaintiffs:

MR. PHILIP LEE ELLISON (P74117)
Outside Legal Counsel PLC
PO Box 107
Hemlock, Michigan 48626
(989) 642-0055

For the Defendant
MDHHS:

MR. AARON WARREN LEVIN (P81310)
Michigan Department of Attorney General
PO Box 30736
525 Ottawa Street
Lansing, Michigan 48909
(517) 335-7632

For the Defendant
Michigan Neonatal
BioBank and Antonio
Yancey:

MR. JEREMY C. KENNEDY (P64821)
Pear Sperling Eggen & Daniels PC
24 Frank Lloyd Wright Drive, Suite D2000
Domino's Farms
Ann Arbor, Michigan 48105
(734) 665-4441

1 RECORDED BY: Pam Rankinen, CER 4532
 2 Certified Electronic Recorder
 3 Network Reporting Corporation
 4 Firm Registration Number 8151
 5 1-800-632-2720
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 2

1 Via Zoom Video Conference
 2 Friday, October 23, 2020 - 10:59 a.m.
 3 MR. LEVIN: All right. Thank you. I'll just dive
 4 right in. I don't know if you've ever done a deposition
 5 before, have you?
 6 MS. LaPORTE: No.
 7 MR. LEVIN: All right. So we're here for a
 8 deposition. I have just not too bad a list of questions
 9 here for you. I'll run through those. It's being recorded,
 10 so we need to both do our best not to talk over each other
 11 because then the transcript isn't clear and everybody gets
 12 mad at us. Yeah, so I'm going to just run through some
 13 questions, and then Mr. Kennedy and Mr. Ellison may also
 14 have some questions for you. It should be pretty
 15 straightforward.
 16 If you don't know, feel free to say you don't
 17 know. That's a perfectly acceptable answer. If you don't
 18 understand, let us know. Let me know. If you don't
 19 remember, also a perfectly acceptable answer. That is all
 20 right. And then the last thing is you might hear, depending
 21 on who's asking the questions, somebody else object. For
 22 the most part, after the objection, you'll still answer, and
 23 then we will hash that out later between us. If it's one
 24 where you won't answer, I'm sure we will all jump in and
 25 tell you not to answer.

Page 4

1 TABLE OF CONTENTS

	PAGE
2	
3	
4 Examination by Mr. Levin	5, 26
5 Examination by Mr. Kennedy	14, 27
6 Examination by Mr. Ellison	17, 32
7	
8 EXHIBIT INDEX	
9	
10 Deposition Exhibit A marked	7
11 (Residual Newborn Screening Blood Spot Directive)	
12 Deposition Exhibit B marked	13
13 (Consent Forms)	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

Page 3

1 MS. LaPORTE: Okay.
 2 MR. LEVIN: All right. I am going -- any other
 3 preliminary matters from anybody?
 4 MR. ELLISON: No. I mean, let me -- I would
 5 say -- I would say is is that I assume we're all stipulating
 6 to do this by Zoom. I know some of the court reporters have
 7 required it, consent. To the extent a consent is required,
 8 we have no objection and consent to doing a Zoom deposition.
 9 MR. LEVIN: I appreciate that. Thank you.
 10 MR. ELLISON: Yup.
 11 MR. LEVIN: All right. So I will dive right in.
 12 REPORTER: Do you solemnly swear or affirm that
 13 the testimony you're about to give shall be the whole truth?
 14 MS. LaPORTE: I swear.
 15 SHANNON LaPORTE
 16 having been called by the Defendant MDHHS and sworn:
 17 EXAMINATION
 18 BY MR. LEVIN:
 19 Q So this a lawsuit regarding the Michigan Department of
 20 Health and Human Services retention of blood spots. So I'm
 21 just going to start with what concerns do you have about the
 22 Department of Health and Human Services retaining residual
 23 dried blood spots?
 24 **A All of the concerns? What right do they have to take and**
 25 **store mine and my kids' DNA without us having given**

Page 5

1 **permission. What they're going to do with it. What if**
 2 **somebody broke in and took all of that information that I'd**
 3 **never given permission to have. There's a lot of concerns,**
 4 **laundry list.**
 5 Q Anything else specifically?
 6 **A Not that I can think of other than what I've listed.**
 7 Q What would you like to see happen to your children's blood
 8 spots at the conclusion of this lawsuit?
 9 **A I'd like them destroyed.**
 10 Q Are you aware that you can direct the Department of Health
 11 and Human Services to destroy the blood spots at any time?
 12 **A Nope.**
 13 Q You're not aware of that?
 14 **A No.**
 15 Q All right. I am going to attempt to share my screen here
 16 for just a moment. Bear with me. I am not going to share
 17 my screen. I do not have that ability.
 18 **A Describe it.**
 19 MR. ELLISON: I think Pam can give you permission
 20 by making you, like, a co-host or a host.
 21 REPORTER: Yeah. Usually I just have a button
 22 here I can click, but it's not -- it's not letting me do it.
 23 THE WITNESS: I can share my screen.
 24 MR. LEVIN: So I just have a one-page Word
 25 document. If I email that to you, is that something you can

Page 6

1 share?
 2 REPORTER: Me?
 3 MR. LEVIN: Yes.
 4 REPORTER: Yes.
 5 MR. LEVIN: All right. Where should I send that?
 6 (Off the record)
 7 (Reporter shares document via video)
 8 Q All right. Before we went off the record, I was asking if
 9 you are aware that you have the ability to have your
 10 children's blood spots destroyed at any time, and you
 11 indicated you did not. So I'm going to direct you now to --
 12 MR. LEVIN: I guess we'll mark this as Exhibit A,
 13 and it's the residual newborn screening blood spot
 14 directive.
 15 (Deposition Exhibit A marked)
 16 Q Have you ever seen this form before?
 17 **A No.**
 18 MR. ELLISON: Shannon, your internet left there.
 19 THE WITNESS: No. Oh, sorry.
 20 **A No, I have not seen this one before.**
 21 Q All right. If you would just take a moment and review it
 22 and let me know. No rush, but let me know when you've had a
 23 chance to look it over.
 24 (Witness reviews exhibit)
 25 **A Okay. I've reviewed it.**

Page 7

1 Q Would you agree this form allows you to have your children's
 2 blood spots destroyed?
 3 MR. ELLISON: Objection. Calls for a legal
 4 conclusion. Go ahead and answer, Shannon.
 5 **A Could you repeat the question?**
 6 Q Sure. So noting the objection, would you agree that
 7 reviewing that -- after reviewing this form, it allows you
 8 to have the department destroy your children's blood spots?
 9 **A I don't agree with this form, so I'm going to say no.**
 10 Q Why don't you agree with it?
 11 **A Because this shouldn't even exist.**
 12 Q But it -- strike that. I'll rephrase.
 13 **A Having not seen this form, and already having gone through a**
 14 **situation where my children's DNA and blood spots were**
 15 **taken, I do not agree with this form.**
 16 Q So I understand you don't think the form is necessary. Does
 17 the form purport to allow you to have the blood destroyed?
 18 MR. ELLISON: Same objection, same objection.
 19 MR. LEVIN: Fair enough.
 20 **A Can I say "same answer"?**
 21 MR. ELLISON: Just answer the question as best you
 22 can as Mr. Levin has put it to you.
 23 **A Having never seen this form before --**
 24 Q Would you like more time to --
 25 **A I didn't know it exists. I didn't know it existed, so it**

Page 8

1 **didn't do me any good until this point. And if it didn't**
 2 **exist when the blood spots were taken, what good does that**
 3 **do me? So now it's my burden to make sure that something I**
 4 **didn't know happened can be destroyed. So I'm going to go**
 5 **with "no."**
 6 Q So your position is that, no, this form does not allow you
 7 to have blood spots destroyed?
 8 MR. ELLISON: Same objection.
 9 **A I don't know it exists.**
 10 MR. LEVIN: So that was same objection from Mr.
 11 Ellison.
 12 Q And just to clarify the record, if you could just repeat
 13 your answer.
 14 **A I didn't know it existed. This form isn't relevant since**
 15 **this information wasn't provided to me.**
 16 Q It's been provided to you now, though. So I'm going to
 17 just -- I'll approach this a little bit differently. Do you
 18 see a little bit down it says, "I am a legal
 19 representative"?
 20 **A I do.**
 21 Q Do you see the first box under that?
 22 **A I do.**
 23 Q Could you read that sentence for me?
 24 **A "Signature of parent, guardian, or other legal**
 25 **representatives."**

Page 9

1 Q Sorry. The little chat box above that.
 2 **A "Store but not use blood spots" -- sorry. I'll repeat**
 3 **myself.**
 4 **"Store but not use blood spots for research after**
 5 **newborn screening is complete. I understand that the**
 6 **blood spots will be kept by the laboratory but not used**
 7 **for research of any kind unless directed in writing by**
 8 **me."**
 9 Q All right. So if you could go two above that. It starts,
 10 "Destroy all remaining blood spots."
 11 **A Okay.**
 12 **"Destroy all remaining blood spots. I understand**
 13 **that by checking this box, no blood spots will be**
 14 **available for any future use including medical,**
 15 **identification, or research purposes."**
 16 Q Going forward, is that what you're seeking?
 17 **A Yes.**
 18 MR. LEVIN: All right. That's all I need from
 19 this form, so I think we can end the screen sharing at this
 20 point. Thank you.
 21 REPORTER: Mr. Levin, it looks like you can screen
 22 share now just in case you need to.
 23 MR. LEVIN: I can. Thank you. All right. And
 24 actually, I am going, I think, to do that. If this will --
 25 let's see how this looks.

Page 10

1 (Counsel shares document via video)
 2 MR. LEVIN: Can you all see that?
 3 MR. ELLISON: Yes.
 4 MR. KENNEDY: Uh-huh (affirmative).
 5 Q Do you recognize this form?
 6 **A No. What's the date on that? 2/6 -- what? '17, oh, my**
 7 **goodness. No.**
 8 Q Do you -- strike that. Let me start over.
 9 MR. ELLISON: I'm going to step off screen for
 10 just a moment, but I can still hear everything that's going
 11 on. So just go ahead and continue.
 12 MR. LEVIN: Okay. Thank you.
 13 (Off the record interruption)
 14 **A Sorry. I have children.**
 15 Q That is all right. That is all right. All right. I'm
 16 going to direct you, I think first, to the signature on this
 17 form. Does that appear to be your signature?
 18 **A It does.**
 19 Q Do you recall ever seeing this form before?
 20 **A The day I saw the form I was knocked out for a period of**
 21 **time.**
 22 Q Would you agree that the, "No, my baby's blood spots may not
 23 be used for health research" box is checked?
 24 **A Yeah. And that goes right along with how I feel about it,**
 25 **so I mean, that makes sense. I just have no recollection of**

Page 11

1 **it.**
 2 Q So if your baby's blood spots are not being used for health
 3 research, is that consistent with what you just said you
 4 wanted?
 5 **A Yes.**
 6 MR. ELLISON: And, Aaron, can we agree that's
 7 Exhibit 2?
 8 MR. LEVIN: I think I used A, so maybe it should
 9 be B.
 10 MR. ELLISON: B. Okay. Very good.
 11 MR. LEVIN: Yes. I will email this around as
 12 well. I can do that -- at the end of the day I can send all
 13 of them, or I can send this one in just a few minutes.
 14 MR. ELLISON: No, that's fine. End of the day is
 15 fine, just as long as we're clear. And then if you could
 16 put, you know, something on it that just shows that was B.
 17 Just put a stamp or a -- you know, even a tech stamp,
 18 whatever, just that we're clear when we get the email from
 19 you.
 20 MR. LEVIN: Yeah. I can do that ahead of time or
 21 before I email it around or --
 22 MR. ELLISON: Yeah. Don't do it right now. Just
 23 do it after the deposition is fine.
 24 MR. LEVIN: Great. Of course.
 25 THE WITNESS: This is way better than a court

Page 12

1 room.
 2 MR. LEVIN: Well, I'm glad we could at least
 3 accommodate that.
 4 (Deposition Exhibit B marked)
 5 Q Do you recall if you were ever given an educational pamphlet
 6 or brochure regarding the newborn screening program?
 7 **A No, I don't believe I was. I do not recall receiving one or**
 8 **going over one or reading one. I mean, I remember a lot of**
 9 **things from the hospital. Safe sleep, I could tell you the**
 10 **whole spiel. I have no recollection of newborn screening.**
 11 Q Do you recall if you were ever given an educational pamphlet
 12 or brochure explaining that residual blood spots may be
 13 retained and used for medical research?
 14 **A No.**
 15 Q Do you know or recall if you have any files related to that
 16 in your possession?
 17 **A I don't.**
 18 MR. LEVIN: I think that is all I have. So I
 19 will -- Jeremy or Phil, I don't know if there is a preferred
 20 order. I don't know if you have anything.
 21 MR. KENNEDY: I have some questions. Phil, if you
 22 don't mind?
 23 MR. ELLISON: Go ahead, fantastic.
 24 MR. KENNEDY: All right. Thank you. Good
 25 morning, Ms. LaPorte. My name is Jeremy Kennedy. I'm the

Page 13

1 attorney for Dr. Antonio Yancey from the Michigan Neonatal
 2 Biobank. I just have a few questions for you.
 3 EXAMINATION
 4 BY MR. KENNEDY:
 5 Q So if you look at Exhibit B from -- Mr. Levin provided, it
 6 said you did not consent to using the blood spots for
 7 testing; correct?
 8 **A Correct.**
 9 Q Do you have any evidence, information, or documentation that
 10 would indicate that your baby's blood spot cards are being
 11 used for testing or research?
 12 **A Do I have any documentation stating otherwise than what that**
 13 **document says? Is that what you're asking me?**
 14 Q I'm asking if you have -- if you have anything that would
 15 lead you to believe that the blood spot cards for your child
 16 are being used other than -- are being used for research
 17 contrary to what you requested?
 18 **A I don't know.**
 19 Q You don't know?
 20 **A Don't know.**
 21 Q But you don't have any evidence of that?
 22 **A No, not that I know of.**
 23 Q Okay. Do you have any evidence that the biobank is -- has,
 24 in any way, profited from your child's blood spot cards?
 25 **A No, I don't.**

Page 14

1 Q Okay. Were you ever unconscious?
 2 **A Yes, for about two hours.**
 3 Q Okay. And for how long?
 4 **A About two hours.**
 5 Q Okay. And was that a result of whatever medication they had
 6 to give you for the C-section?
 7 **A It was from the C-section and pain on top of -- so shortly**
 8 **thereafter, after delivery.**
 9 Q Okay. And obviously I've never given birth, but my wife
 10 just went through that less than two weeks ago and --
 11 **A Oh, yeah.**
 12 Q And I can understand it's a painful process. So I do
 13 sympathize. But you don't recall if you signed that
 14 document before the delivery, after the delivery or --
 15 **A I have no idea.**
 16 Q Okay.
 17 **A Part of the delivery was fairly quick, so I mean -- I don't**
 18 **think I signed -- really just the consent to deliver. I**
 19 **mean, I don't think there was anything other than that in my**
 20 **paperwork. For that one I went into labor, and I had a**
 21 **scheduled C-section, so they had to go a little quicker**
 22 **because I was already in active labor.**
 23 Q So was it an emergency section?
 24 **A It wasn't considered an emergency scenario, but it was not a**
 25 **standard procedure just because I was in active labor.**

Page 16

1 Q Okay. And you indicate that there is no use of the blood
 2 spot cards that you would find acceptable; is that correct?
 3 **A Correct.**
 4 Q And until today, you were unaware that you could request the
 5 destruction of the cards; correct?
 6 **A Correct.**
 7 Q Now, the signature on Exhibit B, you testified that is your
 8 signature; correct?
 9 **A That is my signature.**
 10 Q And you don't recall signing that document?
 11 **A Zero recollection of that.**
 12 Q And it looks like it was signed the date your child was
 13 born; is that correct?
 14 **A That is correct.**
 15 Q The birth of the child, was that natural delivery or
 16 C-section?
 17 **A C-section.**
 18 Q C-section? Did they put you out entirely, or did they give
 19 you an epidural?
 20 **A I don't get -- so it's more -- it's a direct tap. It's not**
 21 **an epidural, because those don't work for me. I don't know**
 22 **if it's spinal tap or -- not spinal tap, but I can't**
 23 **remember the exact definition of what it's called. But it**
 24 **numbs the entire -- and it lasts for like 18 hours or**
 25 **something.**

Page 15

1 Q Sure. Okay. And just going back to what you -- one of your
 2 concerns was the access to the DNA of your children. Do you
 3 have any information that would indicate that their -- any
 4 of their genetic information has been accessed?
 5 **A I don't.**
 6 Q Okay. And do you have any -- do you have any personal
 7 knowledge of how the Michigan Neonatal Biobank operates?
 8 **A I don't.**
 9 Q You have no information about how it's funded; is that
 10 correct?
 11 **A Correct.**
 12 Q And no information about any of its policies regarding the
 13 dried blood spot cards; correct?
 14 **A Correct.**
 15 MR. KENNEDY: Thank you. I have nothing further.
 16 MR. ELLISON: Shannon, I have a couple of
 17 questions for you for the record. And just for purposes
 18 today, I, of course know the name of your children. But
 19 because of federal court rules, we have to refer to them by
 20 initials. Okay?
 21 THE WITNESS: Okay.
 22 EXAMINATION
 23 BY MR. ELLISON:
 24 Q The case here involves -- I'm going to call it "Infant M"
 25 which is your child that was born in 2008.

Page 17

1 **A Okay.**
 2 Q And also Infant E which was the one born in 2017. Okay?
 3 And I don't mean any disrespect by that or to minimize it.
 4 It's just that's the way we have to do it for these types of
 5 things. Okay?
 6 **A That's fine.**
 7 Q Today you've been asked about, and you were presented with a
 8 copy of the document, Exhibit B, which was a card that
 9 contains your signature. And that one involves baby -- or
 10 Infant E; correct?
 11 **A Correct.**
 12 Q Has anyone showed you any consent card or any information
 13 today about Infant M?
 14 **A No.**
 15 Q Did you at any time -- I want to go through both those
 16 children separately right now with you. As for Infant M,
 17 did anyone from the State of Michigan ever come up to you
 18 and explain about the newborn screening process before
 19 Baby M was born?
 20 **A No.**
 21 Q Did anyone provide you with the benefits and risks that are
 22 involved with participating in or otherwise consenting to a
 23 process that would involve the pricking of your child's foot
 24 and taking the blood sample for testing?
 25 **A No.**

Page 18

1 **A No.**
 2 Q Okay. Did anyone ever explain to you about the scope of the
 3 potential uses of your child's -- of Baby M -- or Infant M's
 4 blood spots while they were being stored in the newborn --
 5 or in the Michigan Neonatal Biobank?
 6 **A No.**
 7 Q Do you have any concerns about your child's medical privacy
 8 right now assuming those blood spots are in the Michigan
 9 Neonatal Biobank?
 10 **A Yes.**
 11 Q What are your medical privacy concerns for Infant M?
 12 **A Well, I don't know the policies regarding who is holding on**
 13 **to those samples. I don't know what they have plans to do**
 14 **with them. I don't know what they can do with them. I**
 15 **don't know what rights we have as -- when you don't know**
 16 **someone has something of yours, it's kind of hard to know**
 17 **where you stand with rights. So now that -- you know, I**
 18 **don't have a clue what -- I just feel like we've been**
 19 **violated completed. Why is a piece of our DNA being stored**
 20 **in a bank? For what purpose?**
 21 Q Would you object to the State of Michigan using your child's
 22 DNA without your consent or knowledge?
 23 **A Yes, I would object.**
 24 Q And would you -- same objection for the Michigan Neonatal
 25 Biobank?

Page 20

1 Q Did anyone from the State of Michigan or a state agent in
 2 any way, whether it's the doctor or anybody else, go through
 3 and explain the process by which the blood would be drawn
 4 from your child's body?
 5 MR. LEVIN: I'm going to object just to relevance.
 6 That's been stricken, but --
 7 Q Go ahead.
 8 **A No.**
 9 Q Okay. After the blood -- I'm going to ask you to assume
 10 that the blood was drawn from your child's body and placed
 11 on what are called blood spots on the Guthrie card. A
 12 Guthrie card, just so we're clear for both sides, is a
 13 device that's used to collect the blood spots on a paper --
 14 on a type of paper. Okay? After the blood spots were
 15 extracted, did anyone from the State of Michigan or agent,
 16 being a doctor or anybody else, explain to you what the
 17 scope of the uses of those blood spots were going to be for
 18 Infant M?
 19 **A No.**
 20 Q Did anyone ever tell you or explain to you that what would
 21 happen to those blood spots after those blood spots were --
 22 the testing on those were completed?
 23 **A No.**
 24 Q Did anyone ever explain to you what the Michigan Neonatal
 25 Biobank was as to Infant M?

Page 19

1 **A I would object to anybody using our DNA or blood spots for**
 2 **research without permission.**
 3 Q Okay. And I'm not talking just research. I'm talking for
 4 any purpose that you --
 5 **A For any purpose. For any purpose. For any purpose**
 6 **whatsoever. There is no purpose for my blood or my**
 7 **children's blood to be used for anything.**
 8 Q Okay. Were you ever provided the option to opt out or
 9 otherwise decide you did not want to participate in either
 10 the newborn medical screening or the storage of those blood
 11 spots with the Michigan Neonatal Biobank before the blood
 12 was extracted?
 13 **A Not that I know of.**
 14 Q Okay. Were you given that option after the blood was
 15 extracted?
 16 **A No.**
 17 MR. ELLISON: Aaron, can you put up Exhibit
 18 Number B on the screen?
 19 MR. LEVIN: Yeah.
 20 (Counsel shares document via video)
 21 THE WITNESS: Number B? Is that what --
 22 MR. ELLISON: Yeah, letter B.
 23 REPORTER: And, I'm sorry. What was your answer
 24 to that last question?
 25 MR. ELLISON: Could you read back the question?

Page 21

1 (Playback of previous question)
 2 **A No, not that I know of.**
 3 Q Shannon, on your screen right now is a -- what has been
 4 marked as Exhibit B for purposes of this deposition. And
 5 this is the card that involves Infant E; correct?
 6 **A Correct.**
 7 Q And this would be your child that was born on February 6,
 8 2017?
 9 **A Correct.**
 10 Q Okay. Looking at this card right here -- and I know --
 11 MR. ELLISON: And maybe, Aaron, you can zoom -- if
 12 you could zoom in a little bit so we could see the "X" a
 13 little bit better?
 14 MR. LEVIN: Is that too much?
 15 MR. ELLISON: There you go. That's a little
 16 better.
 17 Q You've had time to review this Shannon, and can you tell me
 18 if there is an option provided to you as a parent --
 19 assuming this is the card that was presented to you -- that
 20 would allow you to completely opt out of any storage of any
 21 newborn -- of your newborn's blood?
 22 **A No.**
 23 MR. LEVIN: I can zoom in more if you need it.
 24 Q I'm looking in the box that's checked "no," the first bullet
 25 point right below that does go on to say that --

Page 22

1 screening program?
 2 **A No.**
 3 Q And I believe you testified earlier that you weren't
 4 provided with any sort of pamphlet; correct?
 5 **A No. Not that I -- I have no pamphlet. I have no pamphlet**
 6 **in any of my paperwork.**
 7 Q Okay. And you did look at my request; correct?
 8 **A Yeah.**
 9 Q All right. When the newborn -- at the time that you were in
 10 the hospital and the baby was born, did anyone come to the
 11 hospital and explain to you that they were going to be
 12 extracting the blood spots from your child's foot for
 13 medical testing and/or storage of the newborn -- or, excuse
 14 me -- the Michigan Neonatal Biobank?
 15 **A No.**
 16 Q Same question but as to the time frame being after your
 17 child was born?
 18 **A Not -- no. I was in the hospital for four days, and I have**
 19 **no recollection of that at all.**
 20 Q If you had known that the program would have included
 21 turning over your child's blood spots for research --
 22 whether it was for research or not, to the Michigan Neonatal
 23 Biobank, would you have consented to that process? I'm
 24 sorry?
 25 **A No.**

Page 24

1 **A Oh, yeah. "I must contact DHS if I do not want" -- "if I do**
 2 **not want blood spots stored for any reason after newborn**
 3 **screening." I do see that on there.**
 4 Q All right. And in that right there is -- is that -- it does
 5 say that blood spots will be stored forever but not used for
 6 research. Were you provided with any information about what
 7 those blood spots would be used for, even though the fact
 8 that you're saying "you don't want them to be used for
 9 research"?
 10 **A Repeat that again, please.**
 11 Q Fair enough. What I'm trying to understand here is I'm
 12 looking at these options, and one of the options that is not
 13 available to you is to opt out of the whole process
 14 altogether; correct?
 15 **A Correct.**
 16 Q All right. And this would be before any sort of blood spots
 17 were being taken for any part of this program; correct?
 18 **A I have no idea when they presented this card to me.**
 19 MR. ELLISON: All right. Aaron, I'm done with
 20 that screen right there.
 21 Q Same questions I want to go through real quickly, Shannon,
 22 for Infant E. Before you were -- before Infant E was born,
 23 were you ever made contact or presented by an agent of the
 24 state that explained the positives and the benefits and the
 25 risks or potential harms of participating in the newborn

Page 23

1 Q And that's true then? That would be true then?
 2 **A Yes; yes. That would have been true always.**
 3 Q And that would be true today?
 4 **A Correct.**
 5 Q Has anyone from the Michigan Neonatal Biobank sought
 6 permission or consent from you to store your child's blood
 7 within their custody or control?
 8 **A Not that I know of.**
 9 Q Okay. Has Dr. Yancey or an agent of Dr. Yancey's ever
 10 contacted you about storing your child's blood with your
 11 consent at the Michigan Neonatal Biobank?
 12 **A Nope. Don't know who Dr. Yancey is.**
 13 Q Has any paperwork that you've seen today or previously ever
 14 even included the Michigan Neonatal Biobank?
 15 **A Not that I recall. Never heard of it before.**
 16 Q Do you know of the relationship and the scope of
 17 responsibilities between the State of Michigan and the
 18 Michigan Neonatal Biobank?
 19 **A No.**
 20 Q As it stands today, do you know of any legal protections or
 21 limitations on the use of your child's blood in the neonatal
 22 biobank being under the custody and control of Dr. Yancey?
 23 **A No.**
 24 Q Does that concern you?
 25 **A Yes.**

Page 25

1 Q And why does it concern you?

2 **A Because why does someone else have full control of my -- not**

3 **only mine, but my children's DNA and blood spots? For what?**

4 **That doesn't know -- there's so many reasons why it concerns**

5 **me, I can't -- there's so many reasons.**

6 Q And if I -- I guess to cap out here, would your -- I mean,

7 obviously you've been presented today with Exhibit A, which

8 would allow -- a document that would allow for you to

9 destroy those blood spots going forward. However, is it

10 your position today that your child's blood spots should

11 have never been in the position that they are today, and you

12 don't even need the use of that form?

13 **A Exactly. That is my exact position.**

14 Q And do you feel that, to the extent that this violates your

15 rights in any way, you would like me to be -- as your

16 attorney, to be able to rectify and remedy those wrongs;

17 correct?

18 **A Correct.**

19 MR. ELLISON: I ave no further questions.

20 MR. LEVIN: I have a few just briefly.

21 EXAMINATION

22 BY MR. LEVIN:

23 Q So you testified that around the time of the birth of any of

24 your children, nobody informed you about the newborn

25 screening program or any of the related research uses. Do

Page 26

1 **A I think it was a random -- you know, I don't really know.**

2 Q Okay. Do you recall where you -- how you heard about this?

3 **A I don't.**

4 Q Did you ever contact anybody to find out more information

5 about the program?

6 **A I mentioned something to one of my doctors, but she didn't**

7 **really seem to know much either. And that's -- it just kind**

8 **of ended there.**

9 Q Never contacted anybody from the State of Michigan

10 Department of Health and Human Services?

11 **A No.**

12 Q Never did any research to see what the biobank was?

13 **A I didn't know it was a biobank.**

14 Q You hadn't heard of them -- when did you first hear about

15 the biobank?

16 **A During this process.**

17 Q Okay. And you didn't know what the state could do with the

18 dried blood spot cards?

19 **A I still don't.**

20 Q Have you ever done any research to find that out?

21 **A I mean, it's very limited what I can find unless I know**

22 **somebody that works there that knows the things. Because**

23 **that stuff is not just posted. I mean, there's very little**

24 **information available online.**

25 Q And it's your testimony that if Exhibit A, the form that was

Page 28

1 you remember that that did not happen, or do you not recall

2 that it may have happened? Does that make --

3 **A I have no memory of any of that happening. They give you a**

4 **lot of information when you go to have a human. They give**

5 **you a lot, a lot, and there's a lot of things happening**

6 **during that time. So I have no -- I could not tell you --**

7 THE WITNESS: -- as my internet -- can you hear

8 me?

9 MR. ELLISON: Yeah.

10 MR. LEVIN: Yeah, we can hear you now.

11 **A I have no memory of any newborn screening program. I have**

12 **memory of safe sleep and safe feeding habits and how to make**

13 **them latch. I have nothing for you on a newborn screening**

14 **program. I have no recollection of that, and I have three**

15 **children.**

16 MR. LEVIN: I think that's all I have.

17 MR. KENNEDY: Just a couple brief questions.

18 EXAMINATION

19 BY MR. KENNEDY:

20 Q Ms. LaPorte, when did you -- you've testified you don't

21 recall anything from when you were in the hospital with any

22 of your children about the dried -- the heel prick and the

23 dried blood spot cards. When did you first find out about

24 the dried blood spot cards and that your children had blood

25 spots being stored?

Page 27

1 provided, allows you to have the dried blood spot card

2 destroyed, you're not willing to sign that form? Did I

3 understand that correctly?

4 **A I didn't say that.**

5 Q Okay. Well, then if the form that was provided as Exhibit A

6 allows you to have the dried blood spot cards for you and/or

7 your children destroyed, would you?

8 **A I would.**

9 Q Okay. And this is the first time you've heard of that form

10 today?

11 **A Today, yes.**

12 Q Did you ever make any requests to see if there was a way,

13 short of filing a lawsuit, you could have the dried blood

14 spot cards destroyed?

15 **A No. I shouldn't have to go through that. I shouldn't have**

16 **to go through that work. Why is that my burden? Why -- why**

17 **when -- I'm in such a state -- I mean, there's a lot of**

18 **times when it would be a good time to inquire about whether**

19 **or not someone could take my newborn's blood sample. During**

20 **the frills of delivery and birth is not the best time.**

21 Q You're misunderstanding the question. I'm not asking about

22 when the baby is being born. I mean at any point after

23 that.

24 **A I don't think I should have to -- that burden shouldn't be**

25 **placed on me. The option should be given to me the moment**

Page 29

1 **that -- option for it to happen, happens to begin with.**

2 Q Do you object to the state testing your child to see if they

3 have any sort of -- any of the conditions that could be

4 detected through the newborn screening process?

5 **A Okay. But -- no. I don't have any objections to the**

6 **testing. I have objections to the storing. There should be**

7 **no storing or testing for diseases and things. And we know**

8 **if we have it; we don't, we don't. Then (inaudible) sample.**

9 **That's it.**

10 Q Now, you understand that these tests have to be calibrated;

11 correct?

12 MR. ELLISON: Objection; lack of foundation.

13 Q Are you aware that these --

14 **A I don't understand the question. You can say -- you say**

15 **"calibrated," but that could be used in a variety of**

16 **different scenarios and mean different things.**

17 Q You're aware that these tests have -- are you aware that

18 these tests have to be able to be replicated?

19 **A No.**

20 Q You're not?

21 **A How many times replicated? Where is that? Where is that in**

22 **my information that I'm receiving?**

23 Q Are you aware that they have to make sure -- that when the

24 state and hospitals do the screening test, they have to make

25 sure that the tests that they're performing are still

Page 30

1 Q Well, you just said there's a different way.

2 **A I believe there is a different way. I don't believe storing**

3 **our blood samples forever and always to calibrate your test**

4 **is the way to do it without out knowledge of you doing it.**

5 Q But you have no information that your -- that any -- either

6 your or your children's blood spots are being used in any

7 way contrary to what the paperwork you signed says; correct?

8 **A Correct. Now I'm concerned about how they're being used for**

9 **re-calibration.**

10 MR. KENNEDY: Thank you. I have nothing further.

11 MR. ELLISON: If I may ask just one more question.

12 EXAMINATION

13 BY MR. ELLISON:

14 Q Shannon, what do you do for a living?

15 **A I work in marketing and merchandising for various companies**

16 **to better their products, and I write reviews and speak with**

17 **a lot of different people.**

18 Q You're not a medical scientist or a medical researcher?

19 **A (No verbal response)**

20 Q I'm sorry?

21 **A No, unfortunately; no.**

22 Q Do you have any degrees in science or biology or genetics in

23 any way?

24 **A No.**

25 MR. ELLISON: Thank you very much? Unless there's

Page 32

1 accurate?

2 **A That seems like a back-ended question. Could you repeat**

3 **that?**

4 Q If you are screening for various genetic diseases, chronic

5 conditions --

6 **A Okay.**

7 Q -- you have to make sure that those tests that they're

8 performing are accurate; correct?

9 **A So under that assumption, they get to keep the sample and**

10 **retest it over and over and over and over again?**

11 Q You have to keep these -- you want to make sure these tests

12 are accurate; correct?

13 **A Yeah, I would want the tests to be accurate.**

14 Q Good. So in order to make sure the tests are accurate,

15 you'd have to be able to calibrate those tests from time to

16 time. Would that be correct?

17 MR. ELLISON: Objection; lack of foundation.

18 Q You have to make sure the tests are, in fact, still

19 accurate?

20 MR. ELLISON: Same objection.

21 **A I would want the tests to be accurate, but by means -- the**

22 **means in which they are doing so, I don't believe is**

23 **accurate. I believe there is a different way.**

24 Q What would that way be?

25 **A I'm not a scientist, sir.**

Page 31

1 any other questions?

2 MR. LEVIN: No, that's all I have.

3 MR. ELLISON: All right. Very good. Shannon,

4 thank you so much today.

5 (Deposition concluded at 11:46 a.m.)

6 -0-0-0-

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Page 33

A	26:16 available 10:14 23:13 28:24 ave 26:19 aware 6:10,13 7:9 30:13,17,17,23	27:24,24 28:18 29:1,6,13,19 32:3 32:6 body 19:4,10 born 15:13 17:25 18:2,19 22:7 23:22 24:10,17 29:22 box 1:15,18 9:21 10:1,13 11:23 22:24 brief 27:17 briefly 26:20 brochure 13:6,12 broke 6:2 bullet 22:24 burden 9:3 29:16 29:24 button 6:21	25:21 26:10 children 11:14 17:2 17:18 18:16 26:24 27:15,22,24 29:7 children's 6:7 7:10 8:1,8,14 21:7 26:3 32:6 chronic 31:4 clarify 9:12 clear 4:11 12:15,18 19:12 click 6:22 clue 20:18 co-host 6:20 collect 19:13 come 18:17 24:10 companies 32:15 complete 10:5 completed 19:22 20:19 completely 22:20 concern 25:24 26:1 concerned 32:8 concerns 5:21,24 6:3 17:2 20:7,11 26:4 concluded 33:5 conclusion 6:8 8:4 conditions 30:3 31:5 Conference 1:9 4:1 consent 3:10 5:7,7,8 14:6 16:18 18:12 20:22 25:6,11 consented 24:23 consenting 18:22 considered 16:24 consistent 12:3 contact 23:1,23 28:4 contacted 25:10 28:9 contains 18:9 CONTENTS 3:1 continue 11:11 contrary 14:17 32:7 control 25:7,22 26:2 copy 18:8 Corporation 2:2 correct 14:7,8 15:2 15:3,5,6,8,13,14 17:10,11,13,14	18:10,11 22:5,6,9 23:14,15,17 24:4 24:7 25:4 26:17 26:18 30:11 31:8 31:12,16 32:7,8 correctly 29:3 Counsel 1:15 11:1 21:20 couple 17:16 27:17 course 12:24 17:18 court 1:1 5:6 12:25 17:19 custody 25:7,22
	B	C	D	
a.m 1:11 4:2 33:5 Aaron 1:17 12:6 21:17 22:11 23:19 ability 6:17 7:9 able 26:16 30:18 31:15 acceptable 4:17,19 15:2 access 17:2 accessed 17:4 accommodate 13:3 accurate 31:1,8,12 31:13,14,19,21,23 active 16:22,25 ADAM 1:3 affirm 5:12 affirmative 11:4 agent 19:1,15 23:23 25:9 ago 16:10 agree 8:1,6,9,10,15 11:22 12:6 ahead 8:4 11:11 12:20 13:23 19:7 al 1:3,6 allow 8:17 9:6 22:20 26:8,8 allows 8:1,7 29:1,6 altogether 23:14 and/or 24:13 29:6 Ann 1:23 answer 4:17,19,22 4:24,25 8:4,20,21 9:13 21:23 Antonio 1:22 14:1 anybody 5:3 19:2 19:16 21:1 28:4,9 appear 11:17 APPEARANCES 1:13 appreciate 5:9 approach 9:17 Arbor 1:23 asked 18:7 asking 4:21 7:8 14:13,14 29:21 assume 5:5 19:9 assuming 20:8 22:19 assumption 31:9 attempt 6:15 attorney 1:18 14:1	B 3:10 12:9,10,16 13:4 14:5 15:7 18:8 21:18,21,22 22:4 baby 18:9,19 20:3 24:10 29:22 baby's 11:22 12:2 14:10 back 17:1 21:25 back-ended 31:2 bad 4:8 bank 20:20 Bear 6:16 believe 13:7 14:15 24:3 31:22,23 32:2,2 benefits 18:21 23:24 best 4:10 8:21 29:20 better 12:25 22:13 22:16 32:16 biobank 1:22 14:2 14:23 17:7 19:25 20:5,9,25 21:11 24:14,23 25:5,11 25:14,18,22 28:12 28:13,15 biology 32:22 birth 15:15 16:9 26:23 29:20 bit 9:17,18 22:12,13 blood 3:9 5:20,23 6:7,11 7:10,13 8:2 8:8,14,17 9:2,7 10:2,4,6,10,12,13 11:22 12:2 13:12 14:6,10,15,24 15:1 17:13 18:24 19:3,9,10,11,13 19:14,17,21,21 20:4,8 21:1,6,7,10 21:11,14 22:21 23:2,5,7,16 24:12 24:21 25:6,10,21 26:3,9,10 27:23	C 1:21 C-section 15:16,17 15:18 16:6,7,21 calibrate 31:15 32:3 calibrated 30:10,15 call 17:24 called 5:16 15:23 19:11 Calls 8:3 cap 26:6 card 18:8,12 19:11 19:12 22:5,10,19 23:18 29:1 cards 14:10,15,24 15:2,5 17:13 27:23,24 28:18 29:6,14 case 1:5 10:22 17:24 CER 2:1 Certified 2:1 chance 7:23 chat 10:1 checked 11:23 22:24 checking 10:13 child 14:15 15:12 15:15 17:25 22:7 24:17 30:2 child's 14:24 18:23 19:4,10 20:3,7,21 24:12,21 25:6,10	D2000 1:22 Daniels 1:21 date 11:6 15:12 day 1:10 11:20 12:12,14 days 24:18 decide 21:9 Defendant 1:10,17 1:21 5:16 Defendants 1:7 definition 15:23 degrees 32:22 deliver 16:18 delivery 15:15 16:8 16:14,14,17 29:20 department 1:6,18 5:19,22 6:10 8:8 28:10 depending 4:20 deposition 1:9 3:9 3:10 4:4,8 5:8 7:15 12:23 13:4 22:4 33:5 Describe 6:18 destroy 6:11 8:8 10:10,12 26:9 destroyed 6:9 7:10 8:2,17 9:4,7 29:2 29:7,14 destruction 15:5 detected 30:4 device 19:13 DHS 23:1 different 30:16,16 31:23 32:1,2,17 differently 9:17 direct 6:10 7:11 11:16 15:20	

<p>directed 10:7 directive 3:9 7:14 diseases 30:7 31:4 disrespect 18:3 DISTRICT 1:1,1 dive 4:3 5:11 DIVISION 1:2 DNA 5:25 8:14 17:2 20:19,22 21:1 26:3 doctor 19:2,16 doctors 28:6 document 6:25 7:7 11:1 14:13 15:10 16:14 18:8 21:20 26:8 documentation 14:9,12 doing 5:8 31:22 32:4 Domino's 1:22 Dr 14:1 25:9,9,12 25:22 drawn 19:3,10 dried 5:23 17:13 27:22,23,24 28:18 29:1,6,13 Drive 1:22</p> <hr/> <p style="text-align: center;">E</p> <p>E 18:2,10 22:5 23:22,22 earlier 24:3 EASTERN 1:1 educational 13:5,11 Eggen 1:21 either 21:9 28:7 32:5 Electronic 2:1 Ellison 1:14 3:4 4:13 5:4,10 6:19 7:18 8:3,18,21 9:8 9:11 11:3,9 12:6 12:10,14,22 13:23 17:16,23 21:17,22 21:25 22:11,15 23:19 26:19 27:9 30:12 31:17,20 32:11,13,25 33:3 email 6:25 12:11,18 12:21 emergency 16:23,24 ended 28:8</p>	<p>entire 15:24 entirely 15:18 epidural 15:19,21 et 1:3,6 everybody 4:11 evidence 14:9,21,23 exact 15:23 26:13 Exactly 26:13 Examination 3:3,4 3:4 5:17 14:3 17:22 26:21 27:18 32:12 excuse 24:13 exhibit 3:7,9,10 7:12,15,24 12:7 13:4 14:5 15:7 18:8 21:17 22:4 26:7 28:25 29:5 exist 8:11 9:2 existed 8:25 9:14 exists 8:25 9:9 explain 18:18 19:3 19:16,20,24 20:2 24:11 explained 23:24 explaining 13:12 extent 5:7 26:14 extracted 19:15 21:12,15 extracting 24:12</p> <hr/> <p style="text-align: center;">F</p> <p>fact 23:7 31:18 Fair 8:19 23:11 fairly 16:17 fantastic 13:23 Farms 1:22 February 22:7 federal 17:19 feeding 27:12 feel 4:16 11:24 20:18 26:14 files 13:15 filing 29:13 find 15:2 27:23 28:4 28:20,21 fine 12:14,15,23 18:6 Firm 2:2 first 9:21 11:16 22:24 27:23 28:14 29:9 foot 18:23 24:12</p>	<p>forever 23:5 32:3 form 7:16 8:1,7,9 8:13,15,16,17,23 9:6,14 10:19 11:5 11:17,19,20 26:12 28:25 29:2,5,9 Forms 3:10 forward 10:16 26:9 foundation 30:12 31:17 four 24:18 frame 24:16 Frank 1:22 free 4:16 Friday 4:2 frills 29:20 full 26:2 funded 17:9 further 17:15 26:19 32:10 future 10:14</p> <hr/> <p style="text-align: center;">G</p> <p>General 1:18 genetic 17:4 31:4 genetics 32:22 give 5:13 6:19 15:18 16:6 27:3,4 given 5:25 6:3 13:5 13:11 16:9 21:14 29:25 glad 13:2 go 8:4 9:4 10:9 11:11 13:23 16:21 18:15 19:2,7 22:15,25 23:21 27:4 29:15,16 goes 11:24 going 4:12 5:2,21 6:1,15,16 7:11 8:9 9:4,16 10:16,24 11:9,10,16 13:8 17:1,24 19:5,9,17 24:11 26:9 good 9:1,2 12:10 13:24 29:18 31:14 33:3 goodness 11:7 Great 12:24 guardian 9:24 guess 7:12 26:6 Guthrie 19:11,12</p>	<p style="text-align: center;">H</p> <p>habits 27:12 happen 6:7 19:21 27:1 30:1 happened 9:4 27:2 happening 27:3,5 happens 30:1 hard 20:16 harms 23:25 hash 4:23 health 1:6 5:20,22 6:10 11:23 12:2 28:10 hear 4:20 11:10 27:7,10 28:14 heard 25:15 28:2,14 29:9 heel 27:22 Hemlock 1:16 holding 20:12 HON 1:6 hospital 13:9 24:10 24:11,18 27:21 hospitals 30:24 host 6:20 hours 15:24 16:2,4 human 1:6 5:20,22 6:11 27:4 28:10</p> <hr/> <p style="text-align: center;">I</p> <p>idea 16:15 23:18 identification 10:15 inaudible 30:8 included 24:20 25:14 including 10:14 INDEX 3:7 indicate 14:10 15:1 17:3 indicated 7:11 Infant 17:24 18:2 18:10,13,16 19:18 19:25 20:3,11 22:5 23:22,22 information 6:2 9:15 14:9 17:3,4,9 17:12 18:12 23:6 27:4 28:4,24 30:22 32:5 informed 26:24 initials 17:20 inquire 29:18 internet 7:18 27:7</p>	<p>interruption 11:13 involve 18:23 involved 18:22 involves 17:24 18:9 22:5</p> <hr/> <p style="text-align: center;">J</p> <p>Jeremy 1:21 13:19 13:25 jump 4:24</p> <hr/> <p style="text-align: center;">K</p> <p>KANUSZEWSKI 1:3 keep 31:9,11 Kennedy 1:21 3:4 4:13 11:4 13:21 13:24,25 14:4 17:15 27:17,19 32:10 kept 10:6 kids' 5:25 kind 10:7 20:16 28:7 knocked 11:20 know 4:4,16,17,18 4:18 5:6 7:22,22 8:25,25 9:4,9,14 12:16,17 13:15,19 13:20 14:18,19,20 14:22 15:21 17:18 20:12,13,14,15,15 20:16,17 21:13 22:2,10 25:8,12 25:16,20 26:4 28:1,1,7,13,17,21 30:7 knowledge 17:7 20:22 32:4 known 24:20 knows 28:22</p> <hr/> <p style="text-align: center;">L</p> <p>L 1:6 labor 16:20,22,25 laboratory 10:6 lack 30:12 31:17 Lansing 1:19 LaPORTE 1:9 4:6 5:1,14,15 13:25 27:20 lasts 15:24 latch 27:13</p>
--	--	---	---	---

<p>laundry 6:4 lawsuit 5:19 6:8 29:13 lead 14:15 LEE 1:14 left 7:18 legal 1:15 8:3 9:18 9:24 25:20 let's 10:25 letter 21:22 letting 6:22 Levin 1:17 3:3 4:3,7 5:2,9,11,18 6:24 7:3,5,12 8:19,22 9:10 10:18,21,23 11:2,12 12:8,11 12:20,24 13:2,18 14:5 19:5 21:19 22:14,23 26:20,22 27:10,16 33:2 limitations 25:21 limited 28:21 list 4:8 6:4 listed 6:6 little 9:17,18 10:1 16:21 22:12,13,15 28:23 living 32:14 Lloyd 1:22 long 12:15 16:3 look 7:23 14:5 24:7 looking 22:10,24 23:12 looks 10:21,25 15:12 lot 6:3 13:8 27:4,5,5 27:5 29:17 32:17 LUDINGTON 1:6</p> <hr/> <p style="text-align: center;">M</p> <hr/> <p>M 17:24 18:13,16 18:19 19:18,25 20:3,11 M's 20:3 mad 4:12 MAG 1:6 making 6:20 mark 7:12 marked 3:9,10 7:15 13:4 22:4 marketing 32:15 matters 5:3 MDHHS 1:10,18</p>	<p>5:16 mean 5:4 11:25 13:8 16:17,19 18:3 26:6 28:21 28:23 29:17,22 30:16 means 31:21,22 medical 10:14 13:13 20:7,11 21:10 24:13 32:18,18 medication 16:5 memory 27:3,11,12 mentioned 28:6 merchandising 32:15 Michigan 1:1,6,16 1:18,19,21,23 5:19 14:1 17:7 18:17 19:1,15,24 20:5,8,21,24 21:11 24:14,22 25:5,11,14,17,18 28:9 mind 13:22 mine 5:25 26:3 minimize 18:3 minutes 12:13 misunderstanding 29:21 moment 6:16 7:21 11:10 29:25 morning 13:25 MORRIS 1:6</p> <hr/> <p style="text-align: center;">N</p> <hr/> <p>name 13:25 17:18 natural 15:15 necessary 8:16 need 4:10 10:18,22 22:23 26:12 neonatal 1:21 14:1 17:7 19:24 20:5,9 20:24 21:11 24:14 24:22 25:5,11,14 25:18,21 Network 2:2 never 6:3 8:23 16:9 25:15 26:11 28:9 28:12 newborn 3:9 7:13 10:5 13:6,10 18:18 20:4 21:10 22:21 23:2,25</p>	<p>24:9,13 26:24 27:11,13 30:4 newborn's 22:21 29:19 Nope 6:12 25:12 NORTHERN 1:2 noting 8:6 Number 2:2 21:18 21:21 numbs 15:24</p> <hr/> <p style="text-align: center;">O</p> <hr/> <p>object 4:21 19:5 20:21,23 21:1 30:2 objection 4:22 5:8 8:3,6,18,18 9:8,10 20:24 30:12 31:17 31:20 objections 30:5,6 obviously 16:9 26:7 October 1:10 4:2 oh 7:19 11:6 16:11 23:1 Okay 5:1 7:25 10:11 11:12 12:10 14:23 15:1 16:1,3 16:5,9,16 17:1,6 17:20,21 18:1,2,5 19:9,14 20:2 21:3 21:8,14 22:10 24:7 25:9 28:2,17 29:5,9 30:5 31:6 one-page 6:24 online 28:24 operates 17:7 opt 21:8 22:20 23:13 option 21:8,14 22:18 29:25 30:1 options 23:12,12 order 13:20 31:14 Ottawa 1:19 Outside 1:15</p> <hr/> <p style="text-align: center;">P</p> <hr/> <p>P64821 1:21 P74117 1:14 P81310 1:17 PAGE 3:2,7 pain 16:7 painful 16:12 Pam 2:1 6:19</p>	<p>pamphlet 13:5,11 24:4,5,5 paper 19:13,14 paperwork 16:20 24:6 25:13 32:7 parent 9:24 22:18 part 4:22 16:17 23:17 participate 21:9 participating 18:22 23:25 PATRICIA 1:6 PC 1:21 Pear 1:21 people 32:17 perfectly 4:17,19 performing 30:25 31:8 period 11:20 permission 6:1,3,19 21:2 25:6 personal 17:6 Phil 13:19,21 PHILIP 1:14 piece 20:19 placed 19:10 29:25 Plaintiffs 1:4,14 plans 20:13 Playback 22:1 PLC 1:15 please 23:10 PO 1:15,18 point 9:1 10:20 22:25 29:22 policies 17:12 20:12 position 9:6 26:10 26:11,13 positives 23:24 possession 13:16 posted 28:23 potential 20:3 23:25 preferred 13:19 preliminary 5:3 presented 18:7 22:19 23:18,23 26:7 pretty 4:14 previous 22:1 previously 25:13 prick 27:22 pricking 18:23 privacy 20:7,11 procedure 16:25</p>	<p>process 16:12 18:18 18:23 19:3 23:13 24:23 28:16 30:4 products 32:16 profited 14:24 program 13:6 23:17 24:1,20 26:25 27:11,14 28:5 protections 25:20 provide 18:21 provided 9:15,16 14:5 21:8 22:18 23:6 24:4 29:1,5 purport 8:17 purpose 20:20 21:4 21:5,5,5,6 purposes 10:15 17:17 22:4 put 8:22 12:16,17 15:18 21:17</p> <hr/> <p style="text-align: center;">Q</p> <hr/> <p>question 8:5,21 21:24,25 22:1 24:16 29:21 30:14 31:2 32:11 questions 4:8,13,14 4:21 13:21 14:2 17:17 23:21 26:19 27:17 33:1 quick 16:17 quicker 16:21 quickly 23:21</p> <hr/> <p style="text-align: center;">R</p> <hr/> <p>random 28:1 Rankinen 2:1 re-calibration 32:9 read 9:23 21:25 reading 13:8 real 23:21 really 16:18 28:1,7 reason 23:2 reasons 26:4,5 recall 11:19 13:5,7 13:11,15 15:10 16:13 25:15 27:1 27:21 28:2 receiving 13:7 30:22 recognize 11:5 recollection 11:25 13:10 15:11 24:19</p>
--	--	--	--	--

<p>27:14 record 7:6,8 9:12 11:13 17:17 recorded 2:1 4:9 Recorder 2:1 rectify 26:16 refer 17:19 regarding 5:19 13:6 17:12 20:12 Registration 2:2 related 13:15 26:25 relationship 25:16 relevance 19:5 relevant 9:14 remaining 10:10,12 remedy 26:16 remember 4:19 13:8 15:23 27:1 repeat 8:5 9:12 10:2 23:10 31:2 rephrase 8:12 replicated 30:18,21 Reporter 5:12 6:21 7:2,4,7 10:21 21:23 reporters 5:6 Reporting 2:2 representative 9:19 representatives 9:25 request 15:4 24:7 requested 14:17 requests 29:12 required 5:7,7 research 10:4,7,15 11:23 12:3 13:13 14:11,16 21:2,3 23:6,9 24:21,22 26:25 28:12,20 researcher 32:18 residual 3:9 5:22 7:13 13:12 response 32:19 responsibilities 25:17 result 16:5 retained 13:13 retaining 5:22 retention 5:20 retest 31:10 review 7:21 22:17 reviewed 7:25 reviewing 8:7,7</p>	<p>reviews 7:24 32:16 right 4:3,4,7,20 5:2 5:11,11,24 6:15 7:5,8,21 10:9,18 10:23 11:15,15,15 11:24 12:22 13:24 18:16 20:8 22:3 22:10,25 23:4,4 23:16,19,20 24:9 33:3 rights 20:15,17 26:15 risks 18:21 23:25 room 13:1 rules 17:19 run 4:9,12 rush 7:22</p> <hr/> <p style="text-align: center;">S</p> <hr/> <p>safe 13:9 27:12,12 sample 18:24 29:19 30:8 31:9 samples 20:13 32:3 saw 11:20 saying 23:8 says 9:18 14:13 32:7 scenario 16:24 scenarios 30:16 scheduled 16:21 science 32:22 scientist 31:25 32:18 scope 19:17 20:2 25:16 screen 6:15,17,23 10:19,21 11:9 21:18 22:3 23:20 screening 3:9 7:13 10:5 13:6,10 18:18 21:10 23:3 24:1 26:25 27:11 27:13 30:4,24 31:4 section 16:23 see 6:7 9:18,21 10:25 11:2 22:12 23:3 28:12 29:12 30:2 seeing 11:19 seeking 10:16 seen 7:16,20 8:13 8:23 25:13</p>	<p>send 7:5 12:12,13 sense 11:25 sentence 9:23 separately 18:16 Services 1:6 5:20,22 6:11 28:10 Shannon 1:9 5:15 7:18 8:4 17:16 22:3,17 23:21 32:14 33:3 share 6:15,16,23 7:1 10:22 shares 7:7 11:1 21:20 sharing 10:19 short 29:13 shortly 16:7 showed 18:12 shows 12:16 sides 19:12 sign 29:2 signature 9:24 11:16,17 15:7,8,9 18:9 signed 15:12 16:13 16:18 32:7 signing 15:10 sir 31:25 situation 8:14 sleep 13:9 27:12 solemnly 5:12 somebody 4:21 6:2 28:22 sorry 7:19 10:1,2 11:14 21:23 24:24 32:20 sort 23:16 24:4 30:3 sought 25:5 speak 32:16 specifically 6:5 Sperling 1:21 spiel 13:10 spinal 15:22,22 spot 3:9 7:13 14:10 14:15,24 15:2 17:13 27:23,24 28:18 29:1,6,14 spots 5:20,23 6:8,11 7:10 8:2,8,14 9:2 9:7 10:2,4,6,10,12 10:13 11:22 12:2 13:12 14:6 19:11 19:13,14,17,21,21</p>	<p>20:4,8 21:1,11 23:2,5,7,16 24:12 24:21 26:3,9,10 27:25 32:6 stamp 12:17,17 stand 20:17 standard 16:25 stands 25:20 start 5:21 11:8 starts 10:9 state 18:17 19:1,1 19:15 20:21 23:24 25:17 28:9,17 29:17 30:2,24 STATES 1:1 stating 14:12 step 11:9 stipulating 5:5 storage 21:10 22:20 24:13 store 5:25 10:2,4 25:6 stored 20:4,19 23:2 23:5 27:25 storing 25:10 30:6,7 32:2 straightforward 4:15 Street 1:19 stricken 19:6 strike 8:12 11:8 stuff 28:23 Suite 1:22 sure 4:24 8:6 9:3 17:1 30:23,25 31:7,11,14,18 swear 5:12,14 sworn 5:16 sympathize 16:13</p> <hr/> <p style="text-align: center;">T</p> <hr/> <p>T 1:6 TABLE 3:1 take 5:24 7:21 29:19 taken 1:10 8:15 9:2 23:17 talk 4:10 talking 21:3,3 tap 15:20,22,22 tech 12:17 tell 4:25 13:9 19:20 22:17 27:6</p>	<p>test 30:24 32:3 testified 15:7 24:3 26:23 27:20 testimony 5:13 28:25 testing 14:7,11 18:24 19:22 24:13 30:2,6,7 tests 30:10,17,18,25 31:7,11,13,14,15 31:18,21 thank 4:3 5:9 10:20 10:23 11:12 13:24 17:15 32:10,25 33:4 thing 4:20 things 13:9 18:5 27:5 28:22 30:7 30:16 think 6:6,19 8:16 10:19,24 11:16 12:8 13:18 16:18 16:19 27:16 28:1 29:24 THOMAS 1:6 three 27:14 time 6:11 7:10 8:24 11:21 12:20 18:15 22:17 24:9,16 26:23 27:6 29:9 29:18,20 31:15,16 times 29:18 30:21 today 15:4 17:18 18:7,13 25:3,13 25:20 26:7,10,11 29:10,11 33:4 top 16:7 transcript 4:11 true 25:1,1,2,3 truth 5:13 trying 23:11 turning 24:21 two 10:9 16:2,4,10 type 19:14 types 18:4</p> <hr/> <p style="text-align: center;">U</p> <hr/> <p>Uh-huh 11:4 unaware 15:4 unconscious 16:1 understand 4:18 8:16 10:5,12 16:12 23:11 29:3</p>
---	--	---	---	--

30:10,14 unfortunately 32:21 UNITED 1:1 use 10:2,4,14 15:1 25:21 26:12 uses 19:17 20:3 26:25 Usually 6:21	<hr/> X <hr/> X 22:12 <hr/> Y <hr/> Yancey 1:22 14:1 25:9,12,22 Yancey's 25:9 yeah 4:12 6:21 11:24 12:20,22 16:11 21:19,22 23:1 24:8 27:9,10 31:13 you're 5:13 Yup 5:10	4532 2:1 48105 1:23 48626 1:16 48909 1:19		
<hr/> V <hr/> v 1:5 variety 30:15 various 31:4 32:15 verbal 32:19 video 1:9 4:1 7:7 11:1 21:20 violated 20:19 violates 26:14	<hr/> Z <hr/> Zero 15:11 zoom 1:11 4:1 5:6,8 22:11,12,23	<hr/> 5 <hr/> 5 3:3 517 1:20 525 1:19		
<hr/> W <hr/> want 18:15 21:9 23:1,2,8,21 31:11 31:13,21 wanted 12:4 WARREN 1:17 wasn't 9:15 16:24 way 12:25 14:24 18:4 19:2 26:15 29:12 31:23,24 32:1,2,4,7,23 we'll 7:12 we're 4:7 5:5 12:15 12:18 19:12 we've 20:18 weeks 16:10 went 7:8 16:10,20 weren't 24:3 whatsoever 21:6 wife 16:9 willing 29:2 Witness 6:23 7:19 7:24 12:25 17:21 21:21 27:7 Word 6:24 work 15:21 29:16 32:15 works 28:22 Wright 1:22 write 32:16 writing 10:7 wrongs 26:16	<hr/> 0 <hr/> 0-0-0- 33:6 <hr/> 1 <hr/> 1-800-632-2720 2:3 10:59 4:2 107 1:15 11:00 1:11 11:46 33:5 13 3:10 14 3:4 17 3:4 11:6 18 15:24 18-cv-10472 1:5	<hr/> 6 <hr/> 6 22:7 642-0055 1:16 665-4441 1:23		
	<hr/> 2 <hr/> 2 12:7 2/6 11:6 2008 17:25 2017 18:2 22:8 2020 1:11 4:2 23 4:2 23rd 1:10 24 1:22 26 3:3 27 3:4	<hr/> 7 <hr/> 7 3:9 734 1:23		
	<hr/> 3 <hr/> 30736 1:18 32 3:4 335-7632 1:20	<hr/> 8 <hr/> 8151 2:2		
	<hr/> 4 <hr/>	<hr/> 9 <hr/> 989 1:16		

EXHIBIT 18



Deposition of Lynette Wiegand

STATE OF MICHIGAN
EASTERN DISTRICT OF MICHIGAN
NORTHERN DIVISION

ADAM KANUSZEWSKI, et al,
Plaintiffs,

v

File No. 18-cv-10472

HON. THOMAS L. LUDINGTON
MAG. JUDGE PATRICIA T. MORRIS

MICHIGAN DEPARTMENT OF HEALTH
AND HUMAN SERVICES, et al,

Defendants.

DEPOSITION OF LYNETTE WIEGAND

Taken by the Defendants on the 7th day of January, 2021, via
Zoom, 10:00 a.m.

APPEARANCES:

For the Plaintiffs:

MR. PHILIP LEE ELLISON (P74117)
Outside Legal Counsel, PLC
PO Box 107
Hemlock, Michigan 48636
(989) 642-0055

For the Defendant
Michigan Department
of Health and Human
Services:

MR. AARON WARREN LEVIN (P81310)
Michigan Department of Attorney General
PO Box 30736
525 Ottawa Street
Lansing, Michigan 48909
(517) 335-7632

1 For the Defendant MR. JEREMY C. KENNEDY (P64821)
 Michigan Neonatal Pear Sperling Eggan & Daniel, PC
 2 BioBank and Dr. Yancy: 24 Frank Lloyd Wright Drive, Suite D2000
 Domino's Farms
 3 Ann Arbor, Michigan 48105
 (734) 665-4441
 4
 5
 6 RECORDED BY: Stacey M. Seals, CER 7908
 Certified Electronic Recorder
 7 Network Reporting Corporation
 Firm Registration Number 8151
 8 1-800-632-2720
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 2

1 Via Zoom
 2 Thursday, January 7, 2021 - 10:03 a.m.
 3 (Deposition Exhibits A through E marked)
 4 MR. LEVIN: Good morning. My name is Aaron Levin.
 5 I am the attorney representing the group of Defendants that
 6 work for the Department of Health and Human Services, so
 7 that's Director Gordon -- Director Robert Gordon, Dr. Sandip
 8 Shah, Dr. Sarah Lyon-Callo and Mary Kleyn. I think that's
 9 the group.
 10 So I don't know if you've attended or been a part
 11 of a deposition before, just there's a couple things I'll
 12 run through real quick and then we'll get going. We're
 13 being recorded, that means just a couple of things. One, we
 14 will all do our best not to talk over each other, that will
 15 keep the transcript clear and everybody happy. It means we
 16 need to just all try to use "yes" and "no" instead of
 17 "uh-huh" and "unh-unh," because those don't come up in
 18 writing very clearly. And we'll jump in and mention that if
 19 any of start doing that. And what other preliminary things?
 20 Oh, yeah, so I think the three of us are going to ask you
 21 questions. You may hear somebody object, in general after
 22 an objection you'll still answer the question but we'll let
 23 you know as that arises. If anything else comes up we will
 24 let you know, preliminarily that's all that's coming to my
 25 head right now. So -- I think I'm forgetting one thing, but

Page 4

1 TABLE OF CONTENTS
 2 PAGE
 3
 4 Examination by Mr. Levin 5, 36
 Examination by Mr. Kennedy 31, 47
 Examination by Mr. Ellison 37
 5
 6 EXHIBIT INDEX
 7 PAGE
 8
 9 Deposition Exhibit A marked 4
 (Residual Newborn Screening Blood Spot Directive)
 10 Deposition Exhibit B marked 4
 (Consent Form Dated 11/22/11)
 11 Deposition Exhibit C marked 4
 (Consent Form Dated 7/18/13)
 12 Deposition Exhibit D marked 4
 (Consent Form Dated 12/25/14)
 13 Deposition Exhibit E marked 4
 (Consent Form Dated 1/30/17)
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25

Page 3

1 we'll get it when it comes up. So with -- oh, if a question
 2 doesn't make sense, feel free to let us know, ask us to
 3 rephrase. If you don't know the answer that is perfectly
 4 acceptable, you can just answer "I don't know" and we can
 5 either ask it again or just move on. That may have been the
 6 thing I was forgetting. So now we will jump in.
 7 REPORTER: Do you solemnly swear or affirm the
 8 testimony you're about to give will be the whole truth?
 9 MS. WIEGAND: Yes.
 10 LYNETTE WIEGAND
 11 having been called by the Defendant Michigan Department of Health
 12 and Human Services and sworn:
 13 EXAMINATION
 14 BY MR. LEVIN:
 15 Q So you are the Plaintiff in a lawsuit that was filed
 16 regarding the Michigan newborn screening program. So my
 17 first question is when did you first find out about the
 18 newborn screening program?
 19 A That would have been mentioned -- I don't know exactly which
 20 appointment.
 21 Q An appointment for what?
 22 A I'm -- at the hospital is when -- well, I know newborn
 23 screening was at the hospital because that was the 24 hour
 24 screening.
 25 Q So it was at the hospital around the time -- or what were

Page 5

1 you at the hospital for? Let me ask it that way.
 2 **A Delivery.**
 3 Q Was this before delivery, if you remember?
 4 **A No.**
 5 Q So it was after delivery?
 6 **A Yes.**
 7 Q Do you remember how you -- so it was at the hospital, do you
 8 remember specifically how you were informed?
 9 **A It was when they came to do the foot prick that they said**
 10 **that -- yes, at the hospital when they came to do the foot**
 11 **prick they said they were doing the 24 hour newborn**
 12 **screening that everybody has done.**
 13 Q So it was hospital staff that informed you?
 14 **A Yes.**
 15 Q Do you recall how you found out about what I'm referring to,
 16 just for this conversation as the biotrust program? So let
 17 me rephrase. Are you familiar with the term "the biotrust
 18 program"?
 19 **A No.**
 20 Q Are you familiar with the Department of Health and Human
 21 Services program that allows for the storage and possible
 22 use for research purposes of retained dried blood spots
 23 following newborn screening?
 24 **A No.**
 25 Q Are you aware that the Department of Health and Human

Page 6

1 this program.
 2 **A No.**
 3 Q Have you done any of that after filing the lawsuit? I say
 4 "any of that," any research after filing the lawsuit?
 5 **A No.**
 6 Q So I guess I'll ask this this way: If you were not aware
 7 that the State retained blood spots prior to filing this
 8 lawsuit, why did you file this lawsuit?
 9 **A Because I should know -- like, I should have the right to**
 10 **know or have the option of having my child's blood stored,**
 11 **because if -- like for me personally I wouldn't want it**
 12 **stored.**
 13 Q So I guess let me ask this a little bit differently because
 14 that isn't exactly what I'm asking. You said earlier you
 15 were not aware that spots were stored until after you filed
 16 the lawsuit. So at the time of filing the lawsuit was your
 17 concern only the heel prick test?
 18 **A No.**
 19 Q What other concerns did you have at the time of filing?
 20 **A It's just any blood that's taken should not be stored**
 21 **without any information being --**
 22 Q So I understand that issue as we sit here today, but you
 23 indicated that in -- I think it was approximately February
 24 2018, when the lawsuit was filed, you were not aware that
 25 blood spots were stored. So my question is what was the

Page 8

1 Services retains blood spots following newborn screening?
 2 **A After everything was mentioned that's when I became aware of**
 3 **it; after the lawsuit was brought up, that's when I became**
 4 **aware of it. But I was not aware of it before this.**
 5 Q So prior to filing the lawsuit, were you aware that the
 6 State retains blood spots?
 7 **A No.**
 8 Q So you only became aware of what I'm calling the biotrust
 9 program, that blood spots may be used for medical research,
 10 after filing this lawsuit?
 11 **A Yes.**
 12 Q So how did you find out about that portion of -- let me
 13 rephrase. How did you find out that blood spots are
 14 retained after newborn screening?
 15 **A That I don't remember; I don't remember.**
 16 Q Fair enough. So after learning about the newborn screening
 17 program and prior to filing this lawsuit, did you do any
 18 independent research about the newborn screening program?
 19 **A No.**
 20 Q You didn't look around online or anything?
 21 **A Not -- not -- no. I've been a little busy.**
 22 Q Did you ever contact the Department of Health and Human
 23 Services?
 24 **A No.**
 25 Q And I guess I should say specifically contact them regarding

Page 7

1 problem at that time? To the best of your memory.
 2 **A What was the problem with it being stored?**
 3 Q Well, you've said you didn't know at the time that it was
 4 stored.
 5 **A Right.**
 6 Q So what was the basis for the lawsuit if you were unaware
 7 that blood spots were stored at that time?
 8 **A I should have been aware of it.**
 9 Q So are you telling me that you filed a lawsuit that you
 10 should have known something that at the time you filed the
 11 lawsuit you did not know?
 12 **A (No verbal response)**
 13 Q Did that make sense? I think we've lost each other a little
 14 bit here.
 15 MR. ELLISON: Do you mind if I add some clarity
 16 here, Aaron, because I think --
 17 MR. LEVIN: Sure.
 18 MR. ELLISON: Lynette, when he's talking about
 19 filing the lawsuit he's talking about when I physically
 20 filed the lawsuit. Right?
 21 THE WITNESS: Okay.
 22 MR. ELLISON: Do you recall there was conversation
 23 we had prior to filing the lawsuit about the newborn
 24 screening program?
 25 THE WITNESS: Right.

Page 9

1 MR. ELLISON: What he's asking about is that
 2 he's trying to learn when did you come about and learn about
 3 the newborn screening program and the biotrust program, and
 4 he's talking about the date of filing was after you and I
 5 spoke and we talked about this; correct?
 6 THE WITNESS: Yes.
 7 MR. ELLISON: And I guess what he's trying to
 8 understand -- he's using the date of filing as the line of
 9 demarcation right now; right? And his question earlier was
 10 did you know about the program before I physically filed the
 11 lawsuit on your behalf.
 12 THE WITNESS: Oh. Okay.
 13 MR. ELLISON: Okay? I can see the confusion here
 14 on my end. Okay? So to be clear, what he's trying to -- he
 15 wants to make sure he's clear with you, you knew about the
 16 program before I filed the lawsuit on your behalf; right?
 17 THE WITNESS: Yes.
 18 MR. ELLISON: He wants to know when -- before
 19 filing the lawsuit when did you first learn about the
 20 newborn screening program and the biotrust program and the
 21 blood program.
 22 **A I don't know the exact date, so --**
 23 MR. ELLISON: So when we're talking about filing
 24 the lawsuit, he's talking about when -- not when you
 25 necessarily but when I filed the lawsuit on your behalf.

Page 10

1 **A Yes, go ahead. No, that's okay.**
 2 Q So then I was also asking if prior to your attorney filing
 3 the lawsuit did you do any research regarding any aspect of
 4 either the newborn screening program or separately the
 5 biotrust retention program?
 6 **A I did a little bit, yes.**
 7 Q How did you do that?
 8 **A Online.**
 9 Q Do you remember what you were looking into at that time, if
 10 it was the testing portion or the retention portion or both,
 11 or neither?
 12 **A I don't remember exactly.**
 13 Q Okay. Do you remember if you ever contacted the Department
 14 of Health and Human Services?
 15 **A No, I did not.**
 16 Q You remember that you did not?
 17 **A Correct.**
 18 Q Have you done any additional research or contacted the
 19 Department after the lawsuit was filed by your attorney?
 20 **A No.**
 21 Q What concerns do you have about the Department of Health and
 22 Human Services retaining blood spots?
 23 **A That they are withholding -- how do I want to word it?**
 24 **They're withholding the -- like they can hold that but then**
 25 **they have no way of using regulations of who's going to get**

Page 12

1 Does that clear up the time line for you?
 2 THE WITNESS: Yeah.
 3 MR. ELLISON: Okay. Aaron, that's where I
 4 think -- you're using lawyer language and she's not a
 5 lawyer, so --
 6 MR. LEVIN: Okay. Thank you.
 7 Q With that in mind, prior to your attorney filing the lawsuit
 8 in I believe it was February 2018 -- so you already
 9 indicated prior to that you learned about the newborn
 10 screening program, by which I'm referring specifically to
 11 the heel prick test, at the hospital from hospital staff?
 12 **A (Nodding head in affirmative)**
 13 Q I guess first question, is that all still correct?
 14 **A Yes.**
 15 Q So with all of that background in mind, when did you first
 16 learn about the State or -- yeah, the Department of Health
 17 and Human Services retaining blood spots?
 18 **A That would have been when Phil and I have talked is when I**
 19 **learned that they retained it.**
 20 Q So it would have been it sounds like shortly before your
 21 attorney filed a lawsuit?
 22 **A Correct.**
 23 Q And then I was asking if --
 24 **A (inaudible)**
 25 Q I'm sorry? Go ahead.

Page 11

1 **a hold of that blood and, you know, who's going to use that**
 2 **blood for what. It --**
 3 Q Did you ever -- I'm sorry. Go ahead.
 4 **A So there's no regulations on what's going to be done with**
 5 **that blood.**
 6 Q Have you done any research into what regulations or privacy
 7 protections may exist?
 8 **A A little bit.**
 9 Q What have you found?
 10 **A I don't have all my stuff here right now.**
 11 Q Just to the best of your memory.
 12 **A I don't know right now.**
 13 Q Do you recall if you found that there are any privacy
 14 protections in place from the Department?
 15 **A I don't know.**
 16 Q What are you hoping happens to your children's blood spots
 17 at the conclusion of this lawsuit?
 18 MR. ELLISON: Objection; calls for a legal
 19 conclusion. But go ahead, Lynette, and answer.
 20 **A Discarded.**
 21 Q So you would like to see your children's blood spots
 22 destroyed?
 23 **A Correct.**
 24 Q Are you aware that the Department of Health and Human
 25 Services will destroy your blood spots on request?

Page 13

1 **A Yes.**
2 Q So I am going to -- yes, I can share my screen and I am
3 going to show you some documents.
4 MR. LEVIN: Bear with me.
5 (Counsel shares document on screen)
6 Q I don't know if -- I tried to share my screen. Can you see
7 that?
8 **A Yes.**
9 Q I am going to -- I'm going to try to get the whole page
10 visible. Can you see that whole page?
11 MR. ELLISON: Aaron, before you go into this I
12 have an objection to this, to you producing this.
13 MR. LEVIN: Okay.
14 MR. ELLISON: I don't want to give a speaking
15 objection as to what my concern is because my concern may
16 affect the question. So if you would permit me I'd like to
17 make the objection, you ask about it and I can explain why.
18 Unless you want me to go ahead? Because I'm afraid I'll be
19 tipping the witness to my concern.
20 MR. LEVIN: No, that's fine. We can do it that
21 way.
22 MR. ELLISON: Which way?
23 MR. LEVIN: I can ask some questions first and
24 note that you have an objection and we can hash it out
25 later.

Page 14

1 MR. ELLISON: It's just we do that occasionally.
2 Go ahead, Aaron. I apologize, go ahead.
3 Q So I asked earlier if you are aware that you may request
4 that the Department of Health and Human Services destroy
5 your children's blood spots. I was under the impression you
6 answered that you were aware; is that correct?
7 **A I wasn't aware I thought.**
8 Q Okay. So you --
9 **A I wasn't --**
10 Q So as we sit here today it would be new information for you
11 that you may request the Department of Health and Human
12 Services destroy your children's blood spots?
13 **A Correct.**
14 Q So you've had a chance to read this form?
15 **A Yes.**
16 Q So I suspect there's an objection coming to this question so
17 we'll all talk a little bit slowly. Having reviewed this
18 form, does it appear that if you were to fill this out you
19 could have your children's blood spots destroyed?
20 MR. ELLISON: Lynette, I'm going to object on the
21 basis that it calls for a legal conclusion, and I'm also
22 going to place my objection from earlier that this form was
23 not available and nor was it made available to the witness
24 prior to because it was -- the last revision on this was
25 February of 2019, after this lawsuit had been commenced. So

Page 16

1 MR. ELLISON: Okay. Very good.
2 MR. LEVIN: I'm okay with that.
3 MR. ELLISON: Okay. Go ahead then.
4 Q Have you seen this form before?
5 **A No.**
6 Q Then I'm going to ask you to just take a minute, however
7 long you need, please review the form and let me know when
8 you've had a chance to read it. And let me know if you need
9 me to zoom in or out or anything.
10 (Witness reviews exhibit)
11 **A Okay.**
12 Q So you indicated you were aware that you could have your
13 children's blood spots destroyed, but you've never seen this
14 form before?
15 **A That's not what I said.**
16 Q I'll break that down and I'll ask two questions.
17 **A (inaudible)**
18 MR. ELLISON: Lynette, make sure that -- I'm just
19 going to direct you. I know we're struggling with the
20 Internet world but make sure you give a pause to when these
21 guys are talking one at a time so that we can get it on the
22 record. Okay?
23 THE WITNESS: Oh, sorry.
24 MR. ELLISON: No problem. Don't worry about it.
25 THE WITNESS: Yeah, sorry.

Page 15

1 this question is irrelevant and lacks foundation.
2 Q With all of that being said, please still answer the
3 question.
4 MR. ELLISON: Yup, go ahead, Lynette, you may
5 answer.
6 **A Okay. Sorry. Can you repeat the question now? Sorry.**
7 Q I can.
8 MR. LEVIN: And I'll just note that those
9 objections have been made and are continuing into this
10 question so that we're not stopping and doing that again.
11 Q So having had the opportunity to review this form, does it
12 appear that if you were to fill out this form today you
13 could have the Department of Health and Human Services
14 destroy your children's blood spots?
15 **A Yes.**
16 Q Have you requested the destruction of your children's blood
17 spots?
18 **A No.**
19 MR. LEVIN: So this is -- I think just for the
20 attorneys maybe, it's marked Exhibit A. I've got one
21 document right now with all my exhibits and they're all
22 marked a little bit differently on the bottom. So I am
23 going to scroll down to my next one and I'll just send this
24 around to everybody. But I'm going to move now to what I've
25 marked as Exhibit B.

Page 17

1 (Counsel shares document on screen)
 2 Q Can you see that?
 3 **A Yes.**
 4 Q Do you need me to zoom in? It looked like you were leaning
 5 a little bit closer to your screen.
 6 **A No, I'm okay.**
 7 Q So take a minute and review this for me, please, and let me
 8 know when you're done.
 9 (Witness reviews exhibit)
 10 **A Okay.**
 11 Q Have you seen this before?
 12 **A Obviously but I don't remember.**
 13 Q You say "obviously," why obviously?
 14 **A It's my signature.**
 15 Q So that is your signature at the bottom -- or towards the
 16 bottom?
 17 **A Yes.**
 18 Q Do you see in the top left, does it say "Michigan BioTrust
 19 for Health"?
 20 **A Yes.**
 21 Q And you've acknowledged that's your signature, you have no
 22 reason to dispute that that's not your signature?
 23 **A Correct.**
 24 Q I'm going to move now to my next exhibit, which I've marked
 25 C.

Page 18

1 Q So on this form -- yeah, this form looks a little bit
 2 different from the last two. In the middle are there two
 3 boxes, one that says, "Yes, my baby's blood spots may be
 4 used for health research" and one that says, "No, they may
 5 not be used for research"?
 6 **A Yes.**
 7 MR. ELLISON: I'm going to object to the
 8 statement, it does not accurately reflect the wording that's
 9 on the form.
 10 MR. LEVIN: I did paraphrase the second box.
 11 MR. ELLISON: Fair enough. As long as we
 12 recognize that I'm okay with that.
 13 MR. LEVIN: Yes, I paraphrased the second box. I
 14 will be more technical if I do this again.
 15 Q But in general there are two boxes, one says "yes" one says
 16 "no"?
 17 **A Correct.**
 18 MR. ELLISON: Same objection.
 19 MR. LEVIN: Same objection, fair enough.
 20 Q Can we agree that there's an "X" in the box next to -- and
 21 now I'm reading it -- "Yes, my baby's blood spots may be
 22 used for health research. This applies to all blood spots
 23 collected for newborn screening"?
 24 **A Yes.**
 25 Q And I'm not sure I asked it for this form, no reason to

Page 20

1 (Counsel shares document on screen)
 2 Q And if you could read this and let me know when you're done.
 3 (Witness reviews exhibit)
 4 **A Yes.**
 5 Q Do you recognize this?
 6 **A Yes.**
 7 Q Does that appear to be your signature on the form?
 8 **A Yes.**
 9 Q Does this one also say "Michigan BioTrust for Health"
 10 towards the top on the left?
 11 **A Yes.**
 12 Q I'm going to move now to my next exhibit, which I've marked
 13 D.
 14 (Counsel shares document on screen)
 15 Q And if you could also take a moment to review this and let
 16 me know when you're done.
 17 (Witness reviews exhibit)
 18 **A Yes.**
 19 Q Do you recognize this form?
 20 **A I recognize the signature.**
 21 Q Is it your signature?
 22 **A Yes.**
 23 Q Does this form also say "Michigan BioTrust for Health" on
 24 it?
 25 **A Yes.**

Page 19

1 dispute that that's not your signature -- or that is your
 2 signature? Sorry. Let me rephrase. Do you have any reason
 3 to dispute that that is your signature?
 4 **A No.**
 5 Q I have one more exhibit, I've marked it E.
 6 (Counsel shares document on screen)
 7 Q Please review this one. And I'm going to zoom in a little
 8 bit because I can't see it. Let me know if that messes with
 9 your ability to read it. Please let me know when you've had
 10 the chance to review it.
 11 (Witness reviews exhibit)
 12 **A Correct; yes.**
 13 Q All right. So let's start again with the signature. Does
 14 that appear to be your signature?
 15 **A Yes.**
 16 Q Do you have any reason to dispute that that is your
 17 signature?
 18 **A No.**
 19 Q I may need to zoom in, but does it appear as well on the top
 20 of this form that it says "Michigan BioTrust for Health"?
 21 **A Yes.**
 22 Q Can you see it -- sorry, I was talking over you.
 23 **A Yes, I can. I zoomed in.**
 24 Q So this one also has two check boxes, they're much wordier
 25 than the last one so I'm going to speak in -- I'm going to

Page 21

1 read just the bold face at the top of each box and not the
 2 entire box. Does the top portion of the form have a check
 3 box next to -- and this is just the box that I'm asking
 4 about -- "Yes, my baby's blood spots may be used for health
 5 research through the BioTrust?"
 6 **A Correct.**
 7 Q And then lower it has one next to, "No, my baby's blood
 8 spots may not be used for health research?"
 9 **A Correct.**
 10 Q Is there an "X" next to the -- or inside the box next to,
 11 "No, my baby's blood spots may not be used for health
 12 research?"
 13 **A Yes.**
 14 Q So we've looked at these four documents -- so let me ask it
 15 this way: Do you have any reason to believe that your
 16 children's blood spots have been used for any purpose by the
 17 Department of Health and Human Services?
 18 **A I don't know.**
 19 MR. KENNEDY: Aaron --
 20 MR. LEVIN: Do you want us to pause for five
 21 minutes?
 22 MR. KENNEDY: If that's okay.
 23 MR. LEVIN: Yeah; yeah, that's fine.
 24 MR. KENNEDY: Great. Thank you.
 25 MR. LEVIN: So we will take a short break.

Page 22

1 those the "consent forms." Okay?
 2 THE WITNESS: Oh.
 3 MR. ELLISON: Do you understand that?
 4 THE WITNESS: Oh. Yes.
 5 MR. ELLISON: Okay.
 6 Q Is my screen still sharing?
 7 **A No.**
 8 Q Okay. Let me try that again.
 9 (Counsel shares document on screen)
 10 Q How about now?
 11 **A Yes.**
 12 Q So before we went off for a couple of minutes I believe my
 13 question was do you have any evidence that your children's
 14 blood spots have been used for any purpose by the Michigan
 15 Department of Health and Human Services?
 16 **A No.**
 17 Q Do you have any evidence that your children's blood spots
 18 have been used by anyone else?
 19 **A No.**
 20 Q So I'm going to go back to my Exhibit B, which you should be
 21 able to see right now, it should have a little "B" on the
 22 bottom right.
 23 **A Yes.**
 24 Q Have you had the chance to review this form?
 25 **A Yes.**

Page 24

1 (Off the record)
 2 Q So I'm going to go -- I should have asked this earlier, so
 3 we're going to go a little bit out of order. The other
 4 thing with depositions is sometimes we ask silly questions
 5 because we want to have it in writing. So bear with me.
 6 How many children do you have?
 7 **A Four.**
 8 Q So you indicated at the beginning that hospital staff -- let
 9 me rephrase that. You indicated that around the time of
 10 delivery hospital staff informed you about the newborn
 11 screening program. Do you recall if that was around the
 12 time of delivery of your oldest child?
 13 **A Yes. It was when they came in just to do the -- collect the**
 14 **blood though.**
 15 Q But it was your oldest child?
 16 **A Yes.**
 17 Q So now I'm going to go back to -- we looked at four forms
 18 before our break. I think -- the parties I think generally
 19 disagree over what effect these forms should be given. I am
 20 going to call these forms, just as a group, consent forms.
 21 So we had the chance to review those?
 22 MR. ELLISON: Are you asking me or Lynette?
 23 Q I'm sorry. Ms. Wiegand.
 24 MR. ELLISON: Lynette, I think what he's asking is
 25 we just -- those forms we're talking about, he's calling

Page 23

1 Q Do you have any reason to believe that -- so I'm going to
 2 draw your attention to the date on this form, and I'm trying
 3 very carefully to be a little bit vague when I refer to your
 4 children. But do you have any reason to --
 5 MR. ELLISON: Aaron, just for the record, I did
 6 explain to her about the Rule 17 issues with Federal Court
 7 so she's aware of that, so --
 8 MR. LEVIN: Okay. Thank you.
 9 Q So based on the -- I'm still thinking about how I want to
 10 ask this question. Sorry. Do you have any reason to
 11 believe that the blood spots referred to by this Exhibit B
 12 form have been used contrary to what it says on this form?
 13 Does that make sense?
 14 **A Can you repeat that?**
 15 Q Sure. So based on the date on this form I will tell you
 16 that it appears to me that this form is in reference to the
 17 blood spots retained from one of your children born on or
 18 about, or approximately, November 22nd, 2011. My
 19 question --
 20 **A Correct.**
 21 Q -- do you have any reason to believe that the blood spots
 22 retained from this birth have been used in any way not
 23 directed by this form -- or not authorized by what this form
 24 says? I expect there's going to be an objection, but in any
 25 way not authorized by what this form says?

Page 25

1 MR. ELLISON: Lynette, I'm going to object on the
 2 basis that the question is asking for a legal conclusion
 3 asking about authorization of what this form provides for,
 4 which goes to the heart of this case. But, Lynette, answer
 5 him as best you can.
 6 **A Can I say I don't know? Because I'm confused.**
 7 Q I'll try again.
 8 **A Sorry.**
 9 Q No that's all right; that's all right. I will try again.
 10 So let's try it this way -- I think I'll just ask it again
 11 with the objection noted and continuing. Do you have any
 12 reason to believe that the blood spots this form references
 13 have been used for any purpose?
 14 **A I don't know.**
 15 Q Why don't you know?
 16 **A I don't know if they have been used.**
 17 Q Do you have reason to think they have been?
 18 **A How would I know if they have been used?**
 19 Q So other than the possibility existing, have you seen
 20 anything, reviewed anything, been given any reason to think
 21 that they've been used?
 22 **A I haven't been contacted, if that's what you're asking.**
 23 Q That's not what I'm asking. Do you have any reason sitting
 24 here today to believe other than the possibility existing
 25 that they've been used?

Page 26

1 the question and I think it will be one you will ultimately
 2 answer. So there's a box in the middle of the page;
 3 correct?
 4 **A Yes.**
 5 Q And towards the bottom of that box it says,
 6 "I voluntarily agree to allow my child's DBS to
 7 possibly be used for medical research after newborn
 8 screening is complete. My permission applies to any
 9 blood spots obtained for newborn screening."
 10 Is that correct?
 11 **A Yes.**
 12 Q And you've already acknowledged that that is your signature
 13 below that; right?
 14 **A Yes.**
 15 Q I'm going to now go to Exhibit C, does that appear to be the
 16 same form?
 17 **A Yes.**
 18 Q Same language in the bottom of that box?
 19 **A Yes.**
 20 Q Still your signature?
 21 **A Yes.**
 22 Q So now I'm going to go to Exhibit D, this is a different
 23 version of the form. We talked about this one already --
 24 the differences already. But there is an "X" in the box
 25 next to, "Yes, my baby's blood spots may be used for health

Page 28

1 **A I don't know.**
 2 Q Do you not know because you've been given no indication --
 3 or you've seen no indication that they have been?
 4 **A Like until I know something has been done there's always**
 5 **going to be that "if."**
 6 Q So I understand there's if, I'm asking if you've seen
 7 anything more specific than the possibility existing?
 8 **A I have not.**
 9 Q Okay. Looking at Exhibit B -- and again noting the
 10 objection -- is that consistent with this form?
 11 **A Is what?**
 12 Q I'll try another way.
 13 **A Sorry.**
 14 Q All right. I'm going to move away from the forms for a
 15 moment because I don't think we necessarily need that right
 16 now. So moving away from the documents. Do you have any
 17 reason to believe that information relating to your
 18 children's blood spots have been accessed by anybody from
 19 the Department of Health and Human Services storage program?
 20 **A Not that I'm aware of.**
 21 Q So now I am actually going to go back to the forms, but I'm
 22 going to ask a different question. So I'm looking at
 23 Exhibit B, can you still see that?
 24 **A Yes.**
 25 Q So I think there may be an objection, but I'm going to ask

Page 27

1 research"?
 2 **A Yes.**
 3 Q And that is your signature at the bottom?
 4 **A Yes.**
 5 Q So now I'm going to go to Exhibit E, this one has an "X" in
 6 the box next to, "No, my baby's blood spots may not be uses
 7 for health research"; correct?
 8 **A Correct.**
 9 Q And that is your signature at the bottom?
 10 **A Correct.**
 11 Q So my question, with all four of these in mind, did you --
 12 after this form -- strike that. My question, at any time
 13 have you considered changing the permissible uses for your
 14 children -- for the blood spots from your children born
 15 prior to 2017?
 16 **A No, my mind set was always the same.**
 17 Q So I'm going to go to Exhibit D. Can you see that?
 18 **A Yes.**
 19 Q There's a checkmark next to the box that says, "Yes, my
 20 baby's blood spots may be used for health research";
 21 correct?
 22 **A Correct.**
 23 Q My question is, at any time did you consider contacting the
 24 Department of Health and Human Services to have what I'm
 25 representing as a "yes" on that form changed to a "no"?

Page 29

1 **A I -- I don't remember that form being filled out.**
 2 Q Which one?
 3 **A The one that's dated 2014.**
 4 Q Okay. I'm scrolling now back to Exhibit C, which is marked
 5 2013 -- which is dated -- sorry -- 2013. Did you ever
 6 consider changing the authorized uses for the blood spots
 7 referred to by this form?
 8 **A I didn't --**
 9 MR. ELLISON: Hold on a second. I'm going to
 10 object to the form of the question that it asks about -- it
 11 presumes authorized uses. However, Lynette, go ahead and
 12 answer if you can.
 13 **A I didn't know -- like I guess how it was explained to me**
 14 **that it was automatic, we didn't have a choice from how it**
 15 **was explained to us. So I don't know how to exactly answer**
 16 **that.**
 17 Q What was automatic -- or what was explained to you as being
 18 automatic?
 19 **A The nurses, they said we have to do this, we have no choice.**
 20 Q Do what? What is "this"?
 21 **A Take the blood.**
 22 Q I'm asking about storage though. I'm not asking about
 23 taking the blood.
 24 **A I guess -- no, I haven't contacted anybody, because I --**
 25 Q Okay. So I'm going to go back to Exhibit E -- actually I've

Page 30

1 Neonatal BioBank?
 2 **A In depth, no, but on forms obviously; but in depth, no.**
 3 Q And prior to filing this lawsuit what was your understanding
 4 of what the BioBank does?
 5 **A Before the lawsuit I didn't know about them, to be honest.**
 6 Q And do you have an understanding of what they do as we sit
 7 here today?
 8 **A I have some better from what Phil and I've talked.**
 9 Q Without telling me anything that your attorney has told you,
 10 what do you believe the BioBank does?
 11 **A Well, from what Phil and I've talked I --**
 12 Q I don't want to know, you know, any specifics of what Mr.
 13 Ellison has told you or anything like that.
 14 **A Right. That's why I'm kind of -- that's kind of where most**
 15 **of my information has come from, so I'd prefer to not --**
 16 Q So is it your understanding that the BioBank stores the
 17 dried blood spot cards?
 18 **A Yes.**
 19 Q And are you aware of the BioBank -- are you aware of whether
 20 or not the BioBank does anything else with the dried blood
 21 spot cards?
 22 **A I don't -- I don't know.**
 23 Q Okay. Have you ever spoken with anyone at the BioBank about
 24 your children's blood spot cards?
 25 **A No.**

Page 32

1 already asked that, I don't need to ask that again. Has the
 2 fact that these blood spots were retained interfered with
 3 your ability to determine medical care for your children?
 4 **A No.**
 5 Q Do you recall if you were ever given an educational pamphlet
 6 or brochure explaining either the newborn screening program
 7 or the biotrust program?
 8 **A I might have in like our OB/GYN binder that we were supposed**
 9 **to do on our own time, but that was on our own free will.**
 10 Q Do you remember what year that would have been?
 11 **A I don't with four kids.**
 12 Q Fair enough.
 13 MR. LEVIN: I think that is everything I have at
 14 the moment. So, Jeremy, I believe we've been doing you next
 15 on these if you have anything.
 16 MR. KENNEDY: Thank you. Good morning, Ms.
 17 Wiegand. My name is Jeremy Kennedy. I'm the attorney for
 18 Dr. Antonio Yancy, the executive director of the Michigan
 19 Neonatal BioBank. I just have a few questions for you
 20 because I think Mr. Levin has asked most of the questions
 21 that I would have asked. So we can hopefully keep this
 22 brief.
 23 EXAMINATION
 24 BY MR. KENNEDY:
 25 Q Prior to this lawsuit had you ever heard of the Michigan

Page 31

1 Q Have you ever spoken with anyone at the BioBank regarding
 2 anything the BioBank does?
 3 **A No.**
 4 Q Now, you said earlier when I believe Mr. Levin asked that
 5 you'd like your children's blood spot cards to be destroyed;
 6 is that correct?
 7 **A Correct.**
 8 Q Is there anything else you are seeking in this lawsuit?
 9 MR. ELLISON: Objection; calls for a legal
 10 conclusion and the analysis of complaints. But go ahead,
 11 Lynette.
 12 **A Thanks, Phil.**
 13 MR. ELLISON: He just wants to understand what is
 14 it that you're looking for. So go ahead and explain to him
 15 as a lay person.
 16 **A I know that mine is, you know, the -- to make it known**
 17 **exactly, you know, the steps and everything -- what's being**
 18 **done. And then, yes, I want ours to be destroyed now.**
 19 Q I'm sorry. I didn't quite catch what you said at the first
 20 part. Was it to make --
 21 **A To be able to have the options, you know, to have the blood**
 22 **collected or not, you know, in the beginning of that newborn**
 23 **stage.**
 24 Q And why is that?
 25 **A That should be a parental I would think versus --**

Page 33

1 THE WITNESS: I don't know if I should say that,
 2 Phil.
 3 MR. ELLISON: Go ahead and explain to him what
 4 your understanding is and what your goals are here.
 5 **A Like I think a parent should be able to say, you know, for**
 6 **like the blood born stuff that a parent should be able to**
 7 **say "yes" or "no" to that newborn screening, that the blood**
 8 **should or should not be a parent's choice.**
 9 Q Because why?
 10 **A Because, like, I didn't want to do it and the nurse said,**
 11 **no, we have to do this or I lose my job. So that's why the**
 12 **forms before that last form the reason why I signed is**
 13 **because the nurse said you need to sign this or I lose my**
 14 **job is how it was explained.**
 15 Q And I'm sorry, what child was that for? Which -- in birth
 16 order one, two, three or four?
 17 **A For the one that -- from my last one that I was able to put**
 18 **the "no," that's the one I know I said "no." The third one**
 19 **I -- I don't remember that form. I was medicated, I don't**
 20 **remember that labor. And I filled that form out the day**
 21 **after he was born and I was still drugged, the medications**
 22 **were still in my system. I don't remember that form, but it**
 23 **is my signature. And the other two I signed, yes. But**
 24 **that's how it was explained in the hospital.**
 25 Q So why would you not want the screening done?

Page 34

1 Q Why was that?
 2 **A Because I didn't respond to nothing.**
 3 Q Was your health ever in danger with that pregnancy -- that
 4 birth?
 5 **A Not that I know of. I don't remember much of that hospital**
 6 **stay. I don't even remember being discharged or anything**
 7 **like that. When you usually get discharged you remember,**
 8 **you know, the happy stuff of leaving and -- I don't have**
 9 **memories of even delivery.**
 10 Q And you have never requested the blood spot cards be
 11 destroyed; correct?
 12 **A No. I was unaware of that form.**
 13 MR. KENNEDY: I think that's all I have.
 14 MR. LEVIN: So I know this would be out of order.
 15 I have a little follow-up. I can do that first if you want
 16 to have that ahead of time or I can wait until after you go.
 17 MR. ELLISON: That's fine. Go ahead, that's fine.
 18 EXAMINATION
 19 BY MR. LEVIN:
 20 Q So you indicated a few minutes ago that you think parents
 21 should have the opportunity to say "yes" or "no"; correct?
 22 **A Correct.**
 23 Q So I have shown you a couple of forms that I am representing
 24 have "yes" and "no" on them; correct?
 25 **A Correct.**

Page 36

1 **A It shouldn't -- no, I didn't say that. I just said it**
 2 **should be optional for a parent to choose, not mandated.**
 3 Q And why is that, in your opinion?
 4 **A Because it should be a right, it shouldn't be a governmental**
 5 **thing. You should have the right to choose.**
 6 Q Now you said you --
 7 **A And you should do it before you deliver, not after you**
 8 **deliver and after you've been having medications given.**
 9 Q You said you were still drugged for the birth of your third
 10 child, was that a natural birth or C-section?
 11 **A Natural.**
 12 Q What time of day was the child born?
 13 **A First thing in the morning; they gave me medications the**
 14 **night before.**
 15 Q Was it a long labor then?
 16 **A Just overnight. I slept and they woke me up and that's all**
 17 **I remember. The pictures of me and my son I look God awful.**
 18 Q How long were you in the hospital?
 19 **A Two days.**
 20 Q And the form was filled out on the second day?
 21 **A He was born the 24th and the form was filled out the 25th.**
 22 Q And what kind of medication did they give you?
 23 **A I have no idea. It was something to make me sleep I**
 24 **believe. But even the doctors were like, "Welcome back, you**
 25 **had us scared."**

Page 35

1 Q Do you have any reason to believe that in general if a form
 2 is marked "yes" or a form is marked "no" the Department of
 3 Health and Human Services does not follow that?
 4 **A I assume they do, but you should have that form filled out**
 5 **before somebody is medicated.**
 6 Q But you assume that the State follows what people request on
 7 these forms -- or direct on these forms?
 8 **A Yes.**
 9 MR. LEVIN: Okay. That's all I have.
 10 MR. ELLISON: Lynette -- Aaron, can you scroll
 11 back up to Exhibit B?
 12 MR. LEVIN: Which one was that?
 13 MR. ELLISON: Exhibit B as in boy?
 14 MR. LEVIN: Oh, sorry, I didn't mean to leave
 15 these up this whole time, but if you need it --
 16 MR. ELLISON: No, that's fine because I actually
 17 need them.
 18 EXAMINATION
 19 BY MR. ELLISON:
 20 Q Lynette, this form, as you indicated, had your signature on
 21 it and it's for your child born November of 2011. And for
 22 purposes -- that would be your child with the initials LRW;
 23 correct?
 24 **A Correct.**
 25 Q The time when you were in the hospital, were you ever

Page 37

1 presented with a brochure explaining -- I want to be clear
 2 about two different things, one is about the heel prick test
 3 and the newborn screening program?
 4 **A No.**
 5 Q And secondarily, were you ever given a brochure or
 6 information about the Michigan BioTrust or the Michigan
 7 BioBank?
 8 **A No.**
 9 Q Did the doctors or medical staff when presenting to you with
 10 this form discuss with you the risks and benefits of
 11 participating in the Michigan BioTrust program?
 12 **A No.**
 13 Q As Mr. Levin has pointed out, there's -- right above your
 14 signature there's a statement that says, "I voluntarily
 15 agree to allow my child's DBS to possibly be used for
 16 medical research." Did anybody at the time that you were
 17 signing this document or prior to you signing this document
 18 explain to you what medical research was?
 19 **A No.**
 20 Q Sitting here today do you have any understanding as to what
 21 the scope of what medical research actually means?
 22 **A No.**
 23 Q Knowing what you now know about the newborn screening
 24 program and the Michigan BioTrust and the Michigan BioBank,
 25 would you consent to this program today if you were sitting

Page 38

1 **A He was just after 7:00 -- sorry -- he was just after 10:00,**
 2 **so late evening.**
 3 Q Okay. Do you remember when anyone from the hospital or
 4 whoever presented to you with this form came to you and --
 5 let me ask it this way: This form is dated 7/18, which
 6 would be the following day, do you remember what time of day
 7 that form was signed at all?
 8 **A I don't remember the time, but they had me sign -- all the**
 9 **papers -- the only one I don't remember for sure is the one**
 10 **for 2014, but for all of them they were all signed at the**
 11 **time of the blood being done. So when the blood was done is**
 12 **when the nurse had me sign. When they were taking the child**
 13 **they said, "Sign this form," and then that's when they**
 14 **either did the prick in the room or they took him to the**
 15 **nursery to do the testing.**
 16 Q Again, knowing what you -- let me ask this: In Exhibit C
 17 there is a checkmark in the top right-hand corner that says,
 18 "Information provided to parent," where there's a checkmark.
 19 **A That I did not do.**
 20 Q You didn't put that mark on that particular form?
 21 **A No.**
 22 Q Do you know what information was provided to you? Do you
 23 recall what information was provided to at all, if any?
 24 **A No.**
 25 Q As a mother of four and as a -- someone whose gone through

Page 40

1 in the same shoes you were back in November of 2011?
 2 **A No.**
 3 MR. ELLISON: Aaron, can you scroll down to
 4 Exhibit B -- or excuse me -- Exhibit C.
 5 Q All right. This is your child born in July of 2013, which I
 6 have as the initials CJW.
 7 **A Correct.**
 8 Q Right?
 9 **A Yes.**
 10 Q Okay. Again, looking at this form you've indicated earlier
 11 that this form is similar to the one for the previous child
 12 and it has the same language as the medical research. When
 13 you signed this document did anyone from the hospital or
 14 anyone on behalf of the State or the BioBank or the BioTrust
 15 explain to you what medical research means?
 16 **A No.**
 17 Q Did anyone from the hospital, from the BioBank or from the
 18 State, explain to you the risks or benefits of participating
 19 or consenting to be part of this particular program?
 20 **A No.**
 21 Q And I notice the date on this document is the day following
 22 the birth of CJW. Do you remember what time of day CJW was
 23 born?
 24 **A Evening.**
 25 Q Evening as in dinnertime or later?

Page 39

1 this process at least four times, would there be a more
 2 ideal time to present medical decision-making in your
 3 opinion rather than at the time that these have been
 4 presented to you following the birth of your children?
 5 **A I would recommend either do it in -- like in an assigned**
 6 **like class or an OB appointment or something that is done at**
 7 **one of the appointments or something.**
 8 Q Would it be better, in your opinion, that this information
 9 and these questions and this request for consent be done
 10 before the birth of the child?
 11 **A Absolutely.**
 12 Q Would you feel that you would have a better understanding
 13 and a better opportunity to grasp and ask questions and be
 14 able to grasp what's actually being asked of you if it had
 15 been asked to you before the birth of the children?
 16 **A Yes.**
 17 Q Again, looking at this I don't see the words -- do you see
 18 the words Michigan Neonatal BioBank anywhere in there? I
 19 don't see BioBank in there.
 20 **A No.**
 21 Q Were you informed at the time about the Michigan Neonatal
 22 BioBank, in July of 2013, to the best of your recollection?
 23 **A Not that I know of, no.**
 24 Q Were you ever informed or told that the blood spots would be
 25 stored indefinitely at a warehouse in Detroit, Michigan for

Page 41

1 use by third parties and researchers?
 2 **A No.**
 3 Q All right. When it says here it will be used for medical
 4 research, was there any indication to you or any information
 5 given to you as who would be conducting medical research?
 6 **A No.**
 7 Q Would it be fair to say that after you'd just given birth to
 8 a child medical staff threw a form in front of you and you
 9 just signed it? Would you agree with that?
 10 **A Yup; yes.**
 11 MR. ELLISON: If we can go to Exhibit D.
 12 Q Exhibit D is the form for your child born on -- almost a
 13 Christmas baby here it looks like -- 12 of 2014 with the
 14 initial HJW; correct?
 15 **A Yes.**
 16 Q Again, looking at this form, as Mr. Levin has pointed out
 17 this is a different form than the previous two children, and
 18 I note here that it has a checkmark next to, "Yes, my baby's
 19 health spots may be used for health research," rather than
 20 medical research. Did anyone explain to you what the
 21 difference was between health research versus medical
 22 research as provided in the prior forms?
 23 **A No.**
 24 Q All right. And at the time of the birth of HJW did anyone
 25 at the hospital explain to you the risks and benefits of

Page 42

1 would you have checked the "yes" box today -- or then if you
 2 know what you knew today?
 3 **A No.**
 4 MR. KENNEDY: Objection; calls for speculation.
 5 Q Go ahead, Lynette.
 6 **A No.**
 7 MR. ELLISON: If we can scroll to the next one, to
 8 Exhibit E.
 9 Q And this is your child with the initial MLW born January
 10 30th, 2017. And I note this document is also dated the same
 11 day; correct?
 12 **A Yes.**
 13 Q All right. Again, looking at this document, this one is
 14 different than the previous versions that we saw earlier.
 15 And in the box checked "no" they said, "My baby's blood
 16 spots may not be used for health research." Did anyone at
 17 the hospital, from the State or from the BioBank explain to
 18 you what was meant by "health research"?
 19 **A No.**
 20 Q Looking next to the "yes" box, it says, "My baby's blood
 21 spots may be used for health research through the BioTrust."
 22 What did you -- did you -- let me ask it this way: Did
 23 anyone from the hospital, the State or the BioTrust or the
 24 BioBank explain to you what sorts of things were involved
 25 with the health research through the BioTrust?

Page 44

1 participating in the Michigan BioTrust or the Michigan
 2 Neonatal BioBank?
 3 **A No.**
 4 Q Did anyone present you -- I notice on here there's reference
 5 to a brochure. Did anyone give you a brochure at the time
 6 that you were signing this document?
 7 **A No.**
 8 Q Did anyone go over a brochure with you and walk through it
 9 with you the different details of the BioTrust and/or the
 10 BioBank program?
 11 **A No. That one -- none of that birth I remember, Phil.**
 12 Q Okay. This is the one where you said you were heavily
 13 medicated?
 14 **A Yeah, this is the one I don't -- yeah.**
 15 Q Was your husband available at this time of the birth of
 16 these -- and I know we're on the third child right now here.
 17 But was your husband available to provide consent during the
 18 birth of these three prior children?
 19 **A He was there for all the births.**
 20 Q Okay. Is there any reason you know why the State or the
 21 medical professionals or the BioBank didn't ask your husband
 22 for consent?
 23 **A No.**
 24 Q Knowing what you know now about the BioTrust program and as
 25 part of the details we've learned as part of this lawsuit,

Page 43

1 **A No.**
 2 Q Did anyone present you with a copy of a brochure or an
 3 informational packet explaining to you the risks and
 4 benefits of participating in the BioTrust program?
 5 **A No.**
 6 Q Did anyone -- I'll say setting aside brochures or written
 7 material, did anyone verbally or orally discuss with you the
 8 benefits and risks of participating in the BioTrust program?
 9 **A No.**
 10 Q Did you understand at the time when you were signing this
 11 document that by saying "no" that the State was still going
 12 to retain your child -- let me get the initials -- MLW's
 13 blood indefinitely?
 14 **A Nope.**
 15 Q And again, do you remember what time of day this child was
 16 born at?
 17 **A She was mid evening.**
 18 Q And this form, again -- I think you've answered this but
 19 bear with me. This form was presented to you after the
 20 birth of your child; correct?
 21 **A Correct.**
 22 Q So after the birth, at some point shortly thereafter,
 23 they're presenting you with these legal documents and forms
 24 for you to sign and make decisions on; correct?
 25 **A Correct.**

Page 45

1 Q Do you feel sitting here today looking at all four of your
2 children and all the different various forms that you had
3 that you had sufficient and clear information at the time
4 you signed these documents to make an informed choice about
5 the Michigan BioTrust program and your children's
6 participation with it?
7 **A No.**
8 MR. KENNEDY: Objection; calls for a legal
9 conclusion.
10 Q Go ahead, Lynette.
11 Q No.
12 MR. ELLISON: Okay. Thank you for your time
13 today. These guys might have some follow-ups with you, but
14 that's all the questions I have. I reserve the balance of
15 our testimony for affidavit and testimony at trial. Thank
16 you.
17 MR. LEVIN: Jeremy, do you have any follow-up?
18 MR. KENNEDY: Briefly.
19 EXAMINATION
20 BY MR. KENNEDY:
21 Q Ms. Wiegand, are you aware of any of your children's blood
22 spots being uses for research of any type?
23 **A I don't.**
24 MR. KENNEDY: Thank you. That's all.
25 MR. LEVIN: I don't think I have anything else.

Page 46

1 Thank you for your time today.
2 (Deposition concluded at 11:23 a.m.)
3
4 -0-0-0-
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Page 47

<p style="text-align: center;">A</p> <p>a.m 1:14 4:2 47:2 Aaron 1:20 4:4 9:16 11:3 14:11 16:2 22:19 25:5 37:10 39:3 ability 21:9 31:3 able 24:21 33:21 34:5,6,17 41:14 Absolutely 41:11 acceptable 5:4 accessed 27:18 accurately 20:8 acknowledged 18:21 28:12 ADAM 1:4 add 9:15 additional 12:18 affect 14:16 affidavit 46:15 affirm 5:7 affirmative 11:12 afraid 14:18 ago 36:20 agree 20:20 28:6 38:15 42:9 ahead 11:25 12:1 13:3,19 14:18 15:3 16:2,2 17:4 30:11 33:10,14 34:3 36:16,17 44:5 46:10 al 1:4,8 allow 28:6 38:15 allows 6:21 analysis 33:10 and/or 43:9 Ann 2:3 answer 4:22 5:3,4 13:19 17:2,5 26:4 28:2 30:12,15 answered 16:6 45:18 Antonio 31:18 anybody 27:18 30:24 38:16 apologize 16:2 appear 16:18 17:12 19:7 21:14,19 28:15 APPEARANCES 1:16 appears 25:16</p>	<p>applies 20:22 28:8 appointment 5:20 5:21 41:6 appointments 41:7 approximately 8:23 25:18 Arbor 2:3 arises 4:23 aside 45:6 asked 16:3 20:25 23:2 31:1,20,21 33:4 41:14,15 asking 8:14 10:1 11:23 12:2 22:3 23:22,24 26:2,3 26:22,23 27:6 30:22,22 asks 30:10 aspect 12:3 assigned 41:5 assume 37:4,6 attended 4:10 attention 25:2 attorney 1:20 4:5 11:7,21 12:2,19 31:17 32:9 attorneys 17:20 authorization 26:3 authorized 25:23 25:25 30:6,11 automatic 30:14,17 30:18 available 16:23,23 43:15,17 aware 6:25 7:2,4,4 7:5,8 8:6,15,24 9:8 13:24 15:12 16:3,6,7 25:7 27:20 32:19,19 46:21 awful 35:17</p> <p style="text-align: center;">B</p> <p>B 3:10 17:25 24:20 24:21 25:11 27:9 27:23 37:11,13 39:4 baby 42:13 baby's 20:3,21 22:4 22:7,11 28:25 29:6,20 42:18 44:15,20 back 23:17 24:20</p>	<p>27:21 30:4,25 35:24 37:11 39:1 background 11:15 balance 46:14 based 25:9,15 basis 9:6 16:21 26:2 bear 14:4 23:5 45:19 beginning 23:8 33:22 behalf 10:11,16,25 39:14 believe 11:8 22:15 24:12 25:1,11,21 26:12,24 27:17 31:14 32:10 33:4 35:24 37:1 benefits 38:10 39:18 42:25 45:4 45:8 best 4:14 9:1 13:11 26:5 41:22 better 32:8 41:8,12 41:13 binder 31:8 BioBank 2:2 31:19 32:1,4,10,16,19 32:20,23 33:1,2 38:7,24 39:14,17 41:18,19,22 43:2 43:10,21 44:17,24 biotrust 6:16,17 7:8 10:3,20 12:5 18:18 19:9,23 21:20 22:5 31:7 38:6,11,24 39:14 43:1,9,24 44:21 44:23,25 45:4,8 46:5 birth 25:22 34:15 35:9,10 36:4 39:22 41:4,10,15 42:7,24 43:11,15 43:18 45:20,22 births 43:19 bit 8:13 9:14 12:6 13:8 16:17 17:22 18:5 20:1 21:8 23:3 25:3 blood 3:9 6:22 7:1,6 7:9,13 8:7,10,20 8:25 9:7 10:21 11:17 12:22 13:1</p>	<p>13:2,5,16,21,25 15:13 16:5,12,19 17:14,16 20:3,21 20:22 22:4,7,11 22:16 23:14 24:14 24:17 25:11,17,21 26:12 27:18 28:9 28:25 29:6,14,20 30:6,21,23 31:2 32:17,20,24 33:5 33:21 34:6,7 36:10 40:11,11 41:24 44:15,20 45:13 46:21 bold 22:1 born 25:17 29:14 34:6,21 35:12,21 37:21 39:5,23 42:12 44:9 45:16 bottom 17:22 18:15 18:16 24:22 28:5 28:18 29:3,9 box 1:18,21 20:10 20:13,20 22:1,2,3 22:3,10 28:2,5,18 28:24 29:6,19 44:1,15,20 boxes 20:3,15 21:24 boy 37:13 break 15:16 22:25 23:18 brief 31:22 Briefly 46:18 brochure 31:6 38:1 38:5 43:5,5,8 45:2 brochures 45:6 brought 7:3 busy 7:21</p> <p style="text-align: center;">C</p> <p>C 2:1 3:11 18:25 28:15 30:4 39:4 40:16 C-section 35:10 call 23:20 called 5:11 calling 7:8 23:25 calls 13:18 16:21 33:9 44:4 46:8 cards 32:17,21,24 33:5 36:10 care 31:3 carefully 25:3</p>	<p>case 26:4 catch 33:19 CER 2:6 Certified 2:6 chance 15:8 16:14 21:10 23:21 24:24 changed 29:25 changing 29:13 30:6 check 21:24 22:2 checked 44:1,15 checkmark 29:19 40:17,18 42:18 child 23:12,15 34:15 35:10,12 37:21,22 39:5,11 40:12 41:10 42:8 42:12 43:16 44:9 45:12,15,20 child's 8:10 28:6 38:15 children 23:6 25:4 25:17 29:14,14 31:3 41:4,15 42:17 43:18 46:2 children's 13:16,21 15:13 16:5,12,19 17:14,16 22:16 24:13,17 27:18 32:24 33:5 46:5 46:21 choice 30:14,19 34:8 46:4 choose 35:2,5 Christmas 42:13 CJW 39:6,22,22 clarity 9:15 class 41:6 clear 4:15 10:14,15 11:1 38:1 46:3 clearly 4:18 closer 18:5 collect 23:13 collected 20:23 33:22 come 4:17 10:2 32:15 comes 4:23 5:1 coming 4:24 16:16 commenced 16:25 complaints 33:10 complete 28:8 concern 8:17 14:15</p>
---	---	---	---	---

<p>14:15,19 concerns 8:19 12:21 concluded 47:2 conclusion 13:17,19 16:21 26:2 33:10 46:9 conducting 42:5 confused 26:6 confusion 10:13 consent 3:10,11,12 3:13 23:20 24:1 38:25 41:9 43:17 43:22 consenting 39:19 consider 29:23 30:6 considered 29:13 consistent 27:10 contact 7:22,25 contacted 12:13,18 26:22 30:24 contacting 29:23 CONTENTS 3:1 continuing 17:9 26:11 contrary 25:12 conversation 6:16 9:22 copy 45:2 corner 40:17 Corporation 2:7 correct 10:5 11:13 11:22 12:17 13:23 16:6,13 18:23 20:17 21:12 22:6 22:9 25:20 28:3 28:10 29:7,8,10 29:21,22 33:6,7 36:11,21,22,24,25 37:23,24 39:7 42:14 44:11 45:20 45:21,24,25 Counsel 1:17 14:5 18:1 19:1,14 21:6 24:9 couple 4:11,13 24:12 36:23 Court 25:6</p> <hr/> <p style="text-align: center;">D</p> <hr/> <p>D 3:12 19:13 28:22 29:17 42:11,12 D2000 2:2 danger 36:3</p>	<p>Daniel 2:1 date 10:4,8,22 25:2 25:15 39:21 dated 3:10,13 30:3 30:5 40:5 44:10 Dated12/25/14 3:12 Dated7/18/13 3:11 day 1:13 34:20 35:12,20 39:21,22 40:6,6 44:11 45:15 days 35:19 DBS 28:6 38:15 decision-making 41:2 decisions 45:24 Defendant 1:20 2:1 5:11 Defendants 1:9,13 4:5 deliver 35:7,8 delivery 6:2,3,5 23:10,12 36:9 demarkation 10:9 Department 1:8,20 1:20 4:6 5:11 6:20 6:25 7:22 11:16 12:13,19,21 13:14 13:24 16:4,11 17:13 22:17 24:15 27:19 29:24 37:2 deposition 1:12 3:9 3:10,11,12,13 4:3 4:11 47:2 depositions 23:4 depth 32:2,2 destroy 13:25 16:4 16:12 17:14 destroyed 13:22 15:13 16:19 33:5 33:18 36:11 destruction 17:16 details 43:9,25 determine 31:3 Detroit 41:25 difference 42:21 differences 28:24 different 20:2 27:22 28:22 38:2 42:17 43:9 44:14 46:2 differently 8:13 17:22 dinnertime 39:25</p>	<p>direct 15:19 37:7 directed 25:23 Directive 3:9 director 4:7,7 31:18 disagree 23:19 Discarded 13:20 discharged 36:6,7 discuss 38:10 45:7 dispute 18:22 21:1 21:3,16 DISTRICT 1:2 DIVISION 1:3 doctors 35:24 38:9 document 14:5 17:21 18:1 19:1 19:14 21:6 24:9 38:17,17 39:13,21 43:6 44:10,13 45:11 documents 14:3 22:14 27:16 45:23 46:4 doing 4:19 6:11 17:10 31:14 Domino's 2:2 Dr 2:2 4:7,8 31:18 draw 25:2 dried 6:22 32:17,20 Drive 2:2 drugged 34:21 35:9</p> <hr/> <p style="text-align: center;">E</p> <hr/> <p>E 3:13 4:3 21:5 29:5 30:25 44:8 earlier 8:14 10:9 16:3,22 23:2 33:4 39:10 44:14 EASTERN 1:2 educational 31:5 effect 23:19 Eggan 2:1 either 5:5 12:4 31:6 40:14 41:5 Electronic 2:6 Ellison 1:17 3:4 9:15,18,22 10:1,7 10:13,18,23 11:3 13:18 14:11,14,22 15:1,3,18,24 16:1 16:20 17:4 20:7 20:11,18 23:22,24 24:3,5 25:5 26:1 30:9 32:13 33:9</p>	<p>33:13 34:3 36:17 37:10,13,16,19 39:3 42:11 44:7 46:12 entire 22:2 et 1:4,8 evening 39:24,25 40:2 45:17 everybody 4:15 6:12 17:24 evidence 24:13,17 exact 10:22 exactly 5:19 8:14 12:12 30:15 33:17 Examination 3:3,4 3:4 5:13 31:23 36:18 37:18 46:19 excuse 39:4 executive 31:18 exhibit 3:7,9,10,11 3:12,13 15:10 17:20,25 18:9,24 19:3,12,17 21:5 21:11 24:20 25:11 27:9,23 28:15,22 29:5,17 30:4,25 37:11,13 39:4,4 40:16 42:11,12 44:8 exhibits 4:3 17:21 exist 13:7 existing 26:19,24 27:7 expect 25:24 explain 14:17 25:6 33:14 34:3 38:18 39:15,18 42:20,25 44:17,24 explained 30:13,15 30:17 34:14,24 explaining 31:6 38:1 45:3</p> <hr/> <p style="text-align: center;">F</p> <hr/> <p>face 22:1 fact 31:2 fair 7:16 20:11,19 31:12 42:7 familiar 6:17,20 Farms 2:2 February 8:23 11:8 16:25 Federal 25:6</p>	<p>feel 5:2 41:12 46:1 file 1:6 8:8 filed 5:15 8:15,24 9:9,10,20 10:10 10:16,25 11:21 12:19 filing 7:5,10,17 8:3 8:4,7,16,19 9:19 9:23 10:4,8,19,23 11:7 12:2 32:3 fill 16:18 17:12 filled 30:1 34:20 35:20,21 37:4 find 5:17 7:12,13 fine 14:20 22:23 36:17,17 37:16 Firm 2:7 first 5:17,17 10:19 11:13,15 14:23 33:19 35:13 36:15 five 22:20 follow 37:3 follow-up 36:15 46:17 follow-ups 46:13 following 6:23 7:1 39:21 40:6 41:4 follows 37:6 foot 6:9,10 forgetting 4:25 5:6 form 3:10,11,12,13 15:4,7,14 16:14 16:18,22 17:11,12 19:7,19,23 20:1,1 20:9,25 21:20 22:2 24:24 25:2 25:12,12,15,16,23 25:23,25 26:3,12 27:10 28:16,23 29:12,25 30:1,7 30:10 34:12,19,20 34:22 35:20,21 36:12 37:1,2,4,20 38:10 39:10,11 40:4,5,7,13,20 42:8,12,16,17 45:18,19 forms 23:17,19,20 23:20,25 24:1 27:14,21 32:2 34:12 36:23 37:7 37:7 42:22 45:23 46:2</p>
--	---	---	---	---

<p>found 6:15 13:9,13 foundation 17:1 four 22:14 23:7,17 29:11 31:11 34:16 40:25 41:1 46:1 Frank 2:2 free 5:2 31:9 front 42:8</p> <hr/> <p style="text-align: center;">G</p> <p>general 1:20 4:21 20:15 37:1 generally 23:18 give 5:8 14:14 15:20 35:22 43:5 given 23:19 26:20 27:2 31:5 35:8 38:5 42:5,7 go 11:25 12:1 13:3 13:19 14:11,18 15:3 16:2,2 17:4 23:2,3,17 24:20 27:21 28:15,22 29:5,17 30:11,25 33:10,14 34:3 36:16,17 42:11 43:8 44:5 46:10 goals 34:4 God 35:17 goes 26:4 going 4:12,20 12:25 13:1,4 14:2,3,9,9 15:6,19 16:20,22 17:23,24 18:24 19:12 20:7 21:7 21:25,25 23:2,3 23:17,20 24:20 25:1,24 26:1 27:5 27:14,21,22,25 28:15,22 29:5,17 30:9,25 45:11 good 4:4 15:1 31:16 Gordon 4:7,7 governmental 35:4 grasp 41:13,14 Great 22:24 group 4:5,9 23:20 guess 7:25 8:6,13 10:7 11:13 30:13 30:24 guys 15:21 46:13</p> <hr/> <p style="text-align: center;">H</p>	<p>happens 13:16 happy 4:15 36:8 hash 14:24 head 4:25 11:12 health 1:8,21 4:6 5:11 6:20,25 7:22 11:16 12:14,21 13:24 16:4,11 17:13 18:19 19:9 19:23 20:4,22 21:20 22:4,8,11 22:17 24:15 27:19 28:25 29:7,20,24 36:3 37:3 42:19 42:19,21 44:16,18 44:21,25 hear 4:21 heard 31:25 heart 26:4 heavily 43:12 heel 8:17 11:11 38:2 Hemlock 1:18 HJW 42:14,24 hold 12:24 13:1 30:9 HON 1:7 honest 32:5 hopefully 31:21 hoping 13:16 hospital 5:22,23,25 6:1,7,10,13 11:11 11:11 23:8,10 34:24 35:18 36:5 37:25 39:13,17 40:3 42:25 44:17 44:23 hour 5:23 6:11 Human 1:8,21 4:6 5:12 6:20,25 7:22 11:17 12:14,22 13:24 16:4,11 17:13 22:17 24:15 27:19 29:24 37:3 husband 43:15,17 43:21</p> <hr/> <p style="text-align: center;">I</p> <p>idea 35:23 ideal 41:2 impression 16:5 inaudible 11:24 15:17 indefinitely 41:25</p>	<p>45:13 independent 7:18 INDEX 3:7 indicated 8:23 11:9 15:12 23:8,9 36:20 37:20 39:10 indication 27:2,3 42:4 information 8:21 16:10 27:17 32:15 38:6 40:18,22,23 41:8 42:4 46:3 informational 45:3 informed 6:8,13 23:10 41:21,24 46:4 initial 42:14 44:9 initials 37:22 39:6 45:12 inside 22:10 interfered 31:2 Internet 15:20 involved 44:24 irrelevant 17:1 issue 8:22 issues 25:6</p> <hr/> <p style="text-align: center;">J</p> <p>January 1:13 4:2 44:9 Jeremy 2:1 31:14 31:17 46:17 job 34:11,14 JUDGE 1:7 July 39:5 41:22 jump 4:18 5:6</p> <hr/> <p style="text-align: center;">K</p> <p>KANUSZEWSKI 1:4 keep 4:15 31:21 Kennedy 2:1 3:4 22:19,22,24 31:16 31:17,24 36:13 44:4 46:8,18,20 46:24 kids 31:11 kind 32:14,14 35:22 Kleyn 4:8 knew 10:15 44:2 know 4:10,23,24 5:2,3,4,19,22 8:9 8:10 9:3,11 10:10</p>	<p>10:18,22 13:1,12 13:15 14:6 15:7,8 15:19 18:8 19:2 19:16 21:8,9 22:18 26:6,14,15 26:16,18 27:1,2,4 30:13,15 32:5,12 32:12,22 33:16,16 33:17,21,22 34:1 34:5,18 36:5,8,14 38:23 40:22 41:23 43:16,20,24 44:2 knowing 38:23 40:16 43:24 known 9:10 33:16</p> <hr/> <p style="text-align: center;">L</p> <p>L 1:7 labor 34:20 35:15 lacks 17:1 language 11:4 28:18 39:12 Lansing 1:22 late 40:2 lawsuit 5:15 7:3,5 7:10,17 8:3,4,8,8 8:16,16,24 9:6,9 9:11,19,20,23 10:11,16,19,24,25 11:7,21 12:3,19 13:17 16:25 31:25 32:3,5 33:8 43:25 lawyer 11:4,5 lay 33:15 leaning 18:4 learn 10:2,2,19 11:16 learned 11:9,19 43:25 learning 7:16 leave 37:14 leaving 36:8 LEE 1:17 left 18:18 19:10 legal 1:17 13:18 16:21 26:2 33:9 45:23 46:8 let's 21:13 26:10 Levin 1:20 3:3 4:4,4 5:14 9:17 11:6 14:4,13,20,23 15:2 17:8,19 20:10,13,19 22:20</p>	<p>22:23,25 25:8 31:13,20 33:4 36:14,19 37:9,12 37:14 38:13 42:16 46:17,25 line 10:8 11:1 little 7:21 8:13 9:13 12:6 13:8 16:17 17:22 18:5 20:1 21:7 23:3 24:21 25:3 36:15 Lloyd 2:2 long 15:7 20:11 35:15,18 look 7:20 35:17 looked 18:4 22:14 23:17 looking 12:9 27:9 27:22 33:14 39:10 41:17 42:16 44:13 44:20 46:1 looks 20:1 42:13 lose 34:11,13 lost 9:13 lower 22:7 LRW 37:22 LUDINGTON 1:7 Lynette 1:12 5:10 9:18 13:19 15:18 16:20 17:4 23:22 23:24 26:1,4 30:11 33:11 37:10 37:20 44:5 46:10 Lyon-Callo 4:8</p> <hr/> <p style="text-align: center;">M</p> <p>M 2:6 MAG 1:7 mandated 35:2 mark 40:20 marked 3:9,10,11 3:12,13 4:3 17:20 17:22,25 18:24 19:12 21:5 30:4 37:2,2 Mary 4:8 material 45:7 mean 37:14 means 4:13,15 38:21 39:15 meant 44:18 medical 7:9 28:7 31:3 38:9,16,18</p>
--	--	--	--	--

<p>38:21 39:12,15 41:2 42:3,5,8,20 42:21 43:21 medicated 34:19 37:5 43:13 medication 35:22 medications 34:21 35:8,13 memories 36:9 memory 9:1 13:11 mention 4:18 mentioned 5:19 7:2 messes 21:8 Michigan 1:1,2,8,18 1:20,20,22 2:1,3 5:11,16 18:18 19:9,23 21:20 24:14 31:18,25 38:6,6,11,24,24 41:18,21,25 43:1 43:1 46:5 mid 45:17 middle 20:2 28:2 mind 9:15 11:7,15 29:11,16 mine 33:16 minute 15:6 18:7 minutes 22:21 24:12 36:20 MLW 44:9 MLW's 45:12 moment 19:15 27:15 31:14 morning 4:4 31:16 35:13 MORRIS 1:7 mother 40:25 move 5:5 17:24 18:24 19:12 27:14 moving 27:16</p> <hr/> <p style="text-align: center;">N</p> <p>name 4:4 31:17 natural 35:10,11 necessarily 10:25 27:15 need 4:16 15:7,8 18:4 21:19 27:15 31:1 34:13 37:15 37:17 neither 12:11 Neonatal 2:1 31:19 32:1 41:18,21</p>	<p>43:2 Network 2:7 never 15:13 36:10 new 16:10 newborn 3:9 5:16 5:18,22 6:11,23 7:1,14,16,18 9:23 10:3,20 11:9 12:4 20:23 23:10 28:7 28:9 31:6 33:22 34:7 38:3,23 night 35:14 Nodding 11:12 Nope 45:14 NORTHERN 1:3 note 14:24 17:8 42:18 44:10 noted 26:11 notice 39:21 43:4 noting 27:9 November 25:18 37:21 39:1 Number 2:7 nurse 34:10,13 40:12 nursery 40:15 nurses 30:19</p> <hr/> <p style="text-align: center;">O</p> <p>OB 41:6 OB/GYN 31:8 object 4:21 16:20 20:7 26:1 30:10 objection 4:22 13:18 14:12,15,17 14:24 16:16,22 20:18,19 25:24 26:11 27:10,25 33:9 44:4 46:8 objections 17:9 obtained 28:9 obviously 18:12,13 18:13 32:2 occasionally 16:1 oh 4:20 5:1 10:12 15:23 24:2,4 37:14 okay 9:21 10:12,13 10:14 11:3,6 12:1 12:13 14:13 15:1 15:2,3,11,22 16:8 17:6 18:6,10 20:12 22:22 24:1</p>	<p>24:5,8 25:8 27:9 30:4,25 32:23 37:9 39:10 40:3 43:12,20 46:12 oldest 23:12,15 online 7:20 12:8 opinion 35:3 41:3,8 opportunity 17:11 36:21 41:13 option 8:10 optional 35:2 options 33:21 orally 45:7 order 23:3 34:16 36:14 Ottawa 1:21 Outside 1:17 overnight 35:16</p> <hr/> <p style="text-align: center;">P</p> <p>P64821 2:1 P74117 1:17 P81310 1:20 packet 45:3 page 3:2,7 14:9,10 28:2 pamphlet 31:5 papers 40:9 paraphrase 20:10 paraphrased 20:13 parent 34:5,6 35:2 40:18 parent's 34:8 parental 33:25 parents 36:20 part 4:10 33:20 39:19 43:25,25 participating 38:11 39:18 43:1 45:4,8 participation 46:6 particular 39:19 40:20 parties 23:18 42:1 PATRICIA 1:7 pause 15:20 22:20 PC 2:1 Pear 2:1 people 37:6 perfectly 5:3 permissible 29:13 permission 28:8 permit 14:16 person 33:15</p>	<p>personally 8:11 Phil 11:18 32:8,11 33:12 34:2 43:11 PHILIP 1:17 physically 9:19 10:10 pictures 35:17 place 13:14 16:22 Plaintiff 5:15 Plaintiffs 1:5,17 PLC 1:17 please 15:7 17:2 18:7 21:7,9 PO 1:18,21 point 45:22 pointed 38:13 42:16 portion 7:12 12:10 12:10 22:2 possibility 26:19,24 27:7 possible 6:21 possibly 28:7 38:15 prefer 32:15 pregnancy 36:3 preliminarily 4:24 preliminary 4:19 present 41:2 43:4 45:2 presented 38:1 40:4 41:4 45:19 presenting 38:9 45:23 presumes 30:11 previous 39:11 42:17 44:14 prick 6:9,11 8:17 11:11 38:2 40:14 prior 7:5,17 8:7 9:23 11:7,9 12:2 16:24 29:15 31:25 32:3 38:17 42:22 43:18 privacy 13:6,13 problem 9:1,2 15:24 process 41:1 producing 14:12 professionals 43:21 program 5:16,18 6:16,18,21 7:9,17 7:18 8:1 9:24 10:3 10:3,10,16,20,20 10:21 11:10 12:4</p>	<p>12:5 23:11 27:19 31:6,7 38:3,11,24 38:25 39:19 43:10 43:24 45:4,8 46:5 protections 13:7,14 provide 43:17 provided 40:18,22 40:23 42:22 provides 26:3 purpose 22:16 24:14 26:13 purposes 6:22 37:22 put 34:17 40:20</p> <hr/> <p style="text-align: center;">Q</p> <p>question 4:22 5:1 5:17 8:25 10:9 11:13 14:16 16:16 17:1,3,6,10 24:13 25:10,19 26:2 27:22 28:1 29:11 29:12,23 30:10 questions 4:21 14:23 15:16 23:4 31:19,20 41:9,13 46:14 quick 4:12 quite 33:19</p> <hr/> <p style="text-align: center;">R</p> <p>read 15:8 16:14 19:2 21:9 22:1 reading 20:21 real 4:12 reason 18:22 20:25 21:2,16 22:15 25:1,4,10,21 26:12,17,20,23 27:17 34:12 37:1 43:20 recall 6:15 9:22 13:13 23:11 31:5 40:23 recognize 19:5,19 19:20 20:12 recollection 41:22 recommend 41:5 record 15:22 23:1 25:5 recorded 2:6 4:13 Recorder 2:6 refer 25:3</p>
--	---	---	---	---

reference 25:16 43:4	retention 12:5,10 review 15:7 17:11 18:7 19:15 21:7 21:10 23:21 24:24	secondarily 38:5 see 10:13 13:21 14:6,10 18:2,18 21:8,22 24:21 27:23 29:17 41:17 41:17,19	son 35:17 sorry 11:25 13:3 15:23,25 17:6,6 21:2,22 23:23 25:10 26:8 27:13 30:5 33:19 34:15 37:14 40:1	stores 32:16 Street 1:21 strike 29:12 struggling 15:19 stuff 13:10 34:6 36:8 sufficient 46:3 Suite 2:2 supposed 31:8 sure 9:17 10:15 15:18,20 20:25 25:15 40:9
referred 25:11 30:7 referring 6:15 11:10 reflect 20:8 regarding 5:16 7:25 12:3 33:1	reviewed 16:17 26:20 reviews 15:10 18:9 19:3,17 21:11 revision 16:24 right 4:25 8:9 9:5 9:20,25 10:9,9,16 13:10,12 17:21 21:13 24:21,22 26:9,9 27:14,15 28:13 32:14 35:4 35:5 38:13 39:5,8 42:3,24 43:16 44:13	seeking 33:8 seen 15:4,13 18:11 26:19 27:3,6 send 17:23 sense 5:2 9:13 25:13 separately 12:4 Services 1:8,21 4:6 5:12 6:21 7:1,23 11:17 12:14,22 13:25 16:4,12 17:13 22:17 24:15 27:19 29:24 37:3	sorted 44:24 sounds 11:20 speak 21:25 speaking 14:14 specific 27:7 specifically 6:8 7:25 11:10 specifics 32:12 speculation 44:4 Sperling 2:1 spoke 10:5 spoken 32:23 33:1 spot 3:9 32:17,21,24 33:5 36:10 spots 6:22 7:1,6,9 7:13 8:7,15,25 9:7 11:17 12:22 13:16 13:21,25 15:13 16:5,12,19 17:14 17:17 20:3,21,22 22:4,8,11,16 24:14,17 25:11,17 25:21 26:12 27:18 28:9,25 29:6,14 29:20 30:6 31:2 41:24 42:19 44:16 44:21 46:22	swear 5:7 sworn 5:12 system 34:22
Registration 2:7 regulations 12:25 13:4,6 relating 27:17 remember 6:3,7,8 7:15,15 12:9,12 12:13,16 18:12 30:1 31:10 34:19 34:20,22 35:17 36:5,6,7 39:22 40:3,6,8,9 43:11 45:15 repeat 17:6 25:14 rephrase 5:3 6:17 7:13 21:2 23:9 REPORTER 5:7 Reporting 2:7 representing 4:5 29:25 36:23 request 13:25 16:3 16:11 37:6 41:9 requested 17:16 36:10 research 6:22 7:9 7:18 8:4 12:3,18 13:6 20:4,5,22 22:5,8,12 28:7 29:1,7,20 38:16 38:18,21 39:12,15 42:4,5,19,20,21 42:22 44:16,18,21 44:25 46:22 researchers 42:1 reserve 46:14 Residual 3:9 respond 36:2 response 9:12 retain 45:12 retained 6:22 7:14 8:7 11:19 25:17 25:22 31:2 retaining 11:17 12:22 retains 7:1,6	right-hand 40:17 risks 38:10 39:18 42:25 45:3,8 Robert 4:7 room 40:14 Rule 25:6 run 4:12	set 29:16 setting 45:6 Shah 4:8 share 14:2,6 shares 14:5 18:1 19:1,14 21:6 24:9 sharing 24:6 shoes 39:1 short 22:25 shortly 11:20 45:22 show 14:3 shown 36:23 sign 34:13 40:8,12 40:13 45:24 signature 18:14,15 18:21,22 19:7,20 19:21 21:1,2,3,13 21:14,17 28:12,20 29:3,9 34:23 37:20 38:14 signed 34:12,23 39:13 40:7,10 42:9 46:4 signing 38:17,17 43:6 45:10 silly 23:4 similar 39:11 sit 8:22 16:10 32:6 sitting 26:23 38:20 38:25 46:1 sleep 35:23 slept 35:16 slowly 16:17 solemnly 5:7 somebody 4:21 37:5	stayed 20:8 38:14 stay 36:6 steps 33:17 stopping 17:10 storage 6:21 27:19 30:22 stored 8:10,12,15 8:20,25 9:2,4,7 41:25	suspect 16:16 suspected 31:8 sure 9:17 10:15 15:18,20 20:25 25:15 40:9 suspect 16:16 swear 5:7 sworn 5:12 system 34:22
	S			T
	Sandip 4:7 Sarah 4:8 saw 44:14 saying 45:11 says 20:3,4,15,15 21:20 25:12,24,25 28:5 29:19 38:14 40:17 42:3 44:20 scared 35:25 scope 38:21 screen 14:2,5,6 18:1 18:5 19:1,14 21:6 24:6,9 screening 3:9 5:16 5:18,23,24 6:12 6:23 7:1,14,16,18 9:24 10:3,20 11:10 12:4 20:23 23:11 28:8,9 31:6 34:7,25 38:3,23 scroll 17:23 37:10 39:3 44:7 scrolling 30:4 Seals 2:6 second 20:10,13 30:9 35:20			T 1:7 TABLE 3:1 take 15:6 18:7 19:15 22:25 30:21 taken 1:13 8:20 talk 4:14 16:17 talking 10:5 11:18 28:23 32:8,11 talking 9:18,19 10:4 10:23,24 15:21 21:22 23:25 technical 20:14 tell 25:15 telling 9:9 32:9 term 6:17 test 8:17 11:11 38:2 testimony 5:8 46:15 46:15 testing 12:10 40:15 Thank 11:6 22:24 25:8 31:16 46:12 46:15,24 47:1 Thanks 33:12 thing 4:25 5:6 23:4 35:5,13 things 4:11,13,19 38:2 44:24 think 4:8,20,25 8:23 9:13,16 11:4 17:19 23:18,18,24 26:10,17,20 27:15 27:25 28:1 31:13 31:20 33:25 34:5 36:13,20 45:18 46:25

<p>thinking 25:9 third 34:18 35:9 42:1 43:16 THOMAS 1:7 thought 16:7 three 4:20 34:16 43:18 threw 42:8 Thursday 4:2 time 5:25 8:16,19 9:1,3,7,10 11:1 12:9 15:21 23:9 23:12 29:12,23 31:9 35:12 36:16 37:15,25 38:16 39:22 40:6,8,11 41:2,3,21 42:24 43:5,15 45:10,15 46:3,12 47:1 times 41:1 tiping 14:19 today 8:22 16:10 17:12 26:24 32:7 38:20,25 44:1,2 46:1,13 47:1 tol 32:9,13 41:24 top 18:18 19:10 21:19 22:1,2 40:17 transcript 4:15 trial 46:15 tried 14:6 truth 5:8 try 4:16 14:9 24:8 26:7,9,10 27:12 trying 10:2,7,14 25:2 two 15:16 20:2,2,15 21:24 34:16,23 35:19 38:2 42:17 type 46:22</p> <hr/> <p style="text-align: center;">U</p> <p>uh-huh 4:17 ultimately 28:1 unaware 9:6 36:12 understand 8:22 10:8 24:3 27:6 33:13 45:10 understanding 32:3 32:6,16 34:4 38:20 41:12 unh-unh 4:17</p>	<p>use 4:16 6:22 13:1 42:1 uses 29:6,13 30:6,11 46:22 usually 36:7</p> <hr/> <p style="text-align: center;">V</p> <p>v 1:6 vague 25:3 various 46:2 verbal 9:12 verbally 45:7 version 28:23 versions 44:14 versus 33:25 42:21 visible 14:10 voluntarily 28:6 38:14</p> <hr/> <p style="text-align: center;">W</p> <p>wait 36:16 walk 43:8 want 8:11 12:23 14:14,18 22:20 23:5 25:9 32:12 33:18 34:10,25 36:15 38:1 wants 10:15,18 33:13 warehouse 41:25 WARREN 1:20 wasn't 16:7,9 way 6:1 8:6 12:25 14:21,22 22:15 25:22,25 26:10 27:12 40:5 44:22 we'll 4:12,18,22 5:1 16:17 we're 4:12 10:23 15:19 17:10 23:3 23:25 43:16 we've 9:13 22:14 31:14 43:25 Welcome 35:24 went 24:12 Wiegand 1:12 5:9 5:10 23:23 31:17 46:21 withholding 12:23 12:24 witness 9:21,25 10:6,12,17 11:2 14:19 15:10,23,25</p>	<p>16:23 18:9 19:3 19:17 21:11 24:2 24:4 34:1 woke 35:16 word 12:23 wordier 21:24 wording 20:8 words 41:17,18 work 4:6 world 15:20 worry 15:24 wouldn't 8:11 Wright 2:2 writing 4:18 23:5 written 45:6</p> <hr/> <p style="text-align: center;">X</p> <p>X 20:20 22:10 28:24 29:5</p> <hr/> <p style="text-align: center;">Y</p> <p>Yancy 2:2 31:18 yeah 4:20 11:2,16 15:25 20:1 22:23 22:23 43:14,14 year 31:10 you're 5:8 Yup 17:4 42:10</p> <hr/> <p style="text-align: center;">Z</p> <p>zoom 1:14 4:1 15:9 18:4 21:7,19 zoomed 21:23</p> <hr/> <p style="text-align: center;">0</p> <p>0-0-0- 47:4</p> <hr/> <p style="text-align: center;">1</p> <p>1-800-632-2720 2:8 1/30/17 3:13 10:00 1:14 40:1 10:03 4:2 107 1:18 11/22/11 3:10 11:23 47:2 12 42:13 17 25:6 18-cv-10472 1:6</p> <hr/> <p style="text-align: center;">2</p> <p>2011 25:18 37:21 39:1 2013 30:5,5 39:5</p>	<p>41:22 2014 30:3 40:10 42:13 2017 29:15 44:10 2018 8:24 11:8 2019 16:25 2021 1:13 4:2 22nd 25:18 24 2:2 5:23 6:11 24th 35:21 25th 35:21</p> <hr/> <p style="text-align: center;">3</p> <p>30736 1:21 30th 44:10 31 3:4 335-7632 1:22 36 3:3 37 3:4</p> <hr/> <p style="text-align: center;">4</p> <p>4 3:9,10,11,12,13 47 3:4 48105 2:3 48636 1:18 48909 1:22</p> <hr/> <p style="text-align: center;">5</p> <p>5 3:3 517 1:22 525 1:21</p> <hr/> <p style="text-align: center;">6</p> <p>642-0055 1:19 665-4441 2:3</p> <hr/> <p style="text-align: center;">7</p> <p>7 4:2 7/18 40:5 7:00 40:1 734 2:3 7908 2:6 7th 1:13</p> <hr/> <p style="text-align: center;">8</p> <p>8151 2:7</p> <hr/> <p style="text-align: center;">9</p> <p>989 1:19</p>
---	---	--	---