

AGENDA
CONNECTICUT MEDICAL EXAMINING BOARD
Tuesday, April 20, 2021 at 1:30 PM

Department of Public Health
410 Capitol Avenue, Hartford Connecticut

CALL TO ORDER

I. APPROVAL OF MINUTES

February 16, 2021

II. OPEN FORUM

III. UPDATES

- A. Chair Updates
- B. DPH Updates

IV. NEW BUSINESS

- A. Review of License Reinstatement Application
Presented by Celeste Dowdell, License and Applications Analyst
 - Marjorie Corker-Holzer, MD

V. OFFICE OF LEGAL COMPLIANCE

- A. Gabriel Abella, M.D. - Petition No. 2018-699
Presentation of Consent Order - Presented by Diane Wilan, Staff Attorney, DPH
- B. Susannah Tung, MD; Petition No. 2020-386
Presentation of Consent Order - Presented by Linda Fazzina, Staff Attorney, DPH

ADJOURN

This meeting will be held by video conference at the following link

Medical Examining Board via Microsoft Teams

Join on your computer or mobile app

[**Click here to join the meeting**](#)

Or call in (audio only)

[+1 860-840-2075](#) - Phone Conference ID: 862 812 361#

The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.

**CONNECTICUT MEDICAL EXAMINING BOARD
MINUTES of February 16, 2021**

The Connecticut Medical Examining Board held a meeting on Tuesday, February 16, 2021 by video conference.

BOARD MEMBERS PRESENT: Kathryn Emmett, Esq., Chairperson
Raymond Andrews, Jr., Esq.
Allyson Duffy, MD
Robert Green, MD
Michele Jacklin
Marilyn Katz, MD
William C. Kohlhepp, DHSc, PA-C
Shawn London, MD
Edward McAnaney, Esq.
Brimal Patel, MD
Jean Rexford
Daniel Rissi, MD
Harold Sauer, MD
C. Steven Wolf, MD
Andrew Yuan, DO
Peter Zeman, MD

BOARD MEMBERS ABSENT: Marie C. Eugene, DO
Joseph Kaliko, Esq.
David Schwindt, MD

Ms. Emmett called the meeting to order at 1:32 p.m.

I. MINUTES

The draft minutes of the January 19, 2021 meeting were reviewed. Ms. Rexford made a motion, seconded by Dr. Rissi to approve the minutes as edited. The motion passed with all in favor except Dr. Katz who abstained.

II. OPEN FORUM

None

III. UPDATES

A. Chair Updates
Hearing Assignments

B. Department of Public Health
None

IV. NEW BUSINESS

A. Motion to Withdraw Request for Modification of License Restriction
Si Ho Lam, MD - Petition No. 2009-2009101

Assistant Attorney General Daniel Shapiro was present for this discussion. Attorney Susan Huntington was present on behalf of Dr. Lam. Staff Attorney Diane Wilan was present for the Department of Public Health.

The Board unanimously voted to grant the Dr. Lam's motion to withdraw his request for modification of license restriction.

V. OFFICE OF LEGAL COMPLIANCE

A. Roozbeh Badii, M.D.- Petition No. 2016-1045

Staff Attorney Brittany Petano, Department of Public Health, presented a Consent Order in this matter. Attorney Cody Guarnieri was present for respondent.

Dr. Green made a motion, seconded by Mr. McAnaney, to approve the Consent Order which imposes a probation for a period of two years and ninety-day notice prior to resuming clinical practice in Connecticut. The motion passed with all in favor except Dr. Green and Dr. Patel who were opposed.

VI. ADJOURNMENT

As there was no further business, the meeting was adjourned at 2:10 p.m.

Respectfully submitted,
Kathryn Emmett, Esq., Chairperson

TO: Connecticut Medical Examining Board

FROM: Celeste Dowdell
Licensing Applications Analyst
Practitioner Licensing and Investigations Section

RE: Marjorie Corker-Holzer, MD

Dr. Corker-Holzer is an applicant for Connecticut physician licensure reinstatement. Dr. Corker-Holzer meets all requirements for reinstatement except she has been out of active clinical practice since 2014.

Applicants who have been out of active clinical practice longer than six (6) months are reviewed by the Connecticut Medical Examining Board. The CMEB could require applicants who have been out of active clinical practice for longer than two years to complete the Federation of State Medical Board's Special Purpose Examination (SPEX).

Please accept this as a summary of the documentation submitted in support of Dr. Corker-Holzer's application.

Medical Education: SUNY Downstate Medical- 1974

National Board of Medical Examiners Examination: Step 1-3 completed and passed

Post Graduate Training Completed:

7/1/1974-6/30/1975: Montefiore Medical Center-Weiler Hospital, NY- Pediatrics Intern

7/1/1975-6/30/1977: Montefiore Medical Center-Weiler Hospital, NY- Pediatrics Resident

7/1/1977-6/30/1978: Montefiore Hospital, NY- Pediatrics Resident

Dr. Corker-Holzer previously held a license in NY. There is no history of discipline against this license.

Activities since License expired: Dr. Corker-Holzer since retirement has been involved in volunteer activities among other things. Statement attached. She wishes to help with vaccinating people and would like her license back.

MARJORIE CORKER-HOLZER, MD

P.O. BOX 86
POMFRET, CT 06258
TEL. (860) 465-7694

CREDENTIALS

Medical License, State of Connecticut 022422, Issued October 1980, Lapsed 2015 (Retirement)

Board Certified, American Board of Pediatrics, June 1979

WORK EXPERIENCE

Medical Staff Day Kimball Hospital, Putnam, CT	1989-2014
Pediatrician Day Kimball Pediatric Center, Putnam, CT	2008-2014 1989-2005
Assistant Professor, Pediatrics University of Massachusetts Pediatrician at South County Pediatric Center	1983-1987
Pediatrician Private Practice, Webster, MA	1982-1983
Medical Director Hubbard Pediatric Center, Webster, MA	1980-1982

TRAINING

Chief Resident – Outpatient Department Montefiore Hospital, New York, NY	July 1977-June 1978
Internship and Residency, Pediatrics (PL-1,2,3) Montefiore Hospital, New York NY	July 1974-June 1977

EDUCATION

Downstate Medical Center	MD in Medicine	1970-1974
University of Pennsylvania	BA in Biology	1966-1970

Since retirement I have been involved in volunteer activities, babysitting grandchildren, gardening, and tennis but no medical activities. I never dreamt that I would need a license again. I have been doing computer work at the Covid vaccine clinics for the last month. I have reached out to the HR department at Day Kimball about my work in outpatient Pediatrics. Although I was also on their hospital staff it was mainly a formality as they no longer have inpatient pediatrics and the nursery is run by nurse practitioners.

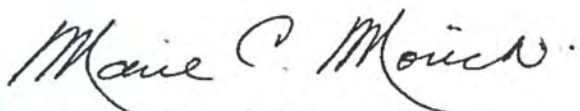
Thank you again for your help
Marge #022422

March 3, 2021

To Whom It May Concern:

Please be advised that Dr. Marjorie Corker Holzer was employed as a Pediatrician at the Day Kimball Healthcare Pediatric Center from 10/10/1989 to 03/31/2014.

Sincerely,



Marie C. Morich

Human Resources Coordinator

Day Kimball Healthcare, Inc.

This is to certify that **MARJORIE CORNER-HOLZER MD** has completed up to 1.00 hours of category 1 CME credit through participation in the activity:

Medical and nutritional management of eosinophilic esophagitis in adolescents and adults: Therapeutic updates and best practices

Which was completed on February 05, 2021.

An activity post-test was successfully passed.

Activity ID#: 0574-0000-20-005-H01-P

This CME activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through ScientiaCME. ScientiaCME is accredited by the ACCME to provide continuing medical education for physicians.

ScientiaCME designates this educational activity for a maximum of 1.00 *AMA PRA Category 1 Credits™*.

Physicians should claim only credit commensurate with the extent of their participation in the activity.

The American Academy of Physician Assistants (AAPA) accepts *AMA PRA Category 1 Credits™* from organizations accredited by the ACCME. The provider of this activity, ScientiaCME, is accredited by the ACCME and designates this educational activity for a maximum of 1.00 *AMA PRA Category 1 Credit(s)™*. Physician assistants should claim only credit commensurate with the extent of their participation in the activity.

Nurse Practitioners: The American Academy of Nurse Practitioners (AANP) accepts *AMA PRA Category 1 Credit(s)™* from organizations accredited by the ACCME. ScientiaCME is accredited to provide continuing medical education for physicians.

Nurses may claim credit for activities approved for *AMA PRA Category 1 Credits™* in most states, for up to 50% of the nursing requirement for recertification. This activity is designated for up to 1.00 *AMA PRA Category 1 Credits™*

Please print and retain this Certificate for your records.

Marjorie Corker-Holzer's Online Transcript

To view and print a statement of credit, click on an activity title below.

[State CME Licensure Requirements](#)

[State CPE Licensure Requirements](#)

Start date: YYYY-MM-DD

End date: YYYY-MM-DD

[Get Printable Transcript »](#)

Online CE Credits

Activity Title	Credits/Hours	Credit Type Earned	Completed
Care for the Caregivers, Coping in a Pandemic (On Demand)	1.00	AMA PRA Category 1	Feb 3, 2021
Hepatitis C and COVID-19: What Clinicians in Rural and Underserved Areas Need to Know	0.50	AMA PRA Category 1	Feb 3, 2021
Mindfulness and Compassion in Uncertain Times: Care for the Caregiver (On-Demand)	2.25	AMA PRA Category 1	Feb 3, 2021

Other CE Credits

Other CE Credits are credits/contact hours you have received from an alternative accredited provider, but would like to keep track of on BUcme.org.

Add *Other CE Credits* now.

© 2021 BOSTON UNIVERSITY ALL RIGHTS RESERVED.

Credit Tracker

1 - 12 of 21 results

ALL

CME ONLINE

21

My Credits

TOTAL

14.00

CME CREDITS

14.00

redits™

[Add External Credit](#)

Legend

AAFP:

American Academy of Family Physicians prescribed credits

AANP:

American Association of Nurse Practitioners contact hours

AANP Pharm:

AANP Pharmacology credit

AMA:

AMA PRA Category 1 Credit™

COA:
Certificate of Attendance

ABIM MOC:
American Board of Internal Medicine Maintenance of Certification credits

State License CME/CE Requirements for Physicians, Nurse Practitioners, and Physician Assistants

The following links are provided as a resource for your state CME/CE license requirements. Please verify all information with your state licensing agency.

Physicians

Physician Assistants

Nurse Practitioners

Credit Type

All

Date Range

All

02/06/2021

COVID-19 and Seniors: Atypical Presentations in Older Adults (Recorded 4/23/20)

Podcast

AMA PRA Category 1 Credits™

0.25 Credits



02/06/2021

Aging During COVID-19: Bored Seniors? How to Age-in-Place Successfully

Podcast

AMA PRA Category 1 Credits™

0.25 Credits



02/05/2021

COVID-19 Web Series Part 18: Vitamin D and Testing Updates

Virtual CME Program

AMA PRA Category 1 Credits™

0.50 Credits



02/05/2021

COVID-19 Web Series Part 4: Patient Evaluation and Diagnosis

Virtual CME Program

AMA PRA Category 1 Credits™

1.00 Credits



02/04/2021

Celiac Disease: The Great Masquerader (Recorded at Pri-Med South)

Webcast

AMA PRA Category 1 Credits™

1.00 Credits



02/02/2021

Frankly Speaking Update: COVID-19 and Special Populations (Recorded 5/22/20)

Podcast

AMA PRA Category 1 Credits™

0.25 Credits



02/02/2021

COVID-19 Vaccine: Get the Facts and Bust the Myths

Podcast

AMA PRA Category 1 Credits™

0.25 Credits



02/02/2021

Update in Adolescent Care (Recorded at Pri-Med Southwest)

Webcast

AMA PRA Category 1 Credits™

1.00 Credits



02/02/2021

Milk: Whole, Skim or Something In Between? - Frankly Speaking EP 162

Podcast

AMA PRA Category 1 Credits™

0.25 Credits



02/02/2021

COVID-19 Web Series Part 19: Myocarditis and Comparing COVID to Influenza

Virtual CME Program

AMA PRA Category 1 Credits™

0.50 Credits



02/02/2021

COVID-19 Web Series Part 14: Pediatric Concerns and Multisystem Inflammatory Syndrome in Children

Virtual CME Program

AMA PRA Category 1 Credits™

0.50 Credits



02/01/2021

Managing Obesity in Primary Care Practice (Recorded at Pri-Med East)

Webcast

AMA PRA Category 1 Credits™

1.00 Credits



Credit Tracker

13 - 21 of 21 results

ALL

CME ONLINE

21

My Credits

TOTAL 2021 ▾

14.00

CME CREDITS

14.00

edits™

[Add External Credit](#)

Legend

AAFP:

American Academy of Family Physicians prescribed credits

AANP:

American Association of Nurse Practitioners contact hours

AANP Pharm:

AANP Pharmacology credit

AMA:

AMA PRA Category 1 Credit™

COA:
Certificate of Attendance

ABIM MOC:
American Board of Internal Medicine Maintenance of Certification credits

State License CME/CE Requirements for Physicians, Nurse Practitioners, and Physician Assistants

The following links are provided as a resource for your state CME/CE license requirements. Please verify all information with your state licensing agency.

Physicians

Physician Assistants

Nurse Practitioners

Credit Type

All

Date Range

All

02/01/2021

Screening and Management of Cardio-Metabolic Risk Factors in Children and Adolescents

Webcast

AMA PRA Category 1 Credits™

0.50 Credits



02/01/2021

Bleeding Disorders in the Pediatric Patient (Recorded at Pri-Med West)

Webcast

AMA PRA Category 1 Credits™

0.75 Credits



02/01/2021

Medical Literature Updates: Pediatric Highlights from 2018-2019 (Recorded at Pri-Med Midwest)

Webcast

AMA PRA Category 1 Credits™

1.00 Credits



02/01/2021

Mental Health During the COVID-19 Pandemic: Pediatric Mental Health (Recorded 05/11/2020)

Podcast

AMA PRA Category 1 Credits™

0.25 Credits



02/01/2021

Pediatric Asthma: Diagnosis and Treatment (Recorded at Pri-Med West)

Webcast

AMA PRA Category 1 Credits™

0.75 Credits



02/01/2021

Pediatric Updates 2019 (Recorded at Pri-Med East)

Webcast

AMA PRA Category 1 Credits™

1.00 Credits



01/31/2021

Myths and Data: A Review of the Most Relevant Research for Pediatric General Practice (Recorded at Pri-Med South)

Webcast

AMA PRA Category 1 Credits™

1.00 Credits



01/31/2021

Pediatrics: The Science of Handling Bullying (Recorded at Pri-Med West)

Webcast

AMA PRA Category 1 Credits™

1.00 Credits



01/31/2021

Pediatrics: Approach to the Child with Short Stature (Recorded at Pri-Med West)

Webcast

AMA PRA Category 1 Credits™

1.00 Credits



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH

Gabriel Abella, M.D.

Petition No.: 2018-699

BIOGRAPHICAL INFORMATION:

Medical School: George Washington University, Washington, D.C.
Year of Graduation: 1990

Post Graduate Training:

7/1/90 - 6/30/91 Intern Metro Health Medical Center, Cleveland, OH
7/1/91 - 6/30/94 Resident Metro Health Medical Center, Cleveland, OH

Current Employment: Orthopedic Partners, North Franklin, CT
License Issued: 8/3/1999
Type of Practice: Physical Medicine and Rehabilitation/Pain Management
Malpractice History: None Reported
Past History with DPH: None Reported

THIS CONSENT ORDER DISCIPLINE:

- Reprimand
- \$5,000 civil penalty
- One year probation: monitor to review 20% of respondents patient records, with monthly reports to the Department for the first three months and quarterly for remainder of probation; coursework in managing radiologic findings in orthopedics

DEPARTMENT SUMMARY:

In June 2018 the Department's Practitioner Licensing and Investigations Section opened this petition in response to a complaint from the patient's family member.

Respondent provided care to Patient #1 during approximately August 30, 2017 through October 2017. The Department alleges that respondent's care for Patient #1 failed to meet the standard of care in that:

- a. He failed to acknowledge the radiologist's report of an MRI taken on August 30, 2017, which contained a finding of a suspicious lesion within the L1 vertebral body; and/or
- b. He failed to order further evaluation of the lesion.

WILL THIS RESULT IN A REPORT TO THE NPDB? Yes

Wilan, Diane

From: Charlene Nickolenko <cnickolenko@yahoo.com>
Sent: Tuesday, February 16, 2021 9:26 AM
To: Wilan, Diane
Subject: David Nickolenko

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Ms. Wilan

I want to Thankyou so much for everything that you and your team has done. You touched every concern I had with much wisdom and care for both of your parties (me and my family) and Dr. Abella. I do hope he does well.

You and your department have exposed us to how well run and fair this system is.

Bless you all, with much gratitude.

The Nickolenko Family

6sons

17 grandchildren

Myself, Charlene Nickolenko

Sent from my iPhone

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Gabriel Abella, M.D.

Petition No. 2018-699

CONSENT ORDER

WHEREAS, Gabriel Abella of Franklin, Connecticut (hereinafter "respondent") has been issued license number 038036 to practice medicine and surgery by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and

The Department alleges that:

1. Respondent provided care to Patient #1 during approximately August 30, 2017 through October 2017. Respondent's care for Patient #1 failed to meet the standard of care in one or more of the following ways:
 - a. He failed to acknowledge the radiologist's report of an MRI taken on August 30, 2017, which contained a finding of a suspicious lesion within the L1 vertebral body; and/or
 - b. He failed to order further evaluation of the lesion.
2. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut §20-13c, including but not limited to §20-13c(4).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board

(hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-13c of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent's license number 038036 to practice medicine and surgery in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of five thousand dollars (\$5,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent's license shall be placed on probation for a period of one year under the following terms and conditions:
 - a. Respondent shall obtain at respondent's own expense, the services of a monitor, pre-approved by the Department (hereinafter "supervisor"), to conduct a random review of twenty percent (20 %) or twenty (20) of respondent's patient records, whichever is the larger number, monthly for the first three months of probation and quarterly for the remainder of the probationary period. In the event respondent has twenty (20) or fewer patients, the supervisor shall review all of respondent's patient records.
 - (1) Respondent shall provide a copy of this Consent Order to respondent's practice supervisor. Respondent's supervisor shall furnish written confirmation to the Department of the supervisor's engagement in that

capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.

- (2) Respondent's supervisor shall conduct such review and meet with respondent not less than once every month for the first three months of respondent's probationary period and quarterly for the remainder of the probationary period.
 - (3) The supervisor shall have the right to monitor respondent's practice by any other reasonable means which the supervisor deems appropriate. Respondent shall fully cooperate with the supervisor in providing such monitoring.
 - (4) Respondent shall be responsible for providing written supervisor reports directly to the Department monthly for the first three months of the probationary period and quarterly for the remainder of the probationary period. Such supervisor's reports shall include documentation of dates and duration of meetings with respondent, number and a general description of the patient records, radiology reports, patient medication orders and prescriptions reviewed, additional monitoring techniques utilized, and statement as to whether respondent is practicing with reasonable skill and safety. A supervisor report indicating that respondent is not practicing with reasonable skill and safety shall be deemed to be a violation of this Consent Order.
- b. Within the first four months of the probationary period, respondent shall attend and successfully complete coursework in managing radiologic findings in orthopedics, pre-approved by the Department. Within two weeks of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such course(s).

5. All correspondence and reports are to be addressed to:

Lavita Sookram, R.N., Nurse Consultant
Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

6. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
7. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
8. Respondent shall pay all costs necessary to comply with this Consent Order.
9. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
- a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 9.a above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.

- e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
10. In the event respondent does not practice medicine and surgery for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes the practice of medicine and surgery, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice of medicine and surgery without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. If requested to do so by the Department, respondent further agrees to complete the following:
- a. attend and successfully complete coursework, remediation, and/or retraining pre-approved by the Department. Upon completion, respondent shall provide the Department with proof, to the Department's satisfaction, of successful completion.
- Respondent agrees that any return to the practice of medicine and surgery without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.
11. If, during the period of probation, respondent practices medicine and surgery outside

Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of medicine and surgery in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 4 above.

12. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
13. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
14. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
15. Respondent understands and agrees that this Consent Order shall be deemed a public document and the Department's allegations as contained in this Consent Order shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue.

Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States

Department of Health and Human Services and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.

16. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing medicine and surgery, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45-day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
17. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
18. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut,

provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.

19. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
20. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
21. Respondent understands and agrees that respondent is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which respondent is away from respondent's residence.
22. Respondent has the right to consult with an attorney prior to signing this document.
23. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.

24. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.


*

*

*

*

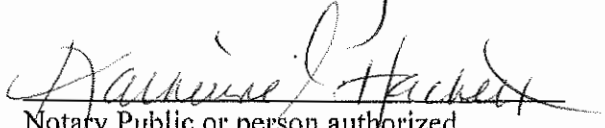
I, Gabriel Abella, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.



Gabriel Abella, M.D.

Subscribed and sworn to before me this 19th day of January 2021.

my commission expires 9/30/21



Notary Public or person authorized
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 25th day of February 2021, it is hereby accepted.



Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the _____ day of _____ 2021, it is hereby ordered and accepted.

Connecticut Medical Examining Board

**CONNECTICUT MEDICAL EXAMINING BOARD
CONSENT ORDER COVER SHEET**

Respondent: Susannah A. Tung, M.D.

Petition No. 2020-386

BIOGRAPHICAL INFORMATION:

Medical School: Ross University School of Medicine, Graduated 2007

07/01/2007-06/30/2011 Psychiatry *Resident* Brookdale Hospital, Brooklyn, NY

Current employment: Respondent is employed as a psychiatrist by the Connecticut Department of Corrections

License: 049311 Issued: 11/01/2010

Type of Practice: Psychiatry

Board Certification: American Board of Psychiatry and Neurology

Malpractice History: None reported

Past History with DPH: None

Investigation Commenced: 4/9/2020

THIS CONSENT ORDER DISCIPLINE:

Probationary period of four (4) years that includes:

- Reprimand
- Course work in prescribing practices, pre-approved by the Department
- Random alcohol/drug screens
- Therapy and employer reports
- Support group attendance
- No solo practice

DEPARTMENT SUMMARY OF THE CASE:

- This petition was opened after the Department of Consumer Protection, Drug Control Division made a referral regarding respondent's private practice.
- On or about October 11, 2017 and/or February 20, 2020, respondent abused and/or utilized to excess alcohol. Respondent's abuse or excess use of alcohol does, and/or may, affect her practice as a physician.
- From approximately February 2017 through January 2020, respondent failed to meet the standard of care and/or failed to comply with the requirements of Connecticut General Statutes Sec. 21a-254(j)((9) in that she failed to access and/or utilize Connecticut's electronic prescription records for controlled substances dispensed by pharmacies ("the PMP") prior to prescribing controlled substances for three patients and/or failed to access and/or utilize the PMP at least once every ninety days for two patients receiving ongoing prescriptions.
- A community consultant reviewed medical records of one of respondent's private practice patients. The consultant found no violation of the standard of care based on a review of those medical records. The consultant commented that the records

showed appropriate documentation of assessment, risk management, treatment planning and appropriate medication management. The consultant also noted that the Drug Control Report findings regarding respondent's noncompliance with statutory requirements pertaining to use of the PMP stood on its own merit.

WILL THIS RESULT IN A REPORT TO THE N.P.D.B. BANK?

- Yes

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Susannah Tung, M.D.

Petition No. 2020-386

CONSENT ORDER

WHEREAS, Susannah Tung of Wethersfield, Connecticut (hereinafter "respondent") has been issued license number 049311 to practice as a physician and surgeon by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 370 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. On or about October 11, 2017 and/or February 15, 2020, respondent abused and/or utilized to excess alcohol.
2. Respondent's abuse and/or excess use of alcohol does, and/or may, affect respondent's practice as a physician and surgeon.
3. From approximately February 2017 through January 2020, respondent failed to meet the standard of care and/or failed to comply with the requirements of Connecticut General Statutes §21a-254(j)(9) in that respondent failed to access and/or utilize Connecticut's electronic prescription records for controlled substances dispensed by pharmacies ("the Prescription Monitoring Program") prior to prescribing controlled substances for three (3) patients and/or failed to access and/or utilize the Prescription Monitoring Program at least once every ninety (90) days for two (2) patients receiving ongoing controlled substance prescriptions.

4. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-13c, including, but not limited to:
 - a. §20-13c(3); and/or
 - b. §20-13c(4).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Connecticut Medical Examining Board (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-13c of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-13c of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent's license number 049311 to practice as a physician and surgeon in the State of Connecticut is hereby reprimanded.
3. Respondent's license shall be placed on probation for a period of four (4) years under the following terms and conditions:
 - a. Respondent shall participate in regularly scheduled therapy at respondent's own expense with a licensed psychiatrist or psychologist pre-approved by the Department (hereinafter "therapist").
 - (1) Respondent shall provide a copy of this Consent Order to respondent's therapist.

- (2) Respondent's therapist shall furnish written confirmation to the Department of the therapist's engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.
 - (4) The therapist shall submit reports monthly for the first and fourth years of probation; and, quarterly for the second and third years of probation, which shall address, but not necessarily be limited to, respondent's ability to practice as a physician and surgeon in an alcohol and substance free state, safely and competently. A report indicating that respondent is not able to practice safely and competently shall be deemed to be a violation of this Consent Order. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.
 - (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates the therapist's services.
- b. During the entire four year probation, respondent shall refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drug unless prescribed or recommended for a

legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. Respondent shall inform said licensed health care professional of respondent's substance abuse history. In the event a medical condition arises requiring treatment utilizing controlled substances, legend drugs, or alcohol in any form, respondent shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.

- (1) During the first and fourth years of the probationary period, respondent at respondent's own expense, shall submit to weekly random observed urine screens for alcohol, controlled substances, Ethylglucuronide (EtG) and legend drugs; in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as ('Attachment A: Department Requirements for Drug and Alcohol Screens'); during the second and third years, respondent shall submit to such screens on a twice monthly basis. Respondent shall submit to such screens on a more frequent basis if requested to do so by the therapist or the Department. Said screens shall be administered by a facility approved by the Department. All such random screens shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All laboratory reports shall state that the chain of custody procedure has been followed.
- (2) Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by the testing laboratory. All screens shall be negative for the presence of drugs and alcohol. Respondent agrees that an EtG test report of EtG at a level of 1000ng/mL or higher shall be deemed to constitute a positive screen for the presence of alcohol under this Consent

Order. All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.

- (3) Respondent understands and agrees that if respondent fails to submit a urine sample when requested by respondent's monitor, such missed screen shall be deemed a positive screen.
 - (4) Respondent shall notify each of respondent's health care professionals of all medications prescribed for respondent by any and all other health care professionals.
 - (5) Respondent is hereby advised that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol and as a defense of an EtG at 1000ng/mL or higher. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol or if respondent's test reports an EtG at 1000ng/mL or higher, respondent agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines or remedies shall not constitute a defense to such a screen.
- c. During the entire period of probation, respondent shall attend "anonymous" or support group meetings on an average of ten (10) times per month and shall provide quarterly reports to the Department concerning respondent's record of attendance.
 - d. During the period of probation, respondent shall report to the Department any arrest under the provisions of Connecticut General Statutes section 14-227a. Such report shall occur within fifteen (15) days of such event.

- e. Respondent shall provide respondent's chief of service, employer, contractor, partner and/or associate at any hospital, clinic, partnership and/or association at which respondent is employed, contracted or with which respondent is affiliated or has privileges at each place where respondent practices as a physician and surgeon throughout the probationary period (hereinafter, collectively "employer") with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of practice with a new employer. Respondent agrees to provide reports from each and every employer monthly for the first and fourth years of probation; and, quarterly for the remainder of the probationary period, stating whether respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state. A report indicating that respondent is not practicing with reasonable skill and safety and in an alcohol and substance-free state shall be deemed to be a violation of this Consent Order.
- f. During the period of probation, respondent shall not be self-employed as a physician and respondent shall only practice in an office and practice setting that physically includes other licensed physicians on-site while respondent is practicing at said office and practice setting.
- g. Respondent shall obtain written approval from the Department prior to any change in employment.
- h. Within ninety (90) days of the effective date of this Consent Order, respondent shall attend and successfully complete a course in prescribing practices, pre-approved by the Department. Within fifteen (15) days of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such coursework.

4. All correspondence and reports are to be addressed to:

Lavita Sookram, R.N., Nurse Consultant
Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

5. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department.
6. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
7. Respondent shall pay all costs necessary to comply with this Consent Order.
8. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
- a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 8a above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.

- e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
9. If, during the period of probation, respondent practices as a physician and surgeon outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of physician and surgeon in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 3 above.
10. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
11. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
12. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
13. Respondent understands and agrees that this Consent Order shall be deemed a public document, and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Board in which respondent's compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline

imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.

14. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a physician and surgeon, upon request by the Department, with notice to the Board, for a period not to exceed forty-five (45) days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said forty-five (45) day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
15. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
16. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms

contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.

17. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
18. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Board and/or a panel of the Board and a final decision by the Board.
19. Respondent understands and agrees that respondent is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which respondent is away from respondent's residence.

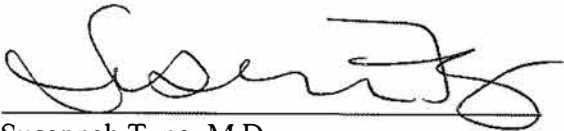
20. Respondent has the right to consult with an attorney prior to signing this document.
21. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
22. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

*

*

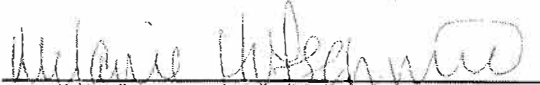
*

I, Susannah Tung, M.D. have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.



Susannah Tung, M.D.

Subscribed and sworn to before me this 7th day of April 2021.



Notary Public or person authorized by law to administer an oath or affirmation

MELANIE A. HUFSCHMIED
Notary Public, State of Connecticut
My Commission Expires 01/31/2022

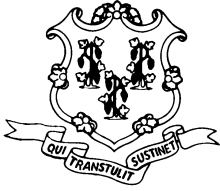
The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 15th day of April 2021, it is hereby accepted.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Medical Examining Board on the _____ day of _____ 2021, it is hereby ordered and accepted.

Connecticut Medical Examining Board



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

REQUIREMENTS FOR DRUG AND ALCOHOL SCREENS

In Re: Susannah Tung, M.D.

Petition No. 2020-386

Screening Monitor Information (Name, Address, Phone, Fax, and E-Mail):

Phone: _____ Fax: _____ E-Mail: _____

SCREENING MONITORS: PLEASE READ THE FOLLOWING CAREFULLY AND CONDUCT SCREENS ACCORDINGLY:

1. Each screen must test for the following substances: alcohol (breathalyzer tests are not acceptable), EtG, amphetamines, barbiturates, benzodiazepines, cannabinoids (THC metabolites), cocaine, opiates (test includes: hydrocodone, hydromorphone, codeine and morphine), oxycodone/oxymorphone, phencyclidine (PCP), meperidine, methadone, propoxyphene, and Tramadol. Screens for additional substances, such as Fentanyl, may also be required if so requested by the Department. Partial screens will not be accepted.
2. **Urine collections must be directly observed. The urine monitor must be in the room with the respondent and directly observe the donor providing the urine specimen into the cup.**
3. The frequency of screens is as follows: _____ thru _____ weekly; _____ thru _____ 2 times per month; and _____ thru _____ weekly
4. **Collections must be random. There must be no pre-arrangement between respondent and his or her employer, supervisor, therapist, screening monitor, and/or the lab in scheduling drug and alcohol screens. There must be no pattern of times, dates, or identifiable sequence (i.e. every Monday or alternating Wednesdays).** If a respondent's therapist is also serving as screening monitor, the specimen collection may not only occur on the same day as a therapy session.



Phone: (860)509-7458 * Fax: (860)509-8368 * VP: (860)899-1611

410 Capitol Avenue - MS # 12HSR

P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

5. Specimens will be collected as follows (**CHECK ONE**):

- The screening monitor (pre-approved by the Department) will call the respondent for collections. The respondent shall provide the monitor with ONE telephone number where s/he may be reliably reached. Respondent shall check calls and messages frequently. Respondent shall appear for specimen collections no later than five (5) hours from the time the screening monitor makes his or her call.

OR

- Respondent shall phone the screening monitor (pre-approved by the Department) every day, Monday through Friday, before 9 a.m., without exception, at which time s/he shall be advised of whether s/he must appear for a screen. Respondent shall appear for specimen collections no later than five (5) hours from the time s/he speaks with the screening monitor.

Respondent must appear for specimen collections within 2 - 5 hours of being notified. The clock starts ticking from the time the screening monitor places the call.

The screening monitor must provide immediate notice to the Department if respondent fails to phone the screening monitor before 9 a.m. (if applicable) or fails to arrive at the collection site within 5 hours of the screening monitor's call.

A MISSED SCREEN IS CONSIDERED A POSITIVE SCREEN.

6. **Respondent will notify the screening monitor and the Department in writing at least two weeks prior to scheduled vacations.** Screens will be collected prior to and following periods of vacation at the Department's discretion. **Respondent will give the screening monitor a minimum of seventy-two hours' prior notice if s/he will be unavailable for a screen on a certain day. Absent notice, a missed screen will be considered to be a positive screen.**
7. Specimens are to be handled in such a manner as to maintain Chain of Custody. Chain of Custody documentation must accompany all laboratory reports and/or the laboratory reports shall indicate that the Chain of Custody procedure has been followed. **Respondent must document all medications s/he is taking on each Chain of Custody form (just find a blank space on the form).** Respondent is responsible for Chain of Custody documentation being completed properly. In the event Chain of Custody is incomplete, the respondent may be called for a repeat screen.
8. All positive results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing method.
9. Lab analysis of urine specimens must be conducted at Lab Corp. To set up an account, and to reorder supplies, contact LabCorp at otsrarcustsvc@labcorp.com or (800) 437-4986. Always keep a minimum of six weeks supplies available at all times.

10. If any problems or questions arise, the screening monitor should call Lavita Sookram at (860) 509-7458, or Olive Tronchin at (860) 509-7644.

Note: There must be one primary screening monitor and at least one backup screening monitor. All screening monitors must sign below acknowledging receipt and review of this protocol and indicating agreement to conduct screens accordingly.

Signature: _____

Signature: _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Complete page 1, check the correct option for paragraph 5 on page 2, sign page 3, and fax all three pages to (860) 706-5820.

In Re: Susannah Tung, M.D.

Petition No. 2020-386