

Revised

Saint - Cancer Center		
PATIENT	COMMENTS	OPIS#
[REDACTED]	[REDACTED]	[REDACTED]

off site

▷ off site

site

7 Locked in

office Fri PM

4 - NO Chart

3 - off site

1 - New Pt Reg

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16 / 06

Name: [REDACTED]

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: _____ / _____

Original Report ER/PR: _____ / _____

Mount Sinai ER/PR: _____ / _____

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

*CONFIRMED
Negative*

[REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16, 2006Name: [REDACTED]

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: _____ / _____

Original Report ER/PR: 0 / 1 / 0

Mount Sinai ER/PR: _____ / _____

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

*Confirmed
Negative*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: _____

March 16/04

Name: _____

MCP #: _____

OPIS #: _____

Date of Pathology: _____

02

Pathology Specimen #/Site: _____

S-2010/021

Original Report ER/PR: _____

NEG 01 90

Mount Sinai ER/PR: _____

40 1 60

Recommendations: _____

prev. treated

with Tamoxifen.

NO change.

Follow-up Physician: _____

Lester Dr.

Other Physicians: _____

cc

Family Doctor: _____

Letter Done ✓

Dr. HALL RECORDS

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/04Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: 2000Pathology Specimen #/Site: 5-0414/00 1Original Report ER/PR: Neg 1 NegMount Sinai ER/PR: 60 1 5

Recommendations: _____

ER
1997 40-50 PR - Minimally Positive

This was not retested
Chest wall recu in 2000

was initially results above
Review rec. Tamoxifen

Follow-up Physician: Subseq. ArimidexOther Physicians: which is appropriate therapy for thisFamily Doctor: hormone receptor positive disease

March 21/06
called
I sent for

letter

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/05Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: 2000Pathology Specimen #/Site: S-0405/00 1Original Report ER/PR: Neg / NegMount Sinai ER/PR: 30 / 30

Recommendations: _____

*Rev started
pt. prev. treated with in 2000
Tamoxifen and she should
have come in 5
year course of this
No treatment FU
if necessary.*

Follow-up Physician: ~~Letter~~ cc [REDACTED]Other Physicians: Letter [REDACTED]Family Doctor: cc [REDACTED]
cc [REDACTED]*Letter Done*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/08Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: 2000Pathology Specimen #/Site: S-0451/00 1Original Report ER/PR: Neg 1 NegMount Sinai ER/PR: 80 1 65

Recommendations: _____

Offer TamoxifenRD LetterFollow-up Physician: Letter [REDACTED]Other Physicians: CC [REDACTED]Family Doctor: CC [REDACTED]Letter Done

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/06Name: [REDACTED]

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: S-1850/001Original Report ER/PR: Neg 1 NegMount Sinai ER/PR: 90 1 10

Recommendations: _____

to Get more info from[REDACTED]

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

More Info

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/02Name: [REDACTED]MCP #: [REDACTED]OPIS #: N/ADate of Pathology: 02Pathology Specimen #/Site: B-1977/02 1Original Report ER/PR: Neg 1 NegMount Sinai ER/PR: 20 1 0

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

More
info
for
[REDACTED]

Check with
[REDACTED]

more info

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/00Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: 99Pathology Specimen #/Site: S-0406/99 1Original Report ER/PR: Neg 1 NegMount Sinai ER/PR: 60 1 P

Recommendations: _____

_____ More info_____ [REDACTED]

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

off site
more
info

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: 99Pathology Specimen #/Site: S-1254/99 1Original Report ER/PR: neg / negMount Sinai ER/PR: 6 / 0

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Confirmed
Negative

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: 01Pathology Specimen #/Site: B-01138/011Original Report ER/PR: 1Mount Sinai ER/PR: 1

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Deferred
? No Mt.
Sinai
Results
Specimen
to be
resent

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16, 2006Name: [REDACTED]

MCP #: _____

OPIS #: _____

Date of Pathology: True DCISPathology Specimen #/Site: 1Original Report ER/PR: 1Mount Sinai ER/PR: 1

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16th / 2006Name: [REDACTED]

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 1Original Report ER/PR: Neg 1 NegMount Sinai ER/PR: 1

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Confirmed

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16, 2006Name: [REDACTED]

MCP #: _____

OPIS #: _____

pt. deceased

Date of Pathology: _____

Pathology Specimen #/Site: _____ / _____

Original Report ER/PR: _____ / _____

Mount Sinai ER/PR: _____ / _____

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16, 2006Name: [REDACTED]

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: _____ 1

Original Report ER/PR: Neg 1 NegMount Sinai ER/PR: 5 1 0

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Confirmed
Neg

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/06Name: [REDACTED]

MCP #: _____

OPIS #: _____

Confirmed Neg.

Date of Pathology: _____

Pathology Specimen #/Site: _____ / _____

Original Report ER/PR: _____ / _____

Mount Sinai ER/PR: _____ 0 / 0 _____

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/06Name: [REDACTED]

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: _____ / _____

Original Report ER/PR: Neg / Pos

Mount Sinai ER/PR: _____ / _____

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/06Name: [REDACTED]

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: 1Original Report ER/PR: Neg 1 NegMount Sinai ER/PR: Neg 1

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

*Confirmed
Negative*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 10, 2006Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]*Conf. Neg*Date of Pathology: 98Pathology Specimen #/Site: S-0854/98 1Original Report ER/PR: 1Mount Sinai ER/PR: 1

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16, 2006

Name: [REDACTED]

MCP #: _____

OPIS #: _____

Date of Pathology: _____

Pathology Specimen #/Site: _____ / _____

Original Report ER/PR: _____ / _____

Mount Sinai ER/PR: _____ / _____

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

*Continued
Negative
Reassured*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16, 2006

Name: [REDACTED]

MCP #: _____

OPIS #: _____

*Confirmed
Negative*

Date of Pathology: _____

Pathology Specimen #/Site: _____ / _____

Original Report ER/PR: _____ / _____

Mount Sinai ER/PR: _____ / _____

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: N/ADate of Pathology: 98Pathology Specimen #/Site: S-1118/98 1Original Report ER/PR: 1Mount Sinai ER/PR: 95 1 10

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

NO

Need to
Obtain
more
info.

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: 99Pathology Specimen #/Site: 8-0177/99 1Original Report ER/PR: 1Mount Sinai ER/PR: 0 1 0

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

*Old site
More info
needed*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: March 16 / 06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: [REDACTED]

Date of Pathology: _____

Pathology Specimen #/Site: Neg 1 Neg

Original Report ER/PR: 0, 0

Mount Sinai ER/PR: 1

Recommendations: _____

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

*Primary
Confirmed
Negative*

*NO
Panel 11*

*Treated on
basis
of
metastatic
disease*

*Next 3 charts
have been removed
charts from
[REDACTED] [REDACTED]*



Purchase Requisition

Dept./Program _____ Dept. #: 11.1.1.1 E.O.C. _____

Site: _____ Phone#: _____ Date: _____

Deliver to: _____ P.O.# _____

COMPANY NAME: _____ 1 _____ 2 _____ 3 _____

[illegible]

This area must be completed

1. Is this a new item(s)? ☐ Yes ☐ No If yes, Program/Dept. Director approval required _____
2. Does this replace an item(s) presently used? ☐ Yes ☐ No If yes complete following:
(i) Is this a contract item(s)? ☐ Yes ☐ No (ii) Who is the present supplier? _____
(iii) List catalogue #(s) of the present supplier? _____ (iv) Does this replace a Stores item(s)? ☐ Yes ☐ No
(v) What quantities are in hospital departments? _____
(vi) Please note that if this is a contract item(s) or quantities are around the hospital; then this item(s) must be depleted and contract expired before new item(s) purchased.
3. Has any injury been attributed to this equipment? ☐ Yes ☐ No
Does this purchase have any risk factor for injury? (i.e. - overexertion while lifting, pushing, carrying, etc.; postural stress from working above elbow height or below knee height; reaching, working in static postions; environmental factors).
Please explain: _____
4. Is this an electronic patient-related equipment purchase? ☐ Yes ☐ No
If yes, please check with the Biomedical Department (Technical Services) for recommendation.
5. Will this purchase require any of the following services:
(i) Electrical ☐ Yes ☐ No (ii) Plumbing (water, steam, air or medical gases) ☐ Yes ☐ No
(iii) Mechanical (ventilation, etc.) ☐ Yes ☐ No (iv) Architectural (walls, doors, etc.) ☐ Yes ☐ No
If yes, please specify and check with Facilities Management Department for recommendations.
6. Does this purchase require the Infection Control Department involvement? ☐ Yes ☐ No
If yes, please specify and check with the Infection Control Department for recommendations.
7. Please specify any other regulations or requirements to be checked before final purchase is completed.

Known Sources of Supply and Comments

Requisitioner:

Purchasing Manager:

Western Memorial

RS #	SPECIMEN #	PATIENT NAME	MCP#	Blocks	Region	Original ER	Original PR	MS ER	MS PR	MS Tumour	IC	F/P
RS	00:SU2365			N/A		<20	neg			DCIS		
RS	S-3041-99			N/A		1 to 5	neg	30	15	D	P	P
RS	99:SU7509			N/A		neg	90-95	60	80	DT	PS	A
RS	S-1616-98			XIV		neg	50	70	30	L	PS	A
RS	01:SU2396			II		neg	25	80	30	D	PS	A
RS	01:SU2397			III		neg	25	50	20	D	PS	A
RS	S-8994-97			N/A		neg	neg	40	20	DT	PS	A
RS	00:SU3738			N/A		neg	neg	30	20	D	PS	A
RS	S-2156-99			N/A		neg	neg	80	10	D	A	A
RS	00:SU6654			N/A		neg	neg	90	80	D	PS	A
RS	01:SU1551			VI		20-25	50	80	60	D	PS	A
RS	01:SU1552			VIII		20-25	50	90	50	DL	PS	A
RS	S-7704-98			N/A		10	80	10	95	T	PS	P
RS	S-2101-99			XII		neg	50-60	60	90	D	PS	A
RS	S-3978-99			N/A		neg	neg	30	0	L	PS	P
RS	01:SU6538			N/A		1 to 5	80-90	30	90	DL	PS	A
RS	01:SU431			N/A		neg	5 to 10	60	5	D	PS	A
RS	01:SU5865			III		neg	80	80	70	D	PS	A
RS	01:SU5866			VIII		neg	80	70	90	DT	PS	A
RS	02:SU2314			N/A		25-30	5 to 10			NT		
RS	02:SU2094			VII		neg	<5	60	50	MCa	PS	A
RS	S-8671-98			1		20	15	50	10	D	PS	P
RS	S-8671-99			2				15	2	D	A	P
RS	S-4549-99			N/A		1 to 2	60	15	70	D	PS	A
RS	02:SU6758			N/A		neg	70-80	60	70	D	PS	A
RS	01:SU7649			N/A		neg	neg	60	0	C	PS	A
RS	02:SU5555			N/A		neg	25-30	5	30	D	PS	A
RS	02:SU2273			N/A		neg	>90	30	60	D	PS	A
RS	00:SU2560			N/A		Oct-20	neg	90	0	D	PS	A
RS	S-4325-97			V		75	<90	30	60	L	PS	P
RS	S-4325-98			VI				40	80	D	PS	A
RS	02:SU2134			XI		neg	<5	60	30	D	PS	A
RS	00:SU7612			N/A		neg and 25	40	80	60	D	PS	A
RS	S-7041-98			1		neg	neg	40	50	D	PS	A
RS	S-7041-99			2		neg	neg	70	60	D	PS	A
RS	S-3933-99			VI		neg	70	30	0	DT	PS	A
RS	S-3933-100			XI		neg	50-60	10	0	DL		
RS	00:SU830			N/A		neg	neg	90	10	DL	PS	A
RS	00:SU5749			N/A		neg	neg			DCIS		
RS	S-6661-98			N/A		neg	30			DCIS		
RS	00:SU2004			N/A		neg	neg	90	5	D	PS	A
RS	S-6310-99			1		?	?	100	100	D	A	A
RS	S-6310-100			2		?	?	100	100	D	A	A
RS	00:SU1144			N/A		neg	neg	0	0	D	A	A
RS	00:SU1145			2				20	10	D	PS	A
RS	00:SU7617			I		1 to 5	60-70	25	40	T	PS	A
RS	00:SU7618			VI		1 to 5	60-70	60	80	T	PS	A
RS	02:SU5049			N/A		neg	neg	0	0	D	PS	A
RS	03:SU6366			N/A		20	>90	50	70	D	PS	A
RS	01:SU4461			N/A		5 to 10	neg	80	0	D	PS	A
RS	02:SU7547			N/A		10	10	40	30	D	PS	A
RS	00:SU7593			XI		20	40			DCIS		

RS #	SPECIMEN #	PATIENT NAME	MCP#	Blocks	Region	Original ER	Original PR	MS ER	MS PR	MS Tumour	IC	F/P
RS-	03:SU6246			N/A		20-30	neg	10	0	MCa	P	A
RS-	02:SU587			N/A		no value	30	70	60	D	PS	A
RS-	S-4321-98			N/A		neg	40-50			DCIS		
RS-	00:SU7265			III		20-30	>75	5	15	D	PS	A
RS-	00:SU7266			IV		20-30	>75	20	60	D	PS	A
RS-	02:SU5459			VI		0	<5	30	10	D	PS	A
RS-	S-4395-99			N/A		10 to 15	80-90	90	90	D	PS	A
RS-	01:SU4151			N/A		neg	neg			DCIS		
RS-	01:SU4152			VI		neg	neg			DCIS		
RS-	03:SU969			N/A		neg	75	70	80	DT	PS	A
RS-	S-4465-98			N/A		30-40	neg	50	0	L	PS	A
RS-	01:SU1720			N/A		20	20	90	0	C	PS	A
RS-	S-8245-98			N/A		neg	neg	60	15	D	PS	P
RS-	00:SU2749			20		neg	80			NT		
RS-	S-3484-99			N/A		neg	80-90	90	90	D	PS	A
RS-	S-730-98			VI		neg	neg			DCIS		
RS-	00:SU2290			VII		pos	neg	40	2	D	P	A
RS-	S-3741-99			X		neg	10 to 20	40	0	D	PS	A
RS-	S-3741-100			XI		neg	10 to 20	60	50	DL	PS	A
RS-	00:SU825			1		25	neg	40	0	DT	PS	A
RS-	00:SU826			2				40	2	DCIS/M	PS	A
RS-	01:SU5597			N/A		neg	neg	2	10	D	PS	A
RS-	S-3900-99			N/A		1 to 5	neg	60	0	D	PS	A
RS-	00:SU1389			N/A		neg	neg	70	15	D	PS	A
RS-	02:SU1710			XVIII		neg	neg	60	0	DT	PS	A
RS-	01:SU1328			IX		neg	1			DCIS		

Western Memorial

RS #	SPECIMEN #	PATIENT NAME	MCP#	Blocks	Region	Original ER	Original PR	MS ER	MS PR	MS Tumour	IC	F/P
RS-	00:SU7594			1		20	40			DCIS		
RS-	02:SU7278			VIII		<1	<1	40	20	D	PS	A
RS-	S-3984-97			N/A		?	?	80	30	D	PS	A
RS-	01:SU6140			N/A		5 to 10	5 to 10			DCIS		
RS-	01:SU6141			XXIII				50	<1	MCa	P	A
RS-	S-8986-97			N/A		neg	80-90			DCIS		
RS-	01:SU3397			N/A		neg	neg	10	0	D	PS	A
RS-	S-5121-99			X		neg	50-60	10	<1	D	PS	P
RS-	S-5121-100			XVII		neg	neg	30	40	D	PS	A
RS-	01:SU6897			N/A		10	10	50	10	D	P	A
RS-	01:SU6372			N/A		neg	neg	15	5	D	PS	A
RS-	04:SU3			VI		neg	neg	40	30	D	PS	A
RS-	04:SU4			X		neg	neg	60	30	D	PS	A
RS-	S-8151-97			XIX		neg	neg	60	0	L	PS	A
RS-	S-5170-99			N/A		neg	95	15	90	D	PS	A
RS-	S-3907-98			N/A		neg	40-50	50	20	D	PS	A
RS-	01:SU1790			XI		15-20	90-95	10	90	DT	PS	A
RS-	S-3037-98			X		neg	neg	0	0	DCIS/M	PS	A
RS-	03:SU4612			N/A		neg	neg	0	0	D	PS	A
RS-	03:SU7028			N/A		5	5	50	5	D	PS	A
RS-	02:SU4457			N/A		neg	neg	0	0	D	PS	A
RS-	S-3612-99			N/A		neg	60-70	80	60	D	PS	A
RS-	03:SU6222			VII		neg	10 to 20	30	10	D	PS	A
RS-	S-4418-99			1		neg	neg	90	60	D	PS	A
RS-	S-4418-100			2		neg	neg	70	40	D	PS	A
RS-	02:SU7496			N/A		neg	neg			DCIS		
RS-	00:SU7186			IX		weak +	weak +	80	40	D	PS	A
RS-	S-3301-99			VII		neg	neg	30	0	D	A	A
RS-	02:SU95			VII		5	10	10	5	DL	PS	A
RS-	01:SU1910			II		neg	neg			DCIS		
RS-	S-5901-98			1		neg	50-60	15	30	D	PS	A
RS-	S-5901-99			2				15	60	D	PS	A
RS-	S-8747-98			N/A		neg	neg	25	15	C	PS	A
RS-	SU5741-98			XI		neg	neg	95	40	D	PS	A
RS-	S-4849-98			N/A		neg	50	30	80	D	PS	P
RS-	S-3485-98			N/A		neg	neg	20	5	D	PS	P
RS-	S-2292-98			VI		?	?	20	40	D	PS	P
RS-	S-6880-97			IX		175	neg	50	<1	D	PS	A
RS-	S-4459-98			II		10	90			EPAP		
RS-	02:SU7311			N/A		neg	40-50			DCIS		
RS-	S-3935-99			1		neg	>10	30	50	D	PS	A
RS-	S-3935-100			2		neg	>10	50	50	D	PS	A
RS-	S-971-99			N/A		25	10	60	5	D	PS	A
RS-	01:SU4663			N/A		5	80	30	60	D	PS	A
RS-	S-6422-98			N/A		neg	neg	50	20	D	PS	P
RS-	00:SU7560			IX		10	10			DCIS		
RS-	S-1926-99			N/A		neg	neg			DCIS		
RS-	03:SU7979			N/A		poor 5+	50			NT		
RS-	02:SU2960			VI		neg	60-70	10	50	D	PS	A
RS-	03:SU5183			N/A		10	30	70	20	D	PS	A
RS-	S-3693-99			N/A		1 to 5	90	90	90	D-EIC	PS	A
RS-	S-1082-98			N/A		?	?	40	<1	MCa	PS	A

ER PR Received from St. Anthony site January 24/06

Mt. Sinai Results

RS#	SURGICAL #	BLOCK #	PATIENT	Tumour	ER	PR	IC	F/P
RS	S-2010/02	3		D	40	60	PS	A
RS	S-1118/98	1		D	95	10	PS	A
RS	S-001755-04	3		DL	0	0	PS	A
RS	S-0774/03	B		D	20	0	PS	A
RS	S-0177/99	A11		D	0	0	PS	A
RS	S-0414/00	A		D	60	5	PS	A
RS	S-1077/00	5		D	0	0	PS	A
<i>Deceased</i> RS	S-1405/00	N/A		DT	50	60	PS	A
RS	S-1571/00	24		D	15	25	PS	A
RS	S-0884/98	3		D	0	0	PS	A
RS	S-0405/00	2		D	30	30	PS	A
RS	S-0451/00	N/A		D	80	65	PS	A
RS	S-0932/99	1		DCIS				
RS	S-1254/99	1		D	0	0	PS	A
RS	S-1850/00	2		DT	90	10	PS	A
RS	S-1977/02	7		D	20	0	A	A
RS	S-0406/99	E2		L	60	10	A	A
RS	S-001498-04	2		D	0	0	A	A
RS	S-0102201	1		M	0	0	PS	A
RS	S-01519/98	2		D	5	0	A	A
RS	S-0594/01	C7		D	0	0	A	P
RS	S-1424/99	3		L	80	0	PS	A
RS	S-01138/01	B1		NT				