

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT
IN AND FOR BROWARD COUNTY, FLORIDA.

CASE NO. : 12-xxxxxxx
JUDGE: XXXX

STATE OF FLORIDA,

Plaintiff,

vs.

ORIGINAL

DK

Defendant.

----- /

DEPOSITION

OF

CARLA ANDERSON

DATE: October 21, 2013

TIME: 2:00 p.m. - 2:49 p.m.

PLACE: BROWARD COUNTY MEDICAL EXAMINER AND
TRAUMA SERVICES
5301 SW 31st Avenue
Fort Lauderdale, Florida 33312

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

APPEARANCES:

(No appearance on behalf of the State
of Florida.)

APPEARING ON BEHALF OF THE DEFENDANT:

MICHAEL DYE, ESQUIRE
One East Broward Boulevard
Suite 700
Fort Lauderdale, Florida 33301
BY: MICHAEL DYE, ESQUIRE

1 Deposition of CARLA ANDERSON taken for
 2 the purposes of discovery and for use as evidence
 3 in the above-entitled cause, pursuant to notice
 4 heretofore filed before KATHIE JO BEFUMO, Court
 5 Reporter, and Notary Public in and for the State
 6 of Florida at Large.

7

8

I N D E X

9

WITNESS

10

11

CARLA ANDERSON

12

PAGE

13

Direct Examination by Mr. Dye:

4

14

15

DEFENDANT'S EXHIBITSFOR ID

16

NO. 1 Final Toxicology Report

9

17

NO. 2 Diagram

20

18

NO. 3 Analytical Specifications

21

19

NO. 4 Wuesthoff

27

20

21

22

23

24

25

1 THEREUPON:

2 CARLA ANDERSON

3 was called as a witness by the Defendant, and
4 after being first duly sworn, was examined and
5 testified as follows:

6 DIRECT EXAMINATION

7 BY MR. DYE:

8 Q. All right, ma'am, could you please state
9 your name, for the record?

10 A. Carla Anderson.

11 Q. And, Ms. Anderson, have you ever given a
12 deposition before?

13 A. Yes, I have.

14 Q. You know to answer audibly yes or no instead
15 of shaking your head.

16 A. Yes.

17 Q. And what is your job title?

18 A. Toxicologist.

19 Q. And what is your educational background?

20 A. Bachelors of Science in Biochemistry.

21 Q. And you're employed by the Broward County
22 Medical Examiner's Office.

23 A. Yes, I am.

24 Q. Have you had any other education outside of
25 the Bachelors of Science and Biochemistry?

1 A. I have a certificate in Biotechnology, as
2 well.

3 Q. Where did you get the certificate in
4 Biotechnology?

5 A. Same place I got my Bachelors, Florida
6 Atlantic University.

7 Q. Very good school.

8 A. In theory. Thank you.

9 Q. For this stuff it's actually pretty good.

10 A. It's improved definitely.

11 Q. Have you received any other additional
12 training, such as continuing education courses or
13 have you gone to the Borkenstein Course, anything of
14 that nature?

15 A. I have - I haven't gone to the Borkenstein
16 Course. I do occasionally take online courses just
17 as, you know, for my own edification.

18 Q. And how long have you worked at the Broward
19 County Medical Examiner's Office?

20 A. I've been here almost six years now. Six
21 years in January.

22 Q. Any prior employment in the Science field
23 before this?

24 A. I worked in the pharmaceutical industry.

25 Q. What year did you get your degree in

1 Biochemistry?

2 A. In 2000.

3 Q. And after you worked in the pharmaceutical
4 industry what was your employment, what was the
5 nature of it there?

6 A. I was a quality control chemist.

7 Q. What did that job entail?

8 A. It entailed testing generic drugs prior to
9 it going to the market, so we did simulated drug
10 testing. Like we simulated the gastro content of the
11 stomach to see how long it will take to release into
12 the system. We did things of that nature. We did
13 kind of like potency testing and dosage testing.

14 Q. What of type of instrument did you use when
15 you were there?

16 A. We used HPLC.

17 Q. High Pressure Liquid Chromatography.

18 A. We use dissolution equipment. We use gas
19 chromatography, Karl Fischer for water content.

20 Q. Did they use mass spectrometry?

21 A. We did not do mass spec work.

22 Q. But you used the analytical instruments
23 throughout your career.

24 A. Yes.

25 Q. And throughout the course of your employment

1 here have you had any proficiency tests?

2 A. Yes. We do proficiency testing through
3 C.A.P. and through the Florida Department of Law
4 Enforcement.

5 Q. Have you ever failed any proficiency tests?

6 A. As a laboratory or me personally? We do it
7 as a lab.

8 Q. You personally.

9 A. Me personally, I have not.

10 Q. You have not. As a laboratory, has the
11 laboratory failed a proficiency exam?

12 A. As a laboratory we have had unsatisfactory
13 results I guess maybe within the last two years or
14 so.

15 Q. Is that why they started outsourcing some of
16 the urinalysis to other labs?

17 A. No. That wasn't the reason.

18 Q. That wasn't the reason. Do you know what
19 the reasons were?

20 A. I actually honestly couldn't really pinpoint
21 the reason for you, but the failures, I don't
22 believe, came before that. I'm not one hundred
23 percent, as far as the timeline.

24 Q. Have they been remedied, as far as you know?

25 A. As the?

1 Q. The lab as a whole, have those been
2 remedied?

3 A. Yes, it has.

4 Q. Okay. Are you a forensic toxicologist or
5 just a toxicologist?

6 A. I'm a forensic toxicologist.

7 Q. Are you qualified or have you ever been -
8 had the court declared you as an expert on the affect
9 of a drug on a person's system, not just necessarily
10 the presence, but what the drug does to a person?

11 A. I've been qualified as an expert to do the
12 analysis. It wasn't really specific as to what they
13 were qualifying me as an expert for.

14 Q. So as a toxicologist are you competent to
15 testify as to the drugs affect on an individual?

16 A. To a certain extent. Just as far as I'm
17 comfortable.

18 Q. Okay. In with your job as a forensic
19 toxicologist are you in the drug division, urinalysis
20 or do you get spread around? How does it work? Do
21 you focus on a particular area?

22 A. Well, we're - it is spread around. I
23 primarily do drug screenings and I do confirmations
24 on urines primarily.

25 Q. When you say drug screens, are you referring

1 to biological fluids or solids?

2 A. Both. It could be tissue or biological
3 fluids.

4 Q. Or the actual drug compound itself?

5 A. Um, we have done identification of drugs and
6 tablets. If we do occasionally get that, that's not
7 very often, though.

8 Q. So you do the initial, the preliminary
9 screens and then you do the confirmatory tests on
10 urinalysis.

11 A. Primarily on urine, yes.

12 Q. Now, I'm going to - the best copy for you
13 would be this one.

14 (Thereupon, Defendant's Exhibit Number 1 was
15 marked for identification by the court reporter.)

16 BY MR. DYE:

17 Q. I'm going to hand you a copy. It's been
18 marked as Defendant's Exhibit 1. Take your time to
19 review that and let me know when you have.

20 A. Okay. I reviewed it.

21 Q. And can you identify the document?

22 A. Yes, I can.

23 Q. What is the document?

24 A. The document is our Final Toxicology Report.

25 Q. For whom?

1 A. For [Defendant DK]. Our Toxicology Case
2 Number [201212345].

3 Q. Now, when you do a drug test --

4 A. Okay.

5 Q. -- and urinalysis, you do a preliminary test
6 and then a confirmatory test, correct?

7 A. That's correct.

8 Q. Could you explain what a preliminary test is
9 and what a confirmatory test is?

10 A. Preliminary test essentially is a broad
11 scale screen to try to find possible drug classes
12 that can be in the biological specimen. So it's
13 going to cover a wide array of drug classes. It's
14 usually going to be something that's immunoassay
15 based on antibodies to just kind of grab for a group.

16 Q. Now, if I can jump in here for a second?

17 A. Sure.

18 Q. When you say immunoassay test. I know what
19 you mean. That's the dipstick test usually for, you
20 know, put a stick in urine and it reads - if it comes
21 up colors on it that's --

22 A. Right. That is an example of a drug screen,
23 yes.

24 Q. That would be an immunoassay test.

25 A. Essentially.

1 Q. Okay.

2 A. And then - I'm sorry.

3 Q. You can go ahead if you want.

4 A. No problem. And then the confirmation test
5 usually will take any positives that the urine may
6 have to try to figure out what the drug is
7 specifically. So if we come up with a drug class in
8 the screen as in Benzodiazepine we need to kind of
9 narrow down which Benzodiazepine that is with the
10 confirmation test.

11 Q. Okay. Correct. And now, one of the reasons
12 it's important to have a preliminary screen is so you
13 know how to calibrate the GC/MS correctly, correct?

14 A. Actually, it's important to have a
15 preliminary screen so we can have an idea what to
16 target and look for, not necessarily how to calibrate
17 it, because it's still going to do - it's still going
18 to screen for as many things as possible. So even if
19 it came up positive for just Benzodiazepines, we're
20 still going to look for other drugs that may not have
21 been in the screen itself.

22 Q. It will show other analytes of interest on
23 the spectrum, if you will.

24 A. Yes, it will. If it's present.

25 Q. There's multiple types of preliminary

1 screens, correct?

2 A. Yes.

3 Q. And there is liquid chromatography and so a
4 immunoassay is just one.

5 A. Immunoassay is the type that we do, yes,
6 inhouse.

7 Q. And in this case the immunoassay was
8 performed and it was a 10 Drug Panel.

9 A. I can check that for you.

10 Q. That's the second page on there.

11 A. Okay. According to the billing it was a 10
12 Drug Panel.

13 Q. If you need to check your other --

14 A. Yes. I didn't perform the immunoassay. I
15 don't know what test we had at that time. Okay. At
16 this time, yes. We were using a dipstick, a 10 Drug
17 Panel.

18 Q. So that test for a different - when we say
19 panel, that's different types of drugs. So a 10 Drug
20 Panel means it tests for ten different types of
21 drugs.

22 A. It tests for ten different types of drug
23 classes. There are some that will cover a broad
24 amount of a drug class. Example would be
25 Benzodiazepine, and then you have a bunch of

1 different Benzodiazepines in that group. And then
2 you can have some that are actually very specific to
3 a particular adelite like Oxycodone.

4 Q. So phencyclidine?

5 A. Right.

6 Q. And cocaine. Those are specific two
7 individuals drugs. So what you're trying to say is
8 the immunoassay test can detect a certain classes of
9 drugs and certain drugs specifically.

10 A. Specifically, yes.

11 Q. And once you have the drug class narrowed -
12 once it shows a preliminary positive --

13 A. Yes.

14 Q. -- that's when you send it over to the gas
15 chromatography-mass spectrometry.

16 A. Yes.

17 Q. Let's go back one step.

18 A. Sure.

19 Q. All right. The immunoassay test that's in
20 this specific case --

21 A. Okay.

22 Q. -- it showed a preliminary positive for
23 Benzodiazepines.

24 A. Yes.

25 Q. That is a wide range of drugs.

1 A. Yes.

2 Q. Correct.

3 A. Yes.

4 Q. Examples would be Valium, Lorazepam,
5 Temazepam, Oxazepam. A lot of pams.

6 A. Yes. Those are examples, yes.

7 Q. Okay. But the immunoassay test doesn't tell
8 you specifically which compound.

9 A. No, it doesn't.

10 Q. All right. What is the difference between a
11 parent drug and metabolite?

12 A. A parent drug is the initial drug that you -
13 let me rephrase that. A parent drug is the first
14 stage of a drug and the metabolite is when the parent
15 drug goes into your body and it breaks down
16 essentially or it actually can break down to
17 metabolite outside the body, too. So basically when
18 the parent drug breaks down into another drug.

19 Q. So the parent drug is the drug that somebody
20 ingests, correct?

21 A. Yes.

22 Q. And a parent drug breaks down into
23 metabolites as the body changes it to excrement.

24 A. Right.

25 Q. All right. And the metabolites can either

1 be - and we're talking only here referring to mind
2 altering drugs, all right?

3 A. Okay.

4 Q. So skip control substances absent Scheduled
5 3 steroids. All right. Any type of psychological
6 impact schedule controlled substance, the two types
7 of metabolites can be active and inactive.

8 A. Correct.

9 Q. All right. What is the difference between
10 an active metabolite and an inactive metabolite?

11 A. And active metabolite can still exhibit an
12 affect on the body. An inactive metabolite
13 essentially - it's not active. It's not causing an
14 affect, so, therefore, it's just passing through your
15 system.

16 Q. An example of that on that gas
17 chromatography-mass spectrometry would be the - I
18 forgot the specific name of it, but the metabolite
19 for marijuana that's used to detect, that's an
20 inactive metabolite.

21 A. Which one did we detect? Which one is
22 active? One is active and one is inactive. I
23 believe the carboxy is the inactive one. That's
24 usually what we would detect for.

25 Q. That's an inactive, so that has no impairing

1 affect on the individual.

2 A. If it's inactive it should not have an
3 impairing affect.

4 Q. If we look at the GC/MS categories on the
5 Final Toxicology Report, which was Exhibit 1, what
6 substances were found in the urine sample that was
7 provided by [Defendant DK]?

8 A. The substances found in the urine by GC/MS
9 for [Defendant DK] was Bupropion, Diazepam,
10 Theoaminobupropion and Zolpidem.

11 Q. Let's just break this down. Bupropion is a
12 substitute known as Wellbutrin, correct?

13 A. Yes. From what I understand.

14 Q. Diazepam is a Benzodiazepine a/k/a Valium.

15 A. That's correct.

16 Q. All right. Theoaminobupropion is a
17 metabolite. I don't know whether it's active or
18 inactive of the Wellbutrin.

19 A. Yes.

20 Q. And Zolpidem is Ambien.

21 A. Yes.

22 Q. We're going to use this together.

23 A. Okay.

24 Q. Diazepam is the parent compound, correct?

25 A. Yes.

1 Q. So that will be the parent drug. When an
2 individual takes a dose of Diazepam it breaks down,
3 correct?

4 A. Yes.

5 Q. And it is excreted in the urine as
6 Nordiazepam, Oxazepam, Oxazepam Glucocuronide and
7 Temazepam, correct?

8 A. It can, yes.

9 Q. There is no Diazepam that is going to be
10 found - none of the parent compound will be found in
11 the urine.

12 A. That's not correct.

13 Q. That's not. How much of the parent compound
14 passes through to the urine unchanged?

15 A. I don't actually have that number for you,
16 but it can pass through. I'm not sure of the
17 percentage.

18 Q. But this, if you see a urine sample that
19 says Temazepam, Oxazepam and Nordiazepam, those are
20 the fingerprint for Valium, correct?

21 A. These now - okay. From what I understand --

22 Q. Okay.

23 A. -- Diazepam metabolizes into metabolites.
24 You may not get out all of the metabolites. You may
25 get some. So if you see something like Nordiazepam

1 and you don't see Diazepam, you may either go and
2 look for it just in case it's a small amount, since
3 it is metabolized. So only a small percentage of it
4 would be available in the urine or --

5 Q. Would you be willing to stipulate less than
6 three percent?

7 A. I would not be comfortable to stipulate
8 that, but it may not be far off. Where were we?

9 Q. This is a typical fingerprint for Diazepam.

10 A. You can see one of the three or up to three
11 of the three.

12 Q. And if you saw all three there, you would
13 say, okay, they're using.

14 A. Possibly. At the same time you have where
15 metabolites can be taken as the parent drug.

16 Q. Let's go into that for a second. All right.
17 Diazepam and Temazepam are also sold as individual
18 controlled substances, correct?

19 A. I don't know about Temazepam. I'm not sure
20 about Temazepam.

21 Q. Take my word for it. Temazepam metabolizes
22 into Nordiazepam and Oxazepam, correct?

23 A. From what I do know, I can say Nordiazepam.
24 I'm going to assume it can go to Oxazepam, as well.

25 Q. Okay. So even though these controlled

1 substances are sold separately on the market, the
2 Oxazepam and Temazepam, the presence of all three
3 would be an indication of the use of Diazepam rather
4 than the sole use of Oxazepam or Temazepam?

5 A. Would I say that? Because if Temazepam
6 breaks down to Oxazepam and/or Nordiazepam. If we
7 see all three, it wouldn't necessarily indicate that
8 it was definitely Diazepam. It could have been
9 Temazepam.

10 Q. But the Temazepam breaks down to the
11 Oxazepam and that breaks down to the Oxazepam
12 Glucocuronide, then you wouldn't be getting any of
13 the unchanged Temazepam in the urine.

14 A. You can still get the unchanged Temazepam in
15 the urine.

16 Q. Would you agree that this is a true and
17 accurate depiction of how that Diazepam is
18 metabolized?

19 A. Yeah. It's an accurate depiction, but it
20 can metabolize into these three metabolites. How -
21 it depends on the person's body how it's going to do
22 it. It may break down more so to Nordiazepam and not
23 to Temazepam.

24 Q. Each person is an individual.

25 A. Uh-huh.

1 Q. So you can't break down exactly a certain
2 percentage to each one.

3 A. Right.

4 Q. But you can get roundabout guesses.

5 A. Right. Now, the only thing to mention, too,
6 is that each metabolite is sensitive also to the
7 analysis that's used to detect it, as well. So in
8 the absence of it doesn't mean that it's not there
9 either.

10 Q. When we talk about Diazepam and it breaks
11 down into these three metabolites --

12 A. Uh-huh.

13 Q. -- those are all active metabolites,
14 correct?

15 A. I'm not sure.

16 Q. Okay.

17 A. I didn't research which was active or not.

18 MR. DYE: Let's go ahead and put that in as
19 Number 2.

20 (Thereupon, Defendant's Exhibit Number 2 was
21 marked for identification by the court reporter.)

22 BY MR. DYE:

23 Q. Are you familiar with the metabolism of
24 Zolpidem?

25 A. Um, they don't really have any named

1 metabolites that I know of, so I try to stick with
2 the more popular or - I don't know how else to say
3 that - metabolites.

4 Q. All right.

5 MR. DYE: Can we mark this as Number 3.

6 (Thereupon, Defendant's Exhibit Number 3 was
7 marked for identification by the court reporter.)

8 BY MR. DYE:

9 Q. Let me know when you reviewed it.

10 A. I have briefly reviewed it.

11 Q. And I have handed you a document from
12 National Medical Services and it's call Analytical
13 Specification - Zolpidem Metabolites.

14 A. Okay.

15 Q. Are you familiar with any of the metabolites
16 that were listed in here?

17 A. I am not. We don't detect from metabolites
18 of Zolpidem.

19 Q. All right. You detect only the main
20 compound.

21 A. Only the parent. The parent Zolpidem, yes.

22 Q. Let's go to the gas chromatography-mass
23 spectrometry for one second.

24 A. Okay.

25 Q. When you're in the user interface - what

1 machine do you use?

2 A. We use an Agilent AD 453.

3 Q. Okay. Go to the user interface on the
4 screen. When you go there and you see the analytes
5 of interest and you focus in on one particular peak,
6 and then you go down to the chromatography data and
7 you click on a point on the peak, correct?

8 A. Okay.

9 Q. And what does, if it's a well defined
10 peak --

11 A. Okay.

12 Q. -- anywhere you click on that peak it should
13 read the same substance, correct?

14 A. It can. I mean, you can still have things
15 that correlate with it depending on its fragment
16 pattern, but if it's a well-defined peak, hopefully,
17 it's - it is only that drug. But since it's a
18 continual process and the drugs are kind of coming
19 out together, you may have some allusion that, you
20 know, would fall into that peak.

21 Q. Correct. And on the bottom left-hand side -
22 and I'm going to apologize for my lack of knowledge
23 of what this is actually called.

24 A. You're doing great.

25 Q. The hit list.

1 A. Okay.

2 Q. You got the hit list on the bottom left-hand
3 side and that gives you the rates.

4 A. I'm going there with you too.

5 Q. Okay. It shows you the match factor.

6 A. Okay.

7 Q. The relevant match factor and the
8 probability score for that substance, correct?

9 A. Okay. What we do get on our report when we
10 do - what we call is a library search. So we get the
11 chromatograms out, we see the peak. When you click
12 on the peak you'll get a substance theme, and you'll
13 get what you're looking for the quality match.

14 Q. Correct. And you have a spectral library
15 where it will say where that image of the molecule
16 came from.

17 A. Right. It will tell you either from AFS - I
18 think Association of Forensic Science or from NIST
19 National Institute of Standards. That's where it
20 will tell you it came from.

21 Q. So then like I said, on the bottom on the
22 left on the hit list, if you can correct me on that.
23 What's that's called?

24 A. You know, it's on my right. It's our
25 qualifiers.

1 Q. It's on your right?

2 A. Yeah.

3 Q. The one I used was on my left.

4 A. Okay. Got you.

5 Q. On your right. All right. You can screen
6 up to - it will give you up to one hundred different
7 possibilities for the - what that compound is,
8 correct?

9 A. Actually, I don't know exactly how many it
10 will give you. It will try to give you the best
11 quality matches down to however you set the program.
12 So if you say you're really interested in only the
13 drugs that are a seventy percent quality match or
14 more, then it will give you roughly about - however
15 many compounds it could possibly match.

16 Q. So you shorten the list by weeding out the
17 twenty percent probabilities.

18 A. Right.

19 Q. Do you provide a printout of that to the
20 State Attorney's Office?

21 A. I'm not sure. I don't know if in a subpoena
22 duces tecum we do or not, but - because I haven't put
23 one together.

24 Q. All right. And in this specific urinalysis,
25 does it say in the comparison list --

1 A. Library search.

2 Q. -- library search.

3 A. Yes. Library search, yes.

4 Q. Does it say that Defendant DK showed up
5 positive for Diazepam or does it say that she showed
6 up positive for Nordiazepam, Oxazepam and Temazepam?

7 A. It says she showed up positive for Diazepam.

8 Q. It did?

9 A. It did.

10 Q. And what was the probability score on that?

11 A. Quality amount ninety-nine percent.

12 Q. Ninety-nine percent. What is that other one
13 percent?

14 A. One can't be one hundred percent sure. I
15 don't know.

16 Q. Now, do you know if the machine goes ahead
17 and would read Temazepam, Oxazepam and Nordiazepam,
18 do you know if that machine would automatically
19 convert and say that it's Diazepam or it would read
20 the three separately?

21 A. Should read the three separately.

22 Q. Okay. It found the parent compound in the
23 urine. It did not find any metabolites of --

24 A. Um, it didn't. We can see - we can see very
25 well Temazepam and Nordiazepam. We don't see

1 Oxazepam on this instrument.

2 Q. Okay. If there were any other types of
3 Benzodiazepine, hypothetically, Lorazepam, would that
4 have shown up when - as a Benzodiazepine you're going
5 through that, does Lorazepam show up as an analyte of
6 interest?

7 A. No, it doesn't.

8 Q. So it could be - is that because it's
9 usually all excreted as Lorazepam Glucuronide?

10 A. Actually, I want to say it's because of the
11 nature of the GC/MS itself. Since it's like high
12 heat, um, insertion point, the sample kind of
13 degraded, so you can't really see it well. So it's
14 usually analytes that can really withstand high heat
15 that will make it through to the columns to actually
16 show up. You might need to do it on a different type
17 of instrument that doesn't introduce as much heat as
18 the gas chromatography does.

19 Q. Now, as far as the Ambien goes --

20 A. Okay.

21 Q. -- what was the probabilities for the
22 Ambien?

23 A. Okay. So the quality match we received for
24 this was a ninety-eight.

25 Q. Ninety-eight.

1 A. So --

2 Q. Now, and for that I'm going to show you a
3 diagram that purports to list the two major
4 metabolites of Ambien as Zolpidem Phenyl-4-Carboxylic
5 Acid and Zolpidem 6-Carboxylic Acid. Those two
6 were not detected in the urine. It was the actual
7 Zolpidem itself.

8 A. Yes.

9 Q. Okay. The parent drug?

10 A. The parent drug.

11 Q. All right. This test, the GC/MS, it was
12 actually later sent out to Wuesthoff Reference
13 Laboratories.

14 A. Yes. From what I understand.

15 Q. Did you have any communication with the
16 individuals at Wuesthoff?

17 A. No.

18 Q. I'm going to give her the best one and then
19 you can look at it. This will be 4.

20 (Thereupon, Defendant's Exhibit Number 4 was
21 marked for identification by the court reporter.)

22 BY MR. DYE:

23 Q. Take a moment to review that document.

24 A. Okay. I have looked them over.

25 Q. I want you to look at the first page.

1 A. Okay.

2 Q. And actually scratch that. I want you to
3 look at the second page.

4 A. Okay.

5 Q. They did, according to this document, they
6 did an IA - I can't see where it is. They did
7 immunoassay, correct?

8 A. Um, I have no idea. I see it says they did
9 a Urine Drug Screen 12 Panel.

10 Q. Okay. And again, that's testing for twelve
11 separate drugs.

12 A. Honestly, I don't know what they used as
13 their drug screening method, so I'm going to assume
14 that could be twelve separate drugs or it could be
15 drug groups. I'm not sure.

16 Q. Well, on the Benzodiazepine, which is the
17 third drug down, it tested positive, correct?

18 A. From what I see, yes.

19 Q. Okay. And there it has listed as the
20 positives Nordiazepam, Oxazepam, Temazepam and
21 Lorazepam.

22 A. Okay.

23 Q. All right. Which would be inconsistent with
24 your report that the actual parent compound Diazepam
25 was what was detected in the urine.

1 A. That will be correct, but from what I see
2 they also tested almost a year after.

3 Q. Is Diazepam stable in urine?

4 A. There's no preservatives in the urine that
5 we received, so it may still possibly break down if
6 there is any type of active enzymes or things of that
7 nature in the urine or if there's, um, any bacteria
8 growths, it's possible.

9 Q. It's a possibility, however, those three are
10 inconsistent with your report.

11 A. Um, yes.

12 Q. And Lorazepam - Lorazepam's major metabolite
13 is Lorazepam Glucuronide?

14 A. I'm not sure.

15 Q. All right. It's only an inactive
16 metabolite.

17 A. What, Lorazepam?

18 Q. Yes.

19 A. I'm not sure. I thought they actually saw
20 it as a parent.

21 Q. Lorazepam is a parent, but it's an --

22 A. Active drug - I'm sorry.

23 Q. All right. Lorazepam was detected by
24 Wuesthoff laboratories GC/MS, but was not tested -
25 was not detected by the Broward County Medical

1 Examiner, GC/MS.

2 A. That's correct. We cannot detect for
3 Lorazepam here.

4 Q. Do you know if they use a different machine
5 or what the --

6 A. One of the things to keep in mind is that
7 the GC Mass spectrometer is a back end instrument.
8 Meaning, when we get the urine we don't just shoot it
9 straight on the mass spec, we have to extract it and
10 there's different extraction procedures. So in
11 extracting and retention, taking the drugs out of the
12 urine and then we're putting it on an instrument to
13 read it.

14 Q. So solid phase extraction.

15 A. We do a solid phase extraction in here, yes,
16 but each solid phase extraction is different because
17 it depends on the column that you use. So it
18 could -- -

19 Q. And when you refer to the column that's the
20 column in the GC/MS.

21 A. The column that we use to extract. It's
22 basically - it's kind of like a silica bead bed that
23 basically separates some polarity (phonetic) and
24 disconnect. So depending on who the manufacturer is,
25 things of that nature, what we decide to buy, that

1 could also affect what drugs we see, as well.

2 Q. Okay. And do you have that information with
3 you?

4 A. No, I don't.

5 Q. Do you save that information?

6 A. As far as what drugs are detectable on --

7 Q. What type of solid phase of extraction you
8 are using.

9 A. I don't know the exact model of our column.
10 We do have that inhouse. I do know we purchased it
11 from UCT, but I couldn't really tell you exactly. We
12 like acronyms in this country. I can't remember what
13 they all mean. But, yeah. But we do have
14 information on the extraction column that we use.

15 Q. Okay. But now back to the Wuesthoff
16 Reference Laboratory GC/MS on the second page, that
17 is completely inconsistent. All four of those are
18 completely different than what showed up in your
19 GC/MS.

20 A. Yes.

21 Q. Now, if we can refer to the front page of
22 that same document.

23 A. Okay.

24 Q. One quick second. On the second page does
25 it state what date the test was given? It says

1 printed 12-4-12 on the bottom right.

2 A. Yeah. It says reviewed by whoever that is.

3 Q. Susan Adams. She's impossible to get in
4 touch with. I think she's a ghost. There's a second
5 test, which was reviewed by Susan Adams, as well, and
6 that was printed on January 7th of 2013.

7 A. Okay.

8 Q. Okay. And in this test it was, again, a
9 urine specimen --

10 A. Yes.

11 Q. -- purported to be from Defendant DK. And in
12 this one they found Zolpidem, Lorazepam, Temazepam,
13 Caffeine, Caffeine Metabolite, Theoaminobupropion.

14 A. Bupropion.

15 Q. All right. This was LC/MS/MS.

16 A. Yes.

17 Q. Now, on the LC/MS/MS, they found the Ambien.

18 A. Yep. Correct.

19 Q. But in their GC/MS test, they never found
20 the Ambien.

21 A. Um, well, from the 12 panel screen that I
22 see they weren't looking for it, the Ambien. There
23 wasn't a screen for it.

24 Q. Well, there was no screen for the Ambien in
25 the Broward County either.

1 A. Right.

2 Q. So it was the same GC/MS, same scientific
3 concept, but it came out with two completely
4 different results.

5 A. Rephrase that question.

6 Q. The GC/MS, same scientific concept in
7 Broward County as it is in Melbourne, it's a
8 separation and then a go ahead and look at the mass -
9 look at the spectral library.

10 A. Right.

11 Q. And in the test from Broward County, the
12 controlled substances that were found were Diazepam,
13 and Zolpidem.

14 A. Right.

15 Q. And you did not find Nordiazepam.

16 A. Right.

17 Q. You did not find Oxazepam. You did not find
18 Temazepam and you did not find Lorazepam.

19 A. Correct.

20 Q. And the Wuesthoff Reference Laboratory GC/MS
21 test, they didn't find Zolpidem.

22 A. In their screening, no.

23 Q. If their screening. For whatever reason
24 that may be.

25 A. Exactly. I have no idea what procedure they

1 actually use.

2 Q. For whatever reason that may be.

3 A. Uh-huh.

4 Q. So these two reports are at odds with each
5 other.

6 A. The medical examiner versus the Wuesthoff?

7 Q. Yes.

8 A. Okay. As far as --

9 Q. The GC/MS test only.

10 A. Yeah. They're different.

11 Q. Okay. Now, if we turn the page to the front
12 --

13 A. Okay.

14 Q. -- of the Wuesthoff, we have - well, can you
15 tell me what LC/MS/MS is?

16 A. Liquid Chromatography-Tandem Mass Spec, so
17 it's going through the mass spec twice.

18 Q. Okay. And this actually if you look in the
19 upper right-hand corner of the document. See where
20 it says Cutoff/Reporting Limits?

21 A. Okay.

22 Q. Look above that.

23 A. Okay.

24 Q. Okay. That appears to be the date of the
25 test if you look at the two separate tests.

1 A. Okay.

2 Q. All right. So this test would have been on
3 December 11th of 2012. This is the LC/MS/MS. And
4 the GC/MS would have been on November 16th, I
5 believe, 2012.

6 A. I would assume so. I don't know what the
7 right date is. I'm trying my hardest to go through -
8 I don't know what their policies are and procedures.

9 Q. And those may or may not be the right dates
10 for the test, but it would stand to reason, I think
11 those are the right dates. They put this through an
12 LC/MS/MS and what did they detect in the LC/MS/MS?

13 A. According to the report that I'm seeing,
14 detected Zolpidem, Lorazepam, Temazepam, Caffeine and
15 Caffeine Metabolite.

16 Q. Let's eliminate Caffeine and Caffeine
17 Metabolite, and also Theoaminobupropion. All right,
18 because those are not controlled substances. It
19 required a separate test for them to identify the
20 Ambien in her system.

21 A. Again, this is the method of analysis that
22 they chose to use. We don't have a LC/MS/MS here.

23 Q. Was there any communication between this
24 laboratory and Wuesthoff Laboratory that you're aware
25 of between the two dates of these tests?

1 A. That I'm aware of, no. I don't know.

2 Q. Did anybody have any communication with you
3 about this test in particular?

4 A. No.

5 Q. Who would be the person that would be the
6 contact individual if Wuesthoff had questions,
7 comments, concerns; who would they contact at this
8 office?

9 A. That is an excellent question, because from
10 what I understand, we were not to have any contact
11 with them. This testing was just through we send off
12 the samples and get back results.

13 Q. And when you sent off the samples are they
14 anonymous or marked by number?

15 A. Um, you know, I didn't participate in the
16 sending off of the cases, but I'm assuming that they
17 had the patient's name, so - I'm sorry - the client's
18 name, so that must have been a part of how they label
19 it and sent it off.

20 Q. Okay. But you had no --

21 A. I didn't participate in Wuesthoff and
22 additional testing.

23 Q. So in this LC/MS/MS they found the Zolpidem,
24 Lorazepam and Temazepam.

25 A. As I see on the report, yes.

1 Q. Which is contrary to their GC/MS and your
2 GC/MS.

3 A. Which is, I mean, Lorazepam - again,
4 according to their screen they found Lorazepam and
5 Temazepam confirmed, and the Zolpidem it doesn't say
6 they have a screen for that.

7 Q. So we got three separate tests, two GC/MS
8 and one LC/MS/MS and all three of them have separate
9 results.

10 A. All three of them have separate results.
11 When you say separate, you mean --

12 Q. There are no identical results.

13 A. No. They are not all identical.

14 Q. What did you use as the carrier gas?

15 A. Helium.

16 Q. Okay. Read or waive?

17 A. Read.

18 (Thereupon, the deposition concluded at 2:50
19 p.m.)

20 - - - - -

21

22

23

24

25


CERTIFICATE OF OATH

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

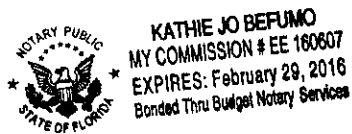
STATE OF FLORIDA)
COUNTY OF BROWARD)

I, the undersigned authority, certify
that CARLA ANDERSON personally appeared before me
and was duly sworn.

WITNESS MY HAND AND SEAL this 2nd day
of December, 2013.



KATHIE JO BEFUMO
Notary Public, State of Florida



CERTIFICATE

STATE OF FLORIDA:

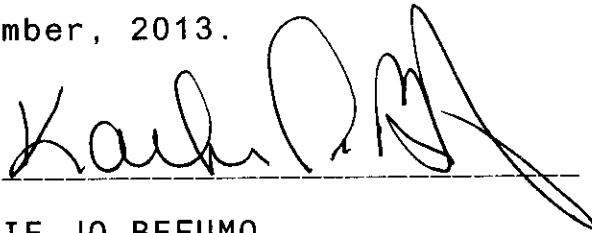
COUNTY OF BROWARD:

I, KATHIE JO BEFUMO, Professional Reporter, and Notary Public, State of Florida at Large, do hereby certify that I was authorized to and did stenographically report the foregoing deposition; and that the transcript is a true record of the testimony given by the witness.

I further certify that the deposition was taken at the time and place shown hereon, and that all counsel and persons as hereinabove shown were present.

I further certify that I am not an attorney, counsel, relative or employed by either party or attorney, nor financially interested in the action.

DATED this 2nd day of
December, 2013.



KATHIE JO BEFUMO

Court Reporter

Notary Public

ERRATA SHEET SIGNATURE PAGE

I, CARLA ANDERSON, do hereby state that I have read the foregoing transcript of my deposition given on October 21, 2013 and that together with any additions or corrections noted above, the same is true and correct to the best of my knowledge and belief.

DATED this _____ day of

_____, 2013.

CARLA ANDERSON





Final Toxicology Report

Defendant DK

55 years old race

Date Of Birth. DOB

Case No: TOX2012-0095
 Submitting Agency: Margate Police

Submitting Agency Number: 12001342
 Police Officer Badge No: 3384

Specimens received: 3-8-12 4 LB

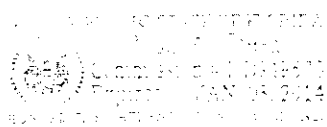
Specimen: COLLECTION DATE:TIME
 Urine (antemortem) 03/02/2012 02:04

<u>Specimen</u>	<u>Procedure</u>	<u>Drug Class</u>	<u>Result</u>	<u>Concentration</u>
Urine (antemortem)	GC/MS	Benzodiazepines	Positive	
Urine (antemortem)	GC/MS	Buprenorphine	Positive	
Urine (antemortem)	GC/MS	Diazepam	Positive	
Urine (antemortem)	GC/MS	Therapeutic buprenorphine	Positive	
Urine (antemortem)	GC/MS	Zolpidem	Positive	

Note: Shari Madagi, logged in the specimen. Carla Anderson performed the GC/MS procedure.

[Signature]
 Michael Wagner, M.S., P.A., FTS-ABFT
 Toxicologist
 Date received: 3/20/2012

The foregoing instrument was subscribed and sworn before me this 20th day of March, 2012
 by Michael Wagner who is personally known to me



[Signature]

DEFENDANT'S EXHIBIT

10-21-13