

BULKY DOCUMENTS

(exceeds 100 pages)

Proceeding/Serial No 91168906

Filed: 10-4-07

Title: Opposes The American Academy

of Neurology's Trial Memorandum

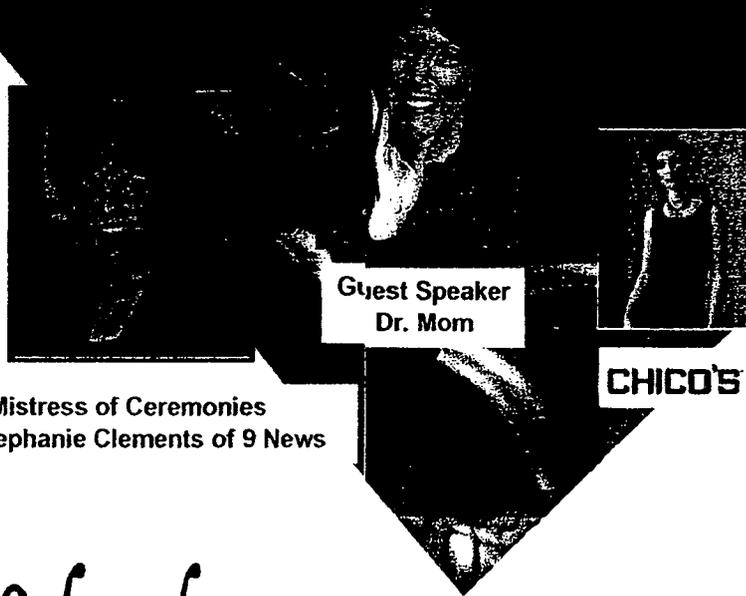
Part 2 of 2

Cerebral Palsy
of Colorado invites


BRAIN MATTERS
brain function imaging

To the 3rd Annual

Mother's Tea



Guest Speaker
Dr. Mom

CHICO'S

Mistress of Ceremonies
Dr. Stephanie Clements of 9 News

CP of Colorado ...Uniting Communities & People!

Exhibit No.: 7
Deponent: Goodhue
Date/RPR: 1/23/07
Hunter + Geist, Inc. JH

BMI 00598

Cerebral Palsy
of Colorado invites

The 11th Annual
**GREAT BALLS
OF FIRE**
9-Ball Billiards
Challenge



Benefiting
Cerebral Palsy of Colorado's
Kyle E. Fisher Memorial Fund


RAINMATTERS
brain function imaging



Presented
by the
Colorado
Professional
Firefighters
Association,
Denver
Firefighters
Local 858
and
Wynkoop
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Cerebral Palsy of Colorado
invites



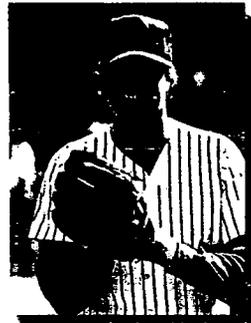
Swing with the Legends



Brooks Robinson



Celebrity Host
Brian Fisher



"Goose" Gossage



Held at the Prestigious Valley Country Club

Presented by 

BMI 00600

Actual Players not yet determined by The MLBPA



*Cerebral Palsy of Colorado
invites*

*to join us as we
Celebrate*



BRAINMATTERS
brain function imaging

*The 21st
Annual
Wine
in the
Pines*

BMI 00601

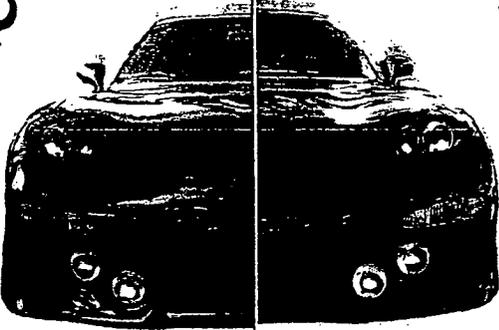
*at Keystone Resort
October 22 and 23, 2004*

Cerebral Palsy of Colorado
invites



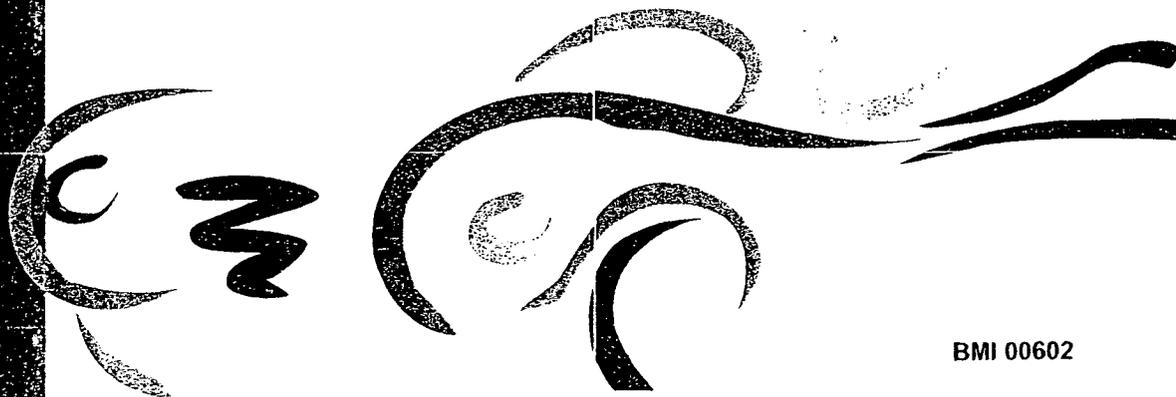
To The
21st Annual

EXOTIC SPORTS CAR SHOW
AND CONCOURS D'ELEGANCE



June 6, 2004

at Arapahoe Community College



BMI 00602



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Sales Information: STRINE, JOHN

BRAIN MATTERS INC

Neuro Imaging Center
Functional Brain Imaging

Assisting your Physician in diagnosing:

- Alzheimer's
- Traumatic Brain Injury
- Brain Damage from Stroke
- Dementia
- Neurobehavioral Disorders

Call our Center now about a Brain SPECT Scan

www.brain-matters.com
720-941-6428
201 University Blvd, Suite 200 (In Cherry Creek)

Exhibit No.: 8
Deponent: *Goodhue*
Date/RPR: 1/23/07
Hunter + Geist, Inc. *gc*

BMI 00020

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EXHIBIT D
YELLOW PAGE AD
FROM 2003

Director
Headline
Sales Consultant

Brain Matters
Neuro

Functional Brain Imaging

ASSISTING YOUR PHYSICIAN IN DIAGNOSING:

- Alzheimer's
- Brain Damage from Stroke
- Traumatic Brain Injury
- Dementia
- Neurobehavioral Disorders

Call our Center now about a Brain SPECT Scan
720-941-6428
 201 University Blvd., Suite 200, Denver (In Cherry Creek)
www.brain-matters.com

Modified: Wednesday, August 27, 2003, 4:20 PM by L. Leber

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YELLOW PAGE AD
FROM 2003



tDex 2
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Directory: Denver YP
Heading: Alzheimer's Information & Treatment
Sales Consultant: John Strine, Aurora

Brain Matters, Inc.
Neuro Imaging Center

Functional Brain Imaging

ASSISTING YOUR PHYSICIAN IN DIAGNOSING:

- Alzheimer's
- Brain Damage from Stroke
- Traumatic Brain Injury
- Dementia
- Neurobehavioral Disorders

Call our Center now about a Brain SPECT Scan

720-941-6428

201 University Blvd., Suite 200, Denver (In Cherry Creek)
www.brain-matters.com

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 Astigmatism?**

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Seminar: Wednesday, August 23 at 6 p.m.

Thanks to recent advancements in technology and surgical techniques at Spivack Vision Center, we're now able to treat a much broader range of vision disorders than ever before. From the latest breakthroughs in Custom Lens Implants - to the latest FDA approvals in laser vision correction - trust your vision to the leading eye surgeons and staff of Spivack Vision Center. Call today to attend our free seminar.

SPIVACK VISION CENTER

Seating is limited.
 Call 303-SEE-2020 today to RSVP.
 Location: 6881 S. Yosemite Street, Centennial 6136

Conquer Depression and Start Living Your Life Again



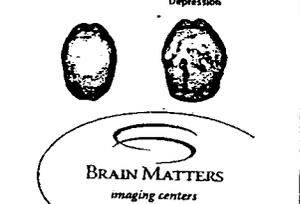
David C., 28 year old male

"I have been through a multitude of unsuccessful treatments for my mental condition, and was ultimately treated with over 13 different pharmaceuticals. I could have started living my life again several years ago if I'd been on the right medication from the start rather than just playing the guessing game and repeatedly being misdiagnosed.

My visit to the SPECT scan imaging clinic was an invaluable milestone in my life. With the SPECT scan images, my clinician & I were FINALLY able to properly diagnose my condition. In addition to a proper diagnosis, the SPECT imaging also provided essential information that was used to make treatment recommendations. The drug combination that I am currently on is working really well for me."

Does depression leave you drained of energy and joy?

What if you could actually see the brain processes that make you feel so blue? Brain SPECT Imaging is your window to the brain, providing brain-function information that helps your doctor or therapist maximize your treatment benefits.



ADD/ADHD | OCD | Autism | Traumatic Brain Injury | Anxiety | Depression
 Bipolar Disorder | Alzheimer's | Seizure

Now Accepting most Insurance
 For an initial phone consultation call today!

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 Deponent: Goodhue
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 Hunter + Geist, Inc.

Shooting: Rubio re

Continued from 6A

could make this more tragic if it they had died," he said.

Rubio's family and friends sobbed quietly and hung their heads as it became clear how long a sentence he was going to get.

The family quickly left the courtroom without comment, but Rubio's mother later said her son was not a murderer and that it was not fair for him to spend his life in prison because the girl didn't die.

"It's a very unfortunate case," said defense attorney Tom Carberry. "It's just tragic. It shouldn't have gone to trial."

Rubio turned down a 30-year plea bargain while represented by a different attorney, Carberry said. "He didn't tell him the risks of going to trial."

Carberry said the conviction will be appealed and he will seek reconsideration of what amounts to a life sentence.

Although a prison sentence was mandatory, Carberry had sought a lesser sentence because of Rubio's youth and lack of a violent record. A school dropout, he had used drugs and alcohol from a very young age.

"Our society has given up on trying to rehabilitate young people," he said. "It's just very sad."

Rubio came from a good, hard-working family, Carberry said. "This has just been a disaster for them."

The shooting was the culmination of a feud between two young women as they drove up and down Federal Boulevard to separate cars.

One of them, Ramirez, called her friend Natalie McParlane for help.

McParlane parking lot a text mes you and yo street gang were affila

Rubio as the 190 hlo tending in Ramirez's home.

Ramirez: she is sent McParlane

Kenia Ye life has so many surp damaged h

"I always lawyer and room, but I enter a cou into to help took my life

"I had to cil, how to v and much I still in the) will be for that is. Ken headed"

Michelle still prays e each day v said she is tence.

"I think I said, "You move on."

ltnchoy@Rt or 303-854-517

Dead baby's mom

Rocky Mountain News

CENTENNIAL — The mother of a child who was found dead in the back of a broken-down pickup truck was formally charged Tuesday.

Christy Lee Cole, 23, is facing a charge of first-degree murder. She is being held without bail in the Arapahoe County jail.

Greg Korb found the baby last Wednesday after he purchased a 1971 Chevrolet pickup from Cole and her boyfriend, who were living in the Country Gardens Mobile Home Park in Strasburg. When Korb emptied the bed of the truck at a dumpster, he found the baby in a box.

The infant's body was so badly de-

Cole is being held without bail

Department charges Cole's p scheduled to

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Brain Matters
 Heidi Menard
 Alexandra Arellano

Start Date: -
 Last User: Noarni Foster
 Wed, June 28, 2006 - 11:50:18 AM

Ins. Date	Pub.	Sec.	Loc.

Size: 3 x 5" - Actual Size:
 5.729" x 5"

WE LOOKED EVERYWHERE FOR HELP



- DEPRESSION & BIPOLAR DISORDER
- ADD/ADHD/OCD
- Traumatic Brain Injury
- Alzheimer's
- Autism

"Brain Matters help restored our family, we are extremely grateful for the help we received for the treatment of our son. He now leads an exciting and healthy life."

BRAIN MATTERS
 brain function imaging

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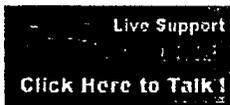
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"After the scans, I felt peace of mind about my symptoms being real, able to see physical evidence of trauma that had occurred to me many years ago. I felt more aware of how my brain works and what it needs."

Brain SPECT Imaging by Brain Matters Imaging Centers...

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Normal

Brain SPECT Imaging by Brain Matters Imaging Centers utilizes the latest in high-resolution brain SPECT imaging (Single Photon Emission Computed Tomography) to evaluate brain activity by tracing blood flow in the brain. Tracing blood flow allows us to observe the brain's actual metabolic process and its activities.

By using a brain SPECT imaging scan to examine those areas of the brain that have too much or too little blood flow, we can determine which areas of the brain are and are not functioning properly. Contrast this to MRI and CT scans that typically show only structural brain abnormalities such as tumors and lesions, and you can see why this is such an exciting new advance in the field of brain imaging.

High resolution Brain SPECT Imaging can help in the assessment of:

- [ADHD](#)
- [Alzheimer's Disease](#)
- [Anxiety Disorder](#)
- [Autism Spectrum Disorder](#)
- [Bipolar Disorder](#)
- [Depression](#)
- [OCD](#)
- [Traumatic Brain Injury](#)
- [Seizure Localization](#)

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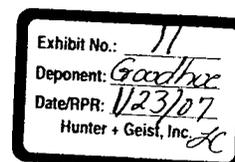
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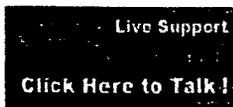
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"This is the beginning of an exciting new age for practitioners. The information these brain scans provide is very impressive. I am grateful to Brain Matters for the phenomenal contribution they are making to behavioral medicine."

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Patient Information

Consumer Centered Healthcare

A consumer driven healthcare model is taking shape in the U.S., driven by powerful economic, cultural and technological forces. Until recently, consumer involvement in choosing drugs and treatments was restricted to buying over-the-counter medications for minor complaints and illnesses. Then, direct-to-consumer marketing of prescription pharmaceuticals opened the door for other types of promoted healthcare products and services, ranging from physician advertisements for cosmetic surgery to e-health businesses that fill prescriptions to the recent advent of full body imaging centers. This new consumer centered push has been significantly accelerated by the now easy access to medical information provided via the explosion of the Internet.

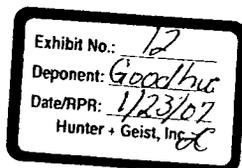
Information & Access is now available

Professional healthcare organizations and the government have done their part to whet the consumer's appetite for information and for access to all types of diagnostic screening exams. Growing numbers of people are following official recommendations for periodic diagnostic screening. Women are encouraged to self-refer for mammography and pap smears. The middle-aged are told to have colonoscopies, sigmoidoscopies, chest x-rays, glucose tests and dental checkups. They are encouraged to screen periodically for everything from high blood pressure to hypercholesterolemia. Indeed, this new medical consumerism has seen out-of-pocket spending on alternative methods of care grow from \$13 billion in 1993 to \$50 billion today, with no end in sight. SPECT diagnostic brain imaging that does not require a referral from a physician represents a further step toward this type of consumer empowerment

SPECT brain imaging fills the void

Adding even more emphasis to this newly emerging consumer empowerment in the diagnostic brain imaging arena is the fact that the current state-of-the-art in psychiatric care does not engender a general sense of confidence and support with consumers. Due primarily to the lack of objective diagnostic testing tools, psychiatric medicine is often viewed with a great deal of skepticism and scorn. Much of this skepticism and scorn can be traced to the fact that today's medical consumers have been conditioned by other areas of medicine to rely more and more on an ever increasing battery of diagnostic tests to diagnose their medical conditions. And as these advancements in other areas of medicine become increasingly more sophisticated and effective, the void of such diagnostic advancements in the psychiatric practice of medicine grows larger and more noticeable. Consequently, making SPECT diagnostic brain imaging available to an increasingly medically educated, self-referring public opens the doors to helping a vast amount of people & their loved ones get better, faster.

Brain SPECT (Single Photon Emission Computed Tomography) imaging is a nuclear medicine study that allows your physician to see how blood is flowing



through different areas of your brain. By understanding how blood is perfused throughout the brain your doctor can make a more accurate diagnosis and you can see the areas of your brain that are not functioning properly thereby providing proof that there is good reason to comply with your treatment regimen.

Brain SPECT imaging, utilizing a radiopharmaceutical, provides a "snapshot" of cerebral function. It has been used in the research of neurological and psychiatric disorders for the past decade.

Why do I need a Brain SPECT Scan?

A Brain SPECT scan is an additional tool that supplies objective diagnostic information to your treating clinician that can help provide you with better healthcare. Think of it this way. If you had a broken leg and your doctor wanted to treat you without getting an x-ray how would you feel about the treatment you are receiving? Why should your brain be any different?

I have had other imaging studies including MRI, and/or CT. Why do I need a SPECT scan

In order to fully evaluate a patient's symptoms, information on both the brain's structure (anatomy) and its blood supply is often necessary. CT and MRI provide detailed information on the structure of the brain. In many patients, however, the symptoms cannot be completely explained by anatomic changes and further investigation may be necessary since MRI and CT studies may appear normal but symptoms remain. Brain SPECT can often give your physician important information on blood flow that would not be available through these other diagnostic techniques. We believe more accurate diagnosis for some patients is made only after evaluating the blood flow to various areas of the brain and comparing these to normal patterns. The changes that may be detected on brain SPECT studies are diagnostic of some diseases. When doctors combine information on your brain's anatomy and function, they have a more complete understanding of what may be causing your symptoms. Brain SPECT can also be used to evaluate the effectiveness of various treatments.

In studying psychiatric patients with brain SPECT imaging, researchers have found cerebral perfusion patterns that often correlate with different psychiatric conditions. Some of the patterns correlate with the research literature findings of SPECT, some correlate with older observations from the neurosurgical, epilepsy, and neurophysiological literature, and some of the findings are uniquely our own.

Unlike CT, MRI, and EEG, which are rarely useful in the management of patients with psychiatric diagnoses, high resolution brain SPECT imaging performed at Brain Matters, Inc. can be very helpful in the diagnostic process of brain disorders including TBI - Traumatic Brain Injury, Alzheimer's Disease, Seizure Localization, ADHD - Attention Deficit Hyperactivity Disorder, Bipolar Disorder, Depression, OCD - Obsessive Compulsive Disorder, Anxiety Disorder, and ODD - Oppositional Defiant Disorder.

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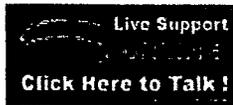
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Brain SPECT Imaging - FAQ's

1. Why should I have a brain SPECT scan?

A Brain SPECT scan is an additional tool that supplies objective diagnostic information to your treating physician that can help provide you with better healthcare. It is generally known by physicians the world over which parts of the brain control certain functions and behaviors. There is no question that Brain SPECT Imaging can identify areas of normal high and low blood flow in each of these areas of the brain. So, doesn't it follow that if your physician could use this type of objective information to help him or her form a more informed opinion of his or her diagnosis of your condition? Think of it this way. If you had a broken leg and your doctor wanted to treat you without getting an x-ray, how would you feel about the treatment you are receiving? Why should your brain be any different?

2. How would a brain SPECT scan help me if I already have a diagnosis?

If you have a proper diagnosis and feel like you are being properly treated, other than being a further objective confirmation of your diagnosis, a brain SPECT scan is probably not necessary. However, if you have a diagnosis but you still feel "out of sorts" or "not quite right", then you may not have yet obtained a full diagnosis of all of the conditions that may be hampering your full access to your brain. This is where we believe brain SPECT imaging can be an enormous help to your treating clinician by being able to identify what other conditions may be present in your brain. With this information, you and your clinician can more quickly and easily design a treatment plan that works for you.

3. Do I need a referral from my physician for a brain SPECT scan?

No. Individuals can be referred by their physician or other treating clinician (such as a psychologist, counselor or clinical social worker). Individuals can also "self-refer" and arrangements will be made to assure appropriate follow-up care based on the SPECT findings. Of course, if services are determined to be covered by insurance, a referral may be required by your insurance carrier.

4. How long does the procedure take?

Allowing for registration and intake procedures, the total time at the neuro imaging center should be around 2 hours. The brain SPECT imaging procedure itself takes around 10 minutes.

5. Will the test cause me any pain or discomfort?

Generally there should be no pain or discomfort associated with SPECT scanning. The camera itself is open so there is no sense of "being put in a tunnel" like in some MRIs. There is an injection of the imaging agent at the start of the procedure that involves a small needle (like being given a shot of medicine). The physician can order a mild sedative to calm individuals who may be agitated or particularly

anxious about the test.

6. Are there any side effects or risks associated with this brain imaging procedure?

There is a slight possibility that an individual could experience a mild rash, facial redness and swelling, fever and an increase in blood pressure. These side effects happen in only a small percentage of people and go away quickly. The amount of radiation exposure from one brain SPECT scan is approximately the same as the amount of radiation you would receive in an airplane going from New York to Los Angeles.

7. How will SPECT help my clinician in treating me?

The brain scan images from SPECT gives the treating clinician additional information about the functioning of your brain that can aid in making a proper diagnosis and thus guide more effective treatment.

8. What can I expect on the day of my scan?

When you arrive, a member of the staff will confirm basic demographic information with you. This will take approximately 15 to 30 minutes and will also allow you time to ask any questions you might have. You will then be taken to a quiet, comfortable room where a small intravenous line is started through which the imaging agent (the drug that allows the equipment to "see" brain activity) is injected. Shortly thereafter the imaging agent is injected. After a 45 minute waiting period (you are free to go back to the waiting room during this time) you will be taken into the camera room. This room is climate controlled and set-up to be relaxing. The procedure itself takes about 12 minutes. If you are scheduled for a second brain scan, you will come back to the center approximately 40 hours later for a repeat scan, this time after doing a brief task that requires you to focus. This resting and concentration study allows our physicians to look at your brain in a "quiet" state and contrast it with an "active" state.

9. How will I get the results of the test?

The center's medical director will read the brain scan and write a report. A clinician will meet with you (and your treating clinician if you so choose) to interpret the results, the doctors report and the treatment implications.

10. How can SPECT imaging be helpful when dealing with Alzheimer's or dementia?

Recent scientific studies have shown that brain SPECT imaging can be one of the most sensitive ways to detect Alzheimer's disease when it is in its early stages. These studies have shown decreased blood perfusion in the medial temporal lobes bilaterally and in the parietal lobes bilaterally. These changes can be noted even before the patient becomes significantly symptomatic with their disease process. Coupled with the observation that the earlier the intervention in Alzheimer's the better the long-term prognosis, this would imply a very useful role for brain SPECT imaging detecting early signs of dementia or Alzheimer's and eventually prolonging the quality of life.

11. If SPECT is such an effective tool, why isn't it used more widely?

SPECT is being used more widely in certain traditional areas such as assessing the remote effects of traumatic brain injury and in Alzheimer's disease. One reason it

isn't used more widely is that most referral physicians have minimal training in neuroimaging modalities. Another reason is the paucity of individuals who are trained in this application.

12. Will My insurance company pay for the scan?

Although insurance plans vary considerably, most plans will usually pay for our services.

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Statement of HIPAA Compliance

Brain Matters Imaging Centers (BMIC) is committed to complying with the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Electronic Transaction standards. BMIC has implemented policies, processes and procedures designed to ensure compliance with the Privacy standards and has begun monitoring and auditing these changes for compliance and effectiveness.

At this time, BMIC does not collect or transmit any data electronically which would be in violation of HIPAA Security and Electronic Transaction standards. BMIC will ensure compliance with the Security and Transactions standards prior to implementing the electronic collection and or transmission of data in the future and will update its policy regarding these standards at that time.

For BMIC and HIPAA Compliance, contact:

Privacy Compliance Office
Brain Matters Inc.
201 University Blvd Suite 200
Denver, CO. 80206
1-877-570-2650

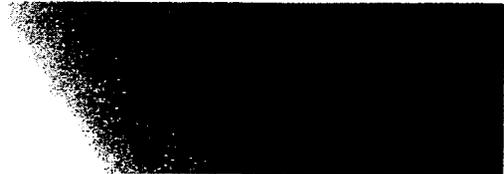
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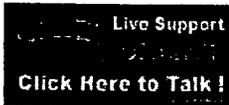
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- BMI Intake Forms
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- Patient Instructions-FAQs
- What is Brain SPECT Imaging
- Driving Directions

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Brain SPECT Imaging Radiation Exposure Explanation

Radiation exposure from brain SPECT imaging is minimal.

In 1996, the Health Physics Society issued a policy statement indicating that while there is substantial and convincing scientific evidence for health risk at higher doses "health risks are either too small to be observed or are non-existent" for exposures below 10 rem (a rem is a measure of radiation exposure). The whole body dose of a typical brain SPECT imaging procedure is about 0.1 rem.

In its assessment of risk to children for diagnostic imaging procedures used in clinical and research investigations, the Office of the Clinical Director of the National Institute of Health stated: "The risk of increased rates of cancer of low-level radiation exposure is not supported by population studies of health hazards from exposure to background radiation, radon in homes, radiation in the workplace or radiotherapy. Compared to the frequency of daily spontaneous genetic mutations, the biological effect of low-level radiation at the cellular level seems extremely low".

They concluded their review by saying: "Health risks from low-level radiation could not be detected above the 'noise' of adverse events of everyday life. In addition, no data was found that demonstrated higher risks with younger age at low-level radiation exposure".

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Brain SPECT Imaging - Arranging for a Scan

Brain imaging scans can be scheduled by referral from your personal physician or from any clinician who is involved in treating you (for example, your therapist, marriage counselor, school counselor). You can also make a self-referral in which you decide that you want to have the procedure done. We will have you fill out some preliminary paper work and then work with you to schedule a convenient time for the procedure. We will also arrange for follow-up care after the scan so that you have access to appropriate treatment resources.

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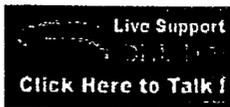
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Preparing for your SPECT Scan

Patient Instructions/Frequently Asked Questions

A. In general, our medical director, Theodore Henderson, M.D., Ph.D., Chief Medical Officer, recommends patients try to be off stimulants (Ritalin, Adderall, Concerta, etc.) at least four days before the first SPECT scan and remain off of them until the second SPECT scan (if one is ordered) is completed. It is the patient's responsibility to inform his/her primary care physician (or the prescribing doctor for the stimulant medication) of the recommended 4 day (96 hours) abstinence from such stimulants. Dr. Henderson does NOT recommend going off other psychotropic medications. Be sure to ask your own doctor when and how to resume any stimulants you were asked to stop taking temporarily for this test. Feel free to have your physician or therapist call our RN/Tech with any questions.

B. Two days (48 hours) prior to the SPECT brain scan eliminate your caffeine and nicotine intake and try to not take cold medication (especially decongestants) or aspirin. (If you do, please write it down on the intake form.)

C. Arrive at least 15 minutes prior to your SPECT brain scan appointment time. Bring the signed order from your physician (if applicable) and any other paperwork necessary including current history and physical records.

D. The key to a successful nuclear medicine test is to remain as still as possible. The period time you will need to remain still is less than 10 minutes. If you feel that you cannot remain still or if you have any concerns about remaining still, a mild sedative can be given. If you think you will need sedation, documentation of a recent (within 3 months) history and physical from your primary care physician is required as well as someone to drive you home from the clinic. Due to the sensitivity of the radioisotope, payment will be required if you are unable to remain still because another SPECT scan study will need to be rescheduled.

E. Be sure to dress comfortably so that you are relaxed. Also, dress warmly since our brain imaging room may be chilly.

F. Prepare yourself for a fairly lengthy visit.

-If you've been scheduled for one SPECT scan and the report, your one day visit will last approximately 1 1/2 hours.

-If you've been scheduled for two SPECT scans and a report, each visit will last approximately 1 1/2 hours (on two, separate days).

-If you've been scheduled for an evaluation, two SPECT brain scans and a report, there will be four appointments. The first appointment to review the history and intake information is 2 hours. The second appointment is for your first SPECT scan and lasts approximately 2 hours. The third appointment is for your second SPECT scan and lasts approximately 2 hours. The final appointment is for the Review

Summary Session and lasts approximately 1 hour.

G. Relax. The staff at our clinic is friendly and professional, and will answer any questions you may have when you arrive.

Frequently Asked Questions

Are there any side effects or risks to the SPECT brain scan study?

The study does not involve a dye and people do not tend to have allergic reactions to the study. Although adverse reactions to the radiopharmaceutical are very rare and when they do occur, usually involve only a mild, self-limited skin reaction such as a rash, please let your nurse/technician know if you experience any symptoms during or after the tracer injection. The total body radiation exposure is in the range of one to three times your annual exposure to natural background radiation (being in the sun, flying in an airplane, etc.).

Will I feel pain when the drug is injected?

You feel only a small prick from the needle as it is placed into the vein. There is a topical and/or a beneath-the-skin anesthetic that can be utilized.

How is the SPECT brain scanning procedure done?

You will be placed in a warm and comfortable quiet room and a small intravenous (IV) line is started. You remain quiet with no stimulation (including talking) for approximately 10 minutes with your eyes open to allow your mental state to acclimate to the environment. You will start a simple, concentration computer test and the imaging agent will be injected through your IV approximately 5 minutes into this computer test. This will provide a "snapshot" picture of what your brain is doing at concentration. After another period of time (approximately 45 minutes) the nurse will take you into the camera room and you will lie down on the padded, examination table. You will be positioned near the SPECT camera, which will image the areas of your brain where the radiopharmaceutical has accumulated. The closer the camera is to your head, the better the images of the blood flowing in the brain will be. If an "at rest" study is ordered, you will return at least 30 hours later (to allow the radioisotope to leave your system) for a second brain scan. The procedure is the same as the first scan except there is no computer concentration test.

Since the "snapshot" this time is of the brain at rest, it is important to allow your mind to wander, and remain quiet without talking until the radioisotope has been injected. After another period of time (approximately 45 minutes) the nurse will take you into the camera room and you will lie down on the padded, examination table for the second scan. After each SPECT scan has been completed, you will be free to move and interact as usual.

Will I be alone?

No. The nurse/technician and a parent (if applicable) will be with you throughout the examination.

Will the SPECT camera touch me?

No. The camera will rotate once around your head and may lightly brush against the tops of your shoulders. (You will not go through a tube.) The time on the table is approximately 10 minutes. Otherwise, no part of the machinery will touch your body.

Will I get a diagnosis from the SPECT scans?

No. Brain SPECT imaging will not provide a diagnosis by itself. It is a diagnostic tool that is used in conjunction with patient history, clinical interview and psychological testing to form diagnostic impressions and treatment recommendations.

After I've been injected with the radioisotope, should I avoid physical contact with others?

No. In general, the tracer you are given will remain in your body for a short period of time and is cleared through natural bodily functions. This is why drinking more fluids after your scan will help eliminate the tracer more quickly. If any special precautions are necessary, the RN/Tech will advise you.

What should I do after the exams?

Unless you were sedated, you can return to any activities of daily living (work, school, exercise, etc.). However, it will be necessary to increase fluid intake to encourage elimination of the radioisotope from your body. The goal is to urinate twice in the two hours following the injection. The nurse/technician will provide discharge instructions.

When will I get the results of my SPECT scan?

When the exam is completed, a nuclear medicine physician reviews your SPECT brain images, prepares a report and discusses your results with the clinical staff member. A final appointment is made (approximately 7-10 days after your last SPECT brain scan) for the clinical staff to review the test results with you and will discuss any treatment recommendations, if needed. You are welcome to include (in person or by conference call) family members, your therapist or treating physician in this brain scan evaluation session. You will be provided with the interpretation of the brain scans, the SPECT scans themselves and any educational materials and resources that may apply.

Are there alternatives to having a SPECT study?

In our opinion, SPECT is the most clinically useful study of brain function. There are other studies, such as electroencephalograms (EEGs), Positron Emission Tomography (PET) studies and functional MRIs (fMRIs). PET studies and fMRI are considerably more costly and they are performed mostly in research settings. EEGs, in our opinion, do not provide enough information about the deep structures of the brain to be as helpful as SPECT studies.

Does insurance cover the cost of SPECT studies?

Reimbursement by insurance companies varies according to your plan. It is often a good idea to check with your insurance company ahead of time to see if it is a covered benefit. Our office can assist you by providing specific diagnostic and procedure codes to help you determine the level of insurance benefit ahead of time. We will provide you with a "Super bill" for you to submit to your insurance company for possible reimbursement.

Is the use of brain SPECT imaging accepted in the medical community?

Brain SPECT studies are widely recognized as an effective tool for evaluating brain function in Alzheimer's, seizure, epilepsy, stroke, dementia and traumatic brain

injury. Brain SPECT imaging is not considered an exact science for diagnosing psychiatric conditions. Close correlation with the patient's clinical examination is necessary. There are literally hundreds of research articles on all of these topics. If interested, please contact our clinical staff for further information.

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SPECT Brain Imaging Scan Explanation

A Brain SPECT Imaging scan is a way for physicians or clinicians to see your brain and determine which areas may be getting too little or too much blood flow. Since blood carries glucose, which is the fuel source for your brain, it is important to have the proper amount of blood circulating throughout the various areas. And since different areas of the brain are related to neurobehavioral functions; any under-perfusion or over-perfusion in a particular area may be indicative of specific related conditions.

The physician or clinician will compare the brain image of the blood flow pattern in your brain to normal blood flow patterns to determine if there are areas where the blood perfusion is not at the level that it should be. If the perfusion pattern is too much or too little in specific areas of your brain, the result may be an indication of what could be causing some of your symptoms.

A few days after your brain scan, our physician or clinician will review the findings from the scan with you and your doctor or mental health professional and make recommendations, if appropriate. You can then feel confident in knowing that the source of your symptoms has been identified.

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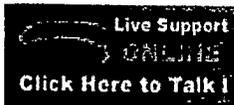


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Our goal is to establish an atmosphere of mutual trust and understanding between our patients and our office. Therefore, feel free to discuss fees and methods of payment with our staff at any time. We accept most major credit cards (American Express, Visa, MasterCard and Discover) for your convenience. It is our policy to collect all fees incurred including fees on returned checks. There is a \$45.00 service fee for each returned check.

Reimbursement

Most of our services are reimbursed by third-party payors. Our Patient Care Counselors handle all of the reimbursement details to make the process patient friendly. For patients without insurance and for those patients whose insurance does not cover our services, we can provide easy payment plans.

Patient Financing



18 Months No Interest

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Thank you for your interest in Brain Matters Imaging Centers. If you would like to contact us, please use one of the phone numbers listed below:

[Click here to request an appointment](#)

<p align="center">Denver Clinic Brain Matters Imaging Centers [map - directions] 201 University Boulevard, Suite 200 Denver, CO 80206</p> <p align="center">Call for questions or appointments (US or Canada) 866-244-3201 Hours: 8am-5pm M-F MT General Contact Form</p>	<p align="center">Torrance Clinic Brain Matters, Inc. [map - directions] 19191 South Vermont Avenue Pacific Gateway II, Suite 160 Torrance, CA 90502</p> <p align="center">Call for questions or appointments (US or Canada) 866-244-3242 Hours: 9am-5pm M-F PT General Contact Form</p>
<p align="center">Brain Matters Inc. Corporate Headquarters [map - directions] 3773 Cherry Creek Drive North, Suite 615-E Denver, CO 80206</p> <p align="center">Call for questions (US or Canada) 866-722-4806 Hours: 8am-5pm M-F MT</p>	<p align="center">Seattle Clinic Brain Matters Imaging Centers [map] 1015 8th Avenue North Seattle, WA 98109-3504</p> <p align="center">Call for questions or appointments (US or Canada) 866-712-7246 Hours: 8am-5pm M-F MT General Contact Form</p>



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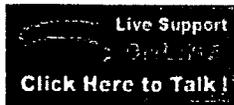


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"The scans opened the door for me to understand my symptoms, to see that what I'd been living with and thought was "normal", was not the best of me and my abilities."

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Brain Matters, Inc. is dedicated to helping patients feel good about the treatment they receive at our brain imaging clinics. We strive very hard to ensure our patients understand the results of our brain scan findings and can feel confident knowing that there is help available.

The following are a sampling of some of the testimonials that we have received from past brain imaging clients and their families, non MD professionals, attorneys, and physicians.

David C., 28 year old male

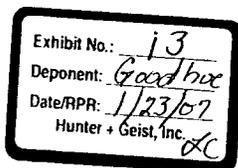
"I have been through a multitude of unsuccessful treatments for my mental illness since the fall of 1996. I have been unsuccessfully treated with over 13 different pharmaceuticals during these years and I could have started living my life again several years ago if I could have been on the right medication from the start rather than just playing the guessing game and repeatedly being misdiagnosed. I'll never get that time back. My visit to the SPECT scan imaging clinic was an invaluable milestone in my life. With the SPECT scan images, my clinician & I were FINALLY able to properly diagnose my condition. In addition to a proper diagnosis, the SPECT imaging also provided essential information that was used to make treatment recommendations. The drug combination that I am currently on is working really well for me."

Michele M., 27 year old female

"The SPECT scans of my brain enabled my doctors to quickly & easily diagnose and effectively treat my ADD/ADHD. Before this, no one had ever really considered this as a possible diagnosis even though my symptoms had been holding me back for years. The challenges of discovering that I had a mental illness combined with the stress of continuing to live my life while enduring crisis after crisis, seemed like an insurmountable task. My struggles & triumphs were finally validated when I received my SPECT brain scan. I was finally able to show and educate those around me what was happening with my mental health. I really needed, deserved, and earned this. Now I have hope."

Donna V., Age 48

"I suffer from severe depression. I received a SPECT scan that helped to identify



the actual areas of deficiency in my brain. It provided me with the understanding I desperately needed and the validation that I really did have a problem. This clarification also validated that the treatment I was receiving was in line with my psychiatric diagnosis. I would highly recommend this scan to anyone who is seeking validation and or diagnosis of their mental condition."

Michael., 14 year old male

Father's Testimonial:

Mike is doing remarkably better. He's a different kid. Before the scan, we saw lots of different therapists who wanted to attribute his behavior problems and poor school performance to having his mom die. We were told that we could experiment with a few drugs and see what happens. It was disturbing that we were going to "experiment" with my son since I knew that a chosen med could actually make things worse. So, I didn't want to put him on meds until I had more information. The problem was that he was doing poorly in school and in life. It was when we asked if there was a way to get more definitive info that we were referred to Brain Matters. At Brain Matters we learned more about the diagnosis (ADHD and ODD) and found some things were ruled out (bipolar). As a result, we had much more confidence moving forward. Mike's behavior was wearing us down. I suspect that if we hadn't felt more confident because of the scans, we may have given up pursuing treatment. Another piece of the puzzle the Brain Matters helped with was that Mike didn't want to accept that there was something wrong with him. As a result, it was almost untreatable. He wouldn't step-up to the possibility that something was wrong and that there could be a different outcome than failing in school and in life. Brain imaging was the diagnostic tool that showed Mike without a shadow of a doubt that there was something wrong. It was quantitative as opposed to someone's opinion. It made a big difference. The biggest thing is, the last 2 weeks of the semester all he did was a study. Mike told me "class is amazing. Stuff goes on and you can learn so much. Before my diagnosis and treatment, I missed so much!" Mike has opened his eyes to the value of increased work ethic. He now notices who isn't pulling their weight. If the ODD piece hadn't been discovered, I wouldn't have been able to describe his anger. Why didn't we catch this 5 years ago? It sure wasn't for a lack of having Mike see people. No one had a disorder opinion. Everyone thought he was a persecuted child. His mom died and you have a step mom and this can be expected. Everyone chalked behavior up to teenage hormones. ADHD has a bad rap, feeling that it's overdiagnosed. The accurate diagnosis doesn't happen enough. For Mike it's just been a complete difference in behavior. It's like having 20/400 vision and everything and everyone is all a blur and then you get glasses and you can see clearly for the first time!

David G., 32 year old male

"I had been to one of the best psychiatrists in the region for an evaluation. He diagnosed me with bipolar and said I had to quit drinking alcohol. I started taking medication for the bipolar and medication to help me stop drinking. I gained 40 pounds and still wasn't stable in my mood or able to stay away from alcohol. I knew something had to change. But before just changing to different medications, I wanted to get more information about what was going on in my head. When I got my results from Brain Matters, I was really impressed with what the doctor was able to see from my scans. For the first time I learned I probably have ADHD and an Anxiety Disorder. The scans also told what I didn't have. For instance, I was relieved to find out that the brain injury from an accident in childhood wasn't as severe as I had suspected. It was also helpful to know the extent of the damage I had caused myself with alcohol and drug abuse. Knowing that my problems are brain based has changed the way I approach things in my life. I can think my way through things. I can understand what's causing me to feel a certain thing. I think a brain scan should be something people have to get. I am more understanding of myself and it's easier to get a grasp on what's going on. My wife really wants to do it, too!"

Sarah A., 52 year old female

"Before the scans I felt terrified of taking medication, terrified that my symptoms were imaginary, even terrified that my sexual abuse never actually happened, and I was just crazy. Before the scans I felt anxious every minute of every day, and had not slept well for 15 years. I was sad, lonely, and losing hope."

"After the scans, I felt peace of mind about my symptoms being real, able to see physical evidence of trauma that had occurred to me many years ago. I felt more aware of how my brain works and what it needs. I became aware of how much my brain chemistry had shaped my personality, and how possible it is for that to change as the medication brings greater balance to my brain chemistry. From this, I've come to respect the responsible uses for medication. I'm now sleeping much better, having more good nights than bad nights instead of vice-versa. I'm looking forward to my future and feel much more able to cope with the stresses of life. I'm much calmer, more positive, and more available to myself emotionally and mentally, as well as more available to others. I've started writing again, because I've started having creative ideas again. And I am enjoying life more, taking time for myself to do things I enjoy instead of fretting about the daily tasks, or driving myself to keep up with every little detail of family life."

"The scans opened the door for me to understand my symptoms, to see that what I'd been living with and thought was "normal", was not the best of me and my abilities."

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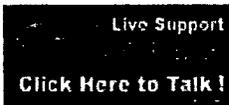
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See your Brain in Action



Normal

Brain SPECT Imaging by Brain Matters Imaging Centers utilizes the latest in high-resolution brain SPECT imaging (Single Photon Emission Computed Tomography) to evaluate brain activity by tracing blood flow in the brain. Tracing blood flow allows us to observe the brain's actual metabolic process and its activities.

By using a brain SPECT imaging scan to examine those areas of the brain that have too much or too little blood flow, we can determine which areas of the brain are and are not functioning properly. Contrast this to MRI and CT scans that typically show only structural brain abnormalities such as tumors and lesions, and you can see why this is such an exciting new advance in the field of brain imaging.

High resolution Brain SPECT Imaging can help in the assessment of:

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- [Autism Spectrum Disorder](#)
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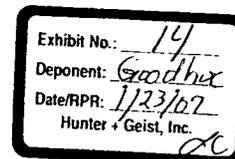
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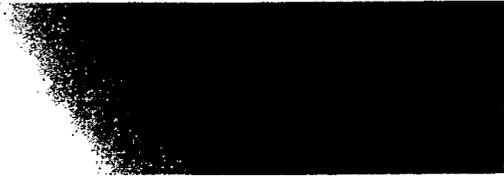
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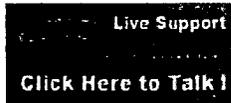
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"The scans opened the door for me to understand my symptoms, to see that what I'd been living with and thought was "normal", was not the best of me and my abilities."

ADHD - Attention Deficit Hyperactivity Disorder

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Surface Views



Normal

ADHD
Attention Deficit
Disorder

Normal

ADHD
Attention Deficit
Disorder

You are not alone.

Attention Deficit Hyperactivity Disorder (**ADHD**) is the most commonly diagnosed behavioral childhood disorder, and the fastest growing diagnosed behavioral disorder in adults. Since 1990, the total number of American children diagnosed with **ADHD** has risen from (900,000) to over (5,500,000). There are approximately (1,000,000) new cases of **ADHD** diagnosed yearly in children and (600,000) new cases per year diagnosed in adults in the U.S. In fact, it is estimated that as much as 85% of the adult **ADHD** population and 50% of the pediatric population is currently undiagnosed.

Fifty percent or more of the school-aged population who have **ADHD** also have another behavioral disorder (known as "comorbidity"). Another 15-20% of children display transient symptoms consistent with **ADHD**. Approximately half of all children diagnosed with **ADHD** continue to manifest impairing symptoms throughout their adult life.

Proper **ADHD** diagnosis can be challenging

Properly diagnosing **ADHD** can be a complicated proposition for clinicians for a number of reasons. **ADHD** actually comprises three (3) distinct subtypes of attention disorder with separate sets of criteria that can and do occur in combinations of one another. Many other conditions also produce clinical symptoms similar to those disorders classified as **ADHD** and pose a problem in the differential clinical diagnosis of **ADHD**. To further hinder the diagnostic process, several specific symptoms of **ADHD** match those of other syndromes and disabilities such as learning disabilities, petit mal seizures, anxiety and/or depression.

Another problem related to accurate **ADHD** diagnosis is the presence of other comorbid conditions in **ADHD** patients. Studies have found that a large percentage of children with **ADHD** have or will develop Bipolar Disorder. It is imperative to know whether **ADHD** is co-existent with Bipolar Disorder for a patient. Why? Because if the **ADHD** is



treated BEFORE the Bipolar Disorder, the patient could experience severe manic episodes.

In light of the above, the diagnosis and treatment of **ADHD** has become extremely controversial. Some studies indicate that up to (20%) of children in some school districts have been diagnosed with **ADHD**. In other school districts, the prevalence rate is closer to (2%). This extreme variability strongly suggests the lack of a consistently applied standard and/or a lack of understanding of the basic biology of the disorder. Indeed, the American Psychiatric Association has acknowledged that in studies it has performed, clinicians routinely misapply the established criteria for the diagnosis of **ADHD** as set-forth in The Diagnostic and Statistical Manual of Mental Disorders (DSM), Volume IV. These studies demonstrated that the accepted diagnostic criteria were used less than half of the time.

Finally, An Objective Evaluation Tool.

It is evident that current psychological diagnosis of **ADHD** leaves much to be desired and that there is an urgent need for a more objective tool to assist in the evaluation of **ADHD**. Brain SPECT Imaging has proven itself as an extremely effective tool in helping physicians to identify the presence (or absence) of **ADHD** dysfunction in both children and adults. It can also help to differentiate **ADHD** from other related conditions such as Bipolar Disorder.

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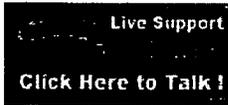


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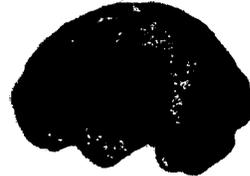


Alzheimer's Disease

Surface Views



Normal



Alzheimer's Disease

A Dreaded Disease

Approximately 4,000,000 people in the U.S. have Alzheimer's disease. With the graying of the baby-boomer market, it is projected that this number will increase to 14,000,000 by the year 2050. A recent study found that two-thirds of baby boomers are personally concerned about getting Alzheimer's disease -- a sign that it might replace cancer as this generation's most dreaded disease. Promising new drug therapies for Alzheimer's disease have been developed (and more are coming) that can slow the progression of the disease. All major medical groups in the U.S., such as the American College of Radiology and the Society of Nuclear Medicine, recognize Brain SPECT Imaging as generally accepted for the identification of the presence of Alzheimer's Disease once symptoms are suspected. Accordingly, most third-party payors, including Medicare, provide reimbursement of Brain SPECT Imaging for suspected Alzheimer's Disease.

However, it is now becoming clear that for the new drugs to be most effective is imperative that the presence of Alzheimer's Disease patterns in the brain be found early, BEFORE Alzheimer's symptoms are present. Accordingly, anyone with a history of Alzheimer's in their family should have an intense interest in early detection.

Detection prior to symptoms is the key to effective treatment.

Finally, An Objective Diagnostic Tool.

Research suggests that Brain SPECT Imaging can often identify the presence of Alzheimer's disease and can be used as a screening tool several years before the onset of symptoms of this devastating disease. With early detection, current anti-Alzheimer's drugs are showing promise in their ability to slow the progression of this disorder and have been shown on SPECT to actually improve blood flow in the affected parts of the brain. Slowing the progression of Alzheimer's disease gives patients a chance to take advantage of newly developing drug treatments that can possibly further slow progression. It can also give them a chance to properly prepare themselves, their families and their affairs for the time when symptoms of

the disease begin to emerge.

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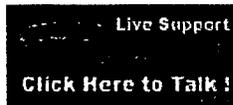
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"The scans opened the door for me to understand my symptoms, to see that what I'd been living with and thought was "normal", was not the best of me and my abilities."

Anxiety & Panic Disorder

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Inner Views



Normal



Anxiety & Panic Disorder

A challenge to diagnose

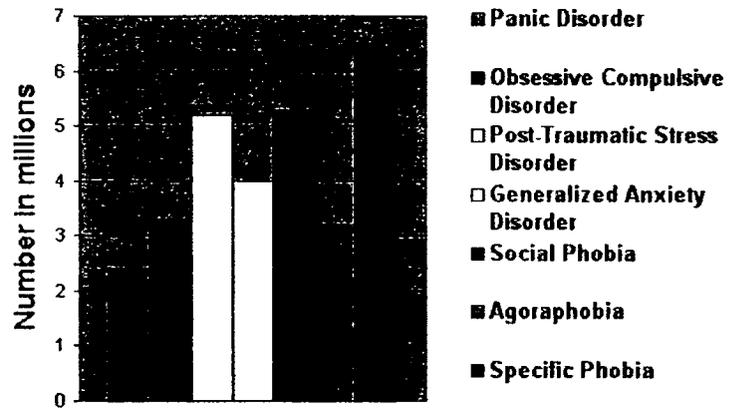
One in every eight Americans ages 18 to 54 suffers from an **anxiety disorder**. This totals over 19,000,000 people, making it the most common psychiatric condition in the U.S. **Anxiety Disorder** is actually comprised of seven different types of disorders (**Panic Disorder, Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder, Generalized Disorder, Social Phobia, Agoraphobia** and **Specific Phobias**) and is often co-occurring with other disorders such as depression, making it a very difficult disorder to properly diagnose and treat without diagnostic assistance. **Anxiety** sufferers see an average of 5 physicians before being successfully diagnosed and treated.

Proper diagnosis leads to more effective treatment

The various types of anxiety disorders appear as brain dysfunction in different parts of the brain systems. By identifying these various dysfunctions as well as the presence or absence of other dysfunctions such as depression that may be complicating the condition, Brain SPECT Imaging can help identify the correct offending condition. This empowers physicians to more effectively correlate a patient's behavioral problems with the identified condition and create an effective treatment plan that can be more readily accepted by the patient.



Statistics on Types of Anxiety Disorders



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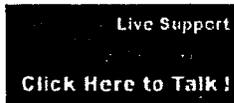


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Autism Spectrum Disorder



Normal



Autism Spectrum Disorder

Autism is a developmental disability that can severely impair an individual's ability to communicate and socially interact with others. It is four times more prevalent in males than females. Currently, autism is believed to affect 1 in every 166 people. Although we do not yet know all the reasons why the rate of people being diagnosed with autism has increased substantially over the past two decades This is thought to be due in part to improved diagnostic techniques and to changes in the diagnostic criteria for "autism spectrum disorders".

Classic Autism (also known as Kanner's Autism or Syndrome), Asperger's Syndrome and Pervasive Developmental Disorder (PDD) are specific types of neurobehavioral complications classified within a group of developmental conditions known as "Autism Spectrum Disorders". Autism is considered a spectrum disorder because the number and intensity of the symptoms people with autism display may vary widely. However, all individuals afflicted with autism demonstrate impairments to some degree in the following three areas: communication, social relationships and restricted patterns of behavior.

For example:

Social Interaction: A person with an autism spectrum disorder may not use or understand non-verbal communication, or (s)he may not develop peer relationships that are appropriate to his or her developmental level. Often, there is a noticeable lack of emotional reciprocity (you smile at him but he does not smile back). Adults with autism may appear aloof and indifferent to others: children seem to be wrapped up "in their own world".

Communication: There is a significant delay in, or a total lack of, speech development, with no corresponding attempts to communicate by gestures. An autistic individual may have difficulties in sustaining or initiating conversation or (s) he may repeat his or her speech over and over again concerning the same topic.

Behavior and Interests: Restricted, repetitive and stereotyped patterns of behavior, interests and activities are a hallmark of autism. An individual with autism or a related disorder may have an intense preoccupation with one subject area or interest. The affected individual may have nonfunctional, rigid rituals or routines. In children, there is a lack of make-believe or social imitative play. Repetitive motor



mannerisms (for example, hand flapping or spinning of objects) may also be present.

Below are some examples of behaviors that are characteristic of Autism Spectrum Disorders. An individual with autism may exhibit a combination of or all of these behaviors, depending on where (s)he falls on the spectrum:

- An infant does not imitate other children and/or does not reach out to the parents.
- A child does not develop age-appropriate peer relationships and has difficulty mixing with others.
- Little or no eye contact, aloof manner, appears detached, lacks spontaneous sharing of interests with others.
- Inappropriate attachments to objects, obsessive, odd play (for example, lining up or spinning toys).
- Resists changes in routine more than typically expected for a child his/her age.
- Eats only certain foods or insists on a preferred texture of clothing.
- Repetitive motor movements and/or demonstrates uneven fine and gross motor skills development.
- Becomes stiff when held, does not like to be touched, or is 'floppy' and has low muscle tone.
- Does not develop speech or has speech and then loses it; does not point or gesture.
- Repeats words or phrases over and over again; talks only about narrowly defined topics.
- Difficulty in discussing abstract concepts takes everything literally or has impaired language skills.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) classifies a developmental condition within the group of Autism Spectrum Disorders as a "temporary episodic clinical disorder." This suggests that symptoms of these disorders vary in intensity and that with proper diagnosis and targeted treatment and rehabilitation, there is a possibility of improvement. The specific diagnoses used for autism and related disorders are:

Autistic Disorder (Classic Autism): Onset occurs before child is 3 years old. The child shows impairment in the three areas of observable symptoms: difficulty in communication, social interaction and repetitive, stereotyped patterns of behavior.

Childhood Disintegrative Disorder: The child develops normally in all areas for the first two years, then shows a significant loss of previously acquired skills.

Rett's Disorder (also known as Rett Syndrome): Found almost exclusively in females. The child achieves normal development for the first five months, then loses previously acquired communication skills and the purposeful use of the hands. These losses are soon followed by other areas of deterioration, including apraxia (loss of ability to control complex muscle movements), gait disturbances and sometimes seizures. This disorder is very rare.

Asperger's Disorder (also known as Asperger's Syndrome): Children with this disorder demonstrate average to above-average intelligence and no significant delay in language but show impairment in social interactions and have a restricted range of interests and activities. These children often can be very talkative, although their speech tends to lack normal fluctuation of tone or prosody. They can speak in a pedantic or lecturing tone.

Pervasive Developmental Disorder, Not Otherwise Specified (Atypical Autism): In the case of "PDD-NOS", there is significant impairment in the three

areas described above, but the child does not meet the full criteria for a specific diagnosis.

TESTING FOR AUTISM SPECTRUM DISORDERS

At this time, there is no single diagnostic test that can conclusively prove a child has an autism spectrum disorder. The most important signs to watch for are delays in the development of speech and of reciprocal interactions between the child and his/her caregivers. Parent's intuition is an important yardstick here, as well. If you feel that there is something going wrong with your child's development – trust your intuition. This is because you may be picking up on subtle failures in your child's nonverbal communication with you.

There are several screening tools or checklists which can be useful in deciding whether to pursue further diagnostic workup. These include:

- CHAT – Checklist for Autism in Toddlers
- CARS Childhood Autism Rating Scale
- Autism Screening Questionnaire
- Screening Test for Autism in Two-Year Olds
- Social Reciprocity Scale

If a child demonstrates elements suggestive of an autism spectrum disorder, then a comprehensive evaluation is indicated. The standard clinical diagnostic tool in the field is the ADOS (Autism Diagnostic Observation Schedule) which is a semi-structured assessment of communication, social interaction, and play or imaginative use of materials.

Other testing also is necessary to rule out other causes of neurological impairment and clarify the diagnosis.

- **Hearing Tests.** The first assumption most parents make when their child has speech problems or does not respond to aural stimuli is that their child may be deaf. A hearing test can indicate if a child has a hearing impairment. Tests can be performed on children even in infancy; audiologists measure responses such as blinking, staring or turning the head when a sound is presented.
- **Genetic Testing** involves using a blood test to screen for any genetic abnormalities that could cause developmental delays.
- **Metabolic Screening** consists of blood and urine tests to measure how a person is metabolizing food. Problems in this area can significantly impact a child's growth and development resulting in symptoms similar to autism.
- **Electroencephalograms (EEGs)** measure brain waves, and can uncover seizure disorders or other abnormalities.
- **Head CTs and MRIs** are helpful in detecting structural abnormalities. However, because most children with autism do not have structural abnormalities, these tests usually do not demonstrate specific structural abnormalities.
- **Brain SPECT Imaging** is a method to physiologically map and detail the regions of the brain which are impaired from functioning effectively. Some autism treatment programs are using SPECT scans as part of a battery of tests used in initial assessment and to track a child's improvements.



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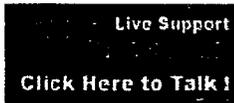


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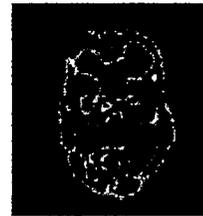


Bipolar Disorder

Inner Views



Normal



Bipolar Disorder

Commonly misdiagnosed.

Bipolar Disorder (also known as Manic-Depressive Illness) affects more than 2,300,000 American adults. Without effective treatment, the illness can lead to suicide in nearly 20% of cases.

Many patients with Bipolar Disorder are misdiagnosed. This occurs most often when a person with Bipolar II Disorder (the less severe form of the disorder), whose hypomania is not recognized, is diagnosed with unipolar depression, or when a patient with severe psychotic mania is misjudged to have schizophrenia. Differentiating the initial onset of Bipolar Disorder from schizophrenia is often an extremely difficult diagnosis in acutely psychotic patients.

The psychosis and paranoia that accompany Bipolar Disorder increase the difficulty of treatment compliance. It is often essential that family members be available to encourage the patient to keep-up with medications. However, unless the assisting family members fully understand and approve of the treatment plan, family members afraid of the stigma of mental illness and/or scornful of psychiatric medicine often collude with the non-compliance decisions of the patient.

Bipolar Disorder Treatment Challenges:

In addition, since Bipolar Disorder is usually quite responsive to medication, once the disorder improves, patients feel so normal they do not believe they ever had a chronic problem to begin with. So, they stop taking the medications, which will result in increasing the chances for relapse. This is actually one of the most significant problems in people diagnosed with Bipolar Disorder.

When a Picture is worth MORE than a thousand words.

Brain SPECT Imaging can provide objective assessment data that can be quite helpful in the physician's differential diagnosis of Bipolar Disorder. In addition, it can provide the patient and the patient's family members with graphic evidence that Bipolar Disorder is a biological problem that can be effectively treated as such.

Through this better understanding of the problem, both patients and family members are more likely to comply with and support treatment plans.

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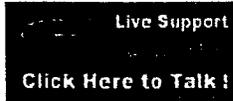
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Depression

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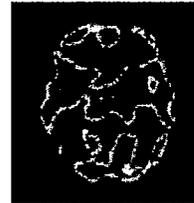
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Normal



Depression

Inner Views

Depressive disorders are the second most pervasive psychiatric conditions in the world (slightly second to anxiety disorders). They affect approximately 19,000,000 American adults. During their lifetime, approximately 5-12% of men and 10-15% of women will have at least one episode of a major depressive disorder. More than half of these people will have another episode of depression at some point in their lives. Twenty percent of patients visiting primary care physicians have depressive symptoms.

The effects of depression are staggering. A recent study sponsored by the World Health Organization and the World Bank found major depression to be the leading cause of disability in the U.S. and worldwide. Eighty percent of suicides are carried out by persons who have depressive illness. Fifteen percent of people who have significant mood disorders commit suicide.

Even though 80-90% of people with major depression can be treated successfully, only about a third of those seek help. The primary reason for this reticence is the stigma associated with admitting to emotional difficulties. Only 38% of Americans believe that depression is a "health" problem. These people view depression as a personal weakness, not a medical illness.

Missing the Mark

The medical profession itself sometimes struggles with accurately diagnosing major depressive disorders and other mood disorders. It has been reported that of those people with mood disorders that have sought help, 29% took over 10 years before receiving a correct diagnosis. And 60% of patients reported receiving an incorrect diagnosis before receiving the correct one. This problem is due in large part to the fact that there is a high degree of variation among people with depression in terms of symptoms, course of illness and response to treatment. This variability poses a major challenge to clinicians attempting to understand and treat depression without use of objective diagnostic testing tools.

Finally, Help & Hope



Brain SPECT Imaging can be a major help to physicians in their diagnosis and treatment of depressive disorders. **Brain SPECT Imaging** can show us whether the parts of the brain that are generally believed to be involved in depressive disorders are working properly or not. Armed with this information, physicians can better correlate the patient's clinical symptoms and arrive at a diagnosis that is supported by objective diagnostic evidence. It has been our experience that the ability to visualize one's brain processes most often helps patients accept the existence of the diagnosed condition and enhances patient compliance with their treatment plans.

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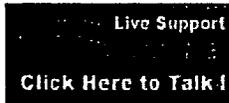
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"The scans opened the door for me to understand my symptoms, to see that what I'd been living with and thought was "normal", was not the best of me and my abilities."

OCD - Obsessive Compulsive Disorder

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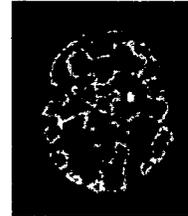
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Inner Views



Normal



Obsessive Compulsive Disorder

One in fifty adults in the U.S. currently has OCD, and twice that many have had it at some point in their lives. Fortunately, OCD is now very treatable.

What Is Obsessive-Compulsive Disorder?

Worries, doubts, superstitious beliefs all are common in everyday life. However, when they become so excessive or make no sense at all, then a diagnosis of OCD is made. In OCD, it is as though the brain gets stuck on a particular thought or urge and just can't let go. OCD is a medical brain disorder that causes problems in information processing. It is not your fault or the result of a "weak" or unstable personality. Research suggests that OCD involves problems in communication between the front part of the brain (the frontal lobe) and deeper structures (the basal ganglia). These brain structures use the chemical messenger serotonin. It is believed that insufficient levels of serotonin are prominently involved in OCD. Drugs that increase the brain concentration of serotonin often help improve OCD symptoms. Brain SPECT images of the brain at work show that the brain circuits involved in OCD return toward normal in those who improve after taking a serotonin medication or receiving cognitive-behavioral psychotherapy. When OCD starts suddenly in childhood in association with strep throat, an autoimmune mechanism may be involved. This is known as PANDAS (Pediatric Autoimmune Neurological Disorder Associated with Strep). There are lab tests that can determine the presence of this cause of OCD and, if present, this type of OCD can often be cured by various treatments.

What are the symptoms of Obsessive-Compulsive Disorder?

OCD usually involves having both obsessions and compulsions, though a person with OCD may sometimes have only one or the other. OCD symptoms can occur in people of all ages. Not all Obsessive-Compulsive behaviors represent an illness. Some rituals (e.g., bedtime songs, religious practices) are a welcome part of daily life. Normal worries, such as contamination fears, may increase during times of stress, such as when someone in the family is sick or dying. Only when symptoms persist, make no sense, cause much distress, or interfere with functioning do they need clinical attention.



1. Obsessions

Obsessions are thoughts, images, or impulses that occur over and over again and feel out of your control. You don't want to have these ideas, you find them disturbing and intrusive, and you usually recognize that they don't really make sense. You may worry excessively, be obsessed with singularly focused ideas or have obsessive fears. These obsessions are accompanied by uncomfortable feelings, such as fear, disgust, doubt, or a sensation that things have to be done "just so."

2. Compulsions

People with OCD typically try to make their obsessions go away by performing compulsions. Compulsions are acts the person performs over and over again, often according to certain "rules." Unlike compulsive drinking or gambling, OCD compulsions do not give the person pleasure. Rather, the rituals are performed to obtain relief from the discomfort caused by the obsessions.

3. Other features of Obsessive-Compulsive Disorder:

- OCD symptoms cause distress, take up a lot of time (more than an hour a day), or significantly interfere with the person's work, social life, or relationships.
- Most individuals with OCD recognize at some point that their obsessions are coming from within their own minds and are not just excessive worries about real problems, and that the compulsions they perform are excessive or unreasonable. When someone with OCD does not recognize that their beliefs and actions are unreasonable, this is called OCD with poor insight.
- OCD symptoms tend to wax and wane over time. Some may be little more than background noise; others may produce extremely severe distress.

When does Obsessive-Compulsive Disorder begin?

OCD can start at any time from preschool age to adulthood (usually by age 40). One third to one half of adults with OCD report that it started during childhood. Unfortunately, OCD often goes unrecognized. On average, people with OCD see three to four doctors and spend over 9 years seeking treatment before they receive a correct diagnosis. Studies have also found that it takes an average of 17 years from the time OCD begins for people to obtain appropriate treatment. OCD tends to be under-diagnosed and under-treated for a number of reasons. People with OCD may be secretive about their symptoms or lack insight about their illness. Many healthcare providers are not familiar with the symptoms or are not trained in providing the appropriate treatments. Some people may not have access to treatment resources. This is unfortunate since earlier diagnosis and proper treatment, including finding the right medications, can help people avoid the suffering associated with OCD and lessen the risk of developing other problems, such as depression or marital and work problems.

What other problems are sometimes confused with OCD?

- Some disorders that closely resemble OCD and may respond to some of the same treatments are Trichotillomania (compulsive hair pulling), body dysmorphic disorder (imagined ugliness), and habit disorders, such as nail biting or skin picking. While they share superficial similarities, impulse control problems, such as substance abuse, pathological gambling, or compulsive sexual activity, are probably not related to OCD in any substantial way.
- The most common conditions that resemble OCD are the tic disorders (Tourette's disorder and other motor and vocal tic disorders). Tics are involuntary motor behaviors (such as facial grimacing) or vocal behaviors (such as snorting) that often occur in response to a feeling of discomfort.

More complex tics, like touching or tapping tics, may closely resemble compulsions. Tics and OCD occur together much more often when the OCD or tics begin during childhood.

- Depression and OCD often occur together in adults, and, less commonly, in children and adolescents. However, unless depression is also present, people with OCD are not generally sad or lacking in pleasure, and people who are depressed but do not have OCD rarely have the kinds of intrusive thoughts that are characteristic of OCD.
- Although stress can make OCD worse, most people with OCD report that the symptoms can come and go on their own. OCD is easy to distinguish from a condition called posttraumatic stress disorder, because OCD is not caused by a terrible event.
- Schizophrenia, delusional disorders, and other psychotic conditions are usually easy to distinguish from OCD. Unlike psychotic individuals, people with OCD continue to have a clear idea of what is real and what is not.
- In children and adolescents, OCD may worsen or cause disruptive behaviors, exaggerate a pre-existing learning disorder, cause problems with attention and concentration, or interfere with learning at school. In many children with OCD, these disruptive behaviors are related to the OCD and will go away when the OCD is successfully treated.
- Individuals with OCD may have substance-abuse problems, sometimes as a result of attempts to self-medicate. Specific treatment for the substance abuse is usually also needed.
- Children and adults with pervasive developmental disorders (autism, Asperger's Disorder) are extremely rigid and compulsive, with stereotyped behaviors that somewhat resemble very severe OCD. However, those with pervasive developmental disorders have extremely severe problems relating to and communicating with other people, which do not occur in OCD. Only a small number of those with OCD have the collection of personality traits called Obsessive Compulsive Personality Disorder (OCPD). Despite its similar name, OCPD does not involve obsessions and compulsions, but rather is a personality pattern that involves a preoccupation with rules, schedules, and lists; perfectionism; an excessive devotion to work; rigidity; and inflexibility. However, when people have both OCPD and OCD, the successful treatment of the OCD often causes a favorable change in the person's personality.

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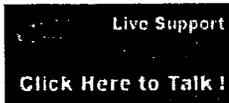


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"The scans opened the door for me to understand my symptoms, to see that what I'd been living with and thought was "normal", was not the best of me and my abilities."

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TBI - Traumatic Brain Injury

Surface Views



Normal



Traumatic Brain Injury

Traumatic Brain Injury FACTS:

- Traumatic Brain Injury causes 20 times more disabilities than AIDS, Breast Cancer, Spinal Cord Injuries, and Multiple Sclerosis combined.
- Traumatic Brain Injuries have claimed more lives than all U.S. wars combined since 1977.
- Approximately 1.5 million Americans sustain a Traumatic Brain Injury each year.
- Traumatic Brain Injury is the number one cause of both death and disability in children and young adults.

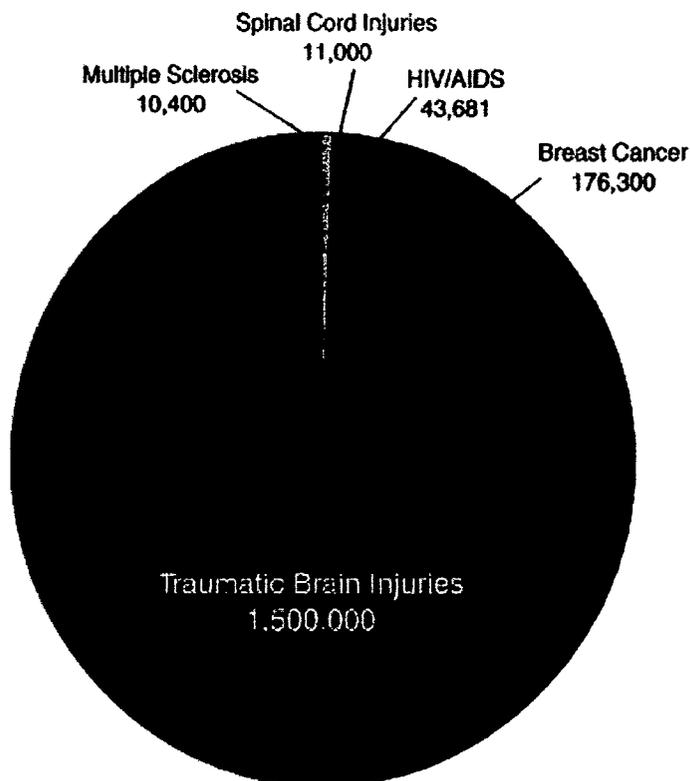
High Resolution SPECT brain imaging detects TBI

Brain SPECT Imaging is recognized as one of the best tools for evaluating functional deficits from mild, moderate, and severe head trauma that are often missed by other studies such as MRI and CT. The American College of Radiology Practice Guidelines (2003), Society of Nuclear Medicine Procedure Guidelines (1999) and the European Association of Nuclear Medicine Procedure Guidelines (2002) all recognize the use of Brain SPECT Imaging in all severities of Traumatic Brain Injury as generally medically acceptable. Accordingly, most third-party payors, including Medicare, provide reimbursement for Brain SPECT Imaging in suspected Traumatic Brain Injury cases.

Documentation of head injuries is essential for several reasons. For school age children and teenagers, diagnosis of traumatic brain injury allows them to receive special education services and the legal protections attendant to these services. Knowledge of the injuries is often essential for legal and insurance reasons, and traumatic brain injury has been proven to be a major complication in the proper diagnosis of many behavioral patients. Patient and family understanding of the effects of brain trauma enhances treatment compliance and a deeper understanding from family and support systems.

Proper diagnosis is the key to proper treatment.

For example, children who have suffered head trauma often evidence severe conduct problems. They can be moody, hyperactive, impulsive, angry, aggressive and conflict seeking. This type of behavior is often misdiagnosed as ADD and a drug such as Ritalin is prescribed, which most often makes the problems more intense or have no effect. Proper diagnosis of the head trauma can lead to an effective treatment plan for these patients and eliminate years of frustration associated with trying ineffective treatment plans. Accordingly, it is imperative that physicians discover whether a Traumatic Brain Injury may exist as an integral part of their diagnostic procedure with suspected behavioral patients.



Comparison of Annual Incidence

Data compiled and arranged by the Brain Injury Association of America based on data from the Centers for Disease Control and Prevention, American Cancer Society and National Multiple Sclerosis Society

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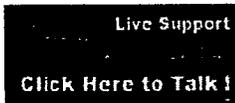
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What is a seizure?



A seizure is a sudden surge of electrical activity in the brain that usually affects how a person feels or acts for a short time. Seizures are not a disease in themselves. Instead, they are a symptom of many different disorders that can affect the brain. Some seizures can hardly be noticed. Others are totally disabling.

A person who has had at least two seizures that were not caused by some known medical condition like alcohol withdrawal or extremely low blood sugar is classified as having epilepsy. The seizures in epilepsy may be related to a brain injury or a family tendency, but often the cause is completely unknown. The word "epilepsy" does not indicate anything about the cause of the person's seizures or how severe they are.

About half of the people who have one seizure without a clear cause will have another one, usually within a year. You are twice as likely to have another seizure if you have a known brain injury or other type of brain abnormality. If you do have two seizures, there's about an 80% chance that you'll have more.

If your first seizure occurred at the time of an injury or infection in the brain, you are more likely to develop epilepsy than if you had not had a seizure in that situation.

More than 1.5 million Americans have been treated for epilepsy in the last 5 years. That's 6.5 out of every 1,000 people.

Brain SPECT Imaging for the Detection of a Seizure focus.

A. Partial Complex Seizures/Temporal Lobe Epilepsy:

Seizures can be classified as either partial (focal) or generalized. Partial seizures originate in a given area of the brain and can be divided into simple (with no impairment of consciousness) and complex (with impairment of consciousness). Both simple and complex partial seizures may be preceded by sensations such as smells, tingling, or buzzing. About 10%-20% of patients with partial complex seizures have inadequate control on medical treatment. Patients unresponsive to anti-convulsant therapy may be surgical candidates which can render the patient seizure free. Scalp EEG often fails to accurately localize the seizure focus and although depth EEG is much more accurate, it is also extremely invasive and suffers from regional under sampling. CT and MRI have low sensitivity for seizure foci detection, 17% and 34% respectively.



1) SPECT Imaging During Ictal Phase.

Brain SPECT imaging can localize the seizure focus in 80% to 100% of patients during the ictal (during seizure) phase. Ictal SPECT studies have reported sensitivities between 81% to 93% (sensitivity 89%-97% for temporal lobe epilepsy and 73%-92% for neocortical epilepsy). The positive predictive value of SPECT imaging for localizing a unilateral seizure focus can be as high as 97%. Superimposition of SPECT images on MRI images can also aid in improved spatial localization.

2) SPECT During Inter-Ictal Phase.

Following a seizure, there is relatively rapid progression (generally within 20 minutes) to a lessened blood flow (hypoperfused) state which persists throughout the inter-ictal (seizure free) phase. SPECT studies performed during the inter-ictal phase will demonstrate an area of diminished activity at the seizure focus in up to 50% to 70% of patients. The area of lessened blood flow (hypoperfusion) is often much larger than the area of abnormality shown in the ictal phase.

Prognostically, patients with normal SPECT findings in the face of a localizing EEG are at a higher risk for a poor surgical outcome. However, it is imperative to note that a combination of a SPECT imaging finding of lessened blood flow (hypoperfusion) in the inter-ictal (seizure free) phase with more blood flow (hyperperfusion) in the same region on the SPECT ictal (during seizure) exam has absolute specificity of the seizure focus.

B). Frontal Lobe Epilepsy:

In the evaluation of frontal lobe epilepsy, SPECT imaging has demonstrated an increased blood flow (hyperperfused) seizure focus during the ictal (during seizure) phase in 90% of cases.

C). Status Epilepticus:

Status epilepticus is a condition in which seizures occur either continuously or so frequently that patients do not return to their baseline state between seizures. Although EEG can be very useful in the diagnosis, EEG abnormalities may be subtle or absent in these patients. In the evaluation of partial status epilepticus, ictal (during seizure) SPECT studies have demonstrated focal increased blood flow (hyperperfusion) in areas concordant with that suggested by EEG. Status epilepticus produces long term changes in regional brain blood flow that are not evident following a single seizure. As a result of this, persistent increased blood flow (hyperperfusion) may be observed by SPECT imaging for a prolonged period of time (possibly out to 6 days following the event).

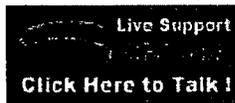
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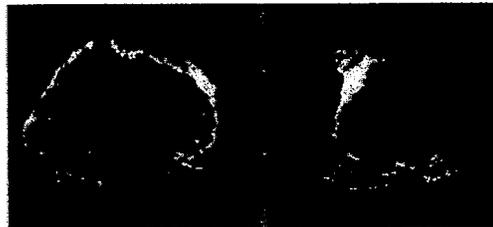
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Stroke



- About 700,000 Americans each year suffer a new or recurrent stroke. That means, on average, a stroke occurs every 45 seconds.
- Stroke kills nearly 164,000 people a year. That's about 1 of every 15 deaths. It's the No. 3 cause of death behind diseases of the heart and cancer.
- About every 3 minutes, someone dies of stroke.
- Americans will pay an estimated \$54 billion in 2005 for stroke-related medical costs and disability.

What is a stroke?

A stroke is damage (of any degree) to the brain caused by lack of blood flow in brain blood vessels. Strokes occur when one of these blood vessels becomes blocked or damaged, preventing blood flow to a part of the brain.

Brain tissue depends on a continuous supply of oxygen and glucose to keep neurons (nerve cells) alive. During a stroke, brain tissue is cut off from its supply of oxygen and within 3-4 minutes, neurons begin to die. Without immediate help, significant brain damage can occur. A stroke is a "brain attack". In a stroke, time is brain.

Kinds of stroke

There are two major categories of stroke. Hemorrhagic strokes occur when a weakened blood vessel in the brain leaks or ruptures. About 20% of strokes are hemorrhagic. Ischemic strokes occur when blood vessels in the brain are blocked, usually by a clot, but also by atherosclerotic narrowing. About 80% of strokes are ischemic.

What happens after a stroke?

The results of a stroke depend very much upon how much brain is damaged and what parts of the brain are damaged. Given that the brain is what controls our thoughts, emotions, actions, and our body, the after-effects of a stroke can influence a person's whole life. Effects can be subtle, such as memory impairment, problems with thinking, or a change in emotional regulation. Effects can be all-encompassing, such as paralysis, loss of speech, or numbness.



Brain Attack !!

The symptoms of a stroke usually occur quickly and can include:

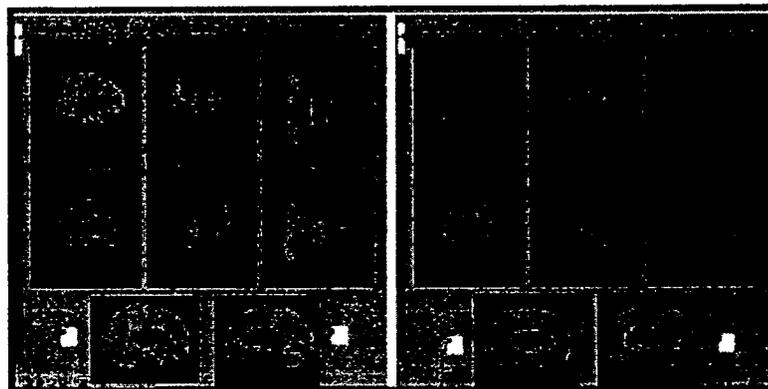
- sudden numbness or weakness in the face or body, especially if on one side
- sudden confusion or sudden difficulty speaking or understanding speech
- sudden trouble seeing in one or both eyes
- sudden trouble walking, loss of balance or coordination, dizziness
- sudden severe headache with no known cause

A stroke is a medical emergency. The immediate response to seeing or experiencing any of the above symptoms is to call 9-1-1. The person should get to the nearest hospital or emergency room that specializes in stroke treatment. Remember every minute that the brain is deprived of oxygen, more brain cells die. Time is brain.

Treatment for strokes

Hemorrhagic strokes need to be treated quickly to prevent damage not only due to loss of blood flow to a part of the brain, but due to the pressure exerted by the leaking blood. As that volume of accumulated blood grows, it can compress and damage other parts of the brain. Ischemic strokes can often be treated with angioplasty to open narrowed blood vessels or with clot dissolving agents. Recently, the FDA has approved intravenous tPA (tissue Plasminogen Activator) as a treatment for stroke. Intravenous tPA can often reduce the clot and therefore reduce the severity of a stroke. However, it must be administered within 3 hours to be effective.

An exciting new development in the treatment of strokes may provide a few more precious hours to treat these devastating brain attacks. By threading a thin catheter into the blocked blood vessel, it is possible to deliver the clot-busting agent, tPA, directly into the blood clot. By use of intra-arterial tPA administration, physicians can literally dissolve the clot and save as many as two-thirds of stroke patients from ever suffering the devastating effects of a stroke. Brain SPECT imaging can play an important role in interventional stroke cases by providing quantitative information that can identify the extent and severity of the stroke damage initially and track the effectiveness of the initial intervention and follow-up treatments. This provides valuable prognostic information for both treatment and rehabilitation purposes.



Pre-Intra-arterial tPA Post-Intra-arterial tPA
(Patient Compared to Normative Database)
(Blue and Green denotes area of stroke)

What can I do to prevent a stroke?

- Smoking doubles your risk of a stroke. Find smoking cessation resources in your community. Don't start.
- High cholesterol doubles your risk of a stroke. Have your cholesterol checked and follow a low cholesterol diet.
- High blood pressure increases your risk of a stroke by 4-6 fold. Have your blood pressure checked and control your blood pressure. If prescribed medication for blood pressure problems, make sure you always take your medication.
- Heart disease increases your risk of a stroke by 6 fold. Follow your physician's recommendation concerning your heart disease.
- Heavy drinking of alcohol is associated with increased stroke rates. Limit your drinking. Get help, if you cannot control your drinking.
- Being overweight increases your risk of heart disease, high cholesterol, high blood pressure, and diabetes – all of these increase your risk of a stroke.

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From: Member Services
Sent: Tuesday, February 21, 2006 8:10 AM
To: Laurie Weyandt
Subject: FW: Membership and mailing list info

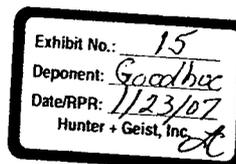
From: Stephen Gilbert [mailto:sgilbert@brainmattersinc.com]
Sent: Monday, February 20, 2006 3:36 PM
To: Member Services
Subject: Membership and mailing list info

I would like to have some information concerning the benefits of joining your organization and some information about getting a copy of your mailing list for specific areas of the country. I am interested in the Los Angeles, CA and Seattle, WA areas.

Thank you for your help,
Steve

Stephen K. Gilbert
Business Development
Brain Matters, Inc.

2/21/2006



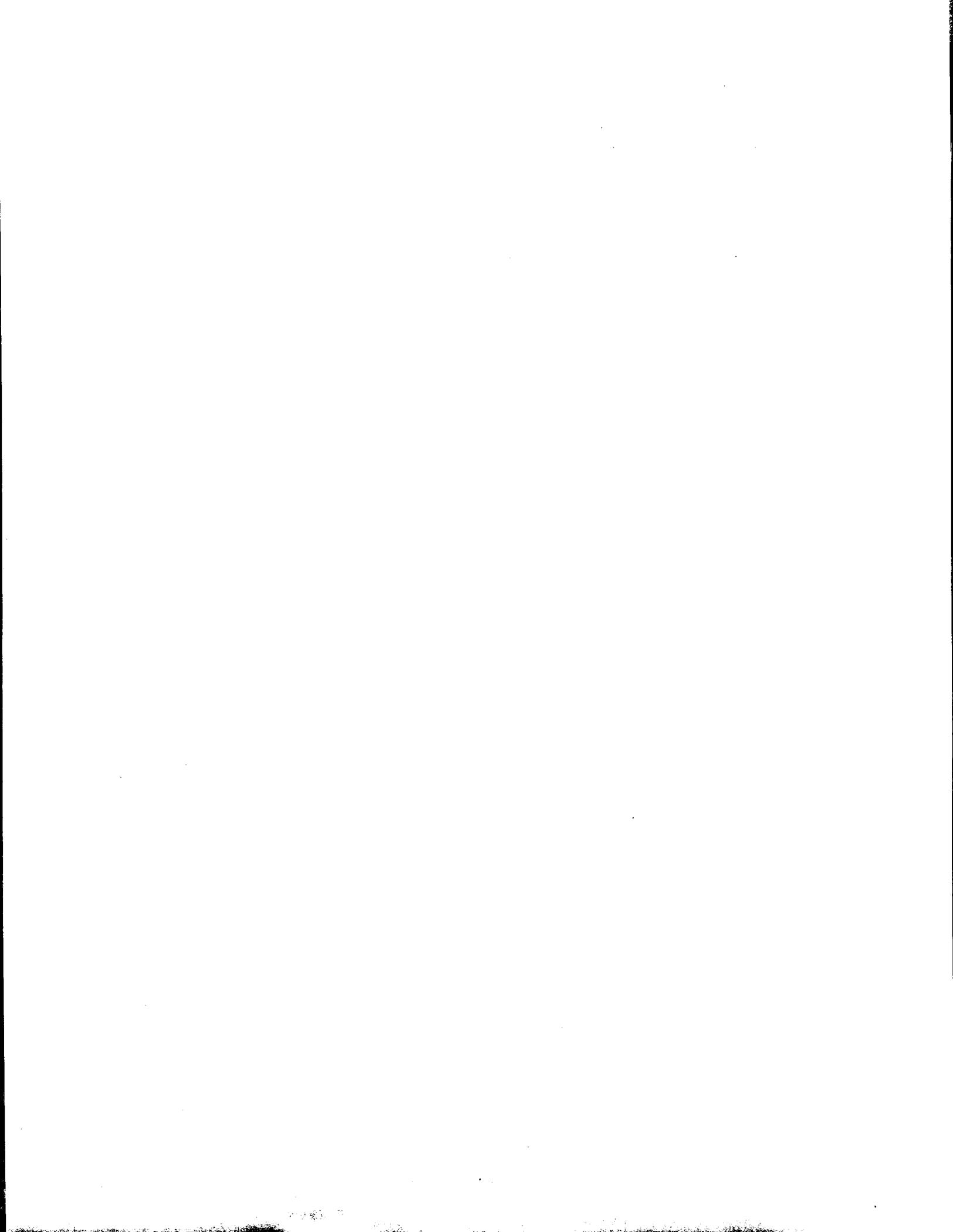
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AAN 00249



1 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
2 BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

3 The American Academy of
4 Neurology, Opposition No. 91168906
5 Opposer Mark: BRAIN MATTERS
6 v. Serial No. 78/321,810
7 The Brain Matters Inc., Filing Date: 10/31/2003
8 Applicant Published: 12/20/2003

9 DEPOSITION OF: CHARLES REED - January 23, 2007

10
11 PURSUANT TO NOTICE, the deposition of
12 CHARLES REED was taken on behalf of the Opposer at
13 3773 Cherry Creek Drive North, East Tower, Suite 615,
14 Denver, Colorado 80206, on January 23, 2007, at
15 2:05 p.m., before Lynnette L. Copenhaver, Registered
16 Merit Reporter, Certified Realtime Reporter, and Notary
17 Public within Colorado.

18 A P P E A R A N C E S

COPY

19 For the Opposer: EDWARD M. LAINE, ESQ.
20 Oppenheimer Wolff & Donnelly, LLP
21 45 South 7th Street, Suite 3300
22 Minneapolis, Minnesota 55402
23 For the Applicant: CAROLE K. JEFFERY, ESQ.
24 Garlin, Driscoll, Howard, LLC
25 245 Century Circle, Suite 101
Louisville, Colorado 80027

Also Present: Tami Boehne

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1 MS. JEFFERY: You need to wait until he
2 finishes his question.
3 **A. Okay.**
4 Q. (BY MR. LAINE) No. 4 on Exhibit 1, if you'll
5 just look at it for a moment, it refers, in general, to
6 amounts expended in advertising and promoting. Do you
7 see that?
8 **A. Uh-huh, I do.**
9 Q. Is your fiscal year a calendar year?
10 **A. I believe it is.**
11 Q. Okay. Have you looked at records to inform
12 yourself as to amounts expended?
13 **A. I'm sorry, can you restate the question?**
14 Q. Before coming here to testify on this topic
15 for which you've been designated, have you looked at
16 some records to bring to front of mind this information?
17 **A. Yes.**
18 Q. Okay. What kinds of records did you look at?
19 **A. I had accounting pull up expenditures that**
20 **we've had since we opened.**
21 Q. Okay. Can we talk about just by way for
22 example, the year 2006? Did you look at 2006 records?
23 **A. I did.**
24 Q. I'd just like to talk to you, if I might, just
25 kind of a breakdown by category, if that's possible:

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1 TV, radio, print. Are you able to do that if I follow
2 up with some questions?
3 **A. I am.**
4 Q. Okay.
5 **A. However, I won't have precise amounts for you**
6 **if you're looking for the amount expended.**
7 Q. Can you speak more accurately in terms of
8 percentages or dollars?
9 **A. I could probably give you a percentage of**
10 **expenditures.**
11 MS. JEFFERY: There is a document that we
12 provided to you, I guess you didn't mark it. It was a
13 printout of the expenses.
14 Q. (BY MR. LAINE) Well, let's just try as best
15 we can and talk about the year 2006, all right?
16 **A. Okay.**
17 Q. And let's talk about television first. Do you
18 have a reasonably accurate figure as to what was
19 expended on TV in 2006?
20 **A. Well, we should break that down between actual**
21 **media buys, cost of production for commercials,**
22 **miscellaneous expense. TV buys approximately ---I'm**
23 **going to ballpark it here. With three locations**
24 **running -- let's see, I was running about 35,000 in LA**
25 **per month and around 18,000 in Denver. And then for --**

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1 **I believe two months in 2006, I did -- since Seattle was**
2 **only open for a short time in 2006, I had two months'**
3 **worth of advertisement expense at 18,000 a month for two**
4 **months.**
5 Q. Okay.
6 **A. And that's ballpark.**
7 Q. And these are buys?
8 **A. Yes.**
9 Q. What's --
10 **A. Buys are a TV buy campaign. Buys are media at**
11 **local TV stations.**
12 Q. If you take a look at Exhibit 5 in your pile
13 there.
14 **A. This one?**
15 Q. What is that?
16 **A. Okay. I get it now.**
17 Q. You can actually leave both of those out, I'm
18 going to ask you about the other one too. Do you
19 recognize Exhibit 5?
20 **A. I do.**
21 Q. And over in the left-hand column are the TV
22 stations where you made buys or more correctly where
23 Brain Matter has bought commercial time for advertising
24 its services?
25 **A. I believe this is correct. We use an ad**

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1 **agency in LA who places all the ad buys for us, so I**
2 **don't really use -- I'm not real familiar with the**
3 **actual call letters of the stations, but I do believe**
4 **these are correct.**
5 Q. What's the name of the advertising agency?
6 **A. Ross Advertising.**
7 Q. And they arrange the buys in LA?
8 **A. Yes. Actually LA, Denver, and Seattle.**
9 Q. All three?
10 **A. Yeah.**
11 Q. Okay. So you don't do it directly?
12 **A. No, we do not.**
13 Q. In terms of your objectives here at Brain
14 Matters, is there any particular demographic you're
15 targeting?
16 **A. Yes. Go ahead. We target females 24 to 54.**
17 Q. Okay. That's your primary demographic?
18 **A. That's correct.**
19 Q. Is there a secondary demographic?
20 **A. Not that I know of.**
21 Q. All right. I take it your research has shown
22 you the female demographic you told me about is probably
23 the most receptive audience?
24 **A. Correct.**
25 Q. Okay. And so does your advertising agency

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<p>1 then try to pick TV shows that would correspond to that 2 demographic in an effective way? 3 A. That's part of it, yes. 4 Q. Okay. That's part of the strategy? 5 A. Correct. 6 Q. What's the rest of the strategy? 7 A. Well, a lot of it has to do with people 8 getting ready to go to work. You know, they have the TV 9 on in the morning, so we do a lot of buys around the 10 morning news between 5 a.m. and 9 p.m. -- or 9 a.m. And 11 we try to stay away from daytime television. And then, 12 again, we try to hit the, you know, the 5 o'clock to 13 7 o'clock news hour. Most of it's centered around the 14 early morning news. 15 Q. Okay. A lot -- 16 A. A lot of that's done because of testing we've 17 done in the past. 18 Q. And some of that would be local early morning 19 news? 20 A. Yes, correct. 21 Q. Perhaps also something like The Today Show or 22 Good Morning America, correct? 23 A. Correct, yes. 24 Q. Both of those? 25 A. Uh-huh.</p>	<p>1 Q. Well, they're not actually scripts, so I'm 2 just kind of understanding what is the intent of the 3 bullet points. 4 A. Peter, how he works on radio, he's asked 5 to -- he asked us to give him bullet points as to what 6 he could talk about on the air. So what we came up with 7 was a list of bullet points that he could throw out, 8 ad lib and use on air. That's what we came up with 9 here. 10 Q. Okay. And then following that are three 11 examples of actual script. Did he basically read as is? 12 A. That's correct. 13 Q. And we understand from talking to Mr. Goodhue 14 that he's a local talk show host? 15 A. That's correct. 16 Q. Was he under any drive time? 17 A. Yes. 18 Q. Evening? 19 A. He's on throughout the day and night, so they 20 actually run -- primarily he's live in the morning, but 21 it's taped throughout the day so it reruns. 22 Q. Okay. Going back to Exhibit 5, I see at the 23 top the KHOW reference, which would be the Peter Boyles 24 show, right? 25 A. That's correct.</p>
Page 11	Page 13
<p>1 Q. Yes? 2 A. Yes. 3 Q. Let me just ask you about radio advertising, 4 do you have any involvement in coordinating radio 5 advertising? 6 A. I do. 7 Q. In the year 2006, do you have a figure as to 8 the money spent on radio advertising? 9 A. I don't. I would have to look that up. 10 Q. Okay. Could you take a look at Exhibit 4, 11 please. Take a moment and look at it and tell me if you 12 recognize it. 13 A. I recognize it. 14 Q. How do you recognize it? 15 A. Well, this is the -- these are the scripts -- 16 the bullet points that we gave to Peter Boyles, that we 17 did on KHOW, the radio ads in 2006. 18 Q. Did you have an involvement in the preparation 19 of Exhibit 4? 20 A. I did. 21 Q. Worked with Mr. Boyles? 22 A. I did. 23 Q. Okay. And the bullet points on the first two 24 pages of the exhibit are intended to be what? 25 A. I'm not sure I understand the question.</p>	<p>1 Q. And then there are a couple stations for the 2 Seattle market. Do you see that? 3 A. Yes. 4 Q. Do you know anything about those stations in 5 terms of the format? 6 A. I don't. 7 Q. Do you target a similar demographic for radio? 8 A. Well, we did several tests. We did an earlier 9 radio test, I was not involved in, that John was 10 involved in. And that was -- that demographic was the 11 24- to 54-year-old female demographic. We did a test on 12 radio with Peter Boyles and it was just that, a test, to 13 see what talk radio would do to pull. And you know, we 14 determined after running two months that it was -- it 15 was not a good demographic for us. 16 Q. Okay. Have you then sought out a different 17 demographic on radio? 18 A. I've decided not to do radio. We're going to 19 refocus around TV because it's better pull for us for 20 money, so . . . 21 Q. You sound like somebody who's spent your 22 career in marketing? 23 A. I've done a little bit. 24 Q. Where did you work before Brain Matters? 25 A. I had my -- I had my own company. It was an</p>

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<p style="text-align: right;">Page 14</p> <p>1 internet-based company. And my background is in 2 insurance, 14 years of property casualty insurance, 3 commercial. 4 Q. Do you have a degree in marketing? 5 A. I have a degree in petroleum technology, so 6 it's diversified. 7 Q. The TV and radio ads for Brain Matters, 8 speaking generally, are targeted at the general public; 9 is that fair to say? 10 A. That's correct. 11 Q. As opposed to professionals? 12 A. That's correct. 13 Q. What advertising do you do that's targeted at 14 professionals? 15 A. Paid advertisement? 16 Q. Yeah, paid advertisement. 17 A. We haven't done that much. We might have done 18 a couple trade journals, but that was before my time. I 19 would say how we advertised to the physicians to try to 20 get our referring physician network built up is through 21 trade shows, so we go to trade shows. And we also put 22 on NNP training, which is nuclear, neurology, and 23 psychiatry training programs. It's a 17-hour didactic 24 training. It's a CME accredited course our doctors put 25 on, and we do that four to five times a year.</p>	<p style="text-align: right;">Page 16</p> <p style="text-align: center;">CONFIDENTIAL</p> <p>1 (Confidential excerpt follows, continued from 2 page 15, line 18.)</p> <p style="text-align: center;">REDACTED</p>
<p style="text-align: right;">Page 15</p> <p>1 Q. And physicians in what fields would enroll in 2 those courses? 3 A. Oh, psychiatrists, neurologists, M.D.s, case 4 workers. We've had chiropractors in on it. 5 Q. Any print advertising that's geared at 6 doctors? 7 A. Not that I can think of. 8 Q. Okay. 9 A. Other than mailings that we've done to let 10 them know that we're in town and this is what we do. 11 Q. The newspaper advertising has been generally 12 geared towards the general public? 13 A. That's correct. 14 Q. I take it that the greatest percentage of your 15 advertising budget is television? 16 A. That's correct. 17 (Proceedings continued on page 16, 18 confidential excerpt.) 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 17</p> <p style="text-align: center;">CONFIDENTIAL</p> <p style="text-align: center;">REDACTED</p>

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<p>CONFIDENTIAL Page 18</p> <p>REDACTED</p>	<p>CONFIDENTIAL Page 20</p> <p>REDACTED</p> <p>21 (End of confidential excerpt. Proceedings 22 continued on page 21.) 23 24 25</p>
<p>CONFIDENTIAL Page 19</p> <p>REDACTED</p>	<p>Page 21</p> <p>1 (Proceedings continued from page 20, line 2 22.) 3 Q. (BY MR. LAINE) Okay. Do you mind if I just 4 come over and kind of stand over your shoulder, I'll do 5 this quickly. Exhibit 11, do you recognize this as your 6 home page? 7 A. Yes. 8 Q. And you had a hand in revising the content of 9 that? 10 A. That's correct. 11 Q. And as we look across the top, we see "Home, 12 Conditions, Resources," et cetera. Those are all topics 13 somebody can click on, correct? 14 A. That's correct. 15 Q. And did you have a hand in rewriting what 16 information people see under these various headings? 17 A. I did. 18 Q. All right. What's the intended audience of 19 your website? 20 A. Well, the intended audience would mainly be 21 people that need brain scans. 22 Q. Including the general public? 23 A. Medical — yeah, the general public, yeah. 24 Q. Okay. Patients, prospective patients, family 25 members?</p>

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Page 22

1 **A. Yes.**
2 Q. Was it geared in any way to professionals as
3 well?
4 **A. It is.**
5 Q. So it addresses both audiences?
6 **A. Well, we do have a physician section on here**
7 **for resources because we do have a referring provider --**
8 Q. Okay.
9 **A. -- network.**
10 Q. So a physician would find information that he
11 or she might be interested in by clicking on resources?
12 **A. Well, it's more about signing up for a**
13 **referring physician network. It's not about providing**
14 **information to them. If they're interested in referring**
15 **patients to us, then they can sign up and become a**
16 **member, so to speak.**
17 Q. Okay. Patients themselves or prospective
18 patients would find information of interest to them by
19 clicking on patient information?
20 **A. That's correct.**
21 Q. Okay. As well as conditions?
22 **A. Or the orders listed on the left-hand side in**
23 **the navigation tree.**
24 Q. Okay. If you clicked on conditions, you would
25 get something for each of the conditions listed in the

Page 23

1 navigation tree on the left side of your home page?
2 **A. Correct.**
3 Q. Including information about the specific
4 conditions?
5 **A. Correct.**
6 Q. The website, of course, is
7 brainmattersinc.com?
8 **A. Correct.**
9 Q. Do you have another website?
10 **A. We have -- well, we have a lot of different**
11 **URLs, not -- well, we do have another website, which is**
12 **a stroke-related website.**
13 Q. Stroke, physical condition stroke?
14 **A. Correct, yeah. And how SPECT relates to**
15 **stroke and so forth.**
16 Q. In addition to the stroke information on the
17 Brain Matters, Inc., website?
18 **A. That's correct.**
19 Q. Okay.
20 **A. And we have various other websites. We have**
21 **our intranet online for our employees, which is a**
22 **password-protected site that has all of our forms and**
23 **calendars and all that.**
24 Q. I want to ask just a few follow-up questions
25 on -- going back to the topic or the content. It's

Page 24

1 Topic 5 actually, the content of advertising.
2 **A. What exhibit is it?**
3 Q. Well, Exhibit 1 is the deposition notice.
4 Exhibit 9 is an ad that was run in the Rocky Mountain
5 News?
6 **A. Yes.**
7 Q. Right?
8 **A. Yes.**
9 Q. And we see the ad in the lower left-hand
10 corner, "Conquer Depression and Start Living Your Life
11 Again," right?
12 **A. Yes.**
13 Q. More or less targeted to the general consumer?
14 **A. Uh-huh.**
15 Q. Would your other ads that are run in
16 newspapers be like the ad in Exhibit 9, targeted to the
17 general consumer?
18 **A. Yes.**
19 Q. Okay. Do you recognize Exhibit 10?
20 **A. I do.**
21 Q. There are two ads in Exhibit 10, right?
22 **A. Correct.**
23 Q. And have they been run in various
24 publications?
25 **A. They were run in Rocky Mountain News and the**

Page 25

1 **Denver Post only.**
2 Q. Okay. Not in the LA market or the Seattle
3 market?
4 **A. No, not that I know of.**
5 Q. You have testimonials on your website,
6 correct?
7 **A. Correct.**
8 Q. What do you as a marketing person see as the
9 objective to have testimonials?
10 **A. Testimonials, they sell. It validates what**
11 **we're doing --**
12 Q. Okay.
13 **A. -- by having real people give real**
14 **testimonials.**
15 Q. You have testimonials from patients and family
16 members?
17 **A. Correct, and providers.**
18 Q. And referring physicians?
19 **A. Correct.**
20 Q. So you view that as an effective selling tool
21 to both of those markets?
22 **A. It's a very effective tool.**
23 Q. I have no further questions. Thank you.
24 **A. Okay. Thank you.**
25 MS. JEFFERY: I need to talk to you for a

Charles Reed - 1/23/2007
The American Academy of Neurology v. The Brain Matters Inc.

Page 30

1 I, CHARLES REED, do hereby certify that I have
2 read the above and foregoing deposition and that the
3 same is a true and accurate transcription of my
4 testimony, except for attached amendments, if any.
5 Amendments attached () Yes () No

6
7
8 _____
9 CHARLES REED

10
11 The signature above of CHARLES REED was
12 subscribed and sworn to before me in the county
13 of _____, state of Colorado, this _____ day
14 of _____, 2007.

15
16 _____
17 Notary Public
18 My commission expires

19
20
21 The American Academy of Neurology 01/23/07 (lc)

22
23
24
25

Page 31

REPORTER'S CERTIFICATE
STATE OF COLORADO)
) ss.
CITY AND COUNTY OF DENVER)

I, LYNNETTE L. COPENHAVER, Certified
Shorthand Reporter and Notary Public, State of Colorado,
do hereby certify that previous to the commencement of
the examination, the said CHARLES REED was duly sworn by
me to testify to the truth in relation to the matters in
controversy between the parties hereto; that the said
deposition was taken in machine shorthand by me at the
time and place aforesaid and was thereafter reduced to
typewritten form; that the foregoing is a true
transcript of the questions asked, testimony given, and
proceedings had.

I further certify that I am not employed
by, related to, nor of counsel for any of the parties
herein, nor otherwise interested in the outcome
of this litigation.

IN WITNESS WHEREOF, I have affixed my
signature this 30th day of January, 2007.

My commission expires April 26, 2010.

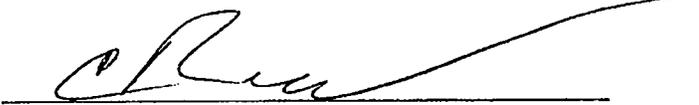
Reading and Signing was requested.

Reading and Signing was waived.

Reading and Signing was not required.

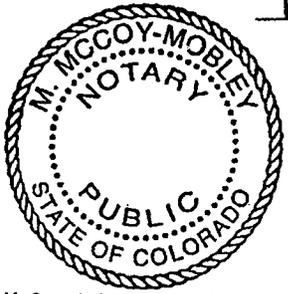
1 I, CHARLES REED, do hereby certify that I have
2 read the above and foregoing deposition and that the
3 same is a true and accurate transcription of my
4 testimony, except for attached amendments, if any.

5 Amendments attached (✓) Yes () No

6
7 
8 CHARLES REED

9
10
11 The signature above of CHARLES REED was
12 subscribed and sworn to before me in the county
13 of Denver, state of Colorado, this 21 day
14 of Feb, 2007.

15
16 
17 Notary Public

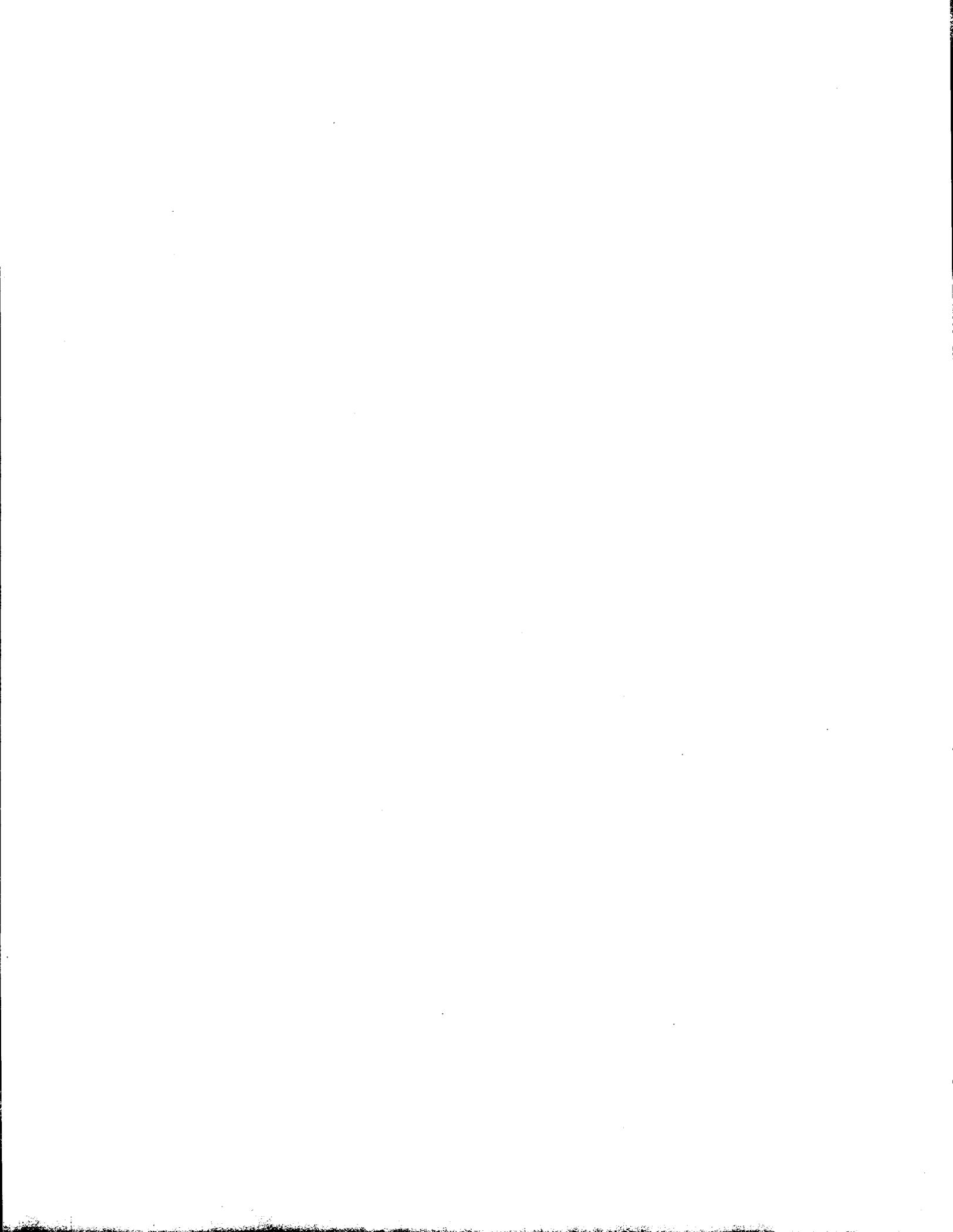


18 My commission expires
19 1-28-09

20 My Commission Expires 01/28/2009
21 The American Academy of Neurology 01/23/07 (lc)

22
23
24
25

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

The American Academy of Neurology,	)	Opposition No. 91168906
)	
Opposer	)	Mark: BRAIN MATTERS
)	
v.	)	Serial No. 78/321,810
)	
The Brain Matters Inc.,	)	Filing Date: 10/31/2003
)	
Applicant	)	Published: 12/20/2003
)	

AMERICAN ACADEMY OF NEUROLOGY'S RULE 30(b) (6) DEPOSITION NOTICE
TO APPLICANT THE BRAIN MATTERS INC.

TO: APPLICANT The Brain Matters, Inc. and its attorneys, Thomas P. Howard, Esq. and Carole Jeffrey, Esq., GARLIN, DRISCOLL, HOWARD, LLC, 245 Century Circle, Suite101, Louisville, Colorado 80027.

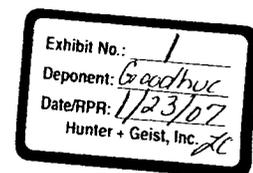
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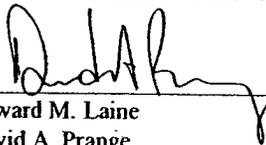
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PLEASE TAKE NOTICE that, pursuant to Rule 2.120 of the Trademark Rules of Practice of the Patent and Trademark Office and Rules 26 and 30(b)(6) of the Federal Rules of Civil Procedure, Opposer American Academy of Neurology will take the deposition of Brain Matters, Inc. before a qualified court reporter and, consistent with said Rules, Brain Matters, Inc. shall designate corporate representative(s) having knowledge of all matters identified in Exhibit "A" attached hereto. The deposition will be taken on January 23, 2007, commencing at 9:00 a.m. at the office of Brain Matters, Inc., 3773 Cherry Creek Drive North, East Tower, Suite 615, Denver, Colorado 80206. The deposition will continue from day-to-day until completed.

Dated: January 10, 2007

OPPENHEIMER WOLFF & DONNELLY LLP



Edward M. Laine
David A. Prange
45 South 7th Street, Suite 3300
Minneapolis, MN 55402
Telephone: (612) 607-7000
Facsimile: (612) 607-7100

ATTORNEYS FOR OPPOSER

EXHIBIT A

Opposer the American Academy of Neurology (the "Academy") will question the Rule 30(b)(6) representative(s) of Brain Matters, Inc. ("Brain Matters") on the matters set forth below. Unless specifically stated otherwise, the information will pertain from Brain Matters first use of the designation "BRAIN MATTERS" until the present.

1. The officers and managerial employees of Brain Matters, together with their respective responsibilities.
2. The channels of distribution through which Brain Matters has sold and sells its services under the designation "BRAIN MATTERS".
3. The geographic distribution of sales of Brain Matters' services under the designation "BRAIN MATTERS".
4. The total amount expended by Brain Matters in the United States in the advertisement and promotion of services offered for sale under the designation "BRAIN MATTERS" for each year from Brain Matters' first use of the designation through the present.
5. The content, location and timing of advertisements promoting Brain Matters services under the designation "BRAIN MATTERS" from Brain Matters' first use of the designation through the present, including:
 - a. the content and placement of radio and television advertising; and
 - b. the content and placement of print advertising including but not limited to newspapers, magazines, periodicals, directories and the like.
6. Every search, investigation or other analysis conducted by or on behalf of Brain Matters in connection with any decision to use, or continue to use, the name "BRAIN MATTERS" in connection with the marketing or sale of any Brain Matters service.

7. Every survey conducted by or on behalf of Brain Matters pertaining to the name "BRAIN MATTERS," including but not limited to any surveys related to likelihood of confusion.

8. The creation of and determination by Brain Matters to use the designation "BRAIN MATTERS" as the name of its organization and sale of services.

9. The method and referral of patients to Brain Matters.

10. The procedures followed when calls from prospective patients are received.

11. Knowledge of the Academy's use of THE BRAIN MATTERS®.

12. The content of Brain Matters' website www.brainmattersinc.com.



60-sec ads: bullet points

1. Before scan

- You're excited about getting your brain scanned at Brain Matters Imaging Centers.
- A SPECT scan will track the function in every region of your brain by tracking blood flow, and show you pictures of how your brain is working.
- Symptoms you experience make you aware there may be a problem, and you are curious about the nature of the problem.
- Symptoms may affect your ability to function at your best
- You may believe you know what the problem is, based on your symptoms, but the same symptoms can come from a lot of different brain processes.
- Fears about the scan may include that the camera is enclosed like in an MRI scan or that it will be noisy.
- The procedures are recognized by the American College of Radiology and Society of Nuclear Medicine.
- The clinic is supervised by and the scans are interpreted by board certified medical doctors
- **Accepting most insurance plans and affordable, zero percent financing for those without insurance.,**
- Brain Matters Imaging Centers www.seeyourbrain.com 303-623-1179

2. After scan

- Pleasant customer service experience at clinic; reassuring staff; astute clinician and highly skilled technologist.
- Painless, easy scan process (not confined)
- Difference between SPECT and MRI's and CT's
 - MRI's and CT scans show structural damage
 - SPECT scans track blood flow through every region in the brain, which is directly related to function of those regions.
 - Provides a more thorough picture of what's going on in your brain.
 - There is often more than one issue identified. ADD/ADHD can be accompanied by brain injury, anxiety, or bipolar disorder.
 - A medication that may be right for one condition, but might make another condition worse.
 - A brain SPECT scan enables your doctor to accurately identify abnormal brain function, so your treatment can address exactly what will benefit you the most.
- SPECT scans are used to help detect the brain processes that underlie ADD/ADHD • Traumatic Brain Injury • Autism • OCD • Anxiety • Depression • Bipolar Disorder • Alzheimer's • Stroke • Seizure
- Accepting most insurance plans and affordable, zero percent financing for those without insurance.,
- Brain Matters Imaging Centers www.seeyourbrain.com 303-623-1179



BMI 00394

3. After Review

- **Review process in general**
 - Presentation of information
- **What you learned about how your brain works**
- **You can actually now see what is going on in your brain**
 - **How the results differed from what you thought was going on based on your symptoms**
- **How you and your doctor can use this information to optimize your treatment plan going forward**
- **Accepting most insurance plans and affordable, zero percent financing for those without insurance,.**
- **Brain Matters Imaging Centers www.seeyourbrain.com 303-623-1179**

30-sec ads; scripts

1.

BOYLES Are you constantly anxious? Forgetful? Depressed? Do you have trouble focusing your attention or controlling your behavior? Hi, I'm Peter Boyles. These are all symptoms of a brain struggling to work efficiently. You and your doctor can obtain scientific, reliable information on how your brain is working with a brain-function SPECT scan at Brain Matters Imaging Centers. Don't just treat the symptoms, treat the problem. Find out more by calling 303-623-1179 or online at seeyourbrain.com. Brain Matters 303-623-1179.

2.

BOYLES: Maybe your child has learning difficulties...or your spouse has unpredictable mood swings. Maybe you are anxious or depressed. Hi, I'm Peter Boyles. These symptoms and others

are caused by abnormal brain function. A SPECT brain scan from Brain Matters Imaging Centers helps pinpoint the cause and gives your doctor reliable information to optimize your treatment. Don't just treat the symptoms, treat the problem. Find out more by calling 303-623-1179 or online at seeyourbrain.com. Brain Matters Imaging Centers.

3.

BOYLES: When is a brain scan helpful? The answer...when you need to know "why." A brain-function SPECT scan from Brain Matters Imaging Centers shows blood flow in brain regions which directly correlates with brain activity patterns, enabling doctors to see which areas are over or under active. Before you set a broken arm, you take an X-ray. Before you treat anxiety, depression, attention and learning problems, you need a clear picture of what's going on in the brain. Are you a candidate for a SPECT scan? Find out by calling 303-623-1179 or online at seeyourbrain.com. Brain Matters Imaging Centers.



Brain Matters
Marketing

1/3/2007

Denver

KUSA - NBC (Ch.9)
KWGN- CW (Ch.2)
KCNC- CBS (Ch.4)
KDVR- Fox (Ch.31)
KMHG-ABC (Ch.7)
KTVD- My Network (Ch.20)

KHOW 630AM

Rocky Mountain News
Denver Post
Colorado Parent

Seattle

KING- NBC (Ch. 5)
KOMO - ABC (Ch.4)
KSTW- UPN (Ch.11)
KCPQ- FOX (Ch.13)
KIRO - CBS (Ch. 7)

KTLK 1150AM
KFI 640AM

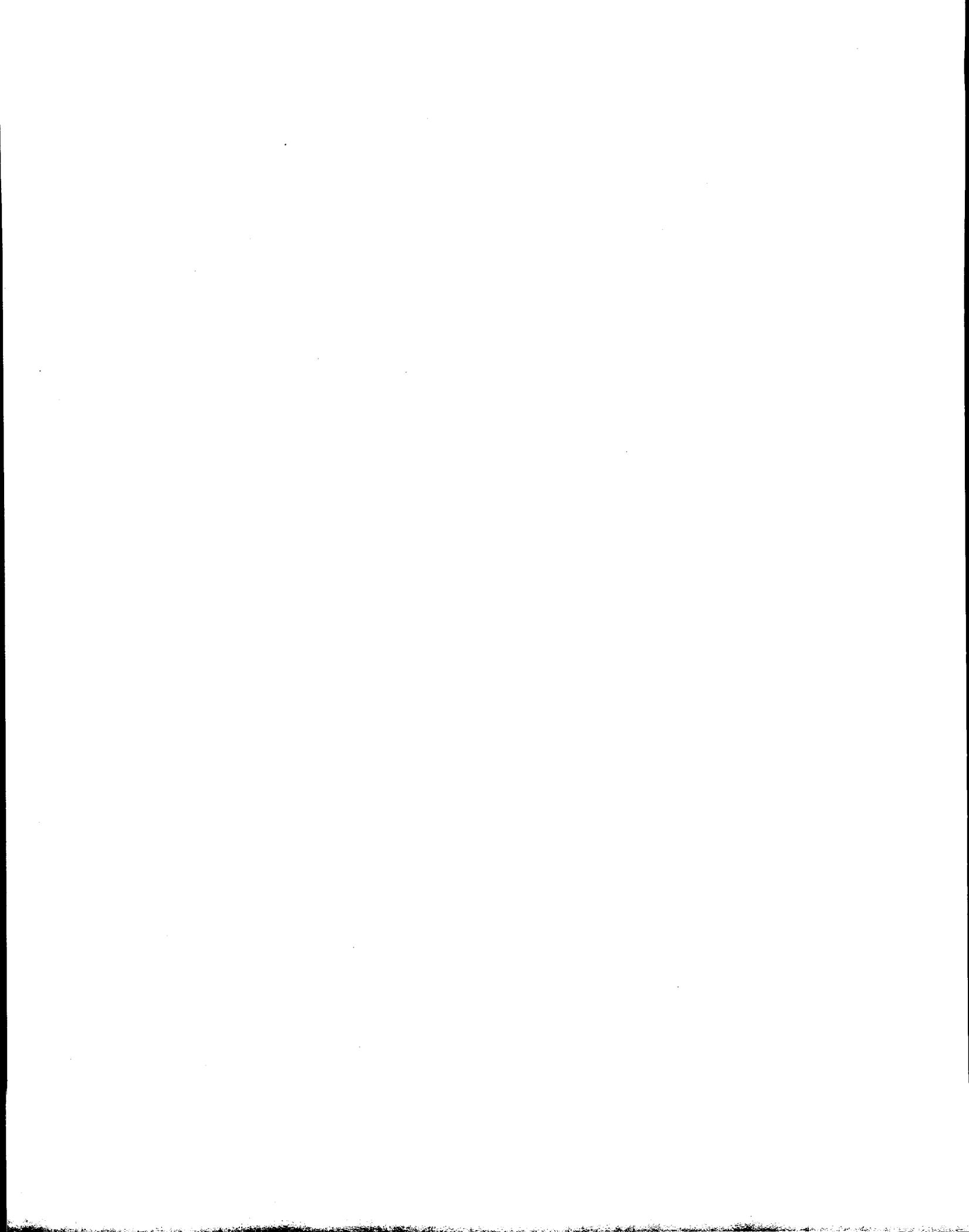
Los Angeles

KCBS- CBS (Ch. 2)
KCAL- IND (Ch. 9)
KCET- PBS (Ch.28)
KTTV- Fox (Ch.11)
KDOC- IND (Ch.56)
KABC- ABC (Ch.7)
KCOP- My Network (Ch.13)
KNBC- NBC (Ch.4)

Exhibit No.:	5
Deponent:	Goodhue
Date/RPR:	1/23/07
Hunter + Geist, Inc.	<i>H</i>

BMI 02503

Pursuant to Stipulated Confidentiality Agreement Exhibit 6 is filed under seal



BMI 00620

Now booking 21 days in advance!
www.vailonsale.com
 Last Minute Lodging Deals

**Bifocals?
 Cataracts?
 Astigmatism?**

SEE Us!

Seminar: Wednesday, August 23 at 6 p.m.

Thanks to recent advancements in technology and surgical techniques at Spivack Vision Center, we're now able to treat a much broader range of vision disorders than ever before. From the latest breakthroughs in Custom Lens Implants - to the latest FDA approvals in laser vision correction - trust your vision to the leading eye surgeons and staff of Spivack Vision Center. Call today to attend our free seminar.



Seating is limited.
 Call 303-SEE-2020 today to RSVP.
 Location: 6881 S. Yosemite Street, Centennial 6136

Conquer Depression and Start Living Your Life Again



David C., 28 year old male
 "I have been through a multitude of unsuccessful treatments for my mental condition, and was unsuccessfully treated with over 12 different pharmaceuticals. I could have started being my old self again several years ago if I'd been on the right medication from the start rather than just playing the guessing game and repeatedly being misdiagnosed.
 My shift to the SPECT scan imaging show was an invaluable milestone in my life. With the SPECT scan images, my clinician & I were finally able to properly diagnose my condition. In addition to a proper diagnosis, the SPECT imaging also provided essential information that was used to make treatment recommendations. The drug combination that I am currently on is working really well for me."

Does depression leave you drained of energy and joy?

What if you could actually see the brain processes that make you feel so blue? Brain SPECT imaging is your window to the brain, providing brain-function information that helps your doctor or therapist maximize your treatment benefits.

Normal Perfusion Blood Flow indicative of Depression



BRAIN MATTERS
 imaging centers

ADD/ADHD | OCD | Autism | Traumatic Brain Injury | Anxiety | Depression
 Bipolar Disorder | Alzheimer's | Seizure

Now Accepting most Insurance

For an initial phone consultation call today!
 Brain Matters Imaging Centers
 720-943-6482
 201 University Blvd Suite 706 Denver, CO 80206

Shooting: Rubio re

Continued from 6A
 could make this more tragic if they had died," he said.
 Rubio's family and friends sobbed quietly and hung their heads as it became clear how long a sentence he was going to get.

The family quickly left the courtroom without comment, but Rubio's mother later said her son was not a murderer and that it was not fair for him to spend his life in prison because the girls didn't die.

"It's a very unfortunate case," said defense attorney Tom Carberry. "It's just tragic. It shouldn't have gone to trial."

Rubio turned down a 30-year plea bargain while represented by a different attorney, Carberry said. "He didn't tell him the risks of going to trial."

Carberry said the conviction will be appealed and he will seek reconsideration of what amounts to a life sentence.

Although a prison sentence was mandatory, Carberry had sought a lesser sentence because of Rubio's youth and lack of a violent record. A school dropout, he had used drugs and alcohol from a very young age. "Our society has given up on trying to rehabilitate young people," he said. "It's just very sad."

Rubio came from a good, hard-working family, Carberry said. "This has just been a disaster for them."

The shooting was the culmination of a feud between two young women as they drove up and down Federal Boulevard in separate cars.

One of them, Ramirez, called her friend Natalie McParlane for help.

McParlane parking lot a text message you and your street gang were affiliated. Rubio at the 100 block tending to Ramirez's. Instead, home.

Ramirez: she is sent McParlane.

Ramirez: she has many things damaged.

"I always lawyer and room, but I enter a couple to park took my life."

"I had to sit, how to v and much I said in the j will be for that is. Em healed."

Michelle still prays e each day w said she is tense.

"I think I move on."

8/23/07
 or 303-554-5111

Dead baby's mom

Rocky Mountain News

CENTENNIAL — The mother of a child who was found dead in the back of a broken-down pickup truck was formally charged Tuesday.

Christy Lee Cole, 23, is facing a charge of first-degree murder. She is being held without bail in the Arapahoe County jail.

Greg Korb found the baby last Wednesday after he purchased a 1971 Chevrolet pickup from Cole and her boyfriend, who were living in the Country Gardens Mobile Home Park in Strasburg. When Korb emptied the bed of the truck at a dumpster, he found the baby in a box.

The infant's body was so badly de-



Cole is being held without bail

Departmenting charges. Cole's p scheduled in

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Exhibit No.: 4
 Deponent: Goethue
 Date/RPR: 1/23/07
 Hunter + Geist, Inc.

- Quality Control Proof
- Outside First Proof
- Outside Second Proof
- In-House / To Sales Only

SP109241

Brain Matters

Heidi Menard

Alexandra Arellano

Start Date: -

Last User: Naomi Foster
Wed, June 28, 2006 - 11:24:04 AM

Ins. Date Pub. Sect. Loc.

Size: 3 x 5" - Actual Size:
5.729" x 5"

I DON'T KNOW WHAT TO DO



- ADD/ADHD/OCD
- Traumatic Brain Injury
- Depression/Bipolar Disorder
- Alzheimer's
- Autism

Introducing SPECT imaging (Single Photon Emission Computed Tomography). SPECT looks at which areas of the brain have too much or too little blood flow, determining which areas of the brain are working too hard or not hard enough. SPECT identifies undiagnosed/un-diagnosed conditions, simplifies complicated cases, helps reduce stigma of mental illness and helps family/friends understand and support their loved ones.

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brain function imaging

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Exhibit No.: 10
Deponent: Goodhue
Date/RPR: 1/23/07
Hunter + Geist, Inc. *gc*

BMI 00051

- Quality Control Proof
- Outside First Proof
- Outside Second Proof
- In-House / To Sales Only

SP109248

Brain Matters
 Heidi Menard
 Alexandra Arellano

Start Date: -
 Last User: Naomi Foster
 Wed, June 28, 2006 - 11:50:18 AM

Ins. Date Pub. Sect. Loc.

Size: 3 x 5" - Actual Size:
 5.729" x 5"

WE LOOKED EVERYWHERE FOR HELP

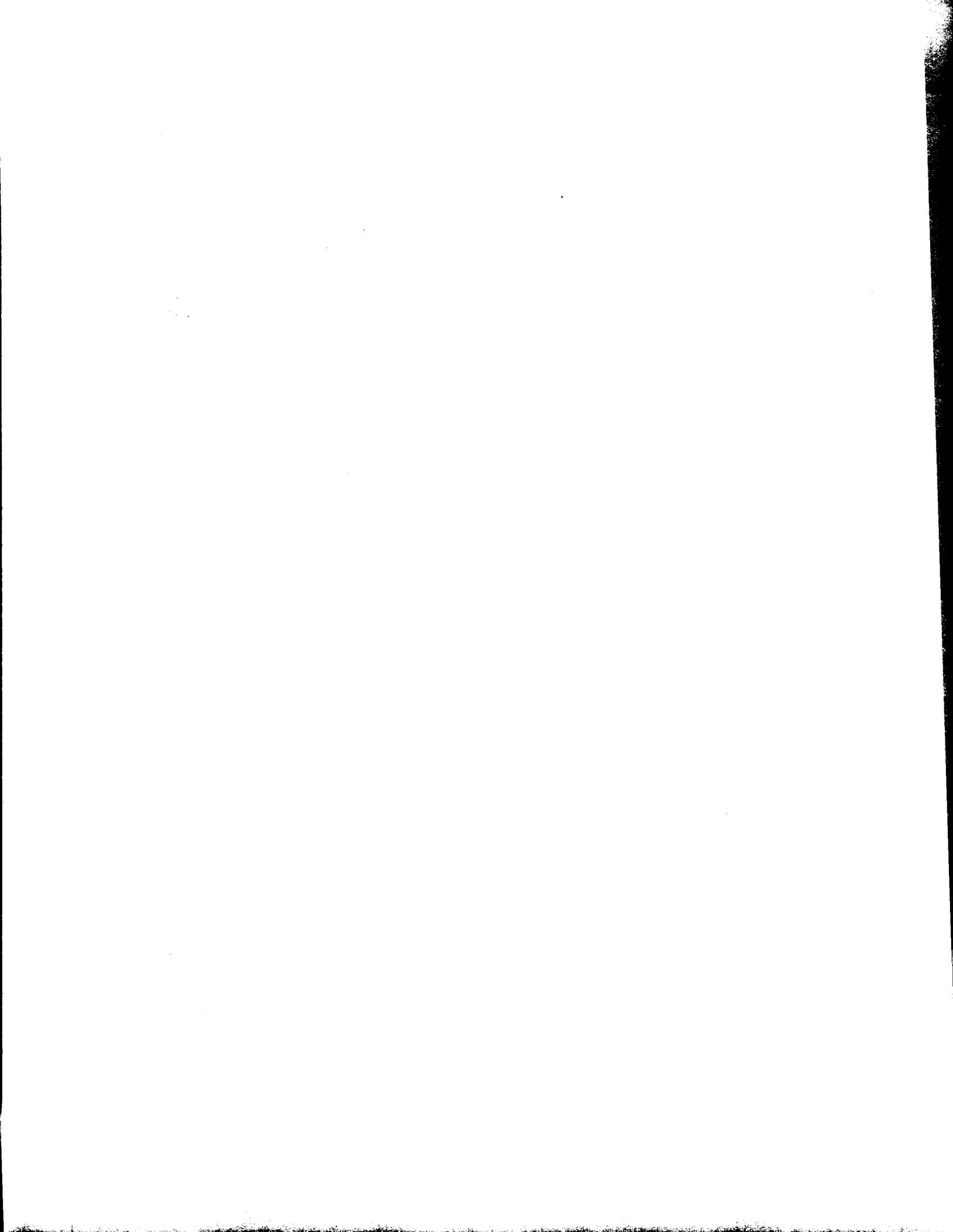


- DEPRESSION & BIPOLAR DISORDER
- ADD/ADHD/OCD
- Traumatic Brain Injury
- Alzheimer's
- Autism

"Brain Matters help restored our family, we are extremely grateful for the help we received for the treatment of our son. He now leads an exciting and healthy life."

BRAIN MATTERS
 brain function imaging

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BRAIN MATTERS

imaging centers



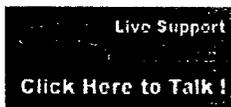
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"After the scans, I felt peace of mind about my symptoms being real, able to see physical evidence of trauma that had occurred to me many years ago. I felt more aware of how my brain works and what it needs."

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Normal

Brain SPECT Imaging by Brain Matters Imaging Centers utilizes the latest in high-resolution brain SPECT imaging (Single Photon Emission Computed Tomography) to evaluate brain activity by tracing blood flow in the brain. Tracing blood flow allows us to observe the brain's actual metabolic process and its activities.

By using a brain SPECT imaging scan to examine those areas of the brain that have too much or too little blood flow, we can determine which areas of the brain are and are not functioning properly. Contrast this to MRI and CT scans that typically show only structural brain abnormalities such as tumors and lesions, and you can see why this is such an exciting new advance in the field of brain imaging.

High resolution Brain SPECT Imaging can help in the assessment of:

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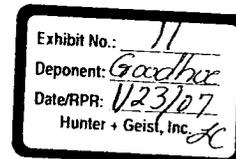
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1 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
2 BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

3 The American Academy of
4 Neurology, Opposition No. 91168906
5 Opposer Mark: BRAIN MATTERS
6 v. Serial No. 78/321,810
7 The Brain Matters Inc., Filing Date: 10/31/2003
8 Applicant Published: 12/20/2003

9 DEPOSITION OF: JULIE BANTA - January 23, 2007

10

11 PURSUANT TO NOTICE, the deposition of
12 JULIE BANTA was taken on behalf of the Opposer at
13 3773 Cherry Creek Drive North, East Tower, Suite 615,
14 Denver, Colorado 80206, on January 23, 2007, at
15 1:31 p.m., before Lynnette L. Copenhaver, Registered
16 Merit Reporter, Certified Realtime Reporter, and Notary
17 Public within Colorado.

14

15 A P P E A R A N C E S

COPY

15

16 For the Opposer: EDWARD M. LAINE, ESQ.
17 Oppenheimer Wolff & Donnelly, LLP
18 45 South 7th Street, Suite 3300
19 Minneapolis, Minnesota 55402
20 For the Applicant: CAROLE K. JEFFERY, ESQ.
21 Garlin, Driscoll, Howard, LLC
22 245 Century Circle, Suite 101
23 Louisville, Colorado 80027

19

20 Also Present: Tami Boehne

21

22

23

24

25

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Page 6

1 Q. Okay. Referring sources could include
2 doctors, nonmedical professionals, attorneys?
3 A. Yes.
4 Q. And also you could have at these open houses
5 members of the public?
6 A. Yes.
7 Q. And in general, what kinds of information
8 would be provided at the open houses?
9 A. **The whole gear -- or agenda of the open house**
10 **was to explain SPECT imaging, what it could and couldn't**
11 **do in terms of what they could and couldn't expect if**
12 **they were to become patients; walk through the process**
13 **of what would physically happen to them in a SPECT scan;**
14 **discuss the financial arrangements; and then we had a**
15 **period at the end where we invited them to actually**
16 **schedule the appointments at that moment.**
17 Q. People who would actually become patients?
18 A. Yes.
19 Q. Did you -- do you have any information as to
20 how people would become aware of these open houses in
21 the first place?
22 A. **Yes. It was exclusively through either myself**
23 **or the other patient care coordinator that was employed**
24 **at the time.**
25 Q. Okay. How would you or this other individual

Page 7

1 get the names of these folks?
2 A. Oh.
3 MS. JEFFERY: Objection, foundation.
4 Q. (BY MR. LAINE) Let me just back up. You
5 said -- I'm just trying to track through how people got
6 to these open houses, okay. Do you follow with me so
7 far?
8 A. Yes.
9 Q. And I believe you indicated you or some other
10 individual would contact them. Am I saying that
11 correctly?
12 A. No.
13 Q. Okay. You correct me because I misunderstood
14 you.
15 A. **In the course of a conversation with a**
16 **potential prospect, we would make a determination if we**
17 **felt that an open house would be beneficial in the sales**
18 **process for that person.**
19 Q. While you're talking to them on the phone?
20 A. Correct.
21 Q. Do you have any information as to how they
22 would contact Brain Matters by telephone in the first
23 place?
24 A. Yeah.
25 Q. And what information do you have?

Page 8

1 A. **I was familiar with -- we typically would ask**
2 **the patient or the prospect on the phone how did you**
3 **hear about us. So I would hear responses like word of**
4 **mouth, saw a TV ad. Another common one was I read one**
5 **of Dr. Amen's books and learned about SPECT imaging and**
6 **found out you're in my local market, those types of**
7 **things.**
8 Q. Who is Dr. Amen?
9 A. **Dr. Amen is a physician out of Southern**
10 **California that also does SPECT scanning.**
11 Q. Now, I take it you were instructed to ask the
12 people how they heard of Brain Matters?
13 A. Yes.
14 Q. And would you keep records?
15 A. Yes.
16 Q. Okay. I'm going to come back to that in just
17 a minute. And I probably asked you this, but when did
18 you become director of patient care coordinator?
19 A. **I can't precisely say. I don't recall a day**
20 **where they came in and said you're now director. It was**
21 **approximately a year and a half ago.**
22 Q. Okay. Did your job responsibilities change in
23 any way?
24 A. Yes.
25 Q. In what way?

Page 9

1 A. **I began supervising other patient care**
2 **coordinators.**
3 Q. Okay. Where do you office out of?
4 A. **The corporate office here in the Ptarmigan**
5 **building.**
6 Q. Okay. Is that where you've always officed?
7 A. No.
8 Q. You used to have call centers, right?
9 A. No.
10 Q. Nothing called call centers rings a bell?
11 A. No.
12 Q. There was a number that would be made known to
13 the general public as to how to contact Brain Matters,
14 right?
15 A. Yes.
16 Q. A toll-free number?
17 A. Yes.
18 Q. And would those calls -- if people called that
19 toll-free number, you'd be one of the people who would
20 answer the phone?
21 A. **Now, yes.**
22 Q. Okay. Were you when you were a patient care
23 coordinator?
24 A. **Yes. Now I understand where call center may**
25 **have come from in that we used to contract, at times of**

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Page 10	Page 12
<p>1 very high volume of calls, with a third-party company.</p> <p>2 Q. Okay.</p> <p>3 A. Who would be a 24-hour answering service,</p> <p>4 which is what I always considered them. So I</p> <p>5 never -- but I do recall people referring to them as the</p> <p>6 call center.</p> <p>7 Q. Do you have an understanding that you've been</p> <p>8 designated today to testify on a couple of topics?</p> <p>9 A. Yes.</p> <p>10 Q. We've had marked for identification Exhibit 1,</p> <p>11 and if you'd turn to the fourth page. It's my</p> <p>12 understanding you've been designated to talk about</p> <p>13 testifying on behalf of Brain Matters as to Topics 9 and</p> <p>14 10. Is that your understanding?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. By the way, what's your educational</p> <p>17 background?</p> <p>18 A. I have a master's degree in counseling</p> <p>19 psychology.</p> <p>20 Q. Okay. Now, No. 9 asks about the method and</p> <p>21 referral of patients to Brain Matters. Do you see that?</p> <p>22 A. Yes.</p> <p>23 Q. And do you have some understanding as to how</p> <p>24 patients get referred to Brain Matters?</p> <p>25 A. Yes.</p>	<p>1 presume, a daughter named Bridgett. Does that ring a</p> <p>2 bell?</p> <p>3 A. Yes.</p> <p>4 Q. Did you have involvement in that one?</p> <p>5 A. No.</p> <p>6 Q. We also had a shorter version of that, so I</p> <p>7 assume you weren't involved --</p> <p>8 A. No.</p> <p>9 Q. -- in the shorter version either? There was</p> <p>10 another one that had on it -- I believe it depicted a</p> <p>11 scan and it showed various conditions and disorders and</p> <p>12 went on about 30 seconds. I'm not describing it very</p> <p>13 completely, but does that ring a bell at all?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. Did you have a hand in that one?</p> <p>16 A. Some of the script.</p> <p>17 Q. Okay. Are there other TV ads beyond those you</p> <p>18 and I have just been talking about?</p> <p>19 A. Yes.</p> <p>20 Q. Do you know how many different TV ads?</p> <p>21 A. I know of three others.</p> <p>22 Q. Okay. Without a script in front of you, can</p> <p>23 you give me just -- let's just see if you can give me</p> <p>24 the substance of one of them, kind of an overview.</p> <p>25 A. The one that I'm most familiar with is my</p>
Page 11	Page 13
<p>1 Q. How did you obtain that understanding?</p> <p>2 A. In many cases, I created the methods of</p> <p>3 patients being referred to Brain Matters; otherwise, I</p> <p>4 would work in conjunction with a -- what became a</p> <p>5 growing marketing department.</p> <p>6 Q. Let me ask you about the first. In terms of</p> <p>7 those that you created, what were those that you</p> <p>8 created?</p> <p>9 A. I assisted in the creation of the open house</p> <p>10 model. I assisted in some respects in the creation of</p> <p>11 the television advertisements and obviously in the sales</p> <p>12 process, you know, encouraging others to refer friends,</p> <p>13 family, et cetera.</p> <p>14 Q. Word of mouth?</p> <p>15 A. Word of mouth, yeah. And I assisted in the</p> <p>16 protocol and process for referrals from treating</p> <p>17 practitioners.</p> <p>18 Q. Okay. What role did you have in the TV</p> <p>19 advertising?</p> <p>20 A. Primarily in the content of the ad, either the</p> <p>21 script itself or -- I actually was one of the</p> <p>22 filmed -- am one of the filmed testimonials in one of</p> <p>23 the current ads.</p> <p>24 Q. Okay. We've had four ads produced to us. One</p> <p>25 involving what appears to be a mother talking about, I</p>	<p>1 own --</p> <p>2 Q. Okay.</p> <p>3 A. -- where I was filmed giving a testimonial</p> <p>4 regarding my role as a patient with Brain Matters and</p> <p>5 the effect that it had on my life due to the SPECT scan</p> <p>6 results.</p> <p>7 Q. All right. Can you tell me the substance of</p> <p>8 another one, another of the three?</p> <p>9 A. I believe another one was a mother discussing</p> <p>10 the effect that the SPECT scan results had had on her</p> <p>11 son, I believe. On one of her children.</p> <p>12 Q. Okay. And do you recall the third?</p> <p>13 A. It was another testimonial based television</p> <p>14 advertisement with another woman, and I do not recall if</p> <p>15 she was discussing the effect on her own life or on one</p> <p>16 of her family members.</p> <p>17 Q. What would you consider to be the target</p> <p>18 audience of these ads?</p> <p>19 A. The consumer.</p> <p>20 Q. General consumer?</p> <p>21 A. Yes.</p> <p>22 Q. Patients, prospective patients?</p> <p>23 A. Yes.</p> <p>24 Q. Or their families?</p> <p>25 A. Yes.</p>

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Page 14

1 Q. Do you think they're targeted in any way to
2 professionals?
3 **A. No.**
4 Q. Are you involved in any kind of advertising or
5 promotional materials that are directed more towards
6 professionals?
7 **A. No.**
8 Q. Okay. Other people do that?
9 **A. Yes.**
10 Q. Who do you work with in terms of your
11 contributions to the TV advertising?
12 **A. Currently?**
13 Q. Start currently.
14 **A. No one.**
15 Q. Okay. Because you're not doing it right now?
16 **A. Correct.**
17 Q. All right. When you were doing it, who did
18 you work with, if anyone, here at Brain Matters?
19 **A. Charlie Reed.**
20 Q. Okay.
21 **A. There was a -- I believe a consultant, and her**
22 **name is escaping me at the moment, who worked with**
23 **Mr. Reed on the scripts, composing and editing the**
24 **scripts. I worked with her from time to time as well.**
25 Q. Okay. Would you and Mr. Reed collaborate as

Page 15

1 to ideas for a commercial or advertisement?
2 **A. Yes.**
3 Q. Did you have involvement in the creation of
4 any print advertising?
5 **A. No.**
6 Q. You didn't review a copy or anything like
7 that?
8 **A. No. Typically, I mean, I would say my only**
9 **involvement was noticing a typo after something had**
10 **already been printed.**
11 Q. Okay.
12 **A. But short of that, no.**
13 Q. Okay. You told me a little bit about how you
14 know how patients come to be referred. Summarize for
15 me, in general, how they do come to be referred.
16 **A. I would say the majority of our patients are**
17 **self-referred who learn about SPECT scan either through**
18 **an alternative source, such as Dr. Amen's books, which**
19 **are on New York Times' best seller list, et cetera. Or**
20 **through Googling some topic, like ADHD; or seeing**
21 **marketing materials, could be television, radio, print;**
22 **word of mouth. That would be the majority. A minority**
23 **are referred by a treating professional.**
24 Q. Okay. And as you sit here today, do you have
25 any information as to what percentage are self-referred

Page 16

1 as opposed to come from a referring professional?
2 **A. Not without guessing.**
3 Q. Okay. Counsel has told me somebody else knows
4 more about this exhibit, but I'd just like to show you
5 Exhibit 6, if you'd please take a look. You have
6 Exhibit 6 in front of you?
7 **A. Yes.**
8 Q. It says at the top, "Patient Referral
9 Sources," right?
10 **A. Yes.**
11 Q. Have you ever seen this document before today?
12 **A. Yes.**
13 Q. Where have you seen it before?
14 **A. When I had a predeposition meeting with --**
15 **MS. JEFFERY: Ms. Jeffery.**
16 **A. Ms. Jeffery, thank you. I apologize.**
17 **MS. JEFFERY: No problem.**
18 Q. (BY MR. LAINE) I take it you didn't -- to
19 your knowledge, you didn't assist in the preparation of
20 this document?
21 **A. No.**
22 Q. Do you know if you -- you provided information
23 to anyone so that it could be created?
24 **A. No.**
25 Q. You mentioned earlier that you do keep records

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1 of referral sources when people call in?
2 **A. Correct.**
3 Q. And are they maintained in hardcopy?
4 **A. Define hardcopy.**
5 Q. Paper.
6 **A. No, no.**
7 Q. They could be accessed electronically?
8 **A. Depending upon the time period, yes.**
9 Q. So conceivably somebody could go into this
10 electronic database and determine how people were
11 referred?
12 **A. For discrete periods of time.**
13 Q. Okay. And you're familiar with the records
14 themselves, I take it, right?
15 **A. Yes.**
16 Q. If you look at the categories in Exhibit 6
17 starting with print media and going on down, are they
18 the types of categories that are on the records that you
19 maintain?
20 **A. Yes.**
21 Q. Including television ads?
22 **A. Yes.**
23 Q. And website?
24 **A. Yes.**
25 Q. Okay. Can we go back to Exhibit 1 and just

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1 look at No. 10 there, please. And the topic is, "The
2 procedures followed when calls from prospective patients
3 are received." Do you see that?
4 **A. Yes.**
5 Q. Are you familiar with what procedures are
6 followed?
7 **A. Yes.**
8 Q. Are there certain written protocols that
9 direct what's to be done?
10 **A. Protocols exist. They may not be updated.**
11 Q. Okay. But based on what -- on the work you do
12 day-to-day, you can tell me what procedures are
13 generally followed, I take it?
14 **A. Yes.**
15 Q. All right. And tell me what they are.
16 **A. When a new prospect calls in, they hopefully
17 have contact with one of my patient care coordinators
18 who will collect basic demographic information on the
19 patient prospects, ascertain the purpose of their call,
20 if they're calling for themselves or someone else.**
21 Q. Okay.
22 **A. Discuss the procedure itself, the number of
23 days it takes, how many hours each appointment takes,
24 discuss the protocols in terms of medication
25 restrictions, other restrictions in terms of dietary and**

Page 19

1 **medicinal things that they need to consider if they do
2 want to have the scan. Discuss the financial piece, be
3 it insurance or not. If insurance is involved, we will
4 actually, you know, take their insurance information,
5 verify their insurance benefits coverage, et cetera. We
6 may mail them information packets if they need that,
7 direct them to the website if they have not been there.**
8 Q. Now, are these procedures you've been
9 describing for me the procedures you would -- that would
10 be typically followed, whether this was a self-referred
11 patient or a referred patient?
12 **A. Yes.**
13 Q. Okay. Same in both instances?
14 **A. For the most part, yes.**
15 Q. Are there differences?
16 **A. In some cases with patients referred by
17 physicians or treating practitioners, we may not need to
18 explain as much regarding the process or things like
19 that; because in many cases, not always, but in many
20 cases, the referring practitioner will have reviewed
21 much of the basic information with them already.**
22 Q. Okay. Anything else?
23 **A. We will --**
24 MS. JEFFERY: Go ahead. You can answer.
25 **A. We will also talk with them about the**

Page 20

1 **appropriateness of the scan in terms of their
2 expectations, whether the scan is appropriate for what
3 their concerns are.**
4 Q. (BY MR. LAINE) If the patient decides that he
5 or she wants a scan, do you know what's done next?
6 **A. Yes.**
7 Q. What is done next in that situation?
8 **A. Then my staff, the patient care coordinators
9 will actually follow through the steps of scheduling the
10 appointments, getting the intake packet to the patient.
11 Again reviewing the protocols in terms of, you know,
12 requirements for both -- things that they're restricted
13 as well as the protocols regarding the financial piece
14 of the appointments. That's typically it. I mean,
15 assign them a medical record number.**
16 Q. That's true for both self-refer and referred
17 patients?
18 **A. Yes.**
19 Q. If a self-referred patient decides to have a
20 scan, obviously they'd come in for a scan, right?
21 MS. JEFFERY: Object to the form of the
22 question.
23 Q. (BY MR. LAINE) I'm just trying to follow
24 through on the procedures, okay. And I'm going to ask
25 you about what happens with a self-referred patient and

Page 21

1 it's been decided that he or she wants a scan, it seems
2 appropriate, and you go forward, okay?
3 **A. Okay.**
4 Q. What information is -- and let's assume the
5 patient then comes in and has a scan.
6 **A. Okay.**
7 Q. Okay. What's the next communication with the
8 patient, do you know?
9 **A. From the company?**
10 Q. Yeah.
11 **A. Typically the third appointment is a review
12 appointment where a clinician will meet with the patient
13 to review the findings, to discuss the medical
14 impressions and the treatment recommendations, and then
15 discuss with the patient if we need to mail the report
16 to a particular physician, treating practitioner, et
17 cetera.**
18 Q. Okay. You're telling me it's the third. I
19 should probably follow up. What's the first interface,
20 first person-to-person meeting with the company in the
21 case of a self-referred patient?
22 **A. Typically it's their first scheduled
23 appointment, which consists of an in-take with a
24 clinician and their first SPECT scan.**
25 Q. Would this also be -- would this meeting also

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1 take place with a referred patient?
2 **A. Yes.**
3 Q. Okay. No difference there?
4 **A. No difference.**
5 Q. And then the second meeting would be?
6 **A. A second SPECT scan.**
7 Q. Okay. And then the third would be what you
8 just described, reviewing results?
9 **A. Yes.**
10 Q. Any other follow-up between Brain Matters and
11 the patient?
12 **A. Potentially a doc-to-doc consult between one**
13 **of the patient's treating practitioners and the reading**
14 **physician.**
15 Q. Do you have any involvement in the company's
16 website?
17 MS. JEFFERY: Object to the form of the
18 question.
19 Q. (BY MR. LAINE) Let me ask it a better way.
20 Did you have any responsibilities relating to the
21 content of the company's website?
22 **A. No.**
23 Q. Do you know who did?
24 **A. It's my impression and understanding that**
25 **multiple people have over the course of the last three**

Page 23

1 **years as it has evolved.**
2 Q. Mr. Goodhue?
3 **A. Potentially.**
4 Q. Okay. That's all I have. Thank you.
5 WHEREUPON, the within proceedings were
6 concluded at the approximate hour of 2:00 p.m. on the
7 23rd day of January, 2007.
8 * * * * *
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Page 24

1 I, JULIE BANTA, do hereby certify that I have
2 read the above and foregoing deposition and that the
3 same is a true and accurate transcription of my
4 testimony, except for attached amendments, if any.
5 Amendments attached () Yes () No
6
7 _____
8 JULIE BANTA
9
10
11 The signature above of JULIE BANTA was
12 subscribed and sworn to before me in the county
13 of _____, state of Colorado, this _____ day
14 of _____, 2007.
15
16 _____
17 Notary Public
18 My commission expires
19
20
21 The American Academy of Neurology 01/23/07 (lc)
22
23
24
25

Page 25

REPORTER'S CERTIFICATE
STATE OF COLORADO)
) ss.
CITY AND COUNTY OF DENVER)
I, LYNNETTE L. COPENHAVER, Certified
Shorthand Reporter and Notary Public, State of Colorado,
do hereby certify that previous to the commencement of
the examination, the said JULIE BANTA was duly sworn by
me to testify to the truth in relation to the matters in
controversy between the parties hereto; that the said
deposition was taken in machine shorthand by me at the
time and place aforesaid and was thereafter reduced to
typewritten form; that the foregoing is a true
transcript of the questions asked, testimony given, and
proceedings had.
I further certify that I am not employed
by, related to, nor of counsel for any of the parties
herein, nor otherwise interested in the outcome
of this litigation.

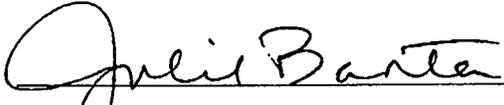
IN WITNESS WHEREOF, I have affixed my
signature this 30th day of January, 2007.

My commission expires April 26, 2010.

____x____ Reading and Signing was requested.
_____ Reading and Signing was waived.
_____ Reading and Signing was not required.

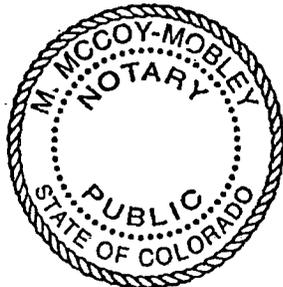
1 I, JULIE BANTA, do hereby certify that I have
2 read the above and foregoing deposition and that the
3 same is a true and accurate transcription of my
4 testimony, except for attached amendments, if any.

5 Amendments attached () Yes No

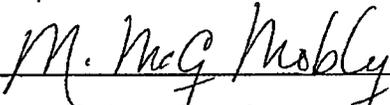
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7 
8 JULIE BANTA

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The signature above of JULIE BANTA was
subscribed and sworn to before me in the county
of Denver, state of Colorado, this 20 day
of Feb, 2007.



My Commission Expires 01/28/2009


Notary Public
My commission expires
1-9-09

The American Academy of Neurology 01/23/07 (lc)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

The American Academy of Neurology,	)	Opposition No. 91168906
)	
Opposer	)	Mark: BRAIN MATTERS
)	
v.	)	Serial No. 78/321,810
)	
The Brain Matters Inc.,	)	Filing Date: 10/31/2003
)	
Applicant	)	Published: 12/20/2003
)	

AMERICAN ACADEMY OF NEUROLOGY'S RULE 30(b) (6) DEPOSITION NOTICE
TO APPLICANT THE BRAIN MATTERS INC.

TO: APPLICANT The Brain Matters, Inc. and its attorneys, Thomas P. Howard, Esq. and Carole Jeffrey, Esq., GARLIN, DRISCOLL, HOWARD, LLC, 245 Century Circle, Suite101, Louisville, Colorado 80027.

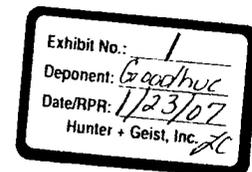
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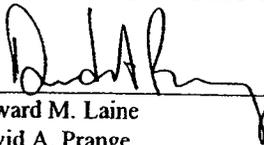
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PLEASE TAKE NOTICE that, pursuant to Rule 2.120 of the Trademark Rules of Practice of the Patent and Trademark Office and Rules 26 and 30(b)(6) of the Federal Rules of Civil Procedure, Opposer American Academy of Neurology will take the deposition of Brain Matters, Inc. before a qualified court reporter and, consistent with said Rules, Brain Matters, Inc. shall designate corporate representative(s) having knowledge of all matters identified in Exhibit "A" attached hereto. The deposition will be taken on January 23, 2007, commencing at 9:00 a.m. at the office of Brain Matters, Inc., 3773 Cherry Creek Drive North, East Tower, Suite 615, Denver, Colorado 80206. The deposition will continue from day-to-day until completed.

Dated: January 10, 2007

OPPENHEIMER WOLFF & DONNELLY LLP



Edward M. Laine
David A. Prange
45 South 7th Street, Suite 3300
Minneapolis, MN 55402
Telephone: (612) 607-7000
Facsimile: (612) 607-7100

ATTORNEYS FOR OPPOSER

EXHIBIT A

Opposer the American Academy of Neurology (the "Academy") will question the Rule 30(b)(6) representative(s) of Brain Matters, Inc. ("Brain Matters") on the matters set forth below. Unless specifically stated otherwise, the information will pertain from Brain Matters first use of the designation "BRAIN MATTERS" until the present.

1. The officers and managerial employees of Brain Matters, together with their respective responsibilities.
2. The channels of distribution through which Brain Matters has sold and sells its services under the designation "BRAIN MATTERS".
3. The geographic distribution of sales of Brain Matters' services under the designation "BRAIN MATTERS".
4. The total amount expended by Brain Matters in the United States in the advertisement and promotion of services offered for sale under the designation "BRAIN MATTERS" for each year from Brain Matters' first use of the designation through the present.
5. The content, location and timing of advertisements promoting Brain Matters services under the designation "BRAIN MATTERS" from Brain Matters' first use of the designation through the present, including:
 - a. the content and placement of radio and television advertising; and
 - b. the content and placement of print advertising including but not limited to newspapers, magazines, periodicals, directories and the like.
6. Every search, investigation or other analysis conducted by or on behalf of Brain Matters in connection with any decision to use, or continue to use, the name "BRAIN MATTERS" in connection with the marketing or sale of any Brain Matters service.

7. Every survey conducted by or on behalf of Brain Matters pertaining to the name "BRAIN MATTERS," including but not limited to any surveys related to likelihood of confusion.

8. The creation of and determination by Brain Matters to use the designation "BRAIN MATTERS" as the name of its organization and sale of services.

9. The method and referral of patients to Brain Matters.

10. The procedures followed when calls from prospective patients are received.

11. Knowledge of the Academy's use of THE BRAIN MATTERS®.

12. The content of Brain Matters' website www.brainmattersinc.com.

Pursuant to Stipulated Confidentiality Agreement Exhibit 6 is filed under seal

1 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
2 BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

2

3 -----

4 The American Academy of Neurology,

5 Opposer,

6 v.

Serial No.: 78/321,810

7 The Brain Matters, Inc.,

8 Applicant.

9 -----

10

11

12

13 TELEPHONIC DEPOSITION OF NANCY GOODHUE

14 MINNEAPOLIS, MINNESOTA

15 JANUARY 24, 2007

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25

Reported by Lisa A. Blanks, RPR, CRR

COPY

Nancy Goodhue - 1/24/2007
The American Academy of Neurology v. The Brain Matters, Inc.

Page 2	Page 4
1 APPEARANCES	1 INDEX
2 For the Opposer:	2 WITNESS: Nancy Goodhue
3 OPPENHEIMER WOLFF & DONNELLY, LLP	3 EXAMINATION PAGE
4 BY: EDWARD M. LAINE, ESQ.	4 By Mr. Laine 5
5 BY: DAVID A. PRANGE, ESQ.	5 EXHIBITS
6 Plaza VII, Suite 3300	6 NO. PAGE
7 45 South Seventh Street	7 (NO EXHIBITS WERE MARKED FOR IDENTIFICATION.)
8 Minneapolis, MN 55402-1609	8
9 612-607-7439	9
10 For the Applicant:	10
11 GARLIN DRISCOLL HOWARD, LLC	11
12 BY: CAROLE K. JEFFERY, ESQ.	12
13 245 Century Circle, Suite 101	13
14 Louisville, Colorado 80027	14
15 303-926-4222	15
16	16
17	17
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19	19
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21	21
22	22
23	23
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Page 3	Page 5
1 Telephonic deposition of Nancy Goodhue, taken at	1 NANCY GOODHUE,
2 45 South Seventh Street, Suite 3300, Minneapolis,	2 having been first duly sworn to tell the truth, the
3 Minnesota, on January 24, 2007, at 10:05 a.m., before	3 whole truth, and nothing but the truth, was examined
4 Lisa A. Blanks, Registered Professional Reporter,	4 and testified as follows:
5 Certified Realtime Reporter, Notary Public in and for	5 EXAMINATION
6 the County of Hennepin, State of Minnesota.	6 Q. BY MR. LAINE: Will you please state your
7	7 name?
8	8 A. Nancy Goodhue.
9	9 Q. Where are you presently employed?
10	10 A. Brain Matters, Inc.
11	11 Q. Mrs. Goodhue, I'm sure you understand that
12	12 your deposition is being taken today.
13	13 A. Yes.
14	14 Q. My name is Ed Laine and I think that you know
15	15 that I represent the American Academy of Neurology,
16	16 right?
17	17 A. Yes.
18	18 Q. And we're doing this by telephone. Just for
19	19 your information, I'm sitting in a conference room with
20	20 a court reporter in Minneapolis. I'm sure you
21	21 understand that generally, right?
22	22 A. Yes.
23	23 Q. Do you have any familiarity with deposition
24	24 proceedings?
25	25 A. Very little. This is my first deposition.

Nancy Goodhue - 1/24/2007
The American Academy of Neurology v. The Brain Matters, Inc.

Page 6

1 Q. Okay. I'm sure you've had an opportunity to
2 speak with your attorney a little bit about what happens
3 in a deposition?
4 A. Yes.
5 Q. If any of my questions aren't clear to you or
6 because we're on the telephone you don't hear me, please
7 just let me know and I'll rephrase it or speak up. Is
8 that okay?
9 A. Yes.
10 Q. I understand that you had some involvement in
11 coming up with the name Brain Matters?
12 A. Yes.
13 Q. I'm going to ask you about that today, but
14 first let me get just a little bit of background.
15 When did you first become involved with the
16 company that's now known as Brain Matters?
17 A. **What do you mean by involved? Because there**
18 **were several years of preparation before we opened our**
19 **clinic.**
20 Q. Okay. I take it by the answer, you were
21 involved in some of the preparation that was undertaken
22 before the business actually became incorporated and
23 opened for business?
24 A. Yes.
25 Q. What was the nature of your involvement in the

Page 7

1 preparation?
2 A. **Planning, brainstorming, setting up policies**
3 **and procedures and protocols from the clinical aspect.**
4 Q. When did all this begin?
5 A. **In 2002.**
6 Q. Okay. And was it your idea?
7 A. **It was.**
8 Q. Okay. How did you come up with the idea for
9 this business?
10 A. **I attended a conference in 2002, which really**
11 **inspired me to have a similar business so that I could**
12 **help my patients.**
13 Q. What was the conference?
14 A. **It was a brain images conference given by a**
15 **psychiatrist.**
16 Q. And was the SPECT imaging part of the subject
17 matter of that conference?
18 A. **Yes, that was the focus.**
19 Q. Did you have some familiarity with SPECT
20 imaging before?
21 A. **No, none.**
22 Q. Now, I understand you have various licenses
23 and certifications?
24 A. Yes.
25 Q. I looked at your website and I see you're a

Page 8

1 licensed clinical social worker, is that right?
2 A. Yes.
3 Q. Certified group psychotherapist?
4 A. Yes.
5 Q. And a certified social worker?
6 A. Yes.
7 Q. Any other licenses or certifications?
8 A. **I also held a license in school social work.**
9 Q. Okay.
10 A. **But that's no longer -- that's expired.**
11 Q. What did do you for work before you became
12 involved in the preparation for setting up Brain
13 Matters?
14 A. **I had a private practice, psychotherapy**
15 **practice, and I worked in the schools as a school social**
16 **worker.**
17 Q. What's your job title at Brain Matters?
18 A. **Chief clinical officer.**
19 Q. Has that been your title throughout?
20 A. **Pardon?**
21 Q. I'm sorry, has that been -- let me just start
22 with a new question.
23 Has chief clinical officer been your title the
24 whole time you've been working for Brain Matters?
25 A. **Yes, and clinical director.**

Page 9

1 Q. Both of those titles?
2 A. Yes.
3 Q. Can you give me an overview of what your
4 responsibilities are with respect to those titles?
5 A. **I manage the clinical staff for all the**
6 **clinics and I also am part of the executive management**
7 **team.**
8 Q. Anything else?
9 A. **I'm part of the board of directors.**
10 Q. You're a member of the board?
11 A. **Yes, I'm the secretary.**
12 Q. To whom do you report?
13 A. **To John Goodhue.**
14 Q. Who is the president, CEO and chairman of the
15 board?
16 A. Yes.
17 Q. And do have you a staff that reports to you?
18 A. Yes.
19 Q. I take it from your title your involvement is
20 primarily on the clinical service side of the business?
21 A. **Correct.**
22 Q. As opposed to the sales and marketing side?
23 A. **Right. I don't have anything to do with that.**
24 Q. You did have an appearance, I saw, on the
25 Dr. Phil show, is that right?

Nancy Goodhue - 1/24/2007
The American Academy of Neurology v. The Brain Matters, Inc.

Page 10

1 **A. Yes, two.**
2 Q. Two of them. I saw one where you were on at
3 ends of the show with a Dr. Hipskin and talked a little
4 bit about a scan that was done for somebody named Fred,
5 do you recall that?
6 **A. Yes.**
7 Q. Was that the first one or the second one?
8 **A. That was the second show.**
9 Q. Okay. How did it come -- let me start with a
10 new question.
11 Were both you and Dr. Hipskin on both of the
12 Dr. Phil shows?
13 **A. Yes.**
14 Q. How did it come about that the two of you came
15 to be on Dr. Phil?
16 **A. We were invited by the clinical gatekeeper for**
17 **the show, Dr. Frank Wallace.**
18 Q. Had somebody from Brain Matters made contact
19 with Dr. Wallace and told him about Brain Matter's
20 services.
21 **A. Yes.**
22 Q. And who had done that?
23 **A. That would be me.**
24 Q. And did you look upon this as a way to gain
25 some recognition for Brain Matters?

Page 11

1 **A. Yes.**
2 Q. Now, let me return to the topic of the name,
3 Brain Matters, okay? Brain Matters is the name that's
4 used for the company, is that right?
5 **A. Right.**
6 Q. And also in the company's advertising and
7 promotion?
8 **A. Yes.**
9 Q. And also in the website?
10 **A. Yes.**
11 Q. What was your role in the conception or
12 creation of the name Brain Matters?
13 **A. It was my idea.**
14 Q. How did it come to you?
15 **A. The creative time that I have identified for**
16 **myself is right when I wake up, and I woke up one day**
17 **and Brain Matters just came to my mind as a great name**
18 **for the clinic.**
19 Q. Do you recall when that was?
20 **A. Sometime during 2002.**
21 Q. Why did you think it was a great name for the
22 clinic?
23 **A. I just wanted something that was all**
24 **encompassing about matters to do with the brain.**
25 Q. Why did you think that this was all

Page 12

1 encompassing?
2 **A. Because we were a brain imaging company and it**
3 **just seemed to say what it is that we did.**
4 Q. To just follow up on that a little bit, as
5 applied to the business you were doing, did the -- did
6 the words Brain Matters have any particular meaning to
7 you?
8 **A. Aside from what I just said?**
9 Q. Yes.
10 **A. No.**
11 Q. Did you think of it in the context at all like
12 when we consider the brain or the material in the brain
13 is sometimes referred to as brain matter?
14 **A. No, I didn't. Somebody pointed that out to me**
15 **later on.**
16 Q. Okay. How about using the term "matters"
17 as -- like it's important, the brain matters, the brain
18 is important. Was that part of your thought process?
19 **A. I think it was, yes, because it does.**
20 Q. Had you done --
21 **A. It was more, you know, all the matters to do**
22 **with the brain.**
23 Q. Had you done any kind of research,
24 investigation, or consultation with others before coming
25 up with this name?

Page 13

1 **A. Nope, just out of my little brain.**
2 Q. All right. At the time you came up with the
3 name, had you seen the term before?
4 **A. Never.**
5 Q. When you came up with the term, did you have
6 any concern as to whether someone else might be already
7 using it?
8 **A. No.**
9 Q. As you went forward with it, were you involved
10 in any discussions at the company about its potential
11 adoption?
12 **A. What do you mean by adoption?**
13 Q. Adoption in the sense of a decision by the
14 company to use the name as the company name in its
15 advertising and promotion?
16 **A. I wasn't involved in that part. That was part**
17 **of our legal team.**
18 Q. You didn't discuss it with the lawyers or the
19 marketing folks or anything like that?
20 **A. No.**
21 MS. JEFFERY: Objection.
22 Q. BY MR. LAINE: Who was the first person you
23 told?
24 **A. My husband John.**
25 Q. John Goodhue?

Nancy Goodhue - 1/24/2007
The American Academy of Neurology v. The Brain Matters, Inc.

Page 18

1 REPORTER'S CERTIFICATION
2 I, Lisa A. Blanks, Registered Professional
3 Reporter, Certified Realtime Reporter, do hereby
4 certify that the foregoing witness was by me duly
5 sworn; that the deposition was then taken before me at
6 time and place herein set forth; that the testimony and
7 proceedings were reported stenographically by me and
8 later transcribed into typewriting under my direction;
9 that the foregoing is a true record of the testimony and
10 proceedings taken at that time.

11
12 IN WITNESS WHEREOF, I have subscribed my
13 name this 31st day of January, 2007.

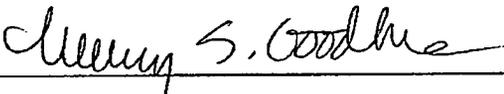
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 Lisa A. Blanks, RPR, CRR,
 My Commission Expires: 1/31/2010

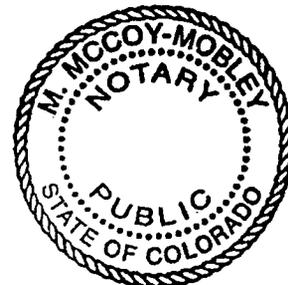
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1 I, NANCY GOODHUE, have read this deposition
2 transcript, pages 1-15, and acknowledge herein its
3 accuracy except as noted on the errata sheet.

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SIGNATURE


NOTARY PUBLIC



My Commission Expires 01/28/2009

1 ERRATA SHEET

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

The American Academy of Neurology,)	Opposition No. 91168906
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v.)	Serial No. 78/321,810
)	
Brain Matters Inc.,)	Filing Date: 10/31/2003
)	
Applicant)	Published: 12/20/2003
)	

CERTIFICATE OF SERVICE

I hereby certify that on the 4th day of October, 2007, I caused to be served the attached documents:

1. Opposer The American Academy of Neurology's Trial Memorandum (Unredacted Version Filed Under Seal);
2. Opposer The American Academy of Neurology's Trial Memorandum (Redacted Version);
3. Courtesy copy of the following documents:

Stipulation Permitting Affidavit Testimony;

Stipulation to Make Evidence of Record with Exhibit;

Affidavit of Murray G. Sagsveen with Exhibits;

Affidavit of Tami R. Boehne with Exhibits;

Affidavit of Melanie Hoffert with Exhibits;

American Academy of Neurology's Notice of Reliance with Enclosures:

Deposition transcript with Exhibits of John Goodhue;

Deposition transcript with Exhibits of Charles Reed;

Deposition transcript with Exhibits of Julie Banta;

Deposition transcript with Exhibits of Nancy Goodhue;

Envelope of sealed testimony

by placing a true and correct copy in a Federal Express box addressed as follows:

Carole K. Jeffery
GARLIN DRISCOLL HOWARD, LLC
245 Century Circle
Suite 101
Louisville, CO 80027

COUNSEL FOR APPLICANT

and depositing the same, with all fees prepaid, in the hands of a Federal Express Courier, at Minneapolis, Minnesota.

I also certify that on the 4th day of October, 2007, three (3) copies of the foregoing documents, and the original redacted and unredacted versions of Opposer The American Academy of Neurology's Trial Memorandum, were filed with:

UNITED STATES PATENT AND TRADEMARK
OFFICE
Trademark Trial and Appeal Board
P.O. Box 1451
Alexandria, VA 22313-1451

by placing true and correct copies in a box and depositing the same, with Express Mail fees prepaid, in the United States Mail at Minneapolis, Minnesota.

Executed on the 4th day of October, 2007.



DAVID A. PRANGE