

INVESTIGATOR COMPLIANCE SEARCH FORM

ICON Project Number:	3561-0003 3561-0005	Sponsor Protocol No.:	GLPG1690-CL-203 GLPG1690-CL-301
Principal Investigator Name:	Todd Horiuchi	Address:	Sarasota Memorial Hospital, Clinical Research Center 1540 South Tamiami Trail Sarasota, Florida 34239 United States of America
Medical License Number (if applicable)	ME83060		

Please list all relevant sources of Investigator information, against which this Investigator has been checked.

SOURCE #	SOURCE NAME	SOURCE DATE	WEBLINK	ISSUES IDENTIFIED	
1.	FDA DEBARMENT LIST	30 Oct 2017	http://www.fda.gov/ora/compliance_ref/debar/default.htm	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
2.	CLINICAL INVESTIGATOR INSPECTION LIST (CLIL) (CDER)	29 Jun 2017	http://www.accessdata.fda.gov/scripts/cder/clil/index.cfm	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
3.	FDA WARNING LETTERS and RESPONSES	07 Nov 2017	http://www.fda.gov/ICECI/EnforcementActions/WarningLetters/default.htm	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
4.	NOTICE OF OPPORTUNITY FOR HEARING (NOOH) – PROPOSAL TO DEBAR	07 Aug 2017	http://www.fda.gov/RegulatoryInformation/FOI/ElectronicReadingRoom/ucm143240.htm	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
5.	ADEQUATE ASSURANCES LIST FOR CLINICAL INVESTIGATORS	24 Apr 2014	http://www.fda.gov/ora/compliance_ref/bimo/asurlist.htm	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
6.	CLINICAL INVESTIGATORS – DISQUALIFICATION PROCEEDINGS (FDA DISQUALIFIED/RESTRICTED)	17 Jul 2017	http://www.accessdata.fda.gov/scripts/SDA/sdNavigation.cfm?sd=clinicalinvestigatorsdisqualificationproceedings&previewMode=true&displayAll=true	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
7.	PHS Administrative Actions Listing	07 Nov 2017	http://ori.hhs.gov/misconduct/AdminBulletinBoard.shtml	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
8.	Clinical Investigator Inspection List (CBER)	10 Oct 2017	http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/ComplianceActivities/ucm195364.htm	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
9.	HHS/OIG/ EXCLUSIONS DATABASE SEARCH/ FRAUD	04 Oct 2017	http://exclusions.oig.hhs.gov/	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
10.	HHS/OIG Corporate Integrity Agreements/Watch List	01 Nov 2017	http://oig.hhs.gov/compliance/corporate-integrity-agreements/cia-documents.asp	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
11.	SAM/SYSTEM FOR AWARD MANAGEMENT	02 Nov 2017	https://www.sam.gov/portal/public/SAM	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

12.	LIST OF SPECIALLY DESIGNATED NATIONALS	01 Nov 2017	http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
13.	World Check (Only for PI)	02 Nov 2017	http://www.truthtechnologies.com/	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

If issues are identified (Yes checked above), please provide additional details. Details may be printed and attached.

SOURCE #	DATE OF INSPECTION/ ACTION	DESCRIPTION OF FINDINGS
NA	NA	World Check was performed for the institute Sarasota Memorial Hospital, Clinical Research Center on 02 November 2017
Institute World Check	02 November 2017 Sarasota Memorial Hospital, Clinical Research Center Institute World check Finding	Dec 2015 – agreed to pay USD972,000 to settle False Claims act allegations pertaining to minimally-invasive kyphoplasty procedures.
ML	12 February 2016 Todd Horiuchi ML # ME83060 Disciplinary Action	Taken By: HAWAII MEDICAL BOARD Date Of Action: 12 February 2016 Description of Disciplinary Action: REPRIMAND Under Appeal: No
ML	07 January 2016 Todd Horiuchi ML # ME83060 Claim # 13-0067-B-12 Malpractice Claim	Date of Suit: 25 March 2014 Date of Final Disposition: 09 January 2015 Indemnity Paid: \$32,500 Claim issue: Alleged Achilles tendon tear

Search Performed By:

Printed Name:	Signature:	Date:
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Jegan Vaidyanathan

Jegan Vaidyanathan 09 Nov 2017 09:15:052+0000

REASON: I approve this document as author.

de3376c0-88d1-42f6-938c-e66145a5574e

Customer

?,?

Citizenship

DOB

"Sarasota Memorial Hospital

Internal Reference
ID

Note:

Ran By: Paras Doshi

Ran On: Nov 02, 2017 06:10 AM

Annotations

Matching Names

SARASOTA MEMORIAL HOSPITAL,

Data Source: World-Check

Result Type: Reviewed - Match
Verified (Accepted)

Original Result Type: Medium Risk

Score: 100

Search Type: Entity

Last Updated By: Paras Doshi

Last Updated On: November 7, 2017 12:00 AM

Category: CORPORATE

Sub-Category:

Listed On: 2015/12/21

Updated On:

Source Reference 2896673
ID:

Citizenship	USA
Data Source	USDOJ
Additional Information	[BIOGRAPHY] To be determined. [IDENTIFICATION] To be determined. [REPORTS] Dec 2015 - agreed to pay USD972,000 to settle False Claims act allegations pertaining to minimally-invasive kyphoplasty procedures.
Entity Type	E
Locations person is active in	~Sarasota, Florida~ USA
External Link	http://www.justice.gov/usao-wdny/pr/32-hospitals-pay-us-more-28-million-resolve-false-claims-act-allegations-related



TODD KEN HORIUCHI

License Number: ME83060

Data As Of 11/9/2017

Profession

License

License Status

License Expiration Date

License Original Issue Date

Address of Record

Medical Doctor

ME83060

CLEAR/ACTIVE

1/31/2018

07/27/2001

1843 FLOYD STREET

SARASOTA, FL 34239

UNITED STATES

Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)

Yes

Discipline on File

No

Public Complaint

No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.



Department of Health

TODD KEN HORIUCHI

License Number: ME83060

Profession	Medical Doctor
License Status	CLEAR/ACTIVE
Year Began Practicing	Not Provided
License Expiration Date	01/31/2018
Controlled Substance	Yes
Prescriber (for the Treatment of Chronic Non-malignant Pain)	

Information in this profile has been verified by the practitioner.

Primary Practice Address

TODD KEN HORIUCHI
1843 FLOYD STREET
SARASOTA, FL 34239
UNITED STATES

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
SARASOTA MEMORIAL HOSPITAL	SARASOTA	FLORIDA

Email Address

Please contact at: sharon@h2md.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
HAWAII	MEDICAL DOCTOR

Information in this profile has been verified by the practitioner.

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
WASHINGTON UNIVERSITY	MD	8/1/1991 - 5/19/1995	05/19/1995

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
WASHINGTON UNIVERSITY	ST. LOUIS	MISSOURI	08/01/1987	05/01/1991	BA - BIOLOGY

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
UNIVERSITY OF TEXAS	RESIDENCY	IM - INTERNAL MEDICINE		DALLAS	TEXAS	07/01/1995	06/30/1998
WASHINGTON UNIVERSITY	FELLOWSHIP	IM - PULMONARY DISEASE AND CRITICAL CARE		ST. LOUIS	MISSOURI	07/01/1998	01/01/0001

Information in this profile has been verified by the practitioner.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification
AMERICAN BOARD OF INTERNAL MEDICINE	IM - PULMONARY DISEASE

Financial Responsibility

I have hospital staff privileges or I perform surgery at an ambulatory surgical center and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s.627 .357, F.S.

Information in this profile has been verified by the practitioner.

Proceedings & Actions

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
HAWAII MEDICAL BOARD	02/12/2016	REPRIMAND	NO

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has *NEVER* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center.

Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

Information in this profile has been verified by the practitioner.

Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

H2MD.com

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.

Florida Office of Insurance Regulation
Medical Malpractice Closed Claims Report

Department File Number :	M201573410
Claim Number :	13-0067-B-12
Date Submitted :	1/7/2016

Insurer Information				
Insurer Name			Coverage Type	
FD INSURANCE COMPANY			Primary	
Insurer FEIN		Professional License Number		
20-3704679				
Insurer Contact Information				
Type	First Name		MI	Last Name
Individual	Tamla			Lloyd
Street Address				
4651 Salisbury Road, Suite 410				
City			State	Zip
Jacksonville			FL	32256
Phone	Ext	Fax	E-Mail Address	
(904) 296 - 2887	212	(904) 296 - 1245	tlloyd@fdinsurancecompany.com	

Insured Information			
Type	First Name	MI	Last Name
Individual	Todd		Horiuchi
Insurer Type	Street Address of Practice		
Licensed	2130 S. Tamiami Trail		
City	State	Zip Code	County
Sarasota	FL	34239	Sarasota
Policy Number	Per Claim Policy Limits		Aggregate Policy Limits
12015	\$250,000		\$750,000
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification		Certification Number
ME83060	Internal Medicine - No Surgery		

Florida Office of Insurance Regulation
Medical Malpractice Closed Claims Report

Injured Person Information

First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
		M	Sarasota
City		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Physician's Office			
Name of Institution		Code	
N/A		000000	
Location of Institutional Injury		Other Location of Institutional Injury	
Other		Physician's Office	
Date of Occurrence		Date Reported to Insurer	
12/22/2012		3/6/2013	

Diagnostic Information

Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Patient was presented on 12/19/12 with cough and again on 12/22/12 with chest congestion.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
None shown
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
None made
Principal Injury Giving Rise To The Claim
Alleged Achilles tendon tear
Severity Of Injury
Temporary: Minor - Infections, misset fracture, fall in hospital. Recovery delayed.

