START HERE

Feb 25 2022

& am working on the blood mimic w/ electrochemistry again.

AC Voltammetry seems to be the favored tool. At different frequencies increase the response.

The system is incredibly sensitive to bench motion and electromagnetic interference.

Repeatability & different on mimic but not unattainable.

Representative setup Conditions are

E Condition @ the Hartley voltage for 10 sec
(What about the opposite voltage?)
E begin -3.5 V
E end 3.5 V
E step .01
EAC .1
Freq 90-120 Hz
E ca rate .05 V/sec

Now you are recalling that one of your previous discoveries was to remove the reference, in the case water,

you need to try them.

I definitely have an issue and problem w/ repeatability

I am now only working w/ the reference water sample. I am getting variation of 100 times in magnitude between trials. What the heck is going on here?

There is not even slightly reliable. Also the one peak found displaced.

Nothing about the water is stable or reversible.

Adding in the auxiliary electrode has added an entirely new picture.

-2.79 -.81

-2.64 -.76

We use the following electrodes:
Red - Working
Green - Ground
Black - Auxiliary (Critical addition)

We do not use Blue
this is the reference electrode.

The signal magnitude is 1000 x times greater w/ the auxiliary electrode plate. (black)

The conditioning voltage also seems to be only a difference as to what peak is appearing, ie
-3.5, 0, + 3.5 V
as well as direction from left to right.

The peaks are moving around too much.

The signal strength now, however, is very strong.

Ok, it seems as though the -1.23 peak which represents the breakdown of water, is found to go from right to left, but that the neutrality potential voltage should be set @ -4V, or to the left side.

Also omit the half reaction is +1.23 V and one would at -1.23V at both but that the reaction is reversed, values in this case represent the breakdown of water.
Our value is -1.27V which is quite good.

Now for the other peaks. One was found w/ a std E_0 of 0.0V.
Left to right or right to left?

Set E_0 on the terminal end of the scan and ~~situate~~ beyond the range of the scan, eg +4 V, if scanning from −3.5 to +3.5 V from left to right.

E_0 for 5 seconds conditioning seems adequate.

We now have peaks −1.48V & −1.29V
Magnitude 32 mA 38 mA

+1.46 is possibly
$Cl^- + H_2O \rightarrow ClO^- + 2H^+ + 2e^-$
this is quite possible.

I need distilled water now.

For my blood sample & am getting.

−1.46 which once again matches Cl^- (−1.44)
−1.20 which matches H_2O (−1.23)

so these are the same as before.

OK, possibly something important in the blood.

I am running for 0 to -3.5 w/ E_0 @ -4V

I have a peak near ~~-2.12~~ which matches

$N_2 + NH_4^+ \rightarrow HN_3 + 3H + 2e^-$ (2.08)
Magnitude = 2.2 mA

I measure ~~-2.06~~ 2.16 which is acceptable in range

What else matches, known is

$O_2 + H_2O \rightarrow O_2(g)\ O_3(g) + 2H^+ + 2e^-$ (2.08)
Fluorine (2.14)
~~Lithium~~ ~~(2.20)~~

It does seem to be beneficial to break your known into halves and also work with left and right.

You can pick up another species @ 2.00 Magnitude = 2.6 mA with a scan from -3.5 to 0 with $E_0 = +4V$

The indication that my -2.16 could match $N_2 + NH_4^+$ and the other @ 2.00 could match $O_2 + H_2O$

NH_4^+ is an ionized form of ammonia.
It is known as ammonium.

HN_3 is hydrazoic acid.
It is nitrogen mustard.

Ammonium in the blood is indicative of kidney or liver disease.

Blood ammonia comes primary from bacterial breakdown of unabsorbed protein in the intestine.

Ammonia is a product of the catabolism in protein.

I need drive blood samples in water.

Ammonia in the blood is of the a sign of altered metabolism in the liver.

Bacteria in your gut & your cells create ammonia when your body breaks down protein

Ammonia is a waste product formed primarily by bacteria in the intestine during the digestion of protein.

Even slightly elevated concentrations of ammonia are toxic to the central nervous system.

The ammonia of standing blood increases spontaneously due to the generation and release of ammonia from the blood.

It would make sense that blood in water would release both oxygen and ammonia.

Feb 26 2022

Looked @ live blood samples today.
Four separate individuals.
Houston we have a problem.
Agnyicant blood conglomeration / rolleau / agglutination
in all individuals w/in 5 min of slide prep.
Bgins w/in 30 sec.

—

Now back to electrochemistry. - AC Voltammetry
Already a my my, can discern.
If you tighted up the range of the scan
and slow it down you can detect much
greater resolution. Overlapping peaks can
be seen and actually separated by tightening up
the resolution.
Work w/ distilled water. It is any thing but
white pure. Instead of running across the
entire range of -3.5 to +3.5 V running
from -3.5 to 0 to show of agnyicant new
detail.

We have peak @ ~ -2.35 and -2.10
A double peak is being separated here

It take a bit more time but it shows incredible detail. I am using number now like EStep = .005 & dEdx rate = .025 (factor of 5)
Even now w EStep = .002 and dE/dx rate = .01 incredible detail take place w/ numerous inflection points and peaks.

Combing medium resolution w/ high resolution allow additional separation.

This is a distilled water sample

We have peaks @ -2.94 K^+ (-2.94)
-2.85 (peak) Ca^{+2} (-2.85)
-2.71 Inflection point decent Na (-2.71)
-2.33 Peak and inflection point decent Mg (-2.33)
-1.92 local min peak Na(-1.96) K(-1.98) Mg(-1.98)
-1.19 inflection point decent Mn(-1.19)
+0.17 (Major Peak!) SO_4 (0.17)

Scan Condition were
-3.5 to 0 Eo = 4.0V
EStep varied from .002 to .005
Eac = 0.1
Freq = 100 Hz
dEdx rate = .01 to .025 (5x)

Identified easily K, Ca, Na, Mg, Mn, SO_4

Mar 03 2022

Many interesting results going on w/ blood AC voltammetry trials!

There are many changes in the appearance of the blood over time, There are likely many reactions occurring & the time dependent w/ the breakdown of the cells in water, that are time dependent.

I have run the following sequences:

-3.5 to +3.5, -3.5 to Ø 3.5 to Ø
+3.5 to -3.5 Ø to -3.5 Ø to 3.5
-2 to +2
+2 to -2
-1 to 1
1 to -1
~~-3.5 to Ø~~
~~0 to -3.5~~

w/ a lot of blood tube & electrode change over the course of the work.

What I want to do now is reverse the general sequence of events, i.e. start w/ -1 to 1 and compare the results.

So far, no matter what the circumstances, you are seeing the dominant peak @ -3.2V. This looks to be important w/ Element no. 59.

Notice even w/ the first run @ -1 to 1 the plot is changing by the third trial. Also the electrodes are changing and each one is now producing a gas, W is the counter electrode (black) only W layer w/ it.

We know that the cells are deteriorating w/ time.

Very significant change in -1 to 1 peak over time nothing has been wrong. It is expressing kinetics.

Example: 1st curve ≅ -0.98
This could correspond to $NO(g) + H_2O \rightarrow HNO_2 + H^+ + e^-$
@ -0.984

Now notice the change quickly over time.

This indicates that other compounds or other reactions are taking place over time.

The "fresh" blood was required to show this change. You can see how one spleen is appearing and then disappearing as changes and other components are forming.

The sequence, even over a range limited to -1 to +1 is quite dramatic.

What you are really seeing is that the blood is under continuous changes.

Therefore a very detailed analysis of even a limited range is very valuable.

And therefore the question of always starting each trial w/ fresh blood

Each trial of -1 to +1 is ~ 3.5 min.
9 trials = 27 + 5 ≈ 32 min

The chronological trial from -1 to 1 shows that there is a great deal to be learned from fresh blood analyses & the change over time.

You can now see that the trial has largely stabilized over ~11 mins = 33 + 5 ≅ 40 mins.

Notice that there is also activity of contaminants in the tube. What happens if I give a shake up the tube again.

OK, I have cleaned the electrode and have shaken up the tube. The results are important as it does not appear markedly different from the stabilized plots.

Therefore the reactions have largely run their course after ~ 40 min w/ fresh blood. This is very important to learn.

—

Now I am overlaying the curve, with 45 mins aged blood to code +1 to ≡1

yo see the same curve of gradually
achieving stability but realize that
it is w/ aged blood

The mean that sts thru should be
repeated w/ fresh blood as you
now may be missing sg significant detail.

Some of that reaction may be discernible

I am repeating w/ fresh blood.

There are already several lessons:

1. The run from L to R might affect the
results from R to L

2. The first main lesson here is that
the fresh sample, from right to left
+1 to -1 has a great deal of oscillation
in it. The yoke sample from L to R,
ie -1 to +1 did not have this.

3. Now, we do now happen to know the
cause for the activation, and this is

that yr increase the value of Eac up to a maximum value of 0.265. In the case yr have increased it for 0.1 & 0.25 and the method is working perfectly.

The method has reduced the oscillations to nil. It actually also increased the magnitude of the peaks so it has been beneficial in more ways than one.

There is a bit of change occurring w.r.t. time also. The progression does indeed appear to be converging toward the aged blood results from before. Also the oscillations are now substantially reduced and 0.1 can be used again.

Another observation is that fresh blood does produce a different result than aged blood does, but the progression also does converge toward that of aged blood

One drop of blood is sufficient for the entire run.
The 3.2 peak is dominant and pervasive in every L to R set.

Mar 03 2020

I have an idea how to manage the ~~two~~ fresh blood progression for both directions simultaneously.

The method is to set up two separate files, one for left to right, and one for right to left

I suggest that we have overlaps w/ segments

center	-1 to 1, for left & right	
mid	-2 to Ø	0 to 2
mid	0 to -2	2 to Ø
end	-3.5 to -1	-1 to -3.5
end	3.5 to 1	1 to 3.5

This would be ~~6~~ 5 pairs of files therefore, w/ approx 1 1/4 - 1 1/2 fresh [illegible]

This method is working quite well and distributes the progression evenly between L & R across the interval.

The first one is called set 1 and covers

Set (1)
-3.5 to -1
& -1 to -3.5

Mar 05 2022

The general agenda ahead include:

Sample types
- Blood
- Urine
- Ear Wax
- Sputum
- Oral Sample

Methods
- Electrochemistry (most useful)
- NIR
- Magnetism
- Separation
- VIS

Magnetism now has many questions:
1. Is blood magnetic
2. Is iron sulfate magnetic
3. Is iron oxide magnetic
4. 39 vs NH_3 separation — time factor.

Electrochemistry seems to be without doubt your primary method available, and it is indeed powerful. The more that you study the more that you learn it can do. It may even surpass IR in many aspects.

Every sample type will require the development of its own protocol. Blood is the first & primary target.

The first goal is to learn if there is a tame element that repeats w.r.t. to the 59 element vs the ammonia NH_3 production question.

There is almost, but not absolutely paramount to continue dedication on the magnetic research.

Recall the paper, "Magnetism is Evident".

We now have the tools of magnets & glycerin to proceed with Magnetism now, but only after settling the 59 vs NH_3 question with fish blood.

We have also now established the "blood pellet" as a potential sample collection method. Pea sized formed tissue ball to saturate w/ blood & to let dry thoroughly.

You also have a very important statement made w.r.t. agglutination.

Agglutination is known to occur when you join two different blood sample together from separate individuals. This could be a very important statement and must also be considered the potential combination w/ a synthetic blood cell.

—

The business of magnetism is quite complex and not @ all obvious
Unmagnetized materials, including iron (which

IS magnetic) are attracted to EITHER pole of a magnet BUT THEY ARE NOT REPELLED.
" You can only show that an object is a mag magnet IF IT REPELS another magnet.

Substances that are attracted by a magnet are called magnetic substances. Substances that are not attracted are called non magnetic materials.

Three type of magnetic materials

Magnetic Materials, not Magnets!!

Two of three are defined, one is not.

1. Paramagnetic - materials which are NOT STRONGLY ATTRACTED to a magnet, ~~But ~~ ~~what~~~~,~~ So because it is attracted in some fashion, it is still a "magnetic substance" but it is paramagnetic

2. Now diamagnetic materials seem to be the very hot ticket. Diamagnetic materials are repelled by a magnet such as zinc.

3. Ferromagnetic only is stated to be a ferrite, so what is a ferrite?

A ferromagnet is apparently a permanent magnet. So it is material that retains or can retain magnetism

So here it is:

Oxygenated Hemoglobin & Carbon Monoxide Hemoglobin] are diamagnetic

But

Deoxygenated hemoglobin is Magnetic
meaning it is a magnet.

Now Faraday concluded that blood is "not magnetic"

Therefore arterial & venous blood have
different magnetic properties.

Yes we are in a new rabbit hole here.

Arterial blood is rich in oxygen.
Venous blood is rich in metabolic wastes such
as CO_2 and urea.

Guess what? Faraday was using dried blood
and noted he should next try "fluid blood")

Dried blood will apparently not have oxygen or
much oxygen in it.

Our blood, overall, subtly is repelled by magnetic fields.

It is also said that the overall blood is "diagmagnetic" and that water is diagmagnetic but they are talking about a very subtle level.

Not @ the level of big easily observable.

It is very weak. Claim is Oxyhemoglobin less magnetic is subtly diag
So what else it is, it is poss to be very weak. Certainly not detectable by a magnet.

The Comes from Yale — Steven Novella MD
an academic clinical neurologist

So the more oxygenated the blood the more diagmagnetic (repelled by a magnet) that it will be. Red blood will not be magnetic @ all.

We are now getting somewhere

Now that we know more about what we are looking for I will be very closely scrutinizing the electrochemical behavior of fresh blood from -3.5 to -1 L to R.

I am looking for a ferric transformation factor

Each run is ~ 4.5 min.

On the third run it is already shifting to the left. But it still is @ 3.4 and that is a long way from 3.3.

The pattern of behavior w/ the blood is fairly clear out to 3.2 runs.

With fresh blood, the 3.2 peak is clearly evident. No 3.3 (presumed NH_3) is visible.

After standing, a faint peak @ 3.3 (presumed NH_3) appears.

Upon Consecutive runs, the peak is overtaken w/ a peak near 3.0. After a standby period, a single 3.3 peak appears a single time again.

The suggests the presence of relatively
large a momentary ~3.3 in the
steady blood (presumed ammonia)
which has also been observed elsewhere on
steady blood and which has been confirmed
from a literature search.

You now also have lunular wax dissolved in H_2O_2.
It would suspect a single drop of
the solution in H_2O will be sufficient
for electrochemistry testing!

You are now in a position to test lunar
wax and dried blood.

Well guess what? Another earthshaking discovery
Filaments are being produced upon the electrode
of the blood sample in water that are
subjected to the vary in voltage / current.
The filament show an identical appearance
to that known, such as with the
oral filaments (wire test).

So yes it does look like a very big deal and it already says that a method of conveying foreign proteins existence in the blood can be proven.

* An Important Day Here *

Mar 06 2022

The process of formation of filaments within the blood when subjected to electrochemical energy has been replicated. This is a profound event and discovery.

The sample this time was dried blood placed in H_2O. The blood was collected onto a tissue paper pellet the size of a pea and placed into the electrochemical tube.

The blood pellet swells dramatically in the water slowly over time. The filaments formed on the surface of the paper pellet and were of a sufficient mass to separate from the paper pellet.

Microscope examination shows a perfect and dramatic match to the fresh blood electrochemical cell.

Typical conditions are now, with AC Voltammetry:

E Condition 4.0V
t Condition 5 sec

E begin -3.5V
E end = 3.5V
E step = .002
E ac = .02V
Freq = 100Hz
Scan rate .01 V/sec

A single trial ~ 10 min.
10-20 trials of Len and usually collected.

Filaments form on the electrode (which remains & be determined) w/ the fresh blood trial

Filament collect on the paper pellet w/ the dried blood paper pellet method.

The filament network are extensive, fully developed and in story connection & graphite for the electrode

Mar 07 2020

Examination of live blood for magnetism:

Not evident.

The setup was:

1. A drop of fresh blood onto a small pool of glycerine within a small petri dish.

2. Neodymium magnets applied externally to side of petri dish.

3 No positive attraction or repelling of blood. Some motion has been seen, but this might be attributable to gravity flow.

Now the next step is that I have, w/ some effort, relocated my observation video record of magnetism apparent within a crab filament (muscle) sample in water. Attraction & repelly are both visible.

Next observation:

The filaments that are now able to be formed electrochemically w/in the blood (fresh or reconstituted dried) are identical in appearance, @ a visual level, with that of the oral filament.

Hypothesis:

Both the electrochemically produced filaments and the oral filament are of a magnetic nature.

It has already been demonstrated that both filament types are identical @ the microscopic layer -

States of Coagulation of blood, on a broad level, has been identified.

2. A source of Coagulation and a method, within the blood has been established and identified. It is of an electromagnetic nature.

3. A source of magnetism within the body, @ an unusual magnitude level as is now more commonly reported, has likely been identified in two forms:
   1. The oral filaments
   2. The electrochemically synthesized filaments.

Mar 10 2022

Let's identify the upcoming project as well as what the overall objective is.

1. One of the first steps is to identify variation of the Coagulation rate in alternative media such as glycerine and mild saline.

It is already clear from last dried blood smear and live blood analysis that rapid Coagulation is a major problem, potentially lethal in itself.

2. Next we have an extraordinary finding, the application of AC Voltammetry under known conditions (specified previously as Max of) Causes extensive filament to form on the graphite electrodes (s?). Verified twice by microscopy. Also very much potentially both lethal & will.

3. Next we want to verify my notion on the oral filament sample (Wine Lees). The equivalence of the bath and filaments and the AC voltammetry filaments as before w/ in AC Voltammetry to be verified by microscopy.

4. If we do repeat magnetism in the oral filaments then I want to pursue potential magnetism in the AC Voltammetry filaments.

The question to here is whether any aspect of magnetism can be demonstrated from blood samples.

5. Filaments are produced with AC Voltammetry from both live blood and reconstituted dried blood samples.

6. Primary issues are
   1. Coagulation
   2. Magnetism
   3. Filament production in blood (rapid)
   4. Foreign protein blood identification in blood
   5. Any deficiencies in hemoglobin? Need meta-
      therapy.

7. Sample types under examination - include
   1. fresh blood
   2. dried blood (reconstituted)
   3 urine (concentrated) & dried flake.
   4. phlegm
   5. Ear wax

   and..

Mar 11 2022

I have succeeded quite well in concentrating the solids of urine. This has been accomplished w/ the acquisition of a suitable centrifuge, in addition that stored for the lab equipment.

There are indeed filaments that do show up in the solids concentrate, and they have been recorded under the microscope.

They are in much smaller numbers than in previous years but they most definitely do exist.

Will there be benefit to AC voltammetry applied to urine? Pursuing and time available will answer that.

—

Some topics to investigate:

1. Can blood coagulation be demonstrated under live view mode w/ the use of glycerine & saline solution?

2. Can we identify protein constituents by the combined use of NIR and AC Voltammetry available to us? If so, how would we be able to distinguish it from hemoglobin? Could it also exist in urine, if foreign? Can a signature of some type be established.

3. Can you recreate your protein reagent? Notebooks are certainly required.

4. Protein controls w/ NIR and AC voltammetry would be both involved, laborious, and potentially beneficial.

5. Pleural sample could also be valuable.

6. Ear wax, although highly reduced in excretion now, can also be a valuable sample type.

7. I need sample of blood from the vaccinated. This is a crucial issue that got completely unfulfilled.
   1. Fresh blood, both smear and liquid
   2. Dried blood - ie, pellets.

The objective here is to assess the impact of the "vaccination" program and agenda upon primary health of the public, especially w.r.t. blood & body fluids.
Also may return in - electrochemistry mixture.

Sample types: Also note which electrode
1. Blood - glycerine, saline effects
   - Smear
   - Fresh
   - Dried - pellet
2. Urine - Centrifugation
3. Phlegm
4. Ear wax
5. Oral filament - blood filaments
6. Punch controls - NIR & ACV

Methods: (Actually a fairly powerful combination)
1. NIR
2. AC Voltammetry (ACV)
3. VIS
4. Microscopy - even 4K if needed.
5. Centrifugation - separation
6. Magnetism

Microscope Use:

You have 4 objective with the field microscope
4x 150
10x 400x
40x ~1500-1600
100x 4000

Now the magnification stage setting for the 100x is almost identical to the 10x!
But not the same as the 40x!
If you use the 40x, the stage for the 100x must be lowered! There is not interference

---

I have examined a phlegm sample under the microscope. Filaments, although once again not in high numbers, exist up in the sample.

I am applying AC Voltammetry (ACV) to the sample. I have a big strong reading @ -2.71V. This indicates a Na^+ prospect. The solution is indeed very active, as a salt water solution was.

Guess what - we also get a strong reading @ -3.22 V! Sound familiar?

A few opening music notes got mixed w/the lab notes. Proceed to the final paragraph.

Mar 11 2022

One of the things that I want to explore is that of vocal sustain – w.r.t. pitch. Explore the same as a function of pitch as well.

Ok with a little bit of thought and preliminary research, four factors or so have been identified as likely affecting voice sustain:

1. Constrictor the vocal chords, ie keep the vocal chords in a more restricted and narrow fashion. These seem to be especially important.
2. A good breath to begin with
3. ~~Reduced volume~~ Breath flow
4. Relaxation of the vocal chords (?)
5. Good posture

Incidental Music Notes ↑

Lab Notes ↓

Mar 11, 2022

On the ACV of the phlegm sample, I lost my data collected from a locked up computer.

Nevertheless, peaks of -3.2 & -3.1 were clearly visible. Also -2.11 which is Nat.

There is enough data seen to warrant a magnetism investigation of the phlegm sample.

We need additional samples if at all possible. Let's also see if we can retrieve and dry our earliest sample.

I have a good set of neodymium magnets now.

I see no evidence of magnetism in any fashion with the phlegm electrochemical ACV residue sample.

Ok, an important observation. The ACV electrode residue is only graphite. No filament present. The material also failed the magnetic test.

Conclusion: Phlegm residue and ACV electrode residue from ACV on phlegm sample show neither filament presence or magnetic properties. An important conclusion since

ACV also showed the peak @ -3.2V which you suspected might indicate iridium magnetic properties. There is not iridium but @ the time and the -3.2 ACV remains an open question.

Mar 12 2022

Make sure that all electrodes are connected.
Sample should commonly read in mA, not nA.

You are working w/ the phlegm signal again.
Your previous sample was far too concentrated.
You only need a micro drop to do this ACV work.
Your plot now is very clear w/ peaks
clearly identifiable.

You still have some mysteries w/ the
strong reading repeats @ -3.2V
Magnetism is not yet supported by observational
test as with Atomic No 59 @ -3.2V.

However $N + H_2 \rightarrow NH_3$ (unbalanced)
is both feasible and to be expected in all
accounts. However does H_2O actually have
N_2 in it? I would not think so.
But our sample might?

—

Minimal sample concentrations therefore
seem to produce much cleaner results.

Guess what? I am getting Pr^{3+} again @ -2.47 V
This is potentially important.
This is occurring in the 3.5 to -3.5 mm
w/ phlegm.

Nothing seems to compete again.

It is now apparent that the Competent analyses
of the data Corey is going to be important.
I am trying to always lean towards the conservative
optim, ie, N_2 vs Pr but now I have
two separate data points showing up.

A smaller blood sample may be very sufficient.
You are getting very good results w/ a diluted
phlegm sample.

Mar 12 2022 (cont)

Lab notes got a little mixed up there w/ the music notes. The lab note pages are important to take note of. Pt vs N_2 is an important issue.

I am running a reversal sequence ACV on the phlegm sample. The technique would be analogous to that of "Cyclic Alternating Current Voltammetry". Sequencing between -3.5 to 3.5V and from 3.5V to -3.5V.

You have both an oxidation potential and a reduction potential reaction - gain or loss of electrons respectively.

Also note that pH of the medium can affect the redox potentials. Let's look into this further. I am, however, using distilled water as the reference medium.

If your objective is to produce filaments in the blood via ACV, then a high concentration of blood is probably preferable, since the scan data is of lower quality.

You now have a lot on your plate ahead of you:

1. Reference protein runs w/ ACV
   Detection of NH Compounds?
   NIR also as a supportive method?

2. Blood Coagulation rates in glycerin and saline?

3. Magnetron runs.
   Reference magnetron runs w/ the oral filaments w.r.t. to part work w/ magnetrics of both culture and oral filaments

4. ~3.3V and now also -2.41V results and the magnetrin runs.

5. Observed / Non observed magnetron prospects in Comparison to ACV results on Pr?

6. I need blood samples from vaccinated people. Where from?

So what are the major goals here and how can you get to them most efficiently?

1. What is the general status of blood now in comparison to the pre "Covid" era? (Rapid coagulation already identified (in the non vaccinated)
2. Is there an identifiable difference between the blood of the vaccinated vs non-vaccinated
   no suitable sampler yet.
3. Is there a magnetism issue here? If so, what is it? Start w/ the oral filament issue & attempt to repeat.
4. Is there a "graphene oxide" issue here? If so how is it to be confirmed? Is there a redox reaction here? IR signature?
5. * The rapid production (synthesis) of filaments in the blood by the use of ACV & a phenomenal result in its own right. Essentially a "kill switch" that trumps all issues above has already apparently been identified and isolated.

Your scans of the phlegm are of excellent quality.

Nitrogen can definitely be found in water.
The sources of nitrogen in water are.

1. Ammonia
2. Organically bonded nitrogen
3. Nitrate
4. Nitrate

So we could easily have these.

We have a peak in polymales of ~ +.04V
Then we guide w/in range to
$NO_3^- + H_2O + 2e^- \leftrightarrow NO_2^- + 2OH^-$
@ +0.01V

You also have the peak occurring ~ 3.5V
which is a reasonable match to NH_3 @ -3.34V

Ammonia, Ammonium, Nitrate & Nitrite
are inorganic forms of nitrogen

Organic forms of nitrogen include
proteins, amino acids, urea, living
or dead organisms (eg algae & bacteria)
and decaying plant material.

So pretty much all these sources, with exception to plants, is a strong candidate of existence in the ACV scenario.

Your difficulty here is I do not see any way to distinguish one protein from another in ACV. However, these are the questions.

Does hemoglobin have its own distinct ACV signature? How would you know that you are mostly only w/ hemoglobin? How do you know if you are dealing w/ a combination of proteins in blood? These are exactly the hypotheses in question. Right now you have no means to answer or distinguish that.

—

On the phlegm ACV profile from -3.5 to +3.5V it is now looking rather stable.
We have 6 runs in place @ ~12 min apiece = 72 min
Actually 72×2 ≅ 150 min due to reversal.
Ok, last guess what? Even though you are not able to distinguish one protein or combination from another, it is quite feasible that you may be able to distinguish the ACV profile of vax vs non-vax samples. Or enzyme, or electrochemical spectrum. Also Electrical Impedance Spectroscopy may be very viable here.

The spectrum (ACV) of pbly on from 3.5 V to −3.5 V is not yet stable after 6 runs.

I will continue to repeat until it does stabilize, if possible w/in time constraints.

Time of accumulated scans is actually double due to inversion in voltage.

The indicates that the +3.5 to −3.5 V is a more dynamic environment than from −3.5V to +3.5V.

I am next working w/ a sample of very dilute blood, far weaker than previous runs. Estimate .02 ~~0.2~~ ml pure blood in ~ 3 ml H_2O.

The may not be very productive, & seem to be getting very few signals.

If it does not improve shortly I will want to a more concentrated solution.

The is points out the difference in response between the phlegm signal and the blood signal. Phlegm seems to be very responsive @ low concentrations and it seems to just appearance that Na^+ sodium is involved in the world make sense.

Blood may not be so responsive w/ not a higher concentration level.

My diluted blood has two peaks to you $-3.3V$ (N?) and ~ $-2.24V$ H^+ gas?
also ~ $-2.63V$ Mg or Na?
~ -3.1 another N reaction

I do think however, that we are learning that the blood is not concentrated enough to pick up other important signals. Let's test

The magnitudes of the strongest peaks do tell you how you are doing.

Nitrogen and sodium do show up on just urine -3.5 to 3.5

Important difference:

The time there is no obvious visual galvanic production on the electrodes. There is an important observation as it shows a different result and the specific condition of production require identification.

Mar 06 2022 was our record of the event.

The current run was a reversal sequence.
6 runs of -3.5V to +3.5V
& 6 runs of 3.5V to -3.5V

w/ a alternate mode on each run.
I believe our case on Mar 06 ran only
-3.5 to +3.5 one way.

It would make sense that alteration of voltage might negate such a result.

We will repeat again -3.5 to +3.5 conductance w/ a high concentration blood sample to see if Mar 06 results can be duplicated.
You have 2 microscopic observations that confirm the result.

Mar 13 2022

Today I will run a trial from only −3.5 to +3.5 Consecutive Consecutively w/ no voltage reversal
Then a high concentration sample. Also new electrodes
We need to see how
1. The affect the progression
2. How potential filament production on the electrode is affected.

I anticipate a dozen + runs
When complete, if time permits, I will conduct the 3.5 to -3.5 run.

←

I can see from the early stage of the run that there are positively two separate components, one @ −3.1V and another @ −3.4V. They are positively separate from one another. Careful examination of the progression will reveal the 6 to the case.
One way voltammetry ACV is showing a dynamic and active progression of signals very productive!

There is a lot going on here yet with the first few runs.

I suspect when you run ACV alternately reversals, the reason you are picking up so few signals is likely because the method is only able to pick up "reversible" redox reactions — and this would only be a subset of the fuel progression already unfolding.

I would say one way is usually the way to go. Upon completion, reverse the sequence and identify reversible redox reactions from the redundancy inherent within.

The runs appear to be stabilizing after ~6 scans. There are no obvious glaring anomalies available on the electrode. Much more detailed examination is going to be required to attempt replication of the Mar 06 work.

Questions:

1. What if one usually high number of scans are allowed to continue? Will the signals eventually show more charge?
2. What about the reversal situation?
3. What about if alternate reversals in various combinations are tried?

4. What about using the blood pellet form of sample? The ~~s~~ when the filaments were removed on the second occasion and then placed under the scope. They were dark, distorted from the toilet paper pellets strength, appeared to be combined w/ graphite, & in all visual properties of the used filaments.

The "electrode brush" was quite fully developed (gases, foam, graphite, visible disruption of graphite electrode surface) when the filament sample collection was gathered.

Some unknowns have entered into the attempted replication process. The electrode surface must be disrupted for the ~~t~~ occur and it may be that an affinity for graphite (possible deterioration of graphite) is required for the reaction to be successful.

You are still seeing change in the signals, now after 8 scans. So just keep it going and observe the electrode surfaces carefully.

Also,

Monitor and watch the present reactions carefully to attempt identification of what may cause graphite electrode surface disruption or decay.

Example → OH^- production (eg NaOH)

The white electrode is the most active w.r.t. gas production. White → Green.
Green is ground (therefore −)

One observation is that after ~10 runs the solution is turning darker, and the color indicate that it may indeed be be a level of graphite dissolution that is taking place. Earlier the solution did become quite clear as the blood settled to the bottom of the tube.

Since these appear to be a factor, it seems that it will be necessary to add the benzoic acid to slow down the reaction rate.

One thing we are after, it seems, is deterioration of the electrode to some degree.

I am working on slowing down the scan.

I now have EStep = .001 (was .002)
Scan Rate = .002 (was .01)
Eac remains @ 0.2V
f remains @ 100Hz

Then is slowing it down to 1 hr scans each!
It appear to be hungry in, once again, need more detail into the scan.

Maybe you need to go the other way and speed up.
Electrode are very inactive now. Now set EStep = .01
Scans here are 2^m 30s Scan Rate = .05

I think you are say to need to
review your scans on Mar 06 +/- to try and
see what you did.

With the faster scan rate the electrodes do
appear to be more active, maybe even more
so in the positive voltage range!

I have now reversed the scan (and have sped up)
from +3.5V to 0. No signals present yet.

The electrode are showing modest gaseous activity w/ no signal by generator.

Noticed the depth of the electrode (contacting settled blood) may also be a factor.

—

You are now picking up a slight signal near 0. I have extended the range from 3.5 to +1 and it indeed is picking up a signal @ ~ −.48V

Extended from +3.5 to −2V
May have a nitrate reaction taking place.

—

Lets examine the electrode and try to recall the scene of Mar 06 +/−.

—

Ok, the electrode are producing filaments again. Not in large but nonetheless sufficient number to demonstrate some of the processes and factors that are involved.

Knowledge of the process that is producing these filaments @ the electrode was almost lost here. Are important here to regain.

What has been learned here over the last couple of days is that the specific electrochemical conditions that caused the filaments & form (or collect) at the electrodes in the blood samples are not @ all obvious or simple. They will not just present themselves because an AC Voltammetry (ACV) process is occurring.

It is going to be a very specific set of electrochemical conditions that are going to be required. The first step now is to attempt to recall those conditions from examination of my previously recorded trials.

We can certainly say that a set of "fortuitous circumstances" presented themselves twice in the recent past that allowed the filament formation/collection to occur.

It is not a given and it is not a simple or obvious scenario.

Let's see what we can recall from experience and memory first, and then I will examine previous notes and trials.

Suspected Conditions required for filament formation / Collection (do not know which yet).

1. The electrodes are going to need to be visibly disturbed on the surface for filament presence to occur.

2. The fact that graphite electrodes are they used appear to be very important in the process. The formation / collection appears to REQUIRE an interaction with graphite.

The formation of "graphene oxide" or a similar Compound appear to be a requirement. The filaments are formed in combination with the preferably the graphite electrodes

Graphite is important here in the process

3. A very slow scan may not be especially beneficial. The speed of the scan may not be as important as the voltage involved

4. Another impression is that the applied pulsatile voltage may have a greater influence on the process here.

Trials have been run which produce NO filaments and it may be that negative or alternating voltage were involved in that failure.

5. A few run trials such as the following.

(1) $-X$ Volts to $+X$ Volts (usually eg $-3.5V$ to $+3.5V$)
repeated n times eg up to $N = 12+$

(2) X Volts to $-X$ volts
repeated N times

(3) [$-X$ Volts to $+X$ Volts
X Volts to $-X$ Volts]
repeated N times

(4.) fast scans, slow scans, adjusted parameter scans for DCV, fast blood, reconstituted dry blood, statistical observations

These are some of the factors involved.

Now, learning that the conditions are actually quite specific, and that I encountered them somewhat by chance/frustration/trial & error

I must now try to identify and establish those conditions which have been profoundly successful and recorded under the microscope on two separate occassions

I have succeeded in a more modest fashion on a third trial and it has also been recorded under the microscope. Many changes were involved in those scans due to lack of electrode response.

I also have failed on a couple of occasions which has demonstrated that the conditions for formation/collection are much more specific than were likely surmised.

Now I begin the process of examining recorded work along with memory to see if I can more exactly define the circumstances which led to success prior.

First review:

On Mar 06 2022 I made a run with dried blood - the run with the use of the "blood pellet", i.e, a tissue ball saturated w/ blood and allowed to dry.

The run is all from -3.5 to +3.5V.
It is a very productive run w/ magnitudes up to 0.5 mA and general signals from 2-6 mA.
So there were strong signals. Each run is ~12 min.
There are 16 runs so there is a maximum time span of 192 min ≡ 200 min = 3+ hrs

In addition, you notice that there is a general migration from left (negative voltage) to the right.
There is a lot of activity from -3.5 to 0V.
There is very little activity from 0 to 3.5V.
The paper bed, a pellet was removed on the 12th run. It is recalled that the tube was very active and that filaments were visible on the paper pellet. Filaments in combination w/ graphite on the electrode was barely demonstrated and recorded in the microscopy section.

The analyte says that sig. negative voltages were likely produce with Concentrn -3.5 to 0V w/ a blood saturated dried pellet.

I have another important analysis on Mar 05. This run, curiously enough was set to -3.5 to -1.0V and each run is ~ 4½ min. I have 36 runs here.
The last a rough time span of 162 min = 180 min = 3 hrs.

It is also a very long run with a magnitude measurement ~ 4 mA.

The sample was w/ fresh blood.
We have activity that spans the entire range of -3.5 to -1V.

Another thing I recorded is that 18 runs take made 18(4.5) = 80 min

Then I broke the schedule for 2 hours.

Then I resumed for run 19-36 (17 runs).

The means another 80 min.

So we have

1. A run from -3.5 to -1 for 1½ hrs
2. A gap for 2 hrs
3. A resumption of a run for an additional 1½ hrs

Changes did take place during the 2 hr gap.

As I recall, this is the first time that I noticed filament type materials in the electrodes. This was also placed under the microscope but it seems like a single filament was recorded under the microscope.

In contrast, the dried blood shows massive filament production.

Therefore the dried pellet runs on Mar 06 seems to be the most successful and productive run. Recall the mag nitude was up to 8 mA so potentially a very concentrated sample.

The highly successful runs therefore occurred on the following runs:

1. Sample: Dried blood in tissue pellet
2. 16 runs over ~ 3 hrs, each run ~ 12 min
3. ~ 3.5 to 3.5V (Pellet removed on run 11 due to excess tube/electrode activity)
4. E Cond +4.0V — Pellet contained filaments.
   t Condition 5 sec
   Range 10nA to 10mA
   Starting Magnitude 1 mA
   Ebegin −3.5V
   Eend 3.5V
   Estep = .002 V
   Eac = 0.2V
   Freq = 100 Hz
   Scan rate = .01 V/sec

High activity from −3.5 to +2V
Max magnitude 8mA
Common range 2–6mA
A general drift of signals from left (negative voltage) to right (positive voltages).

Filaments coalesced w/in graphite are the norm
Recorded under microscope.
Attempt to repeat the run.

One thing to consider here is that the dried blood pellet might be acting as somewhat of a "time capsule release" mechanism here. It floods in the upper portion of the tube and very gradually releases the blood by diffusion below. Keep that in mind.

Some peaks they observed are:

-2.81V Ca^{+2} (-2.87) 0.6mA

Even after the first run, there is visible foam at the top of the tube.

2nd run appears to be flat w/ no signal response. Foam buildup contention. Feel that in tube now visible from diffusing blood from top to below. Since the pellet expands around the electrode, the swelling pellet seems to act as a collection device for denatured graphite as well as colloidal fibrinogen precipitation.

2nd run was indeed flat.

3rd run showed an immediate & instantaneous peak in the -3.5V region of magnitude ~ 0.8 mA (NH_3?)

Run 4: Immediate peak @ -3.4V Mag 2.8 mA

Also a second peak @ -3.2V Mag 1.3 mA

These again show the separation between these two signals as has been seen before. There are two reactions here:

The is quality jig, therefore, as an increasingly active role, reduction favorable.
The electrodes are respectfully active.

Run 5: Peak -3.4V 3.8mA
and secondary @ -3.1mA @ +1.5mA
therefore the large peak continues to increase in magnitude.
Run 6 Peak -3.3V 4.5mA
-3.1V 1.8mA
electrodes remain active
#6 -3.3V 5.1 mA
-3.1V 1.6mA
#1 -3.3V 5.6mA
-3.1V 1.8mA
I see minimal signs of disturbance or aggregation on the green electrode (ground)
I see signs of discoloration & gas release with the black electrode.
All signal peaks remain to the extreme left.

-3.3V seems to clearly be NH_3 production
$3/2\ N_2 + H^+ + e^- \rightleftharpoons NH_3$ (-3.34V)

HN_3 is hydrazoic acid. H-N=N≡N
is soluble in water. Explosive
When dilute, the gas & aqueous solution can be safely handled.
It is a weak acid. Volatile & highly toxic
It is a nitrogen mustard agent (military)

Ok by Run #9 we are getting the thick dark foam @ the top of the tube. Max Peak Rev @ 5.8mA -3.25V

A mustard agent is a blistery agent - ie Chemical warfare

On run #10, the peak is now dimensioned to 5.0 mA
Therefore the max Concentration appears to have been reached @ 10 (12 min) = 120 min ≅ 2 hrs.

The black electrode seems to be most active (Counter electrode)

#10. A shift is occurring. Peak moved to -3.15V w/ an increased new max magnitude of 6.4mA.
Also the secondary peak is shifting to the right ~ -2.81V

There seem to be occasional underloads or overloads occurring infrequently; maybe also indicative of a changing chemical environment.

The black (counter electrode) remains very active. Syngas and blood settling @ the bottom of the tube now.

I have succeeded in producing significant filamentous material that appears to be contaminated w/ graphite from the scan test. It has been photographed under low power w/ the USB scope. A graphite/graphene component seems to be clearly present, however the overall structure, about 1/3 uncertain is also very much of a filament nature.

It will be observed with the high power scope tomorrow.

The filament structure failed the test for both magnetic attraction & repulsion.

Mar 14 2022

I have learned that there is a major limitation and difficulty using the blood pellet method. ~~the cotton fiber~~ The paper fibers of the tissue paper introduced considerable complexity into the ability to separate out the CDB filaments.

These paper fibers have some elements similarity in the flat ribbon shape but they are also most elements different w/ a lack of internal complexity as well as the lack of jointing and lumbodying structures, but yet still need to be very careful.

It will, in the end, be better and simple if the trials are conducted w/ just blood and graphite electrodes alone. Your latter trials have not been as productive as the initial runs. It is unclear what is causing that difference.

There is a legitimate question as to whether the filaments are actually forming in the electrochemical environment, or they are simply being collected on the electrode they already existed.

The Conference lot in the activation where earlier trials Cerca Mar 06 were especially productive, along w/ scans that also were very reaction active.

The latter trials are not reproducing the reactivity level as well as not producing the same number of filaments.

If the scans are very active, then the pellet method w/ dried blood may end up working quite well.

So there are some complications here:

1. Reactivity of the electrochemical blood environment and that exact variable reactivity.
2. Determinant of appropriate filament structure when dried blood in the pellet form is used.

I think with use of the pellet that reconstitution would be required prior to deployment in the scans.

So today we start w/ a Completely fresh blood sample. Relatively concentrated also.

One thing we do notice up front is that the black electrode (The is the "auxiliary" electrode, also known as the "counter electrode) is where the foremost gaseous production take place.

—

Strange behavior already. No signals for first couple of runs even under regular Conditions of -3.5 to +3.5 I finally have an agency signal @ 0 -3.5 but even that is peculiar. Lots of early foam production, however.

OK, surprising, it took about 10-15 minutes for the first two peaks to show up (ie -3.4 & secondary @ -3.1V) but they are now there. Magnitude 3.5 nA. So it seemed to take quite a bit longer than time to get started, possibly due to a high Concentration level.

—

I seem to be getting good separations now as well as good electrode activity and good foam production.

I have changed the run to -3.5V to Ø.

I had a good what they peak @ -2.97V
The look like it could easily respond to
another Nitrogen reaction

$N_2 + 4H_2O + 2e^- \leftrightarrow 2NH_2OH + OH^-$

it could also be Ca @ -3.02
or K @ -2.92

NH_2OH, however, is hydroxylamine

it is also an intermediate
in biological nitrification

After 7 min of 6 min aquire (15 min)
I see that the red electrode seems to be
more active now. The red electrode is the
"wonky electrode".

I think we notted we will be to collect the
blood in one container and then rinse &
clean the electrodes in another.

It does seem as though concentration makes
a difference.

Try to notice what electrode appears to be
the most affected.

I have a new peak on scan num #0 @ -1.34.
The could & looks to be another nitrogen reaction

$NH_3OH^+ + 2H + 2e^- \rightleftharpoons NH_4^+ + H_2O$ (1.33V)
positive value means the reaction would be reversed.

There looking to be a much more complete and progressive and active run.

After 12 runs of 6 min (~75 min) the red electrode is covered w/ gas bubbles.
The black electrode appears to actually be the most active electrode and may have the most disturbed surface of the three.

I now collect four types of material from the vial:

1. Foam on top
2. Electrode scrapings
3. Settle blood on bottom of vial
4. Remaining transparent liquid

Now examine each sample type.

First we have examined the collection of scrapings from the electrodes.
Numerous filament are easily observed under the scope - a dozen plus in a single slide prepared. Several photos are taken, one up to 4000x where in a bold blue filaments internal structure clearly visible.

How they are Comy from a blood sample so readily I did not know. They do appear to a collection aspect of the electrode as the surface scrapings scrapings from the electrode there very mensenal and yet numerous filaments are visible in a single slide preparation.

Filaments of this number have never been observed in this individual in the blood, so the electrochemical and environmental environment created seem to be crucial to the Conjegation of filaments upon a single slide made.

Now let's go to the "foam" observations
There is a great deal of "foam" material produced by the black (Counter) electrode.

OK, we now learn that the foam-precipitate material created from the black (counter) electrode is fully productive of filaments. This material is created abundantly at the process. It is suspected that this will be the material of greatest production. For one slide there were easily a dozen filaments and you have enough foam-precipitate sample to make two dozen slides.

The test was quite successful. You have assured filament production within the blood via ACV.

You also have a separation into 4 components:

1. Foam precipitate from the counter electrode (abundant)
2. Surface electrode material (slight)
3. Settled blood
4. Clear serum serum.

With Alex successful microscopic record from #1 & #2.

I would like now to make a NIR comparison of the foam-precipitate to blood. Both samples dried on white card.

Mar 16 2022

Making a new w/ fresh blood. The method is now becoming predictable and repeatable. A concentrated (relatively) blood sample is helpful.

Our goal is to accumulate and capture the foam-precipitate that forms from the bleach (counter electrode).

I am getting a very clean electrochemical spectrum early on in the scan.

First scan gives 5 very distinct peaks:

- -3.15 V
- -2.99
- -2.90
- -2.85
- -2.81

all extremely distinct from one another on the first & immediate scan.

The blood scan also has very dynamic data:

- -3.5V
- -3.3V

Foam-precipitate also productive.

We know now that the process will even eventually produce a clear solution.

We continue to get remarkably clear data even with the early scans. Very distinctive and dynamic peak separation.

Foam precipitate production is rapid @ the onset when the blood solution is bright red. The solution takes on a more ruddy / muddy appearance ~ 30 min into the run & foam-precip production is decreased during the interval.

—

35 min into the run I have collected the foam precipitate & temporarily withdrew the electrode to do so. Reinsertion and restart of the scan has not altered the dynamic results underway in any significant fashion.

A "graphite stirry" is quite visible w/in the collected foam-precipitate.

Magnitude of peaks is up to 7mA.

After an intermediate muddiness ~ 30 min into the run, the solution begins to clear slowly. The solution remains a uniform color but we know that eventually the blood settles to the bottom of the vial. Foam precipitate production continues uniformly.

ACV Condition at −3.5 to 0. E Condition +4.0V
E Step .002 t = 5 sec
Eac = 0.2
freq = 100 Hz
Scan rate = .01 V/sec

50 min into run the solution continues to clear and the blood begins settling to the bottom of the vial. Foam precipitate production continues.

Precipitate-foam now begins to appear and separate visibly on the counter electrode.

Foam precipitate @ the top of the vial is now relatively high and dense.

Solution is clearing more quickly. Foam-precipitate is similar production during this phase. ~55 min into rxn.

Graphite also does appear to be enmeshed w/in the foam precipitate. Indicates electrode disturbance is also higher during this phase of the rxn.

Now it is turning darker again, as though affected by increased graphite in solution.

At ~a suitable time to collect the foam-precipitate again.

There is still not actual settling of the blood in the bottom of the vial. The solution is clearing again. Foam ~~to~~ precip production is ~~manifest~~. Modest. 75 min into rxn.

Actually as solution is now clearing ~~quickly~~ more quickly, the blood can be seen settling to the bottom of the vial, also fairly quickly. 75-80 min.

There are therefore 3-4 stages in the reaction process now observed.

The successive scans continue to be very dynamic in the progression underway.

It would seem that the run is especially well suited to analysis. Many distinctive and prominent peaks.

Collection of foam-precip again @ ~ 100 mm.

Volume of liquid has decreased about 10% from the collection of the foam-precip material now on several occasions.

The signal magnitude is now decreasing to a magnitude of ~ 3 nA.

The reaction progression appears to be largely complete by now. 21 hours (6) min = ~ 120 min

---

I am doing some separation via centrifuge now.

There are two stages of separation taking place.

(1) The first is the foam-precip collection, takes place in the smallest test tube set

(2) The second is the vial residue, takes place in a larger tube.

We may need to keep the centrifuge operator adjacent to the microscope.

The foam-precip clear solution appears to be more transparent than the vial residue clear solution.

All tubes have 3 different levels of separation going on.
1. Graphite-lighter material mineral on the top layer
2. Blood appearing solids on the bottom.
3. Bulk of the tube is a generally transparent liquid, the vial residue less clear than the foam.

Our first sample to view is the lightest layer of the vial medium. It most definitely has filament with it. There are at least two large filament organisms present in the first slide prepared.

—

OK, Conclusion. We have readily viable highly developed filaments occurring with the lightest layer of the vial medium tube.

Therefore seems to be a very viable means of separation of the microbiology from the blood, ie the Combination of a

1. Fairly sophisticated electrochemical process
2. Subsequent Centrifugation, separation and isolation of the microbiological growth in the blood.
3. Inspection of the microbiology in the blood

At this point the presence of the organism, at least its revelation, seems to be direct result of these last 3 processes, ACV Combined with Centrifugation and microscopy.

This is the first layer of examination.

Summary:

In the residual blood vial, after centrifugation, it shows highly developed filaments with the light floaty top layer & a massive concentration of quite pure CDB (measure ~ 0.5 micron) @ the bottom.
A fairly high volume of visible CDB collection relative to the volume of blood under analysis.

Next we look @ the foam prep tube.
We have the same separation of light floaty material and a solid mass @ the bottom of the tube.

!! Before proceeding, however, notice the CDB alignment essentially plays on the slide – helpful to test the sample for magnetism.

The longer test tube is really not difficult to collect the CDB into a pipette. Redistribute the collection into the smaller test tubes.

Top floaty layer of the foam - precipitate:

The same result. Highly developed filaments exist here. Also contained of graphite particles as witnessed in the collection process. The graphite particles are coming from disruption on the electrode surface.

Bottom layer of foam precipitate

The material has the appearance, under the Microscope @ up to 4000x, as a combination of proteinaceous material & CDB. It is not only a presence CDB as in the blood stasis vial residue.
In addition there does not seem to be any favored orientation of the material, as it occurred in the blood residue vial.

Incidentally the CDB from the residue vial @ this point seems to have failed a preliminary test for magnetism. This will need to be repeated on a successive run.

The reagent solution in both the foam precipitate and the blood residues vials are both transparent of a clear nature (although colored) so there would seem to be no obstruction imposed in microscopic examination.

VIS microscopy would most certainly identify a spectrum. But protein protein testing might be somewhat beneficial here. The fact that the colors of solutions are different leads us that they are not the same. The foam precipitate tube after centrifugation produces a reddish-green color. The residue blood vials are a red blood type color. But are pale as they are both diluted.

Mar 17 2020

The Case for violaty a protein that is likely @ the heart of the rapid coagulation of blood is already fully in place.

A Case of the argument is that the solution created from the foam precipitate is of a different color than the vial of blood solution.

If it can be identified as a protein via a reagent method, especially in the Case of both vials, then it will be most likely a separate protein from that of blood.

The VIS spectrum will also be shown to be different.

Microscopically the settled material is also different.

We are to save these tube for the forensics future.

Mar 18 2022

I am work on creating my protein detection reagent I developed on p205 of Volume 17 of my laboratory notebook.

The work was done on Mar 22 2017, or 5 years ago. It is now assuming a new and important role of use, namely the assessment of current blood samples and a suspected isolated freya protein in the blood through electrochemical / centrifugation methods

My reagent that I developed w/ great success is:

400 ml H_2O	190 ml H_2O (0.475)
2 ml ½ & ½ Ruby Cherry Red Dye	0.95 ml 50% Red Dye
2 ml 10M NaOH	0.95 ml 10M NaOH
3.5 ml 0.5M $CuSO_4$	1.67 ml 0.5M $CuSO_4$
0.75 gm Tartaric acid	0.36 gm Tartaric acid

I now have these ingredients, with some effort. Lets scale down to ~~50%~~ 30 ml. 200 ml

190

Let's scale the down to 200 ml so that it will fit into the mason jar

We will use the NaOH - KOH Carrier & have located and for now also assume it is Close to 10M

Molecular wt of $CuSO_4 \cdot 5H_2O$ is 249.7 gms/mol

Therefore 0.5M $CuSO_4 \cdot 5H_2O$ is $\frac{124.85 \text{ gms}}{1000 \text{ ml}}$

Therefore

$\frac{124.85}{1000 \text{ ml}} \quad \frac{X}{190 \text{ ml}} \qquad X = 23.72 \text{ gms}$

to a 0.5M solution is $\frac{23.72 \text{ gms}}{190 \text{ ml } H_2O}$

10.91 gms $\qquad (23.72 - 10.91) = 12.81 \text{ gms}$

+ 12.81

23.72 gms It is actually quite a lot.

Now add 190 ml distilled water

150 ml

There is a technical difference here.

Molecular wt of H_2O is 90.1 gms/mol

If we subtract the pentahydrate technically we may want to use 249.7 - 90.1 = 159.6 gms/mol for $CuSO_4$ by itself

and 0.5M $CuSO_4$ 79.89 gms/mol

But we used 124.85 to $\frac{124.85}{79.8} = 1.56$ ratio

so our molar solution is actually 1.56 (0.5M) = 0.78M

To reduce that to 0.5M we would dilute by a factor of
.5M 1.56 (190 ml) = 296.4 ml.
We have 190 ml
so 296.4 - 190 = 106.4 ml of H_2O should
technically be added to our solution to lower it from
0.78M to 0.5M.
This is not difficult to do and it will be done.
I shall discard the excess volume when the
solution is homogeneous & bring the blue solution
back to 190 ml.

You definitely required your recently acquired scale to
weigh the type of work again. Scale and centrifuge
are two very basic piece of equipment to work with.

I have created the protein detection reagent successfully.

I have now tested it on a milk sample vs a Control. The reagent is working extremely well as I recall and it is quite sensitive.

The red dye reagent has indeed caused a shift, detectable by eye, towards purple in the spectrum. This will be identifiable by the VIS spectrometer.

As a very rough estimate, I would estimate that I will detect most .01 gm of powdered milk in 1.5-2 ml of reagent. The equation is

$$\frac{.01\,gm}{1.5\,gm} = \frac{1}{X} \quad X = 150$$

The would mean detection @ 1/150.
If we had .001 gm = 1 mcg then the would be a sensitivity of 1/1500 and that is not unreasonable.

The quest now will be to see if the reagent can be used to test blood and the foam preparation for the existence of protein!

3 Factor operaty
1. NIR spectrum shows a difference between blood & foam prep
2. Microscopy shows a difference between the residual blood vial & the foam prep
3. There is a Color difference between the Centrifuged solution of blood residual vial vs the foam prep vial.

The indicate already that we have two distinct substances @ least. If both vials do test positive for protein existence then it will be shown that two different proteins exist in the blood sample and that they have been successfully separated from one another.

VIS spectroscopy will be used.
Blood test & storage H_2O will be examined.

Coagulation rate in glycerin and saline will be tested.
We absolutely have a Color change w/ the reagent.
The reagent is working well.

Mar 19 2022

I am making control tests w/ the reagent and known proteins. I am working with powdered milk.

I am seeing each run needs to be made separately. The software is not making the necessary adjustments when runs are combined.

I can see the shift by eye however it is actually fairly subtle in the VIS examination the peaks do not seem to shift as much as change in the magnitude proportions. Here is our data:

Absorbance Red Dye Reagent		Absorbance Red Dye Reagent + Milk	
λ	Mag	λ	Mag
467.1	.602	467.7	.719
483.0	.629		
498.0	.633	496.9	.797
513.7	.605	517.2	.798
		530.3	.746

We actually there are shifts as well as magnitude proportion changes.

There are many differences occurring.

@ 467.1 We have a significant proportional magnitude change .719/.602 = 1.19

@ 483.0 the protein peak demarks is no longer be significant

@ 498.0 We may have a small shift but a significant proportional change of .797/.633 = 1.26

@ 513.7 We may also have a shift but not as significant a significant proportional change .798/.605 = 1.29

In addition in the mold we have an additional peak show up @ 530.3

There are therefore many ways of detecting a change in the control spectrum when a protein is added to the reagent dye.

Also note that in NIR, the Reagent Control peak @ ~ 948 flattens out and no longer marks a peak

Also another main difference in that

red dye has peaks at

λ	490	514	Ratio
Mag	.633.	.605	Ø.96

last Milk has:

λ 497	517	
.797	.790	1.00

The peaks have equal height in magnitude and the is visually evident

The change in ratio is visually apparent.

Now that a change in the spectrum from the reagent control can most defenitely be seen, let us reduce the milk level to a minimum.

A trace of milk does not seem detectable We have:

λ	Abs
468.0	.453
497.2	.501
514.8	.490

It appear the trace milk is not enough to detect. Repeat the spectrum to ensure this: ~~514.8/497.2~~ .490/.501 = Ø.98

A second trial gives more likely influence:

λ	Abs	
468.0	.578	Several things to notice. Abs is
498.0	.627	increasing. .618/.627 Ratio = 0.99
515.6	.618	Also notice the NIR activity is
530.5	.548	increasing @ 900-950.
		Also the peak @ 530 is starting to appear.

After about 5-8 min a vertical change is also appearing. Trial 3 now:

λ	Abs	
468.5	.561	514.5/497.4 Ratio = .615/.616 = .998
497.4	.616	(=1.00)
514.5	.615	The ratio seems to be
530.5	.544	the most telling factor.

NIR 900-950 lovely ~~off~~

Also the appearance of an inflection point @ 530 seems to be telling. And the obliteration of NIR 900-950 seems to also be important.

Notice the small peak @ ~712 also. Take a look @ the Control.

Ok, the 712 peak does exist in the red dye control so cherry red stat.

In the red dye control the inflection point @ ~530 is so weak as to not actually be identifiable.

The fancy concentrated milk (still actually quite low) 530 peak is definitely noticeable as an emergy peak.

In the trace milk sample the 530 peak is weak but also definitely emergy.

Therefore identifying factors seem to be

1. The 515/497 Ratio ≥ 1.0 is increasing
2. The emergence of the 530 inflection point/peak.
3. The flattening of the spectrum NIR 900-950.

Not so useful

After about 15-20 min things are looking even more definitive, even w a very small trace amount of milk.

λ	A65	
468.0	.587	515/498 Ratio = .656/.654 = 1.003
498.0	.654	Also 530 a definite emergy
514.5	.656	peak.
530.3	.588	NIR is not as reliable
		at all.

Note that both the averaging and the smoothing factors for the scans are set @ 50%.

Control Reagent Dye:

λ	Abs
468.5	.358
496.6	.412
514.8	.402

515/497 = .402/.412 = 0.976

λ = 530 is not sufficiently identifiable

The spectrum is perfectly in keeping w/ previous controls.
Repeat:

λ	Abs
468.8	.506
498.5	.541
514.5	.522

515/498 = .522/.541 = .965

No 530 peak or strong inflection identifiable

Once again, the spectrum is perfectly in line w/ previous controls.

Identifying factors for protein extractions seem to be the 515/497 ratio and the emergence of a 530 peak.

You will do additional controls w/ other patient types.

But let us look @ our blood + spreup samples.

Now, you realize you can also develop a control that use the reagent as the reference. The will be an interest variation.

I will wait with the blood residual vial sample first. About 10% of the cuvette volume is the blood vial solution.

I will look @ the sample immediately + in 10 + 20 min.

Immediate.

λ	Abs
468.5	.531
496.6	.540
514.8	.527
529.1	.467

530 is just identifiable

515/497 = .916

Indeed the shift in Absorbance magnitude @ ~515nm corresponds to a shift in color from red to red purple, exactly as seen visually when a protein is added.

Blood Residue Vial
10 min

λ	Abs
465.8	.483
497.7	.517
515.6	.518
531.3	.462

516/498 Ratio = .518/.517 = 1.002
530 peak is identifiable

Results are perfectly in accord w/ protein detection trials & Control work. The sensitivity of the test is also demonstrated well w/ the fact that a rather dilute residue blood vial sample is being used. Will record @ 20 min & am successfully identifying the original blood vial protein, presumed to be hemoglobin @ this point. A very slight shift by eye is also detectable.

λ	Abs 20min
461.1	.496
498.0	.513
515.3	.505
531.9	.471

515/498 Ratio = .505/.513 = .984
531 Peak also is identifiable
The suggests there may be a weakening of the signal w/ significant time. The max was reached @ ~ 10 min.

The demonstrates that we'll have successful identification of a protein, even though sample is undoubtedly weak, within the blood residue vial.

We can now carry forward to the foam-prep vial, which is a synoptical step.

Now we work w/ the foam prep sample. It is highly diluted so if we have a failure we will add a higher concentration level.

0, 10, 20 min

0min	λ	Abs	
	469.8	.434	515/499 Ratio = .454/.467 = .972
	499.3	.467	530 inflection is visible.
	515.3	.454	Not strong but is identifiable
	531.3	.389	

10min	λ	Abs	
	468.5	.435	516/499 Ratio = .458/.471 = 0.972
	498.8	.471	530 inflection is weak but
	515.6	.458	identifiable.
	531.1	.395	

The means that the foam precip solution, as it now is (hyHy dilute) DOES NOT pass the protein extraction test.

The test will be taken @ the 20 min interval also. Our activation appears to be that a more concentrated solution we now going to be required to conduct and repeat the test. The vials available are about twice as dilute as the residual blood vial solution we. It would also need to be soluble protein.

20m λ Abs

The 20 min test fails the protein test completely and the 530 peak is even less visible

1. So we know that we have dramatic fungus growth in the blood w/ what appear to be an insoluble protein coupled w/ CDB on the bottom, filamentous advanced growth likely plant also in the foam prep, but we are left unknown w a protein nature (soluble) extract in the solution after centrifuge.

It will be repeated w/ a more concentrated solution

I think that there are now a couple of important questions ahead of me on the work that was conducted over the last several days that combined electrochemical process, VIS spectroscopy and protein detection

1. Can the foam prep solution be made considerably more concentrated to get more reliable tests w/ the protein detection method?

2. Can the insoluble material @ the bottom of the centrifuged foam prep be made soluble in either NaOH NaOH or H_2SO_4 and then a drop of that concentrate be tested for protein? That would have equal significance to that which was attempted today?

I am testing a sample of the settled foam-precip in NaOH-KOH.

0 min

λ	Abs	516/499 = .967
469.6	.540	
498.8	.575	
516.1	.556	
531.6	@.499 (minimal inflection)	

5 min No significant Change

10 min No significant Change

Next: High Concentration of the NaOH precip-foam.

0 min

λ	Abs	
466.3	.466	517/499 Ratio = 1.010
499.3	.515	
517.2	.520	It looks like we may have to
531.3	.486	here. We also have an identifiable

inflection point emerging peak @ 531.3.

The high concentration NaOH runs seem to now be successful.

5 min

λ	Abs	517/501 = .583/.580 = 1.005
469.6	.546	and identifiable emerging peak
500.6	.580	@ 530
516.9	.583	
531.1	.547	

Foreign protein now isolated in the blood resulting from CDB present in Todin precipitate

10 min NaOH

λ	Abs	
469.3	.525	516/500 Ratio: .581/.570 = 1.019
499.6	.570	
516.4	.581	
531.9	.543	energy peak

A definite purple tint. We now have the necessary steps to make claims to an isolated foreign protein in the blood

* that derive from the observed CDB protein material settled in the foam precip solution that has been centrifuged.

This is a very important accomplishment

I have therefore now arrived @ the point where I can successfully isolate the

* CDB, the filaments (advanced growth a structure), and a foreign protein in the blood.

Mar 20 2022

There are two projects immediately ahead:

1. The rate of coagulation & type of coagulation that occurs with the use of shocks prepared with either glycerine or saline.

2. Control work w/ other proteins and visible light spectrometry

Mar 24 2022

Observation and analysis indicate the following assessment is likely:

Even if the blood does not show any significant CDB structural damage, the blood is expected to nevertheless show a high degree of foreign protein content in the blood provided the CDB is present in significant numbers.

If the blood is structurally damaged, the health woes are anticipated to be even higher, and they are obviously high already.

The relative amount of foreign protein, CDB presence and amount, and filament presence, level of development and amount appears to be determining @ the point, even within blood that does not show significant structural damage via the CDB.

Addendum;

The following pages (5)
contain isolated notes that
were made on Oct 14 2019
In addition, two CEC
Ultrasound scan reports for
the years of 2019 & 2020
are included.

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JAN 19 2019

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This screening will not have any archived images unless you elect to pay for them. If nothing is marked, no screening was done &/or screening was found to be normal. To address these preliminary tech findings, your doctor may recommend an "OFFICIAL" diagnostic evaluation such as a CT SCAN, MRI, X-RAY, ULTRASOUND, blood work etc. Official documentation enables your doctor to properly address concerns through insurance provider channels. Please call your doctors office for any questions or concerns you need addressed.

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By signing below you agree and understand the terms of this screening & waive any & all rights & liabilities & hold harmless CMD Arizona Inc and their affiliates.

DO NOT SIGN IF YOU DO NOT UNDERSTAND OR AGREE TO OUR TERMS!

PLEASE CIRCLE PARTS YOU HAVE "MISSING"

Gallbladder **Kidney R / L** **Spleen** **Prostate**

Ovary R / L **Uterus** **Bladder** **Thyroid R / L**

Please read & sign "ONLY" if you agree to our terms for this screening!

Date: **Time:**

PRINT Name: CLIFFORD E CARNICOM

Signature C Carnicom

CAROTID — Abnormal — Normal

R Plaque Block Estimate_____% Stenosis _____m/s Cca Bulb Ica

L Plaque Block Estimate_____% Stenosis _____m/s Cca Bulb Ica

THYROID — NA — Abnormal — Normal

Right	(Nodule 2.5 cm) Goiter Calculi	(Cyst cm) Small	(Mass cm) Heterogeneous	
Isthmus	(Nodule cm) Goiter Calculi	(Cyst cm)	(Mass cm) Heterogeneous	
Left	(Nodule cm) Goiter Calculi	(Cyst cm) Small	(Mass cm) Heterogeneous	

LEG ARTERY FEMORAL — Abnormal — Normal

Left: Common Femoral Plaque Block Stenosis _____%

Right: Common Femoral Plaque Block, Stenosis _____%

HEART — Abnormal — Normal

Murmur: Aortic, Tricuspid, Mitral, Pulmonic
Valve Calcification: Aortic Tricuspid Mitral, Pulmonic
Dilation: Left Ventricle/Atrium / Right Ventricle/Atrium
Decreased Ejection Fraction > 50 % (50-75%) (EF) _____ %
LVH (Thickened) Mitral Vegetation MVP
Cardiomyopathy Enlarged Heart
Abnormal rhythm Pericardial Effusion (Fluid around Heart)

ABDOMINAL AORTA — Abnormal — Normal

(Aneurysm Size = <3cm+/= cm) Plaque

PANCREAS — Abnormal — Normal

Enlarged (Nodule cm) (Cyst cm) (Mass cm)

LIVER — Abnormal — Normal

(Nodule cm) Lipoma (Cyst cm) Calculi (Mass cm) Enlarged Fatty Cirrhosis

KIDNEYS L-NA / R-NA — Abnormal — Normal

R	(Nodule cm) Enlarged	(Cyst cm) Small Solitary	(Mass cm) Hydronephrosis	(Stone cm) Heterogeneous	
L	(Nodule cm) Enlarged	(Cyst cm) Small Solitary	(Mass cm) Hydronephrosis	(Stone cm) Heterogeneous	

SPLEEN — NA — Abnormal — Normal

Calculi (Nodule cm) (Cyst cm) (Mass cm) (Enlarged = <13cm+ cm)

BLADDER — NA — Abnormal — Normal

Thick wall (Lrg volume ml Aware/Unaware) (Nodule cm) (Cyst cm) (Mass cm) (Stone cm)

GALLBLADDER — NA — Abnormal — Normal

Stones ? cm) Sludge Polyps Dilated

PELVIC NA L/R OVARY NA — Abnormal — Normal

Uterus:	(Fibroid cm) Endometriosis	(Nodule cm) Large Small	(Cyst cm)	(Mass cm)
R ovary-	(Nodule cm) Removed	Enlarged	(Cyst cm) Not seen	(Mass cm)
L ovary-	(Nodule cm) Removed	Enlarged	(Cyst cm) Not seen	(Mass cm)

PROSTATE — Removed — Abnormal — Normal

Nodule Stone/s Abnormal-Shape Heterogeneous (Enlarged = <4cm+ cm)

MAIN SCREENING PACKAGE

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Gallbladder Kidney R / L Spleen Prostate

Ovary R / L Uterus Bladder Thyroid R / L

Please read & sign "ONLY" if you agree to our terms for this screening!

Date: Time:

PRINT Name: CLIFFORD E CARNICOM

Signature CE Carnicom

59.

CAROTID — Abnormal — Normal

R Plaque Block Estimate_____% Stenosis _____m/s Cca Bulb Ica

L Plaque Block Estimate_____% Stenosis _____m/s Cca Bulb Ica

THYROID — NA — Abnormal — Normal

Right	(Nodule 3.2 cm) Goiter Calculi	(Cyst cm) Small	(Mass cm) Heterogeneous	
Isthmus	(Nodule cm) Goiter Calculi	(Cyst cm)	(Mass cm) Heterogeneous	
Left	(Nodule cm) Goiter Calculi	(Cyst cm) Small	(Mass cm) Heterogeneous	

LEG ARTERY FEMORAL — Abnormal — Normal

Left: Common Femoral Plaque Block Stenosis 10 %

Right: Common Femoral Plaque Block, Stenosis _____%

HEART — Abnormal — Normal

Murmur: Aortic, Tricuspid, Mitral, Pulmonic
Valve Calcification: Aortic Tricuspid Mitral, Pulmonic
Dilation: Left Ventricle/Atrium / Right Ventricle/Atrium
Decreased Ejection Fraction > 50 % (50-75%) (EF) _____ %
LVH (Thickened) Mitral Vegetation MVP
Cardiomyopathy Enlarged Heart
Abnormal rhythm Pericardial Effusion (Fluid around Heart)

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Calculi (Nodule cm) (Cyst cm) (Mass cm) (Enlarged = <13cm+ cm)

BLADDER — NA — Abnormal — Normal

Thick wall (Lrg volume ____ ml Aware/Unaware)(Nodule cm)(Cyst cm)(Mass cm)(Stone cm)

GALLBLADDER — NA — Abnormal — Normal

(Stones Tiny cm) Sludge Polyps Dilated

PELVIC NA L/R OVARY NA — Abnormal — Normal

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L ovary- (Nodule cm) Removed (Cyst cm) Enlarged Not seen (Mass cm)

PROSTATE — Removed — Abnormal — Normal

Nodule Stone/s Abnormal-Shape Heterogeneous (Enlarged = <4cm+ cm)

Oct 14 2019 - Back @ the Lab, Monticello UT

There are some interesting health observations that have transpired over the last travel season of several months, and a recording of those will take place.

In advance of that, however, I now happen to be back at the laboratory and I have access to the all important infrared spectrometer.

An important data point is needed, and I now have it.

The sample of interest here is secreted ear oil. It is conventional to think of it and designate it as ear "wax" but it is not wax. It is oil.

The hypothesis now is that the chronically secreted ear oil is likely similar or even identical to the material that forms the thyroid cyst (nodule) that is known (by professional ultrasound) in my body.

The basis of the hypothesis is the Near Infrared analysis (NIR) of the thyroid that I conducted upon myself during the recent travel season.

* If we recall, the conclusion of that analysis is that the thyroid cyst (nodule) is composed primarily of an oil based material.

* The connection between the thyroid oil production and conglomeration with that of clinic ear oil secretion is a very important one to make.

* Analysis of the secreted ear oil is likely giving us a real window into what has been happening w/ the thyroid.

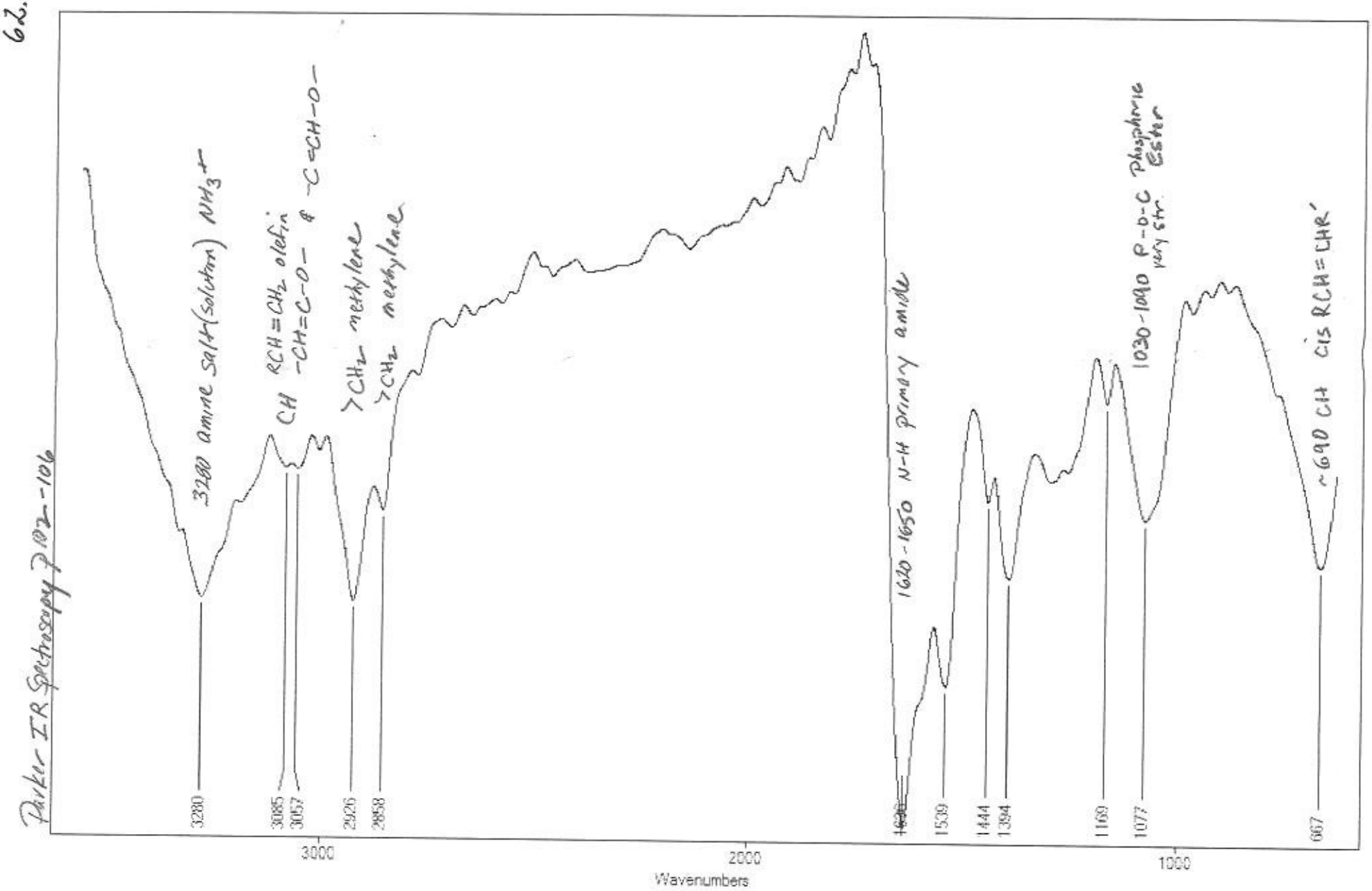
* And then I shall proceed...

* We also have learned by microscopic examination that the ear oil is heavily dominated by CDB presence

* ALL IS IMPORTANT HERE

Ear Oil-Wax - Potential Thyroid Connection - Oct 14 2019 - 01.spc: Synthetic spectrum by averaging. See audit trail for details.

62.



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