

Instructions for OSCE Question Development

Review the question templates and develop a question with a case that fits. Case material (pictures, radiographs, etc) can only be used if you have permission to use the material. Case material used on this web sight must not be material submitted to the NDEB or any other testing organization.

The Question & Answer templates cannot be modified in any way. Cases must fit a template. As shown in the examples below, some case material may fit more than one of the templates and therefore can be used more than once.

Images must be high quality tiff files with a height of 500 pixels. The images must be submitted as separate files and not only embedded in a Word document (as illustrated in the examples below).

Each question should be developed by 3 (or 4) content experts independently. One of the content experts needs to take responsibility for acquiring consensus on the answer key. If there is more than one answer to a question, the value of each correct answer must be determined by the content experts. All individual scoring, consensus scoring, values and names of the content experts must be included on the templates.

Questions having multiple correct answers should have no more than 4 correct answers.

Individual contributors and Institutions will be credited.

If content experts can't agree on any particular answer, the answer could be scored as a "0".

By providing case material and questions to this site, you are providing open access to the material and will be accessible by all students and faculty members who use this web site.

Any questions submitted in French must also include an English translation (case history, brief synopsis, etc.) as appropriate.

Some examples are attached.

STATION S1 – MORNING SESSION

Using the case history and the print of the radiograph labelled **BC02A1**, answer the following question on the answer score sheet.

Patient Information:

Age: 48 years old
Gender: M
Height: 180cm (5'11" ft/ins)
Weight: 59.7kg (132 lbs)

Pt. History Arnold Adams

Blood Pressure: 123/74mmHg
Pulse Rate: 90 bpm
Respiration Rate: 14/min
Temperature: 37⁰ C (98.6 ⁰F)

Chief Complaint:

None; new patient examination

History of Chief Complaint:

N/A

Dental History:

Patient sees a dentist on a yearly basis

Medical History:

Significant Findings:
Current Medication: ASA daily
Allergies: None

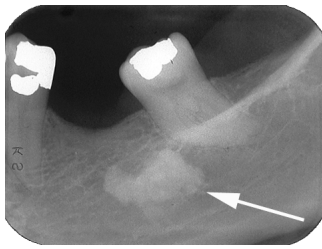
Social/Family History:

Significant Findings: None

Clinical Examination:

Significant Findings:
Extraoral: NSF
Intraoral: NSF

STATION S1 – MORNING SESSION



Radiograph BC02A1

Question: S1Q2AM1 (Select **ONE** correct answer.)

Which of the following is the most likely anatomical structure/diagnosis for the radiographic entity indicated by the arrow(s)?

- 1 A. Hyoid bone.
- 1 B. Antral septum.
- 1 C. Soft palate.
- 1 D. Cervical spine.
- 1 E. Inferior concha.
- 1 F. Tongue.
- +1 G. Enostosis/dense bone island/osteosclerosis.
- 1 H. Supernumerary tooth.
- 1 I. Calcified lymph nodes.
- 1 J. Calcified stylohyoid ligament.
- 1 K. Maxillary retention cyst/antral pseudocyst.
- 1 L. Foreign body.
- 1 M. Fibro-osseous lesion.
- 1 N. Sclerosing osteitis.
- 1 O. Malignancy.

Content Expert

#1

	A.
	B.
	C.
	D.
	E.
	F.
X	G.
	H.
	I.
	J.
	K.
	L.
X	M.
	N.
Possible	O.

Content Expert

#2

	A.
	B.
	C.
	D.
	E.
	F.
X	G.
	H.
Possible	I.
	J.
	K.
Possible	L.
X	M.
X	N.
	O.

Content Expert

	A.
	B.
	C.
	D.
	E.
	F.
	G.
	H.
	I.
	J.
	K.
	L.
	M.
	N.
	O.

Content Expert

	A.
	B.
	C.
	D.
	E.
	F.
	G.
	H.
	I.
	J.
	K.
	L.
	M.
	N.
	O.

Consensus

B. Cleghorn

-1	A.
-1	B.
-1	C.
-1	D.
-1	E.
-1	F.
+1	G.
-1	H.
-1	I.
-1	J.
-1	K.
-1	L.
-1	M.
-1	N.
-1	O.

STATION S3 – MORNING SESSION

Using the case history and the print of the radiograph labelled **BC02A1**, answer the following question on the answer score sheet.

Patient Information:

Age: 48 years old
Gender: M
Height: 180cm (5'11" ft/ins)
Weight: 59.7kg (132 lbs)

Pt. History Arnold Adams

Blood Pressure: 123/74mmHg
Pulse Rate: 90 bpm
Respiration Rate: 14/min
Temperature: 37⁰ C (98.6 ⁰F)

Chief Complaint:

None; new patient examination

History of Chief Complaint:

N/A

Dental History:

Patient sees a dentist on a yearly basis

Medical History:

Significant Findings:
Current Medication:
Allergies:

ASA daily
None

Social/Family History:

Significant Findings:

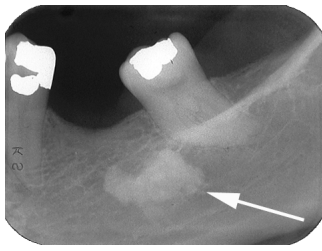
None

Clinical Examination:

Significant Findings:
Extraoral:
Intraoral:

NSF
NSF

STATION S3 – MORNING SESSION



Radiograph BC02A1

Question: S3Q6AM1 (Select **ONE** correct answer.)

Which of the following is the most likely anatomical structure/diagnosis for the radiographic entity indicated by the arrow(s)?

- 1 A. Nose.
- 1 B. Nasal septum.
- 1 C. Hamular process.
- 1 D. Coronoid process.
- 1 E. Zygomatic arch.
- 1 F. Mylohyoid ridge.
- 1 G. External oblique ridge.
- 1 H. Torus.
- 1 I. Retained root.
- 1 J. Sclerosing osteitis.
- +1 K. Enostosis/dense bone island/osteosclerosis.
- 1 L. Periapical cemento-osseous dysplasia.
- 1 M. Fibrous dysplasia.
- 1 N. Maxillary sinus retention cyst/antral pseudocyst.
- 1 O. Malignancy.

Content Expert #1

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
Possible	H.
<input type="checkbox"/>	I.
Possible	J.
X	K.
Possible	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
Possible	O.

Content Expert #2

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
X	J.
X	K.
Possible	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Consensus B. Cleghorn

-1	A.
-1	B.
-1	C.
-1	D.
-1	E.
-1	F.
-1	G.
-1	H.
-1	I.
-1	J.
+1	K.
-1	L.
-1	M.
-1	N.
-1	O.

STATION S4 – AFTERNOON SESSION

Using the print of radiograph BC03, answer the following question on the answer score sheet.



Radiograph BC03

Question: S4Q8PM1 (Select **ONE OR MORE** correct answers.)

Which of the following may complicate the extraction of tooth **1.4**?

- 1 A. Hypercementosis.
- 0** B. Root morphology.
- 1 C. Ankylosis.
- +34** D. Extensive caries.
- +33** E. Proximity to adjacent tooth/teeth.
- 1 F. Increased bone density.
- +33** G. Impacted tooth.
- 1 H. Isolated tooth.
- 1 I. Extensive restoration.
- 1 J. Endodontically treated tooth.
- 1 K. Atrophic mandible/maxilla.
- 1 L. Proximity to mandibular canal.
- 1 M. Proximity to maxillary sinus.
- 1 N. Associated pathological lesion.

Content Expert #1

<input type="checkbox"/>	A.
<input checked="" type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input checked="" type="checkbox"/>	D.
<input checked="" type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input checked="" type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert #2

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input checked="" type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert #3

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input checked="" type="checkbox"/>	D.
<input checked="" type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input checked="" type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert #4

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Consensus B. Cleghorn

-1	A.
0	B.
-1	C.
+34	D.
+33	E.
-1	F.
+33	G.
-1	H.
-1	I.
-1	J.
-1	K.
-1	L.
-1	M.
-1	N.
	O.

STATION S13 – AFTERNOON SESSION

Using the print of radiograph BC05, answer the following question on the answer score sheet.



Radiograph BC05

Question: S13Q25PM1 (Select **ONE OR MORE** correct answers.)
There is radiographic evidence of **calculus** on the

- 1 A. distal of tooth 2.3.
- 1 B. mesial of tooth 2.4.
- 1 C. distal of tooth 2.4.
- 1 D. mesial of tooth 2.5.
- 1 E. distal of tooth 2.5.
- 1 F. mesial of tooth 2.6.
- +5 G. distal of tooth 2.6.
- +5 H. mesial of tooth 2.7.
- 0 I. distal of tooth 2.7.
- 1 J. mesial of tooth 2.8.
- 1 K. distal of tooth 2.8.

Content Expert #1

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert #2

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input checked="" type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert #3

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input checked="" type="checkbox"/>	G.
<input checked="" type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Consensus B. Cleghorn

<input type="checkbox"/>	-1	A.
<input type="checkbox"/>	-1	B.
<input type="checkbox"/>	-1	C.
<input type="checkbox"/>	-1	D.
<input type="checkbox"/>	-1	E.
<input type="checkbox"/>	-1	F.
<input type="checkbox"/>	+5	G.
<input type="checkbox"/>	+5	H.
<input type="checkbox"/>	0	I.
<input type="checkbox"/>	-1	J.
<input type="checkbox"/>	-1	K.
<input type="checkbox"/>	-1	L.
<input type="checkbox"/>	-1	M.
<input type="checkbox"/>	-1	N.
<input type="checkbox"/>	-1	O.

STATION S13 – AFTERNOON SESSION

Using the print of radiograph BC05, answer the following question on the answer score sheet.



Radiograph BC05

Question: S13Q25PM2 (Select **ONE OR MORE** correct answers.)

There is radiographic evidence of **calculus** on the

- 1 A. distal of tooth 3.3.
- 1 B. mesial of tooth 3.4.
- +0.25** C. distal of tooth 3.4.
- 1 D. mesial of tooth 3.5.
- 1 E. distal of tooth 3.5.
- 1 F. mesial of tooth 3.6.
- 1 G. distal of tooth 3.6.
- +0.25** H. mesial of tooth 3.7.
- +0.25** I. distal of tooth 3.7.
- 0** J. mesial of tooth 3.8.
- +0.25** K. distal of tooth 3.8.

Content Expert #1

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input checked="" type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input checked="" type="checkbox"/>	H.
<input checked="" type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input checked="" type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert #2

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input checked="" type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input checked="" type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input checked="" type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert #3

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input checked="" type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input checked="" type="checkbox"/>	H.
<input checked="" type="checkbox"/>	I.
Possible	J.
<input checked="" type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Consensus B. Cleghorn

-1	A.
-1	B.
+0.25	C.
-1	D.
-1	E.
-1	F.
-1	G.
+0.25	H.
+0.25	I.
0	J.
+0.25	K.
	L.
	M.
	N.
	O.

STATION S14 – AFTERNOON SESSION

Using the print of radiograph *_BC1_*, answer the following question on the answer score sheet.



Radiograph BC1

Question: S14Q27PM1 (Select **ONE OR MORE** correct answers.)
Which of the following is/are evident on the print of the radiograph?

- 1 A. Ectopic eruption.
- 1 B. Impacted tooth/teeth.
- 1 C. Gemination.
- 1 D. Fusion.
- +5 E. Space loss.
- 1 F. Dens invaginatus/dens-in-dente.
- 1 G. Dens evaginatus.
- 1 H. Arrested root development.
- 1 I. Dilaceration.
- 0 J. Congenital absence of permanent tooth/teeth.
- 1 K. Ankylosis/submerged tooth/teeth.
- 1 L. Retained root(s).
- +5 M. Foreign body.
- 1 N. Supernumerary tooth/teeth.
- 1 O. Dentigerous cyst.

Content Expert #1

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input checked="" type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input checked="" type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert #2

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input checked="" type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input checked="" type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert #3

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input checked="" type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input checked="" type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Consensus B. Cleghorn

<input type="checkbox"/>	-1	A.
<input type="checkbox"/>	-1	B.
<input type="checkbox"/>	-1	C.
<input type="checkbox"/>	-1	D.
<input type="checkbox"/>	+5	E.
<input type="checkbox"/>	-1	F.
<input type="checkbox"/>	-1	G.
<input type="checkbox"/>	-1	H.
<input type="checkbox"/>	-1	I.
<input type="checkbox"/>	0	J.
<input type="checkbox"/>	-1	K.
<input type="checkbox"/>	-1	L.
<input type="checkbox"/>	+5	M.
<input type="checkbox"/>	-1	N.
<input type="checkbox"/>	-1	O.

STATION S14 – AFTERNOON SESSION

Using the print of radiograph *_BC03_*, answer the following question on the answer score sheet.



Radiograph BC03

Question: S14Q27PM2 (Select **ONE OR MORE** correct answers.)
Which of the following is/are evident on the print of the radiograph?

- 0 A. Ectopic eruption.
- +5 B. Impacted tooth/teeth.
- 1 C. Gemination.
- 1 D. Fusion.
- +5 E. Space loss.
- 1 F. Dens invaginatus/dens-in-dente.
- 1 G. Dens evaginatus.
- 1 H. Arrested root development.
- 1 I. Dilaceration.
- 1 J. Congenital absence of permanent tooth/teeth.
- 1 K. Ankylosis/submerged tooth/teeth.
- 1 L. Retained root(s).
- 1 M. Foreign body.
- 1 N. Supernumerary tooth/teeth.
- 1 O. Dentigerous cyst.

Content Expert #1

<input type="checkbox"/>	A.
<input checked="" type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input checked="" type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert #2

<input type="checkbox"/>	A.
<input checked="" type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input checked="" type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert #3

<input type="checkbox"/>	A.
<input type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Content Expert #4

<input checked="" type="checkbox"/>	A.
<input checked="" type="checkbox"/>	B.
<input type="checkbox"/>	C.
<input type="checkbox"/>	D.
<input checked="" type="checkbox"/>	E.
<input type="checkbox"/>	F.
<input type="checkbox"/>	G.
<input type="checkbox"/>	H.
<input type="checkbox"/>	I.
<input type="checkbox"/>	J.
<input type="checkbox"/>	K.
<input type="checkbox"/>	L.
<input type="checkbox"/>	M.
<input type="checkbox"/>	N.
<input type="checkbox"/>	O.

Consensus B. Cleghorn

<input checked="" type="checkbox"/>	A.
<input checked="" type="checkbox"/>	B.
<input checked="" type="checkbox"/>	C.
<input checked="" type="checkbox"/>	D.
<input checked="" type="checkbox"/>	E.
<input checked="" type="checkbox"/>	F.
<input checked="" type="checkbox"/>	G.
<input checked="" type="checkbox"/>	H.
<input checked="" type="checkbox"/>	I.
<input checked="" type="checkbox"/>	J.
<input checked="" type="checkbox"/>	K.
<input checked="" type="checkbox"/>	L.
<input checked="" type="checkbox"/>	M.
<input checked="" type="checkbox"/>	N.
<input checked="" type="checkbox"/>	O.