

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*Oncology Therapeutics Network*

MIN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*395 Oyster Point Blvd. Suite 405*

NAME OF PRACTITIONER

*Nothing to Report*

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

OF PHARMACY

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD OF PHARMACY

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

322 N. Labree Ave  
Thief River Falls Mn 56701

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Country Health LLC

MN BOARD OF PHARMACY LICENSE NUMBER  
3605222-4

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Activity To Report

RECEIVED AT

DEC 15 2000

MINNESOTA BOARD  
OF PHARMACY

**NOVA FACTOR**  
BIOTECH PHARMACEUTICAL SERVICES X®

December 12, 2000

RECEIVED AT

**DEC 18 2000**

MINNESOTA BOARD  
OF PHARMACY

David E. Holmstrom  
Minnesota Board of Pharmacy  
2829 University Avenue Southeast, Suite 530  
Minneapolis, MN 55414-3251

SUBJECT: GIFTS TO PRACTITIONERS

Dear Mr. Holmstrom:

Our company, Nova Factor, Inc. had no reportable activity for the 2000 calendar year. You will find your form enclosed with this information filled out. If we can be of further assistance, please let us know.

Respectfully,



Bob Cates, D.Ph.  
Director of Pharmacy Operations

RAC:gju

Enclosed: Reporting Form  
G715

134

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Nova Factor, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1620 Century Ctr Pkwy, Ste 109, Memphis TN 38134

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MINN BOARD OF PHARMACY LICENSE NUMBER  
Drug Wholesaler #360480-1  
Pharmacy License #261108-6

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

None

VALUE OF PAYMENTS

PAYMENTS

TYPE OF PAYMENTS



December 13, 2000

RECEIVED A.  
DEC 19 2000  
MINNESOTA BOARD  
OF PHARMACY

Minnesota Board of Pharmacy  
2829 University Avenue Southeast  
Suite 530  
Minneapolis, MN 55414-3251

To Whom It May Concern:

In response to your letter dated November 3, 2000 I am sending back the Gifts to Practitioners form. As I have noted on the form our company does not do this.

If you have any questions, please feel free to call me at (717) 901-1933.

Sincerely,

Kristi Krick  
Quality Assurance Administrative Assistant  
Exel  
350 Salem Church Rd.  
Mechanicsburg, PA 17050





NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Mississippi Welders Supply Co Inc

PO Box 1036

Winnona, MN 55987

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (6), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

459792-6  
NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

TYPE OF PAYMENTS

VALUE OF PAYMENTS

RECEIVED A

DEC 13 2000

MINNESOTA BOARD OF PHARMACY

*None*





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Falk's Wholesale Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1 Concurrency Road Duluth, MN 55803

MN BOARD OF PHARMACY LICENSE NUMBER

360292-6

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

*Handwritten signature*

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED A.

DEC 18 2000

MINNESOTA BOARD OF PHARMACY

*Handwritten signature*  
12/10/00

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*LPI Diagnostics*

MN BOARD OF PHARMACY LICENSE NUMBER

IN: *460010-5*

CA: *360794-7*

NAME OF PRACTITIONER

*Reported by Lafayette Pharmaceuticals, Incorporated;*

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*526 North Earl Avenue, Lafayette, IN 47904-2819*

*22699 Old Canal Road, Yorba Linda, CA 92887*

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

ADDRESS OF PRACTITIONER

*Reported by Lafayette Pharmaceuticals, Incorporated;*

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

NAME OF PRACTITIONER

*Reported by Lafayette Pharmaceuticals, Incorporated;*

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

TYPE OF PAYMENTS

*License*

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

VALUE OF PAYMENTS

*Nos. 459817-8 & 459816-5*

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

RECEIVED AT

*DEC 18 2000*

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

360617-1

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

This does not apply to: *Affiliated Community Medical Centers, P.A. (Acme Supply)*

*106 19<sup>th</sup> St NW*

*W. Uman, MN 56201*

TYPE OF PAYMENTS

VALUE OF PAYMENTS

ADDRESS OF PRACTITIONER

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

RECEIVED A

DEC 19 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Chronimed Pharmacy

MN BOARD OF PHARMACY LICENSE NUMBER

260310-9

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

10900 heel Circle Dr. Minnetonka, MN 55343

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

NA

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED

DEC 19 2000

MINNESOTA BOARD OF PHARMACY

London Medical





NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ULLMER PHARMACAL  
MN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1614 INDUSTRY AVENUE

PARK RAPIDS, MN

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (1) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$101 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

NO ACTIVITY

VALUE OF PAYMENTS

TYPE OF PAYMENTS

12/18/00

RECEIVED A.

DEC 21 2000

MINNESOTA BOARD OF PHARMACY







December 19, 2000

RECEIVED AL  
DEC 20 2000  
MINNESOTA BOARD  
OF PHARMACY

David E. Holmstrom  
MN Board of Pharmacy  
2829 University Av. SE, Suite 530  
Minneapolis, MN 55414-3251

Subject: Gifts to Practitioners

Dear Mr. Holmstrom;

Attached is the completed "Gifts to Practitioners" form. Please note that no payments were made during the year 2000. Feel free to contact me at 507 372 6163 if there are any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michael A. Stoll".

Michael A. Stoll  
Manager, Biological Regulatory Affairs

The logo for Intervet, featuring the word "intervet" in a lowercase, sans-serif font with a stylized swoosh above the letters.

Intervet Inc.  
P.O. Box 775  
Worthington, MN 56187-0775  
Tel. (507) 372-7726  
FAX (507) 372-2480



From: *Deriva Pharmaceuticals*  
*2655 W. Medway Blvd*  
*Broomfield CO 80038-0446*

NAME OF PHARMACY LICENSE NUMBER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
<i>None</i>					

MINNESOTA STATES REQUIRE WHOLESAL DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*Froese's Med Care*

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*2520 Como St, Minneapolis, MN 55408*

MN BOARD OF PHARMACY LICENSE NUMBER

*360930-1*

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (6), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*None*

*DEC 22 2000*

MINNESOTA BOARD OF PHARMACY

BASF Corporation

**BASF**

December 22, 2000

Minnesota Board of Pharmacy  
2829 University Avenue Southeast, Suite 530  
Minneapolis, MN 55414-3251

RECEIVED A.

DEC 26 2000

MINNESOTA BOARD  
OF PHARMACY

**Re: Gifts to Practitioners**

Dear Sir or Madam:

BASF Corporation reports that it has not made any disbursements including payments, honoraria, reimbursement, and other compensation to any licensed practitioners in Minnesota in calendar 2000.

Should you require additional information, please feel free to contact me at (973) 426-3833 or by fax at (973) 426-5315.

Sincerely,



Leslie Ngoi  
Quality Assurance/Regulatory Affairs Coordinator

cc: Claudia Skarbek

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Pharma Central Returns

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

360856-4

411 South Water Street / Po Box 388

TYPE OF PAYMENTS

VALUE OF PAYMENTS

NORTHFIELD, MN 55057

None

RECEIVED A.

DEC 26 2000

MINNESOTA BOARD OF PHARMACY



31332 Via Colinas,  
Suite 106  
Westlake Village,  
CA 91362  
Tel: 888.808.7441  
VM: 888.804.4076  
Fax: 818.865.2554  
[www.apextc.com](http://www.apextc.com)

December 19, 2000

Minnesota Board of Pharmacy  
2829 University Avenue Southeast, Suite 530  
Minneapolis, Minnesota 55414-3251

To Whom It May Concern:

Enclosed you will find an annual report relative to Apex Therapeutic Care, Inc. (License # 360924-6). As you can see, Apex has not made any payments to licensed practitioners in Minnesota during calendar year 2000.

Should you have any questions or concern, please contact the undersigned at (888) 808-7441.

Sincerely,

Kevin Yoshimoto  
V.P. Finance

Enclosure

RECEIVED A.  
DEC 26 2000  
MINNESOTA BOARD  
OF PHARMACY





