

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

American Medical Systems, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

10700 Bren Road W., Minnetonka, MN 55343

MN BOARD OF PHARMACY LICENSE NUMBER

361043-9

MINNESOTA STATUTES REQUIRE WHOLESALE 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 Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
No activity to report.			RECEIVED AT
			MAY 28 2002
			MINNESOTA BOARD OF PHARMACY

RECEIVED AT
AUG 26 2002
MINNESOTA BOARD
OF PHARMACY

EPSTEIN BECKER & GREEN, P.C.
ATTORNEYS AT LAW

250 PARK AVENUE
NEW YORK, NEW YORK 10177-1211
(212) 351-4500

1875 CENTURY PARK EAST, SUITE 500
LOS ANGELES, CALIFORNIA 90067-2506
(310) 556-8861

ONE LANDMARK SQUARE, SUITE 1800
STAMFORD, CONNECTICUT 06901-2681
(203) 348-3737

PARK CENTRAL VII
12750 MERIT DRIVE, SUITE 1320
DALLAS, TEXAS 75251-1219
(972) 628-2450

111 HUNTINGTON AVENUE, 26TH FLOOR
BOSTON, MASSACHUSETTS 02199-7610
(617) 342-4000

1227 25TH STREET, N.W., SUITE 700
WASHINGTON, D.C. 20037-1175

(202) 861-0900

FAX: (202) 296-2882

WWW.EBGLAW.COM

DIRECT:

(202) 861-1841

KPETERSON@EBGLAW.COM

TWO GATEWAY CENTER, 12TH FLOOR
NEWARK, NEW JERSEY 07102-5003
(973) 642-1900

TWO EMBARCADERO CENTER, SUITE 1650
SAN FRANCISCO, CALIFORNIA 94111-3994
(415) 398-3500

150 NORTH MICHIGAN AVENUE, SUITE 420
CHICAGO, ILLINOIS 60601-7553
(312) 499-1400

RESURGENS PLAZA
945 EAST PACES FERRY ROAD, SUITE 2700
ATLANTA, GEORGIA 30326-1380
(404) 923-9000

1000 LOUISIANA, SUITE 5400
HOUSTON, TEXAS 77002
(713) 750-3100

August 23, 2002

VIA OVERNIGHT MAIL

Mr. David E. Holmstrom
Executive Director
Minnesota Board of Pharmacy
2829 University Ave. SE, #530
Minnesota, MN 55414-3251

Re: Request for "Wholesale Drug Distributor's" Reports
Relating to Gifts to Health Practitioners

Dear Mr. Holmstrom:

Pursuant to the Minnesota Data Practices Act, Minn. Stat. § 13.03, I am writing to request copies of several "wholesale drug distributor's" reports relating to gifts to health practitioners filed under Minn. Stat. § 151.461. I am not seeking any specific reports, but rather would appreciate a sampling of ten (10) such reports, filed by different manufacturers, or wholesalers drug distributors during the past two years be sent to my attention via facsimile at (202) 296-2882. To the extent this sampling could reflect a cross-section of the types of reports that are received by your Board, I would greatly appreciate it.

In the event that the document length or other concerns precludes faxing them, please contact me at (202) 861-1841 so that I may either provide you with my firm's Federal Express account number or, if you prefer, overnight to your office a self-addressed, postage-paid Federal Express or Express Mail envelope. Thank you for your assistance in this matter. Should you have any questions regarding this request, please do not hesitate to contact me.

Sincerely,



Kathleen A. Peterson



Administrative Offices:
TEVA PHARMACEUTICALS USA
1090 Horsham Road, PO Box 1090
North Wales, PA 19454-1090

Phone: (215) 591 3000
FAX: (215) 591 8600

RECEIVED AT

AUG 05 2002

MINNESOTA BOARD
OF PHARMACY

July 31, 2002

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

Dear Sir/Madam:

In response to your request, please be advised that to the best of our knowledge during 2001, no compensation was paid by Teva USA personnel to any particular licensed practitioner located in the State of Minnesota for amounts totaling \$100 or more.

Sincerely,

A handwritten signature in black ink, appearing to read "John Wodarczyk". The signature is fluid and cursive.

John Wodarczyk, CPA
Customer Operations Manager
215-591-3021

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

TROWW NUTRITION USA LLC

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

P.O. Box 1014
Willmar, MN 56201

MN BOARD OF PHARMACY LICENSE NUMBER

460068-4

MINNESOTA STATUTES REQUIRE WHOLESALER 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 (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$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

NONE

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

JAN 10 2002

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

UNIVERSAL LABORATORIES INC.
MIN BOARD OF PHARMACY LICENSE NUMBER

460012-1

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

200 W. BEAVER ST/PO BOX 89, BELLEVUE PLAINE, MN 56011
MINNESOTA STATUTES REQUIRE WHOLESALER 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
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO REPORTABLE ACTIVITY

RECEIVED AT

JAN 10 2002

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ARROWHEAD PROMOTION & FULFILLMENT CO. INC

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1105 SE 8th St, GRAND RAPIDS, MN 55744

MN BOARD OF PHARMACY LICENSE NUMBER

360849-6

MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALLING \$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

No Reportable Activity in 2001

RECEIVED AT

JAN 10 2002

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

BURNS VETERINARY Supply, Inc.

MIN BOARD OF PHARMACY LICENSE NUMBER

360410-2

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

950 LUNT AVE., ELK GROVE VILLAGE, IL 60007

MINNESOTA STATUTES REQUIRE WHOLESALE 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
Please include designation (i.e., MD, etc.)

No Activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
JAN 11 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

INTERNATIONAL MEDICATION SYSTEMS, LIMITED

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1886 Santa Anita Avenue - South El Monte, CA 91733

MN BOARD OF PHARMACY LICENSE NUMBER

459757-7

MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALLING \$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

REPORT FOR YEAR 2001 1-7-02

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED /
JAN 11 2002
MINNESOTA BOARD OF PHARMACY

RECEIVED A1
JAN 11 2002
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

BURNS VETERINARY Supply, Inc.
MN BOARD OF PHARMACY LICENSE NUMBER

6601 - A South LABURNUM AVE., SUITE A, Richmond, VA 23231
MINNESOTA STATUTES REQUIRE WHOLESALE 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.

361100-1

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

ADDRESS OF PRACTITIONER

VALUE OF
PAYMENTS

TYPE OF PAYMENTS

No Activity

RECEIVED A1

JAN 11 2002

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

DARBY DRUG CO, INC.
MN BOARD OF PHARMACY LICENSE NUMBER

360517-2

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

100 BANKS AVE. ROCKVILLE CENTER, NY 11570

MINNESOTA STATUTES REQUIRE WHOLESALER 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
Please include designation (i.e., MD, etc.)

No Activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED A1

JAN 11 2002

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALER 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 Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	TYPE OF PAYMENTS
HADRO DRUGS, INC. MN BOARD OF PHARMACY LICENSE NUMBER 360411-5	100 BANKS AVE., ROCKVILLE CENTRE, NY 11570	
NO ACTIVITY		
		RECEIVED AT
		JAN 11 2002
		MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ISLAND DENTAL SUPPLY CO, INC.
MN BOARD OF PHARMACY LICENSE NUMBER

360991-6

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

60 Austin Boulevard, Commack, NY 11725

MINNESOTA STATUTES REQUIRE WHOLESALER 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 (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.)

No Activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED A1

JAN 11 2002

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

DARBY Fulfillment Services

MN BOARD OF PHARMACY LICENSE NUMBER

360954-7

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4460 Holmes Road, Memphis, TN 38117

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 (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.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
NO ACTIVITY			
			RECEIVED AT
			JAN 11 2002
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	TYPE OF PAYMENTS
DARBY DENTAL SUPPLY CO. INC.	100 Banks Ave, Rockville Centre, NY 11570	3604/3 - 1			
MINNESOTA STATUTES REQUIRE WHOLESALERS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (5) 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.					
		No Activity			
					RECEIVED AT
					JAN 11 2002
					MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Obagi Medical Products, Inc. / OMP, Inc. 625 Alaska Ave. Torrance CA 90503
 MINNESOTA STATUTES REQUIRE WHOLESALER 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
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361021-9

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

ADDRESS OF PRACTITIONER

VALUE OF
 PAYMENTS

TYPE OF PAYMENTS

NO REPORTABLE ACTIVITY

RECEIVED A1

JAN 11 2002

MINNESOTA BOARD
 OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Kostco Pharmacy Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

183 N Tyler St

Tyler, Md 56178

MIN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE 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
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

We had no gift or honoraria in excess of \$100 given to our practitioners in the year 2001

David Paul Korte
president - pharmacist

RECEIVED AT

JAN 11 2002

MINNESOTA BOARD
OF PHARMACY

B | BRAUN

B. Braun Medical Inc.

2525 McGaw Avenue
P.O. Box 19791
Irvine, CA 92623

Telephone: (949) 660-2000
Fax: (949) 660-2700

RECEIVED

JAN 14 2002

MINNESOTA BOARD
OF PHARMACY

January 10, 2002

Minnesota Board of Pharmacy
2829 University Avenue, SE, #530
Minneapolis, Minnesota 55414-3251

Gentlemen:

Enclosed is the form for identifying payments, honoraria, reimbursement and other compensation paid to licensed practitioners in Minnesota. B. Braun Medical Inc. has nothing to report at this time.

If you have any questions, or require further information, please call me at (949) 660-2688

Sincerely,



Glenda Husband
Senior Regulatory Assistant

GH:gh

Enclosure

<p>NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER</p> <p><i>Somody Merchandising Inc</i></p> <p>MN BOARD OF PHARMACY LICENSE NUMBER <i>360988-0</i></p>	<p>ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER</p> <p><i>2701 4th Ave SW Willmar MN 56201</i></p>	<p>MINNESOTA STATUTES REQUIRE WHOLESALER 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.</p>	
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
<i>None</i>			

RECEIVED
JAN 15 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

FRITZ COMPANY, INC

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1912 HASTINGS AVE NEWPORT MN 55055

MN BOARD OF PHARMACY LICENSE NUMBER

360839-9

MINNESOTA STATUTES REQUIRE WHOLESALER 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
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No activity

RECEIVED
JAN 15 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Eon Labs

MIN BOARD OF PHARMACY LICENSE NUMBER

400020-0

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

|

ALLA

|

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

227-15 N. Conduit Ave. Laurelton, NY 11413

MINNESOTA STATUTES REQUIRE WHOLESALER 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 (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.)

|

ALLA

|

VALUE OF PAYMENTS

- We had no reportable activity.

Please contact me @

718-276-8607 ext 312

- Mike L.

TYPE OF PAYMENTS

|

ALLA

|

NAME OF WHOLESALER/DISTRIBUTOR/MANUFACTURER

Thirty White Drug

ADDRESS OF WHOLESALER/DISTRIBUTOR/MANUFACTURER

615 S. Mill St Fergus Falls, MN 56537

MN BOARD OF PHARMACY LICENSE NUMBER

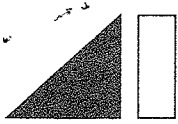
360494-0

MINNESOTA STATUTES REQUIRE WHOLESALER 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 (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$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			

RECEIVED AT
 JAN 17 2002
 MINNESOTA BOARD
 OF PHARMACY

[Handwritten Signature]



**ABLE
LABORATORIES
INC.** Subsidiary of DynaGen, Inc.

RECEIVED At
JAN 17 2002
MINNESOTA BOARD
OF PHARMACY

Minnesota Board of Pharmacy
2829 University Ave SE #530
Minneapolis, MN 55414-3251

August 24, 2001

To Whom it may concern:

Enclosed please find the completed Minnesota Board of Pharmacy Form for reporting all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota during the preceding calendar year.

If you have any questions or concerns, please feel free to contact me at (908) 754-2253 x573.

Sincerely,

May Friedman

Regulatory Affairs Associate
cc: Iva Klemick

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Pro-Pharm - McBurnitt Road 700 Swelling Ave W St Paul MN 55101

MN BOARD OF PHARMACY LICENSE NUMBER

459 808-4

MINNESOTA STATUTES REQUIRE WHOLESALER 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
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Handwritten signature

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