

NAME OF WHOLESale DRUG DISTRIBUTOR/MANUFACTURER
OSG Norwich Pharmaceuticals, Inc.

ADDRESS OF WHOLESale DRUG DISTRIBUTOR/MANUFACTURER
6826 State Hwy Rt 12

MN BOARD OF PHARMACY LICENSE NUMBER
36129-2

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
/			

2011

09/16/03

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
 ARNISON SNYDER DRUG
 DAVID R ARNISON

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
 1234 E. HWY 7 MONTEVIDEO MN 56265

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 TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MN BOARD OF PHARMACY LICENSE NUMBER
 360057-5

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
NO REPORTABLE ACTIVITY			RECEIVED AT
			FEB 05 2003
			MINNESOTA BOARD OF PHARMACY

David R. Arnison
 02/03/03

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

FISHER SCIENTIFIC CO., LLC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

755 STATE HIGHWAY

SOMERVILLE, NJ 08876

MN BOARD OF PHARMACY LICENSE NUMBER

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 (g) TO (s), 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 GIFTS GIVEN.

RECEIVED AT

FEB 07 2003

MINNESOTA BOARD
OF PHARMACY



CardinalHealth

6154 Atlantic Blvd.
Norcross, GA 30071
770-449-6288

January 16, 2003

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

Re: Gifts to Practitioners

Dear Board,

Cardinal Health, formerly Allegiance Healthcare, at 435 Sanford Rd., LaVergne, TN 37086, holding Minnesota license #361204-2, made no payments nor gifts to any licensed practitioner in Minnesota in 2002.

Your form is attached.

Regards,

Chris J. Anderson
SE Director of Quality Operations
770-449-6288

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REBURSEMENT 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 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
CARDINAL Health	435 Sanford Rd, Lakeview, TN 37086		None			
MN BOARD OF PHARMACY LICENSE NUMBER	361204-2					

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

NCS HealthCare of KY dba Vanguard Labs, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

835 North L. Rogers Wells Blvd., Glasgow, KY 42141

MN BOARD OF PHARMACY LICENSE NUMBER

359946-6

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 TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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FEB 10 2003
MINNESOTA BOARD
OF PHARMACY

No payments, honoraria, reimbursements or any other payments have been made to any Minnesota physician.
Kathy H. Jones, Pharm. D., Executive Director

[Signature] 2.4.03

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Jacobson Warehouse Co.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1610 SE Cortina Ankeny, IA 50021

MN BOARD OF PHARMACY LICENSE NUMBER

361147-0

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.

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- None -			

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FEB 10 2003
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OF PHARMACY