| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Nelson Laboratories | 4001 N. Lewis Ave, Sioux Falls, SD 57104 |

| MN 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 TOTALLING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 262099-6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| nothing to report! | | | |
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RECEIVED AT
DEC 02 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Bindley Trading Co. | 800 Industrial Blvd # 100 Grapevine, TX 76051 |

| MN 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 TOTALLING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 361291-6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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11-25-02

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| COLUMBIA PARK MED GRP PHARM | 13819 HANSON BLVD ANDOVER, MN 55304 |

| MN 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 TOTALLING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR. AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 360 8661 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Carolina Logistics Services, Inc. | 4301 12th Ave. East<br>Shakopee, MN 55379 |

| MN 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 TOTALLING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 361116 - 6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| No payments to be reported. | | | |
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| CLS. | | | RECEIVED AT |
| Attn: Beth Wooten | | | DEC 02 2002 |
| 336-770-3454 | | | MINNESOTA BOARD OF PHARMACY |
| 2601 Pilgrim Court | | | |
| Winston-Salem, NC 27106 | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Harte-Hanks Direct Marketing | 7801 Nieman Road, Shawnee, Ks. 66214 |

| MN 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 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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| | | | RECEIVED AT<br>DEC 02 2002<br>MINNESOTA BOARD OF PHARMACY |
| No payments of any kind made to practitioners in 2002. | | | |
| We ship samples to practitioners at the request of our pharmaceutical clients. | | | |
| | Lois Dowell<br>Dir. Regulatory Compliance | | |

WellSpring
PHARMACEUTICAL CORPORATION

RECEIVED AT
DEC 02 2002
MINNESOTA BOARD
OF PHARMACY

November 25, 2002

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

Reference: Gifts to Practitioners

Please note that WellSpring Pharmaceutical Corporation did not give any "Gifts to Practitioners" in the state of Minnesota for the calendar year 2002.

Sincerely,

Nancy Bracken

Nancy Bracken

*1430 State Route 34*
*Neptune, NJ 07753-6807*

*Tel.: 732.938.5885*
*Fax: 732.751.9056*
*email: wsp@wellspringpharm.com*

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Mayo Clinic Pharmacy Distribution Center | Mayo Foundation for Medical Education and Research<br>21 Second Street SW, Rochester, MN 55902 |

| MN 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 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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| 360139-6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| | | | RECEIVED AT |
| | NO PAYMENTS WERE MADE | | DEC 02 2002 |
| | | | MINNESOTA BOARD OF PHARMACY |
| | Gerald A. Christenson, R.Ph. | | |
| | Pharmacy Manager | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| TR Jobbing Inc. | 422 Atlantic Ave. N. Thief River Falls, MN 56701 |

| MN 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 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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| 361089-5 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| None | | | |
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DEC 02 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| HEALTH EAST ST. JOHN'S HOSPITAL | 1575 BEAM AVE MAPLEWOOD, MN 55109 |

| MN 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 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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| 360066-9 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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DEC 02 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| NATIONAL SPECIALTY SERVICES | 401 MASON RD LAVERGNE, TN 37086 |

| MN 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 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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| 360195-6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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BASF Corporation

**BASF**

November 25, 2002

RECEIVED AT
DEC 02 2002
MINNESOTA BOARD OF PHARMACY

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

**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 2002.

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

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Home Health of Hibbing - DBA Home Care Specialists | |

| MN 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 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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| 361288-0 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| N.A. | | | |
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NOV 21 2002
MINNESOTA BOARD OF PHARMACY

2002

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Pacesetter Medical Inc | 770 Transfer Rd, #16 St. Paul MN 55114 |

| MN 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 PRACTIITIONERS 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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NOV 21 2002
MINNESOTA BOARD
OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Hobart Drug DBA Frank Pharmacy | 115 Rum River Dr. Princeton, MN 55371 |

| MN 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 PRACTIITIONERS 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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| 360910-7 | |

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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DEC 02 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| ICN DUTCH HOLDINGS B.V. | BO: Mariana Rd 909, Km 1.1., HC-01 BOX 16625, Humacao PR 00791-9731 |

| MN 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 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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| 360842-5 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| N/A | N/A | N/A | N/A |
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DEC 02 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Henry's Foods, Inc. | PO Box 1057, 104 McKay Avenue North, Alexandria, MN 56308 |

| MN 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 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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| 359952-1 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| RODLEN LABORATORIES, INC | 100 FAIRWAY DRIVE, STE 134<br>VERNON HILLS, IL 60061 |

| MN 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 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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| 361140-9 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| N/A | N/A | N/A | N/A |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Priority Healthcare Distribution | 995 S. McCarran BLVD #106 Sparks, NV. 89431 |

| MN 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 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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| 361053-6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| Nothing to | report. | | |
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MINNESOTA BOARD
OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| S+S Wholesale Enterprises, Inc | 1015 Arthur Dr Bismarck ND 58501 |

| MN 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 PRACTIITIONERS 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. |
|---|---|
| 361151-9 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| no activity | | | |
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RECEIVED AT
DEC 02 2002
MINNESOTA BOARD
OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Methapharm, Inc | 2825 University Dr. Ste 240 Coral Springs, FL 33065 |

| MN 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 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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| 361163-2 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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N/A

RECEIVED AT
DEC 02 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| HANSON Drug INC | 103 E 2nd St Winthrop MN 55396 |

| MN 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 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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| 360458-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
DEC 02 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| BIRCHWOOD LABORATORIES, INC. | 7900 FOLLER ROAD<br>EDEN PRAIRIE, MN 55344 |

| MN 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 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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| | | | MINNESOTA BOARD OF PHARMACY |
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| N/A | N/A | N/A | N/A |
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| CORPORATE POLICY DOES NOT ALLOW THIS ACTIVITY | | | |
| | (REPRESENTING CALENDAR 2002) | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
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| Noramco of Delaware, Inc. | 500 Swedes Landing Rd. Wilm. DE 19801 |

| MN 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 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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| 46 0090-1 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| No reportable activity | | | |
| | Ann H. Strusowski | | |
| | 11/26/02 | | |
| | Manager, DEA Compliance and Security | | |
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RECEIVED AT
DEC 02 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Supreme Distributors | 300 Purity Drive Lebanon IN 46052 |

| MN 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 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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| 360646 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| R&S SALES | 8407 AUSTIN TRACY RD FOUNTAIN RUN, KY 42133 |

| MN 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 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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| 360254-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
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| Graham-Field Inc. | 12055 Missouri Bottom Rd, Hazelwood, MO 63042 |

| MN 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 PRACTIITIONERS 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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| 360125-7 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| None | — | — | — |
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11-22-02

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
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| MEDISCA INC. | 661 ROUTE #3, UNIT C, PLATTSBURGH, NY 12901 |

| MN 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 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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| 360731-6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| DOES NOT APPLY. | | | |
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DEC 02 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Nova Factor INC | 16210 Century Center Parkway Suite 109 Mphs, TN 38134 |

| MN 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 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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| 360480-1 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NONE

Brenda Warren DPh
Pharmacist In Charge
Nova Factor
11-26-02

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DEC 02 2002
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VWR INTERNATIONAL

VWR International, Inc.
1310 Goshen Parkway, PO Box 2656, West Chester, PA 19380-0906
610.431.1700, www.vwr.com

November 25, 2002

RECEIVED AT
DEC 02 2002
MINNESOTA BOARD OF PHARMACY

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

Reference: Gifts to Practitioners

To Whom It May Concern:

Please find VWR International's completed Gifts to Practitioners form enclosed. VWR International, Inc. does not give gifts to practitioners.

Sincerely,

David B. Caria
Director, Regulatory Affairs

Enclosure

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| VWR International, Inc. | 800 East Fabyan Parkway, Batavia, IL 60510 |

| MN 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 PRACTIITIONERS 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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| 360640-1 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
DEC 02 2002
MINNESOTA BOARD
OF PHARMACY

DiaSorin

November 18, 2002

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

Dear Mr. Holmstrom:

This letter is in response to your office memorandum dated November 12, 2002 regarding gifts to practitioners. DiaSorin, Inc. is a medical device manufacturer (FDA establishment number 2182595) that distributes exempt chemical preparations as an incidental part of our device business and is not considered a manufacturer, a wholesale drug distributor, or agent under Minnesota Statute Section 151.461.

As specified in the memorandum, I have enclosed the annual report form indicating DiaSorin, Inc. has had no reportable activity.

Please direct questions to my attention at (651) 651-5715.

Best regards,

Larry Schneider
DiaSorin, Inc.
License # 460055-8

Enclosure

| NAME ~~OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER~~ | ADDRESS ~~OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER~~ |
|---|---|
| DiaSorin, Inc | 1951 Northwestern Ave PO Box 285 Stillwater, MN 55082 |

| MN 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 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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| 46 0055-8 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Bourne Medical Service | 163 Walnut Winona, MN 55987 |

| MN 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 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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| 459880-6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| No reportable | activity | | |
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