



Colonial Management Group, LP

RECEIVED AT
DEC 05 2002
MINNESOTA BOARD
OF PHARMACY

Lawrence F. Kranert, Jr.
Corporate Counsel

December 2, 2002

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

ATTENTION: David E. Holmstrom
Executive Director

RE: Drug Wholesalers and Manufacturers - Report of Payments
Gifts to Practitioners

Dear Mr. Holmstrom,

Please be advised that Whitney Laboratories does not pay any payments, honoraria, reimbursement, or other compensation to any licensed Pharmacy Practitioner in the state of Minnesota, and, had no such payments for the calendar year of 2002.

Should you have any questions in this regard, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to be 'L. Kranert', written over a large, stylized checkmark.

Lawrence F. Kranert, Jr.

Cc: Dave Morris



Medtronic

Medtronic Neurological
710 Medtronic Parkway NE
Minneapolis, MN 55432.5604 USA
www.medtronic.com

tel 763.505-5000

December 3, 2002

Attn: David E. Holmstrom, Executive Director
MINNESOTA BOARD OF PHARMACY
2829 University Avenue S.E., #530
Minneapolis, MN 55414-3251

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DEC 05 2002
MINNESOTA BOARD
OF PHARMACY

Dear Mr. Holmstrom:

This is in response to your memo dated November 12, 2002 requesting the annual report of Gifts to Practitioners as a requirement of a Licensed Drug Wholesaler in Minnesota. Medtronic USA, Inc., is a medical device manufacturer. Medtronic Drug Delivery distributes a prescription drug in a refill kit for our implantable pumps as an incidental part of our device business. As per your phone discussion with Ms. Wini Wu on this issue back in June 1997, we hereby request an exemption from this reporting requirement as per Section 151.461 of the Minnesota Statutes.

Please feel free to contact me at 763-505-0252 if you have any questions.

Sincerely,
Medtronic Neurological

Vicki Pearson
Regulatory Affairs Manager

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Complient Corp

27070 Miles Road Sober 0170

MN BOARD OF PHARMACY LICENSE NUMBER

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

~~None~~

RECEIVED AT

DEC 05 2002

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Stevens Community Wholesale

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

400 E. 1st Street

MN BOARD OF PHARMACY LICENSE NUMBER

360 955-0

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.

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

(Handwritten mark)

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MINNESOTA BOARD OF PHARMACY

(Handwritten mark)

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Qualitest Pharmaceuticals, Inc.

130 Vintage Drive Huntsville, AL 35811

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.

360492-4

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Items to Report.

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DEC 09 2002

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Baxter Healthcare Corporation

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1200 Parkdale Rd, Rochester, MN 55907

MN BOARD OF PHARMACY LICENSE NUMBER

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 in 2002			
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			MINNESOTA BOARD OF PHARMACY



December 4, 2002

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MINNESOTA BOARD
OF PHARMACY

CERTIFIED MAIL

6464 CANOGA AVENUE
WOODLAND HILLS
CALIFORNIA 91367 USA

818.737.4000
WWW.SYNCOR.COM

Attn: Legal Affairs Department
Minnesota Board of Pharmacy
2829 University Avenue SE, #530
Minneapolis, MN 55414-3251

Re: **Reply to Letter Dated November 12, 2002**
"Gifts to Practitioners"
Syncor International Corporation
Syncor Pharmaceuticals, Inc.
Syncor Advanced Isotopes, LLC

To Whom It May Concern:

This letter is in response to your request for information related to the nature and value of payments made to practitioners during the calendar year 2002. Syncor and its subsidiaries do not make payments to physicians. Our services are rendered and the practitioner, hospital or clinic pays us for these services. If you have questions or need additional information, please call me at (818) 737-4655, or Martha Gomez in our finance department at (818) 737-4428.

Sincerely,

Cynthia Ross, Licensing Administrator
Quality & Regulatory

/cr

cc: Brenda Norkosky, Director of Operations
Christie Hawkins-Rath, Regional Operations Manager
Syncor - St. Paul 38, Moorhead 39, Duluth 148
Syncor Pharmaceuticals, Inc. (MAIN FILE)
Syncor Advanced Isotopes, LLC (West Chester, OH)
Syncor Advanced Isotopes, LLC (St. Louis, MO)

SYNCOR LOCATIONS LICENSED BY THE STATE OF MINNESOTA

STATE	LOC.	CITY	DUE	Origin State	LICENSE #	Exp. Date	LIC. TYPE	STATE LICENSED BY
MN	38	St. Paul	ANNUAL	MN	361112-4	5/31/2003	WHOLESALE	
MN	38	St. Paul	ANNUAL	MN	260209-5	6/30/2003	PHCY	
MN	39	Moorhead	ANNUAL	MN	361113-7	5/31/2003	WHOLESALE	
MN	39	Moorhead	ANNUAL	MN	260114-8	6/30/2003	PHCY	
MN	148	Duluth	ANNUAL	MN	NEW	6/30/2003	PHCY	
MN	148	Duluth	ANNUAL	MN	NEW	5/31/2003	WHOLESALE	
MN	5700-1	Syncor Pharmaceuticals, Inc./Golden	ANNUAL	CO	361101-4	5/31/2003	WHOLESALE	MINNESOTA
MN	5808-4	Syncor Advanced Isotopes, LLC/West Chester	ANNUAL	OH	361185-2	5/31/2003	WHOLESALE	MINNESOTA
MN	5809-4	Syncor Advanced Isotopes, LLC/St. Louis	ANNUAL	MO	361183-6	5/31/2003	WHOLESALE	MINNESOTA

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, 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
BOYNTON PHARMACY (wholesale) 360029-0 (ambse) 759997-3	410 CHURCH ST SE			we do not accept any payments, honoraria, reimbursements or other paid compensations whatsoever.			
				Rajwan Pharmacy Pharmacy supervisor	12-06-02		RECEIVED AT DEC 09 2002 MINNESOTA BOARD OF PHARMACY.

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Portex, Inc.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

10 Bowman Drive, Keene, NH 03431

MN BOARD OF PHARMACY LICENSE NUMBER

361170-0

MINNESOTA STATUTES 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 TALLING \$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

Not Applicable

No Activity to Report

RECEIVED AT

DEC 09 2002

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Pharmacy Buying Association, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1575 N. Universal Ave, ste 100 Kansas City, MO 64120

MN BOARD OF PHARMACY LICENSE NUMBER

360944-0

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.

NAME OF PRACTITIONER

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

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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MINNESOTA BOARD OF PHARMACY



Innovative Pharmaceuticals Offering Therapeutic Excellence

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MINNESOTA BOARD
OF PHARMACY

December 2, 2002

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

RE: Gifts to Practitioners

Dear Sir or Madam:

Enclosed is a copy of recent correspondence sent to Ther-Rx Corporation by the Minnesota Board of Pharmacy. In response to your request for an annual report of compensation paid to licensed practitioners in the State of Minnesota during 2002, please accept this letter as confirmation that Ther-Rx Corporation did not engage in any reportable activity.

Sincerely,

Michael S. Anderson
President

Enclosures

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Schering Plough Animal Health

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

5325 Fulton Industrial Blvd. Atlanta, GA 30336

MN BOARD OF PHARMACY LICENSE NUMBER

360766-2

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 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 ACTIVITY

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NOV 22 2002

MINNESOTA BOARD OF PHARMACY

JA -
This was all I
was able to find
in 2002. MW



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JUN 30 2003
MINNESOTA BOARD
OF PHARMACY

Legal Division
Abbott Laboratories
100 Abbott Park Road, D-32L, AP6D
Abbott Park, Illinois 60064-6049 USA

Telephone: 847-937-5207
Fax: 847-938-1206

June 25, 2003

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

Re: Report Regarding Gifts to Practitioners

Dear Mr. Holmstrom:

I am writing this letter in response to your request for a report identifying all compensation paid by Abbott Laboratories ("Abbott") to licensed practitioners in Minnesota during the preceding calendar year. Abbott does not maintain a system for documenting the compensation paid to practitioners in Minnesota, and is not able to provide you with the requested information. However, Abbott is committed to complying with all significant aspects of the Guidelines on Gifts to Physicians from Industry, as issued by the American Medical Association, and the PhRMA Code on Interactions with Healthcare Professionals. In this regard, I have enclosed a copy of Abbott's Code of Business Conduct, its Handbook on Compliance With Medicare/Medicaid Fraud and Abuse Laws, and the Operating Guidelines for Program Funding.

If I can be of any further assistance, please feel free to give me a call at 847-937-5207.

Sincerely,

Michael B. Johannesen
Senior Counsel

MBJ/db

Enclosure

cc: Cliff Berman
Clare Sullivan

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

360617-1

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.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Affiliated Community Medical Center, P.A. holds a MN Board of Pharmacy license but is not a wholesale drug distributor.

Dona Becker

Purchasing Manager

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

W.A. Butler (dba The Butler Co)

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

560 Blazer Parkway

Dubin OH 43017

MN BOARD OF PHARMACY LICENSE NUMBER

360493-7

MINNESOTA STATUTES REQUIRE WHOLESALE 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.)

N/A

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

N/A

TYPE OF PAYMENTS

N/A

RECEIVED AT

JAN 03 2003

MINNESOTA BOARD OF PHARMACY



January 8, 2003

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

RECEIVED AT
JAN 13 2003
MINNESOTA BOARD
OF PHARMACY

RE: GIFTS TO PRACTITIONERS

Dear Mr. Holmstrom:

It is my understanding that during the calendar year of 2002, there were no payments, honoraria, reimbursement or any other type of gift or compensation, valued at greater than \$100, paid to a licensed practitioner in Minnesota, made by any employee or associate of Adams Laboratories, Inc.

If you need any further information regarding this, please contact me at (817) 786-1243.

Yours very truly,

A handwritten signature in black ink, appearing to read "D. Jeffrey Keyser", is written over a light blue horizontal line.

D. JEFFREY KEYSER
Vice President
Development and Regulatory Affairs

DJK/csv



December 12, 2002

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DEC 16 2002

MINNESOTA BOARD
OF PHARMACY

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

Exel
75 Pleasant View Drive
Mechanicsburg
PA 17055
USA

Telephone 717 901 1455
Facsimile 717 901 1475

Subject: Gifts to Practitioners

Dear David

As requested, I have attached the forms of the annual report identifying all payments, honoraria, reimbursement and other compensation paid to licensed practitioners in Minnesota. Exel is a Contract Distributor for Bayer Consumer Care and all OTC material is shipped directly to retail stores, not licensed practitioners. Therefore, Exel nor Bayer has any reportable activity to submit.

Please accept this letter on behalf of the following license holders:

Exel, Ontario CA	License # 361198-8
Exel, Mechanicsburg PA	License # 361186-5
Exel, Memphis TN	License # 361196-2

If you require any further information, please give me a call at 717-901-1450. I would be happy to assist you.

Sincerely,

Lisa L. Cairo
Customer Support Manager
Exel

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Exel - Memphis

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

3560 Air Center Ctr, Memphis

MN BOARD OF PHARMACY LICENSE NUMBER

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

none to report



From: Paul Rice **Date:** January 10, 2002
To: David Holmstrom, Board of Pharmacy **cc:** Jeff Hancock
Subject: Gifts to Practitioners

Dear Mr Holmstrom,

We received and have completed the form for reporting gifts to practitioners. The form is attached for your review.

The Bimeda facility in Le Sueur is dedicated to the production of veterinary pharmaceuticals. The distribution channels rarely involve pharmacists. The exception is in some rural towns where OTC veterinary pharmaceutical products may be displayed.

This facility has not dispersed any gifts (as defined) to pharmacists totaling \$ 100 or more.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Rice", written over a horizontal line.

Paul Rice, R Ph.
License # 112860-6

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JAN 13 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

BIMEDA INC

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

291 GORT FOREST AVENUE RFD, LESVERE MN 56058

MN BOARD OF PHARMACY LICENSE NUMBER

460045-1

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 GIFTS OVER \$100 GIVEN TO PHARMACISTS

IN

2002

TABLE 1/10/03

