

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

360 563-5

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

St. Cloud Hospital, 1406 6th Avenue North, St. Cloud, MN 56303

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

RECEIVED AT

DEC 20 2005

MINNESOTA BOARD OF PHARMACY

NONE

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Central-McGowan, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

13802 Haven Rd, Little Falls, MN 56345

MIN BOARD OF PHARMACY LICENSE NUMBER

360434-1

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

None

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 20 2005

MINNESOTA BOARD OF PHARMACY



**Medtronic**

Winifred Wu  
Vice President  
Regulatory and Compliance

Medtronic Neurological  
710 Medtronic Parkway NE  
Minneapolis, MN 55432-5604 USA  
www.medtronic.com

tel 763.505.0874  
fax 763.505.0071  
winifred.wu@medtronic.com

February 9, 2005

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

RECEIVED AT  
FEB 10 2005  
MINNESOTA BOARD  
OF PHARMACY

Dear Mr. Holmstrom;

This letter is in response to your memo 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 our phone discussion back in June 1997 on this issue, we hereby request an exemption from this reporting requirement as per Section 151.461 of the Minnesota Statutes.

If you have any questions, please feel free to contact me at 763-505-0874.

Sincerely,

Winifred Wu, Vice President  
Regulatory Affairs & Compliance  
Medtronic Neurological

**MedImmune, Inc.**

**One MedImmune Way, Gaithersburg, MD 20878**

Name of Practitioner (Please provide designation (i.e. MD, etc))

Address of Practitioner

Value of Payments

Type of Payments

Name of Practitioner (Please provide designation (i.e. MD, etc))	Address of Practitioner	Value of Payments	Type of Payments
Abhinan Humar, MD	10189 Bridgewater Circle, Woodbury, MN	\$ 60.00	Expense Reimbursement
Abhinan Humar, MD	10189 Bridgewater Circle, Woodbury, MN	\$ 1,000.00	Honorarium
Chatherine Neis	8918 Gould Rd, Eden Prairie, MN 55347	\$ 250.00	Honorarium
Chung K. Lee, MD	424 Harvard St. SE, Minneapolis, MN 55455	\$ 1,000.00	Honorarium
Chung K. Lee, MD	425 Harvard St. SE, Minneapolis, MN 55455	\$ 1,000.00	Honorarium
Fadel Sakkal, MD	6 Blue Jay Ln, North Oaks, MN 55127	\$ 500.00	Honorarium
Lynn Holmberg	Park Nicollet Cancer Center 6500 Excelsior Blvd., St. Louis Park, MN 55426	\$ 250.00	Honorarium
Teresa Sims	9132 Nantwick Ridge, Brooklyn Park, MN 55443	\$ 38.55	Expense Reimbursement
Teresa Sims	9132 Nantwick Ridge, Brooklyn Park, MN 55443	\$ 1,000.00	Honorarium
Timothy Johanson, MD	1207 Adrian Drive, Chaska, MN 55318	\$ 52.88	Expense Reimbursement
Timothy Johanson, MD	1207 Adrian Drive, Chaska, MN 55318	\$ 500.00	Honorarium
Timothy Johanson, MD	1207 Adrian Drive, Chaska, MN 55318	\$ 500.00	Honorarium
Timothy Johanson, MD	1207 Adrian Drive, Chaska, MN 55318	\$ 500.00	Honorarium
William Rabe, MD	15621 Andrie St NW, Ramsey, MN 55303	\$ 750.00	Honorarium
William Rabe, MD	15621 Andrie St NW, Ramsey, MN 55303	\$ 500.00	Honorarium
William Rabe, MD	15621 Andrie St NW, Ramsey, MN 55303	\$ 500.00	Honorarium
William Rabe, MD	15621 Andrie St NW, Ramsey, MN 55303	\$ 500.00	Honorarium
William Rabe, MD	15621 Andrie St NW, Ramsey, MN 55303	\$ 1,000.00	Honorarium
William Rabe, MD	15621 Andrie St NW, Ramsey, MN 55303	\$ 1,000.00	Honorarium
William Rabe, MD	15621 Andrie St NW, Ramsey, MN 55303	\$ 1,000.00	Honorarium
Timothy W. Behrens, M.D.	University of Minnesota, 312 Church Street SE, Minneapolis, MN 55455	\$ 3,000.00	Consultant Fees

RECEIVED AT

MAR 01 2006

MINNESOTA BOARD OF PHARMACY