EXHIBIT 39

AstraZeneca

Minutes

Chairman
Vikram Dev - VP and Head of CDS US

Date 08 June 2007

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Participants
Eileen Carey - SERM Manager
Barry Arnold – EU Qualified Person
Judy Zander - Ex Dir US Safety Surveillance
Leigh Jefferies – GDSP Seroquel IR
Ron Leong - TASL
Martin Brecher – MSD
Julia Manning – Legal
Eileen Ming – Epidemiology
Liza DeAnnuntis – GDSP Seroquel XR
Xiang Ni – DS Physician
Susanne Fors – GRAD
Kathryn Bradley – AD Regulatory Labeling
Lisa Boomazian – Surveillance
Eva Alam – Surveillance
Linda Warner – Surveillance
Nina Delillio – Surveillance
Tara Lee – Surveillance
Howard Hutchinson - CMO
Ihor Rak – VP Clin TA – NS
Sandi Raff – Sr Dir Clin Res
Kurt Engelman – Stat Sci Dir
Kevin Stansberry – Med Com
Kevin McKenna – Reg TA VP – NS
Jan Eriksson – Dis Med/Epi
Mikael Astrom – Stat Sci Dir
Henrik Andersson – Biostats
Kevin Carroll – Chief Statistical Expert
Hakan Revevtlid – Clin Sci
Bjorn Paulsson – Med Neuro Sci
Anders F Karlsson – Dis Med/Epi
Kristina Axe – Med Com

Secretary
Eileen Carey – SERM Manager

Apologies:
Michelle Dillone – Legal
Nina Sherak – Surveillance
Deborah Rolfe – Surveillance
Richard Hellmund – CIS
Janet Spiers-Alston – Global SERM Manager
Joachim Forsgren – VP CDS
Robert Williams – SERM Support
Stacy Forbes – SERM Administrator

Meeting date
08 June 2007

Location
Wilmington

Subject
SERM – Seroquel

Confidential

1. Glucose Dysregulation

Following a review of all clinical trial data, including studies D1447C00125, D1447C00126, and D1447C00127, epidemiology literature, and post-marketing data, SERM recommended adding the following to Section 4.4 Special warnings and special precautions for use:

> **Increases in Blood Glucose and Hyperglycemia**
> Increases in blood glucose and hyperglycemia, and occasional reports of diabetes, have been observed in clinical trials with quetiapine. Although a causal relationship with diabetes has not been established, patients who are at risk for developing diabetes are advised to have appropriate clinical monitoring. Similarly, patients with existing diabetes should be monitored for possible exacerbation (see also section 4.8 Undesirable effects).

AstraZeneca
Mereside
Alderley Park
Macclesfield
Cheshire
SK10 4TG

Tel: +44 (0) 1625 582828
Fax: +44 (0) 1625 583074
www.astrazeneca.com

SERM also recommended adding the following to Section 4.8 Undesirable Effects.

Frequency	System Organ Class	Event
Common (≥1% - <10 %)	Investigations	Blood glucose increased to hyperglycaemic level*

***Footnote**
Fasting blood glucose ≥126 mg/dL or a non fasting blood glucose ≥200 mg/dL on at least one occasion.

ACTION: Surveillance (Lisa Boornazian) and Medical Communications (Kevin Stansberry) will write the Clinical Overview.
Priority: B
Signal Source: Internal
Number of Signals: 1
Clinical Overview author(s): Kevin Stansberry and Lisa Boornazian
Due date for readiness of draft CO: 13 June 2007
Core Data Sheet (CDS) author: Kathryn Bradley
Due date for CDS issue: 15 June 2007
Due date for Investigators Brochure issue: 31 July 2007