

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ASD Specialty Healthcare Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

7801 National Turnpike Louisville Ky

MN BOARD OF PHARMACY LICENSE NUMBER

360440-3

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, DONATIONS, 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

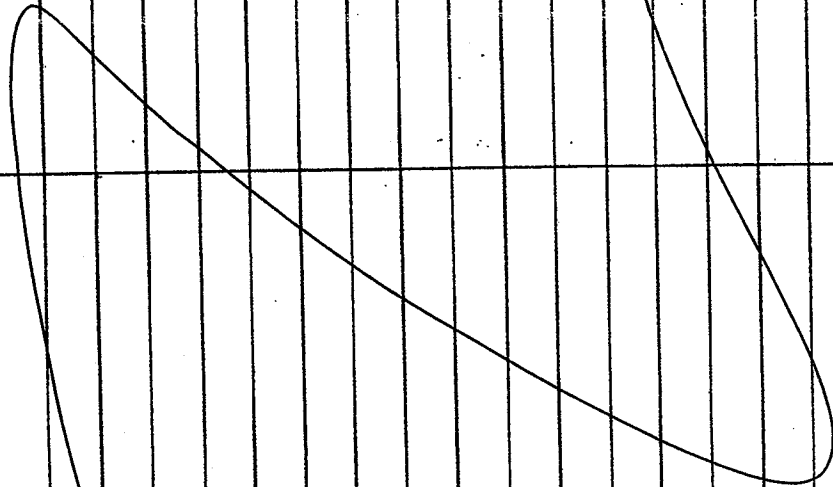
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None



November 7, 2000

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


Re: Gifts to Practitioners

To Whom It May Concern:

In response to a letter dated November 3, 2000, Mason Distributors Inc. would like to inform that we do not distribute any prescription drugs. The company currently distributes vitamins and over the counter products.

Also please note that we do not pay compensation to any practitioners.
If you may have any further questions, you may reach me at 305-624-5557 ext. 436.

Sincerely,


Ofelia Perez
Executive Vice President

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

DJ Pharm d

MIN BOARD OF PHARMACY LICENSE NUMBER

360978-3

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

12730 High Bluff Dr Ste 160
549 Dilgo CA 52130

MINNESOTA STATUTES REQUIRE WHOLESALE 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 (2) 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.)

No Gift were given that met the criteria
Kell

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 9 2000
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Quali Tech, Inc.

MN BOARD OF PHARMACY LICENSE NUMBER

459804-2

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

318 Lake Hazeltine Drive, Chaska, MN 55318-1023

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.441, 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
Kyle Brubaker
11/8/00

RECEIVED AT

NOV 9 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

RSM Dental

MIN BOARD OF PHARMACY LICENSE NUMBER

300164-0

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

725 Kasbota Ave SE. Wpls MN 55414

MINNESOTA STATUTES REQUIRE WHOLESALER 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 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

RECEIVED AT
NOV 9 2000

MINNESOTA BOARD
OF PHARMACY

Mallinckrodt Inc. 58 Pearl Street
PO Box P
Hobart, NY 13788-0416

RECEIVED AT
Phone: 607-538-9124
Fax: 607-538-1054

NOV 9 2000

MINNESOTA BOARD
OF PHARMACY

November 6, 2000

Minnesota State Board of Pharmacy
2829 University Ave. S. E., #530
Minneapolis, Minnesota 55414-3251

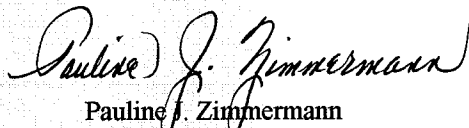
RE: License Number 360783-7 (Distributor)

Dear Sir or Madam:

Enclosed is the completed form with regard to "Gifts To Practitioners" received by Mallinckrodt Inc., 58 Pearl Street, Hobart, New York 13788-0416. As indicated, during the calendar year 2000, no payments, honoraria, reimbursement or other compensation was paid to any practitioner.

If you have any questions or require further information, please contact me.

Sincerely,



Pauline J. Zimmermann
Senior Regulatory Affairs Coordinator

Enclosure

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Elim Preferred Services
MN BOARD OF PHARMACY LICENSE NUMBER
360153-2

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2820 Vicksburg Ln Plymouth, MN 55447

MINNESOTA STATUTES REQUIRE WHOLESALER 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 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

RECEIVED AT

NOV 27 2000

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Arvesta Medical Supply

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*1841 3rd Ave St
Rochester MN 55902*

MINNESOTA STATUTES REQUIRE WHOLESALER 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 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.)

460023-1

ADDRESS OF PRACTITIONER

no payments, honoraria reimbursement

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

NOV 27 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Ortho-McNeil Pharmaceutical

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1000 Route 202, PO Box 300, Raritan, NJ 08869

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE 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 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 contributions during the calendar year 2000

RECEIVED AT

NOV 27 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Pharmaceutical Associates, Inc
MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

5220 S Manhattan Ave Tampa FL 33611

MR BOARD OF PHARMACY LICENSE NUMBER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Not Applicable

RECEIVED AT

NOV 22 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Apothecary Shop Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

393 N. Dunlap St. St. Paul MN 55104

MN BOARD OF PHARMACY LICENSE NUMBER

360179-4

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OF 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
<i>None</i>	<i>None</i>	<i>None</i>	<i>None</i>

RECEIVED AT

NOV 22 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

BOYNTON PHARMACY

MIN BOARD OF PHARMACY LICENSE NUMBER

AS9999.7

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

410 CHURCH ST SE MPLS MN 55455

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG 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 (9), 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

DO NOT ACCEPT ANY COMPENSATION

WHAT SO EVER

~~by the board~~

RECEIVED AT

NOV 22 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

BOYNTON PHARMACY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

410 CHURCH ST SE Mpls MN 55455

MN BOARD OF PHARMACY LICENSE NUMBER

360029-0

MINNESOTA STATUTES REQUIRE WHOLESALE 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 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

DO

NOT ACCEPT ANY

COMPENSATION

WATSON

[Handwritten signature]

RECEIVED AT

NOV 22 2000

MINN. BOARD OF PHARMACY



Corporate Headquarters:
TEVA PHARMACEUTICALS USA
1090 Horsham Road, PO Box 1090
North Wales, PA 19454-1090

Marc A. Goshko
Senior Director, Legal Affairs

Phone: (215) 591 3000
Toll Free: (888) TEVA USA
FAX: (215) 591 8600

Direct Dial: (215) 591 8629
Direct Fax: (215) 591 8813
marc.goshko@tevausa.com

November 20, 2000

RECEIVED AT

NOV 21 2000

VIA COURIER

MINNESOTA BOARD
OF PHARMACY

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

RE: GIFTS TO PRACTITIONERS

Dear Mr. Holmstrom:

In response to your November 3, 2000 request, please find enclosed a completed State of Minnesota Gifts to Practitioners form. Please note no payments were made in 2000.

Sincerely,

Marc A. Goshko,

Enclosure

cc: R. Egosi
C. Krippendorf
W. Marth



Serono, Inc.
100 Longwater Circle
Norwell, MA 02061
Tel: 781-982-9000
Fax: 781-878-5001
www.seronusa.com

November 22, 2000

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

RECEIVED AT
NOV 27 2000
MINNESOTA BOARD
OF PHARMACY

Dear Sir/Madam:

Enclosed please find the memorandum and information sheet pertaining to "Gifts to Practitioners" sent to all wholesale drug distributors. Please note that Serono, Inc. has "No Reportable Activity" where this matter is concerned.

Should you have any questions regarding the attached, please contact the undersigned at (781) 982-9000.

Sincerely yours,

A handwritten signature in cursive script that reads "Rosann Reinhart".

Rosann Reinhart
Executive Director, Regulatory Affairs

Enclosure

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Snyder Drug #66

MN BOARD OF PHARMACY LICENSE NUMBER

360812-4

NAME OF PRACTITIONER

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

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

14625 Excelsior Blvd

North Mn. 55345

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

RECEIVED AT

NOV 28 2000

BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Medical Distribution Inc
MN BOARD OF PHARMACY LICENSE NUMBER
300913-6

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

600 Progress Blvd Louisville, KY 40218

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.464, 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.)

na

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

NOV 27 2000

MINNESOTA BOARD OF PHARMACY



David Holmstrom
Executive Director
Minnesota Board of Pharmacy

10151 S.E. Jennifer Street
Clackamas, OR 97015
P.O. Box 2409
Clackamas, OR 97015-2409
503-557-7867
503-557-9349 Fax

This letter is to inform you that there has been no such gifts given to
Practitioners from our Division.

Thank You,
Portland Division
Of
Amerisource

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

AmeriSource

MIN BOARD OF PHARMACY LICENSE NUMBER

360545-7

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

10151 S.E. Jennifer Claekenes or 93015

MINNESOTA STATUTES REQUIRE WHOLESALER 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 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
NOV 27 2000
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

VIVUS, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1172 Castro Street, Mountain View, CA 94040

MIN BOARD OF PHARMACY LICENSE NUMBER

3607141 - TN

360695-1 KY

MINNESOTA STATUTES REQUIRE WHOLESALE 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 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
NOV 27 2000
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

AmeriSource
MIN BOARD OF PHARMACY LICENSE NUMBER

360940-8

NAME OF PRACTITIONER

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

No such gifts were given to practitioners

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

322 N 3rd St

Paducah, Ky 42001

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

NOV 27 2000

MINNESOTA BOARD OF PHARMACY



B. F. ASCHER & COMPANY, INC • Pharmaceuticals • Consumer Products

November 20, 2000

NOV 27 2000

MINNESOTA BOARD
OF PHARMACY

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

Dear Mr. Holmstrom:

This responds to your letter dated November 3, 2000.

During calendar year 2000, B. F. Ascher & Company, Inc. made no payments, honoraria, reimbursements or other compensation to practitioners.

As requested, the report form is enclosed.

Sincerely,

Richard O. Welch

Director - Scientific

& Legal Affairs

ROW:djc
cc: JJA

15501 West 109th Street, Lenexa, Kansas 66219-1308
P.O. Box 717, Shawnee Mission, Kansas 66201-0717
Phone: (913) 888-1880 Fax: (913) 888-2250



AmeriSource Health Services

2550 John Glenn Ave. Suite A
Columbus, Ohio 43217
Phone: (614) 492-8177
Toll Free Phone: (800) 707-4621
Fax: (614) 492-1903

RECEIVED AT

NOV 27 2000

November 20, 2000 MINNESOTA BOARD
OF PHARMACY

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

Dear Sir,

In response to your request for information regarding payments, honoraria, reimbursements and other compensation paid to licensed practitioners in the state of Minnesota, no such gifts were given to practitioners.

Sincerely,

Stephanie M. Ford
Compliance Coordinator
AmeriSource Health Services
MN License Number: 459955-9

Enclosure

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

AmericaSource Health Services Corporation

2550 John Glenn Ave, Suite A Columbus OH 43217

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE 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 (9) 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.

459955-9

NAME OF PRACTITIONER

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

N/A

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 27 2000
MINNESOTA BOARD
OF PHARMACY

09115

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Medical Distributors Inc

MIN BOARD OF PHARMACY LICENSE NUMBER

360914-9

NAME OF PRACTITIONER

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

AK

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4001 E. Chanhassen Avenue #121, Las Vegas, NV

MINNESOTA STATUTES REQUIRE WHOLESALE 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 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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VALUE OF PAYMENTS

TYPE OF PAYMENTS

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NOV 27 2000

MINNESOTA BOARD OF PHARMACY

