

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Batede America
MIN BOARD OF PHARMACY LICENSE NUMBER

360772-7

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

NONE

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

12635 Hemlock / PO Box 27249

Oakland Park, FL 33411

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 151.464, 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.

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

0

N/A

RECEIVED AT
NOV 9 2000
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Weeks + Leo Co Inc.

MIN BOARD OF PHARMACY LICENSE NUMBER

459777-1

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Po Box 3570 Des Moines, IA 50322

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

None

TYPE OF PAYMENTS

VALUE OF PAYMENTS

RECEIVED AT
NOV 9 2009
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

SANDSTROM'S

MIN BOARD OF PHARMACY LICENSE NUMBER

360843-8

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2057 EAST HWY 2 GENORAPROS, MN. 55744

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 (J) TO (S), 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 2009

MINN

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ETHEX CORPORATION

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

10888 Nutio Court, St. Louis, MO 63043

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 (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.

MR BOARD OF PHARMACY LICENSE NUMBER

360089-2

NAME OF PRACTITIONER

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

N/A

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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NOV 9 2000

MINNESOTA BOARD OF PHARMACY



Deborah K. Koenen
Legal Division

Abbott Laboratories
100 Abbott Park Road
Dept. 032L, Bldg. AP6D-2
Abbott Park, Illinois 60064-6049
Telephone: (847) 938-6166
Telecopy: (847) 938-1206

March 7, 2001

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 all of 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. 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 for the Pharmaceutical Products Division of Abbott.

If I can be of any further assistance, please feel free to give me a call at 847-938-6166.

Sincerely,

A handwritten signature in cursive script that reads "Deborah Koenen".

Deborah Koenen

Enclosure

cc: Daphne Pals
Brian Smith



TAP PHARMACEUTICAL PRODUCTS INC.

Kenneth D. Greisman

Senior Counsel and Assistant Secretary

675 North Field Drive
Lake Forest, IL 60045
tel 847.582.2704
fax 847.582.5007
e-mail ken.greisman@tap.com

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MAR 30 2001

MINNESOTA BOARD
OF PHARMACY

March 28, 2001

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 TAP Pharmaceutical Products Inc. and TAP Pharmaceuticals Inc. (collectively referred to as "TAP") to licensed practitioners in Minnesota during the preceding calendar year. TAP does not maintain a system for documenting all of the compensation paid to practitioners in Minnesota and is not able to provide you with the requested information. However, TAP is committed to complying with all significant aspects of the Guidelines on Gifts to Physicians from Industry, as issued by the American Medical Association. In this regard, I have enclosed a copy of TAP's Code of Business Conduct and its Operating Guidelines.

If I can be of any further assistance, please feel free to give me a call at (847) 582-2704.

Very truly yours,

Kenneth D. Greisman

KDG:sm

Enclosures

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Supreme Distributors

360646

NAME OF PRACTITIONER

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

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

300 Puritz Drive

Lebanon, IN 46052

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.

TYPE OF PAYMENTS

VALUE OF PAYMENTS

NONE

RECEIVED AT

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
 Universal Rx Solutions of GA, Inc.
 formerly: Pharmacy Solutions, Inc.
 MN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2084.900 Lake Industrial Ct. Conyers, GA 30013
 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 (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.

360885-2
 NAME OF PRACTITIONER
 Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

N/A

TYPE OF PAYMENTS

N/A

RECEIVED AT

NOV 20 2000

MINNESOTA
 OF PHARMACY

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
 Universal Rx Solutions of NJ, Inc.
 Formerly - Ballantine Solutions, Inc.
 MIN BOARD OF PHARMACY LICENSE NUMBER

Myrsonhurst Road Complex Franklin, NJ 07416
 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 (6), 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.

360932-0

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

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NOV 20 2000

MINNESOTA BOARD OF PHARMACY

MID AMERICA
MFG. & DIST., INC.
HWY. 14 BOX 662
DODGE CENTER, MN 55927

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

507-374-2542

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.

360822-1

NAME OF PRACTITIONER

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

N/A

ADDRESS OF PRACTITIONER

TYPE OF PAYMENTS

VALUE OF PAYMENTS

RECEIVED AT

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Triplefin, Inc.
MN BOARD OF PHARMACY LICENSE NUMBER

360623 - 6

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

No payments

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4750 Creek Road Cincinnati, OH 45242

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.

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

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MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Triplefin, Inc.

MN BOARD OF PHARMACY LICENSE NUMBER

361003-1

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

6000 Creek Road Cincinnati, OH 45242

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.)

No payments

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

PAYMENTS

TYPE OF PAYMENTS

None

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NOV 20 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

PASCA Co. INC.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

P.O. BOX 1478
BELLEVUE WA 98009

MIN BOARD OF PHARMACY LICENSE NUMBER

459809-7

MINNESOTA STATUTES REQUIRE WHOLESALER 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 (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 signature]

NAME OF WHOLESALER/DISTRIBUTOR/MANUFACTURER

Combe Incorporated
MN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALER/DISTRIBUTOR/MANUFACTURER

1101 Westchester Ave, White Plains, NY 10604
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.)

Not applicable

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NON NOV 20 2000
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

KOSTER PHARMACY
MN BOARD OF PHARMACY LICENSE NUMBER

360569-3

NAME OF PRACTITIONER

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

No Repeatable activity for 2000

David Kenton - President

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

183 N Tyler St
Tulser, MN. 56178

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 (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 20 2000

MINNESOTA BOARD
OF PHARMACY

Reverse Distributor

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Orlando Florida 32819

Pharmaceutical Recovery Services, Inc

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

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 151.463, 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
Practitioner			
Given to S. Hoffman			
GLHS 20 Jan 2000			
GLHS 20 Feb 2000			
No			

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NOV 20 2000
MINNESOTA BOARD OF PHARMACY

