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I. A. M. J. E. S.	MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTE	NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER

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	UMANUFACTURER	ADDRESS OF WHOLESALE DRÜG DISTRIBUTERMANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  Mylan Pharmaceuticals Inc.	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER PO Box 4310, 781 Chestnut Ridge	Road,	Morgantown, WV 26505
MN BOARD OF PHARMACY LICENSE NUMBER 459677-2	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 (1) 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.	TBOARD OF PHARMACY AN ANN 18ES (1) TO (5), PAID TO PRACTII 18MENTS TOTALING \$100 OR MOI 18E PUBLIC DATA.	TUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, 'IONERS IN MINNESOTA DURING THE PRECEDING 'IE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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Eagan, MN 55121	Suite 109 Eag	2915 Waters Road, S		Olsten Health Services
	MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	ER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Office Memorandum

DATE: November 4, 1997

To: Legal Affairs Department

Minnesota Licensed Drug Wholesalers & Drug Manufacturers

FROM: David E. Holmstrom Executive Director

PHONE: (612) 617-2201 - Hearing/Speech Relay Metro: 297-5353

FAX: (612) 617-2212 - Hearing/Speech Relay Non-Metro: 1-800-627-3529

SUBJECT: Gifts to Practitioners

The 1993 Minnesota Legislature passed a bill requiring each "wholesale drug distributor" to file, with the Board of Pharmacy, an annual report identifying all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota during the preceding calendar year. The report requires companies to identify the nature and value of any payments, totaling \$100 or more, to a particular practitioner during the year. Enclosed is a copy of the form we will be using to collect this information. Please complete this form and return it to us at your earliest convenience. Please return the form even if you had no reportable activity.

All drug wholesalers and drug manufacturers, doing business in Minnesota, began keeping track of these types of disbursements, effective January 1, 1994. While no specific date is found in the statutes, reports are to be filed in early 1998, covering disbursements made in calendar 1997.

Your cooperation is greatly appreciated.

DEH:jmk

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C, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	AYMENTS TOTALING \$100 OR MORE, ARE FUBLIC DATA.	CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY P. AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION A	H599 72-H
AL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,	E BOARD OF PHARMACY AN ANNUA	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF THARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,	HIN BOARD OF PHARMACY LICENSE NUMBER
	ERMANUFACTURER		NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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	**		
		NO REPORTABLE ACTIVITY	
TYPE OF PAYMENTS	PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	SES (3) TO (5), PAID TO PRACTIT (MENTS TOTALING \$100 OR MOR (B PUBLIC DATA.	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.	
INE MN 56011 AUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,	X 128 BELLE PLAT	200 W BEAVER ST/P 0 BO	WENDT LABORATORIES INC.
	UMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER