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<b>1</b>			phone conversation with David Holmstrom on	
•			Not applicable to American Red Cross, per	LEGS Menors and
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												ADDRESS OF PRACTITIONER	MINNESOT, 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 SIM OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	ADDRESS OF THOUSAND DAVID DISTAND	מסטורידי בין ואנג אנסידופנסידים מונות מונים ומסומנים מסטידים מ
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											C	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	NN BOARD OF PHARMACY LICENSE NUMBER	D	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
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		7.									ADDRESS OF PRACTITIONER	NESOTA STATUTES REQUIRE WIDDLESALE DUOG DISTRIBUTORS TO MOUSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUATION OF THE PRACTITIONER, REPORTS FILED UNDER THIS SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS	2	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER
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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	MANUFACTURER	
Chisago Lakes Hospital	11685 Lake Boulevard N	N., Chisago City,	, MN 55013
NIN BOAKD 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 (3), 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,	BOARD OF PHARMACY AN AND SES (3) TO (5), PAID TO PRACTIT MENTS TOTALING \$100 OR MOI	THE THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,  11, CLAUSES (1) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING  ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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	2"									ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.441, 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.	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER  **, [MC. SQQ MOILS WHO LESALE DRUG DISTRIBUTER HARDAN MA  MINNESOTA STATUTES REQUIRE WHO LESALE DRUG DISTRIBUTORS TO FILE WITH THE BASED OF PHARMA
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	40			ADDRESS OF PRACTITIONER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER $ \mathcal{P}_{\mathcal{L}} \vee \mathcal{T} \vee \mathcal{L}  \qquad  \mathcal{H}_{\mathcal{L}} \vee \mathcal{H}_{\mathcal{L}}  \leq  \mathcal{H}_{\mathcal{L}}$
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		× .										ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISI. 461, CLAUSES (1) TO (3), FAID TO PRACTITIONERS IN MINNESOIA 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.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE	7	dadille/yalintyvda_litald_bayou oling a 1165 lotim ao 333 augr
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											ADDRESS OF PRACTITIONER	MINRESOTA STATTITES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL YAMENTS, HONORAKIA, 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.	1	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER
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