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Medtronic Neurological 800 53rd Avenue NE Minneapolis, MN 55421-1200 Internet: www.medtronic.com Telephone: (612) 514-5000 Toll-free: 1-800-328-0810 FAX: (612) 514-5078





January 19, 1999

Attn: David E. Holmstrom, Executive Director MINNESOTA BOARD OF PHARMACY 2829 University Avenue S.E., #530 Minneapolis, MN 55414-3251

Dear Mr. Holmstrom:

This is in response to your memo dated November 5, 1998 requesting the annual report of Gifts to Practitioners as a requirement of a Licensed Drug Wholesaler in Minnesota. Medtronic USA, Inc., is a medical device manufacturer. The Drug Delivery Business distributes a prescription drug in a refill kit for our implantable pumps as an incidental part of our device business. As per our phone discussion on this issue back in June 1997, we hereby request an exemption from this reporting requirement as per Section 151.461 of the Minnesota Statutes.

Please feel free to contact me if you have any questions. Thank you.

Sincerely,

Winified C. Wu. RPh

Winifred C. Wu, RPh Director, Regulatory Affairs Drug Delivery Business Phone: 612-514-5692 Fax: 612-514-5654

name change to just St. Joseph's Hispital

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	MANUFACTURER // / /	W. C.
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January 12, 1999

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OF PHARMACY MINNESOTA BOARD

Minneapolis, MN 55414-3251 2829 University Avenue SE, #530 Minnesota Board of Pharmacy

Minnesota Wholesale Drug Distributor License No. 360704-4 Warrendale, PA 15086 178 Thorn Hill Road Subject: Olsten Health Services

Gentlemen:

practitioners in Minnesota during 1998. Attached is the subject Distributor's annual report regarding payments of any type made to licensed

There were no such payments made as shown on the report.

facility Manager, Jay A. Watson, R.Ph., at (724) 772-6000. If there are any questions concerning this report please contact the undersigned at (913) 814-2803, or the

Yours very truly,

Home Care Administration

Joe Ferraro cc: Warrendale Location 7065

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MINNESOTA BOARD OF PHARMACY 2829 University Ave. SE, #530 Minneapolis, MN 55414-3251

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NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	VMANUFACTURER	
Serono Laboratories, Inc.	62 Pacella Park Drive, Randol	Randolph, MA 02368	
MN BOARD OF PHARMACY LICENSE NUMBER 359864–5	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HUNCKAKIA, 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.	TBOARD OF PHARMACY AN ANN ISES (3) TO (5), PAID TO PRACTII PMENTS TOTALING \$100 OR MOD	WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HUNDKARIA, 461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING F ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, VISION ARE PUBLIC DATA.
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Red Line Medical Supply, Tnc. MN BOARD OF PHARMACY LICENSE NUMBER 301239_6 NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) NONE	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER 8790 Valley Forge Lane North Maple Gyove, MN 55369 Minnesota statutes require wholesale drug distributors to file with the board of pharmacy an annual report dentifying all payments, honoraria, rembeurement of the report shall identify the nature and value of any value of the prayments totaling sim or more, to a particular practitioner during the yractitioner during the yrach, and shall identify the practitioner reports filed inder this provision are public data. Address of practitioner beaching the yraching the yraching the yrach, and shall identify the practitioner during the practicular provider during the practicular pro	NOTTH NOTTH BOARD OF PHARMACY AN ANY USES (3) TO (5), PAID TO PRACTIF USES (3) TO (5), PAID TO PRACTIF USE PUBLIC DATA. VALUE OF PAYMENTS PAYMENTS	UAL REPORT DENTIFYING ALL PAYMENTS, HIONERS IN MINNESOTA DURING THE PRECEDI 2E, TO A PARTICULAR PRACTITIONER DURING TYPE OF PAYMENTS
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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	VMANUFACTURER	
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MN BOARD OF PHARMACY LICENSE NUMBER	EQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH TO COMPENSATION AUTHORIZED UNDER SECTION 151.461, CL. EPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION	HE BOARD OF FRARMACY AN ANNY AUSES (3) TO (5), PAID TO PRACTITI AYMENTS TOTALING \$100 OR MORI ARE PUBLIC DATA.	IX. REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, ONERS IN MINNESOTA DURING THE PRECEDING IN MINNESOTA DURING THE YEAR, IN A PARTICULAR PRACTITIONER DURING THE YEAR,
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or more for co	alander year 1998.		
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NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
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		ADDRESS OF WHOLESALE DRIIG DISTRIBITER/MANUFACTURER	MANIFACTURER	
AMOS SOLVED TACKS T		935 Lincoln Rd.	, Idaho Fa	Falls, It 83401
ļ	MINNESOTA STATUTES REQUIRE WHOLES, REIMBURSEMENT OTHER COMPENSATION CALENDAR PARK. THE REPORT SHALL IDE CALENDAR PARK. THE PRACTITIONER AND GRALL INFORMATION OF THE PRACTITION OF THE PRACTITION OF THE PRACTITION OF THE PRACTITION OF THE PRACTICAL OF THE PRAC	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOAKD OF FILAN MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS OF THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYMENTS TOTALIN AND MILLIUM THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYMENTS TOTALIN AND MILLIUM THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	HOARD OF PHAKMACY AN AGING SES (3) TO (5), PAID TO PRACTIFI MENTS TOTALING \$100 OR MOR IE PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTIONS TO FILE WITH THE BOAKD OF FILAMACY AN ANNOAL ASTON, DESCRIPTION OF THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORES UNDER SECTION 151.461, CLAUSES 9) TO 9), PAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT TOTALING \$100 OR MORE, TO A PARTICULAR FRACTITIONER DURING THE YEAR, AND SHALL DESCRIPT THE NATURE AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR FRACTITIONER DURING THE YEAR, AND SHALL DESCRIPTIONER. REPORTS \$11.ED UNDER THIS PROVISION ARE FUBLIC DATA.
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OHPKIL 600	both Park Rd, Abb	nc. APS, 100 Ab	AbboH Laboratories Inc.
	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	- 1	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

AMERICAN PHARMACYLICENSE NUMBER MN BOARD OF PHARMACYLICENSE NUMBER MINNESOTA REIMBURSEI CALENDAR I	ADDRESS OF WHOLESALE DRUG DISTR D866 Wilshipe STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WI MENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461 MEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF A	BUTERMANUFACTURER BIND., S. H. # 12 TH THE BOARD OF FILARMACY AN ANN , CLAUSES (3) TO (5), PAID TO PRACTIT ANY PAYMENTS TOTALING \$100 OR MOD	Suite #1270, Los Angeles CA 90024 SPILIRMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, 16), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING OTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
	No reportable activity in 1998.		
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7 January 1999

Minnesota Board of Pharmacy 2829 University Ave. SE, #530 St. Paul, MN 55414-3251

Dear Sir or Madam:

Enclosed are the reports for Colgate Oral Pharmaceuticals' Dallas, TX and Canton, MA facilities identifying compensation made to practitioners during the year 1998.

You may contact me at (972) 720-6047 should you have any questions.

Regards,

Jefffry D. Vaughn Regulatory Affairs Specialist

:00

Ms. Eugénie Acosta

Colgate Oral Pharmaceuticals, Ir	Er Inc.	14335 Gillis Road Dallas, TX 75	Dallas, TX 75244-3718	18
MN BOARD OF PHARMACY LICENSE NUMBER 459807–1	MINNESOTA STATUTES REQUIRE WHOLE REIMBURSEMENT OTHER COMPENSATION CALENDAR YEAR. THE REPORT SHALL ID AND SHALL IDENTIFY THE PRACTITIONE	SALE DRUG DISTRIBUTORS TO FILE WITH THE N AUTHORIZED UNDER SECTION 151.461, CLAU DENTIFY THE NATURE AND VALUE OF ANY PAY R. REPORTS FILED UNDER THIS PROVISION AR	BOARD OF PIKRMACY AN ANN SES (3) TO (5), PAID TO PRACTIT (MENTS TOTALING \$100 OR MOD IE PUBLIC DATA.	WINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OFFICE 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.
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									No payments were made to any pra	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MN BOARD OF PHARMACY LICENSE NUMBER 359949-5	Colgate Oral Pharmaceuticals, Inc.	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
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Goshen Corporate Park West 1310 Goshen Parkway West Chester, PA 19380 West Chester, PA 19380 Main (610) 431-1700 Visit Our Web Site at http://www.vwrsp.com



January 5, 1999

RE: Gifts To Practitioners

Minnesota Board of Pharmacy 2829 University Avenue, SE # 530 Minneapolis, MN 55414-3251

Dear Sir or Madam:

Please find attached our annual report of gifts to practitioners. VWR Scientific Products Corporation has not given gifts to licensed practitioners in Minnesota during 1998. It is against our Corporate policies to give gifts to any practitioner anywhere.

Sincerely,

David B. Caria

Director, Regulartory Affairs VWR Scientific Products

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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER			
		OMANUFACTURER	
MN BOARD OF PHARMACY LICENSE NUMBER MINNESO	ATION 800 East Fabyan Parkway, Minnesora stationes Require Will Balt Bard Fabyan Parkway,	ay, Batavia, IL	60510
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