

MDS and Pharma

Getting the most from your MDS System



The Systems House, Inc.
06/11/12

Agenda

Setup

- Drug Types, Pharma Records
- Pedigree Printing Options

Pedigree

- How it Works
- Updating

Reporting

- ARCOS Reporting
- DEA Reporting
- Various Reports



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Setup

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Pedigree

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Reporting

- ARCOS Reporting
- DEA Reporting
- Various Reports



Classifying Drugs

In this section, the user defines each drug type

If the License Required flag is set to “Y”, the Order Entry section will check that the customer’s license has been entered and that it is not expired.

User Group Settings = [rs00000.tshinc.com-BASE:12-DRUG:TYPE:MAINT01251]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Drug	Type	Maintenance
Drug Type	C3	
1.Description		
2.License Req		Y
3.Dea# Required		Y
4.Pedigree Required		Y
5.Controlled Drug		Y
6.DEA Form Required		N
7.Federal Caution		N
8.Expiration Days		90
9.Drop Ship		N
10.Include/Arcos Rpt		Y

SCHEDULE 3 REPORTABLE SUB

Classifying Drugs

In this section, the user defines each drug type

If the DEA# Required flag is set to “Y”, the system will check that the DEA# is valid, and not expired, in the Vendor, Customer, and/or Ship To records.

User Group Settings = [rs00000.tshinc.com-BASE:12-DRUG:TYPE:MAINT01251]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Drug	Type	Maintenance
Drug Type	<input type="text" value="C3"/>	
1.Description		
2.License Req		
3.Dea# Required		<input type="text" value="Y"/>
4.Pedigree Required		<input type="text" value="Y"/>
5.Controlled Drug		<input type="text" value="Y"/>
6.DEA Form Required		<input type="text" value="N"/>
7.Federal Caution		<input type="text" value="N"/>
8.Expiration Days		<input type="text" value="90"/>
9.Drop Ship		<input type="text" value="N"/>
10.Include/Arcos Rpt		<input type="text" value="Y"/>

SCHEDULE 3 REPORTABLE SUB

<input type="text" value="Y"/>
<input type="text" value="Y"/>
<input type="text" value="Y"/>
<input type="text" value="Y"/>
<input type="text" value="N"/>
<input type="text" value="N"/>
<input type="text" value="90"/>
<input type="text" value="N"/>
<input type="text" value="Y"/>

Classifying Drugs

In this section, the user defines each drug type

If a Pedigree is required for the drug type, set this flag to "Y".

User Group Settings = [rs00000.tshinc.com-BASE:12-DRUG:TYPE:MAINT01251]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Drug	Type	Maintenance
Drug Type	C3	
1.Description		
2.License Req		
3.Dea# Required		
4.Pedigree Required		Y
5.Controlled Drug		Y
6.DEA Form Required		N
7.Federal Caution		N
8.Expiration Days		90
9.Drop Ship		N
10.Include/Arcos Rpt		Y

SCHEDULE 3 REPORTABLE SUB

Classifying Drugs

In this section, the user defines each drug type

To prompt the user to input a Drug Form#, set this flag to "Y".

User Group Settings = [rs00000.tshinc.com-BASE:12-DRUG:TYPE:MAINT01251]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Drug	Type	Maintenance
Drug Type	<input type="text" value="C3"/>	
1.Description		
2.License Req		<input type="text" value="Y"/>
3.Dea# Required		<input type="text" value="Y"/>
4.Pedigree Required		<input type="text" value="Y"/>
5.Controlled Drug		<input type="text" value="Y"/>
6.DEA Form Required		<input type="text" value="N"/>
7.Federal Caution		<input type="text" value="N"/>
8.Expiration Days		<input type="text" value="90"/>
9.Drop Ship		<input type="text" value="N"/>
10.Include/Arcos Rpt		<input type="text" value="Y"/>

SCHEDULE 3 REPORTABLE SUB

Classifying Drugs

In this section, the user defines each drug type

To allow Drop Ships for this specific drug type, set the flag to "Y".

User Group Settings = [rs00000.tshinc.com-BASE:12-DRUG:TYPE:MAINT01251]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Drug	Type	Maintenance
Drug Type	C3	
1.Description		SCHEDULE 3 REPORTABLE SUB
2.License Req		Y
3.Dea# Required		Y
4.Pedigree Required		Y
5.Controlled Drug		Y
6.DEA Form Required		N
7.Federal Caution		N
8.Expiration Days		90
9.Drop Ship		N
10.Include/Arcos Rpt		Y

Classifying Drugs

In this section, the user defines each drug type

User Group Settings = [rs00000.tshinc.com-BASE:12-DRUG:TYPE:MAINT01251]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Drug	Type	Maintenance
Drug Type	C3	
1.Description		
2.License Req		Y
3.Dea# Required		Y
4.Pedigree Required		Y
5.Controlled Drug		Y
6.DEA Form Required		N
7.Federal Caution		N
8.Expiration Days		90
9.Drop Ship		N
10.Include/Arcos Rpt		Y

SCHEDULE 3 REPORTABLE SUB

To include this drug type in the ARCOS Reporting, set the flag to "Y".

Classifying Products

The drug type is associated to each product

User Group Settings - [rs6000d.tshinc.com-DEMO.12-PROD.MAST.MAINT008\$2]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Product Master Maintenance

Product #	APAP-COD	115516	
39. Minimum GP %	0.00	59. Trans Shipping Ind	S
40. Maximum GP%	0.00	60. Group Number	
41. Price Hold Bypass	N	61. Exp Date Required	Y
42. Disc Break			Y
43. Minimum			
44. Dropship			
45. UPC Number			N
46. UNSPSC		66. PO Group	
47. HCPIC		67. Drug Type	C3 SCHEDULE 4 REPORTABLE SUB
48. Manuf. Code		68. MSDS Flag	
49. Manuf. Product#		69. Catch Weight Flag	N
50. United Product#		70. Min Average Weight	0.0
51. Contract Cost		71. Max Average Weight	0.0
52. Expiration Date		72. Supply Method	P
53. Warranty Period	0	73. Customer	
54. Serial	N	74. Lead Time	0.0
55. Quantity Factor	1.00	75. Catalog Page	

Select the appropriate drug type.

Classifying Products

Expiration Date Required Option

User Group Settings - [rs6000d.tshinc.com-DEMO.12-PROD.MAST.MAINT008\$2]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Product Master Maintenance

Product #	APAP-COD	115516	
39. Minimum GP %	0.00	59. Trans Shipping Ind	S
40. Maximum GP%	0.00	60. Group Number	
41. Price Hold Bypass	N	61. Exp Date Required	Y
42. Disc Break Ind	N	62. Rebatable	Y
43. Minimum PO Qty	0	63. NDC Number	
44.			
45.			N
46.			
47. HCPIC		67. Drug Type	C3 SCHEDULE 4 REPORTABLE SUB
48. Manuf. Code		68. MSDS Flag	
49. Manuf. Product#		69. Catch Weight Flag	N
50. United Product#		70. Min Average Weight	0.0
51. Contract Cost		71. Max Average Weight	0.0
52. Expiration Date		72. Supply Method	P
53. Warranty Period	0	73. Customer	
54. Serial	N	74. Lead Time	0.0
55. Quantity Factor	1.00	75. Catalog Page	

If the item has expiration dates, set the Expiration Date Required flag to "Y".

Classifying Products

Specify if the Item is a Lot Item

User Group Settings - [rs6000d.tshinc.com-DEMO.12-PROD.DET.MAINT008\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Product Detail Maintenance

Warehouse #

Product #

1.Last Cost

2.STD Cost

3.Message

4.OH Negative Ind

5.Lot/Serial Logic

6.Date Controlled

7.Auto Lot Select

8.Unit/Len Qty

9.Cycle Count Code

10.Multi-Location Pick in Use

11.Solid Case Pick in Use

12.Solid Case Maximum Pick

13.Primary Location Minimum

14.Primary Location Maximum

15.Solid Case Location Minimum

17.Locations Type OnHand

1.	<input type="text" value="0200E"/>	<input type="text" value="P"/>	<input type="text" value="0"/>
2.	<input type="text" value="0100B"/>	<input type="text" value="B"/>	<input type="text" value="0"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>

Total OnHand

If the item is lot controlled, set the flag as "Y".

Classifying Vendors

DEA#

User Group Settings - [tshpe2-DEMO.12-VEND.MAST.MAINT011\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Vendor Master Maintenance

Created [] []

Vendor Number:

**** Purchase Order Address ****

1.Name	<input type="text" value="INSOURCE INC"/>	21.PO Name	<input type="text" value="INSOURCE INC"/>
2.Address 1	<input type="text" value="BOX 360202"/>	22.PO Add1	<input type="text" value="80 SUMMIT VIEW LANE"/>
3.Address 2	<input type="text"/>	23.PO Add2	<input type="text"/>
4.City	<input type="text" value="PITTSBURGH"/>	24.PO City	<input type="text" value="BASTIAN"/>
5.State	<input type="text" value="PA"/> Country <input type="text"/>	25.PO State	<input type="text" value="VA"/> Country <input type="text"/>
6.Zip Code	<input type="text" value="15250-6202"/>	26.PO Zip	<input type="text" value="24314-0009"/> Ext. <input type="text"/>
7.Contact	<input type="text" value="GREG"/>		<input type="text" value="800-366-3829"/>
8.Telephone	<input type="text" value="800-366-3829"/>		<input type="text" value="800-869-8895"/>
9.Fax Phone	<input type="text" value="800-869-8895"/>		<input type="text" value="01"/>
10.Fed ID/SS#	<input type="text"/>	11.1099 Req	<input type="text" value="N"/>
12.GLN Number	<input type="text"/>	30.PO Type	<input type="text"/>
13.Misc Data	<input type="text"/>	31.Ship Method	<input type="text"/>
14.Misc Data 2	<input type="text"/>	32.Frt PD Cutoff\$	<input type="text" value="0"/>
15.Vend Class	<input type="text"/>	33.Currency	<input type="text"/>
16.Std G/L #	<input type="text" value="1400"/>	34.Combo Code	<input type="text" value="0"/>
17.Temporary	<input type="text" value="N"/>	35.Dea#	<input type="text" value="ZZ9000059"/>
		36.Pay Status	<input type="text" value="P"/>
		37.Rebate Via EDI	<input type="text"/>

Enter the Vendor's DEA#.

Classifying Vendors

Specify if a Pedigree is Required

User Group Settings - [rs6000d.tshinc.com-DEMO.12-VEND.MAST.MAINT011\$2]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Vendor Master Maintenance Created

Vendor Number INSOURCE

40.Vendor EDI Qualifier

41.Vendor EDI ID

42.Company EDI Qualifier

43.Company EDI ID

44.Rebate Format

45.Credit Limit

46.Terms Code

47.Pedigree Req'd Y

48.Allow Drop Ship N

49.Drop Ship Info

50.Comments ACCTS REC CONTACT JOE/JENNIFER
CREDIT LIMIT IS 49,000.00

51.Web Site ID

52.Manufacturer Flag

53.Trans Vend Trans Vend Email

If the items purchased from this vendor require a Pedigree, then set this flag to "Y".

Classifying Customers

DEA Information

User Group Settings - [rs6000d.tshinc.com-DEMO.12-CUST.MAST.MAINT011\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Customer Master Maintenance

Customer#	KESSLER	Internal #	100197	Created	07/02/01
1.Name	KESSLER REHAB GROUP	21.Special Pricing			
2.Address 1	100 CENTRAL AVE	22.Spec Prc Cont#			
3.Address 2		23.Spec Prc Alert			
4.Address 3		24.Shipto Code	R		
5.City	EAST ORANGE	25.Shipto Method	01	UPS	
6.State	NJ Country	26.Taxable		NET 30	
7.Zip Code	07802	29.Tax Juris		NJ NEW JERSEY	
9.DEA Code	Z	30.Tax Exempt #			
10.A/R Contact		31.Exempt Exp Dt			
11.Telephone	973-628-3150	32.Service Chg	Y	# Days	90
12.Fax Number	973-621-2242	33.Credit Method		00	
Email		34.Credit Limit			10000
13.Master A/R		35.Credit Days			
14.Cust Class	01 HOSPITALS	36.Credit Hold		N	
15.Cust Type	07 CHIROPRACTIC	37.Accept B/O		Y	
16.Cust Group		38.Accept Partial		Y	
17.Abc Co Territory					

Enter the 2nd letter of the DEA#.

Classifying Customers

DEA Information

User Group Settings - [rs6000d.tshinc.com-DEMO.12-CUST.MAST.MAINT011\$2]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Customer Master Maintenance

Customer# Internal #

42.Dea# 60.ALC Priority

43.Dea Exp Date 61.Freight Class

44.Drug Type 62.Charge Freight

2. 63.Frt Surcharge %

64.Frt Surcharge \$

45.License Name 65.Surcharge Basis

46.License #

47.Lic Exp Date

48.Med Data Sht

49.Monthly Bill

50.Serv Co# 69.Send 855 EDI

51.Serv Whse 70.Send 856 EDI

52.GLN Number 71.Send 810 EDI

53.Admin Fee % 72.Cust.PO #

54.Label Fee 73.Cust PO Mask

55.Facility 74.Cust PO Match

56.Department 75.Wild Card

57.Pick Priority 76.DUNS Number

77.Dunning Flag

Enter the 9 character DEA# and the Expiration Date.

Classifying Customers

DEA Information

User Group Settings - [rs6000d.tshinc.com-DEMO.12-CUST.MAST.MAINT011\$2]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Customer Master Maintenance

Customer# **KESSLER** Internal # **100197**

42.Dea# **ZZ9000059** 60.ALC Priority

43.Dea Exp Date **09/30/13** 61.Freight Class

44.Drug Type **1.** 62.Charge Freight **Y**

2. 63.Frt Surcharge % **0.00**

45.License Name 64.Frt Surcharge \$ **0.00**

46.License # 65.Surcharge Basis

47.Lic Exp Date

48.Med Data Sht **N**

49.Monthly Bill **N** 69.Send 855 EDI **N**

50.Serv Co# **01** 70.Send 856 EDI **N**

51.Serv Whse **001** 71.Send 810 EDI **N**

52.GLN Number 72.Cust.PO # **Y**

53.Admin Fee % **0.00** 73.Cust PO Mask

54.Label Fee **0.00** 74.Cust PO Match

55.Facility

56.Department

57.Pick Priority 75.Wild Card

76.DUNS Number

77.Dunning Flag **N**

The Order Entry module will validate against this file when a customer places an order.

Classifying Customers

Drug Types

User Group Settings - [rs6000d.tshinc.com-DEMO.12-CUST.MAST.MAINT011\$2]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Customer Master Maintenance

Customer# KESSLER Internal # 100197

42.Dea# ZZ9000059 60.ALC Priority

43.Dea Exp Date 09/30/13 61.Freight Class

44.Drug Type 1. C3 SCHEDULE 4 REF 62.Charge Freight Y

2. 63.Frt Surcharge % 0.00

64.Frt Surcharge \$ 0.00

45.License Name 65.Surcharge Basis

46.License #

47.Lic Exp Date

48.Med Data Sht N

49.Monthly Bill N 69.Send 855 EDI N

50.Serv Co# 01 70.Send 856 EDI N

51.Serv Whse 001 71.Send 810 EDI N

52.GLN Number 72.Cust.PO # Y

53.Admin Fee % 0.00 73.Cust PO Mask

54.Label Fee 0.00 74.Cust PO Match

55.Facility 75.Wild Card

56.Department 76.DUNS Number

57.Pick Priority 77.Dunning Flag N

Assign all of the drug types a customer is allowed to purchase.

Classifying Customers

Drug Types

User Group Settings - [rs6000d.tshinc.com-DEMO.12-CUST.MAST.MAINT011\$2]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Customer Master Maintenance

Customer# KESSLER Internal # 100197

60.ALC Priority

42.Dea# ZZ9000059 61.Freight Class

43.Dea Exp Date 09/30/13 62.Charge Freight Y

44.Drug Type 1. C3 SCHEDULE 4 REF 63.Frt Surcharge % 0.00

2. 64.Frt Surcharge \$ 0.00

45.License Name 65.Surcharge Basis

46.License #

47.Lic Exp Date

48.Med Data Sht N

49.Monthly Bill N 69.Send 855 EDI N

50.Serv Co# 01 70.Send 856 EDI N

51.Serv Whse 001 71.Send 810 EDI N

52.GLN Number 72.Cust.PO # Y

53.Admin Fee % 0.00 73.Cust PO Mask

54.Label Fee 0.00 74.Cust PO Match

55.Facility 75.Wild Card

56.Department 76.DUNS Number

57.Pick Priority 77.Dunning Flag N

The Order Entry module will validate against this file when a customer places an order.

Classifying Customers

License Information

User Group Settings - [rs6000d.tshinc.com-DEMO.12-CUST.MAST.MAINT011\$2]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Customer Master Maintenance

Customer# KESSLER Internal # 100197

42.Dea#	ZZ9000059	60.ALC Priority	
43.Dea Exp Date	09/30/13	61.Freight Class	
44.Drug Type	1. C3 SCHEDULE 4 REF	62.Charge Freight	Y
45.License Name	ZANE, JOSEPH MD	63.Frt Surcharge %	0.00
46.License #	0131053653	64.Frt Surcharge \$	0.00
47.Lic Exp Date	05/31/13	65.Surcharge Basis	
48.Med Data Sht	N	66.Frt Min Dol	0.00
49.Monthly Bill	N	67.EDI Cust#	
50.Serv Co#	01	68.Recv 850.EDI	N
51.Serv Whse	001	69.Send 855 EDI	N
52.GLN Number			
53.Admin Fee %	0.00	73.Cust PO Mask	
54.Label Fee	0.00	74.Cust PO Match	
55.Facility		75.Wild Card	
56.Department		76.DUNS Number	
57.Pick Priority		77.Dunning Flag	N

Enter the license information for the doctor or hospital.

Classifying Customers

License Information

User Group Settings - [rs6000d.tshinc.com-DEMO.12-CUST.MAST.MAINT011\$2]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Customer Master Maintenance

Customer#	KESSLER		
42.Dea#			
43.Dea Exp Date	09/30/13	62.Charge Freight	Y
44.Drug Type	1. C3 SCHEDULE 4 REF	63.Frt Surcharge %	0.00
	2.	64.Frt Surcharge \$	0.00
45.License Name	ZANE, JOSEPH MD	65.Surcharge Basis	
46.License #	0131053653	66.Frt Min Dol	0.00
47.Lic Exp Date	05/31/13	67.EDI Cust#	
48.Med Data Sht	N	68.Recv 850.EDI	N
49.Monthly Bill	N	69.Send 855 EDI	N
50.Serv Co#	01		
51.Serv Whse	001		
52.GLN Number			
53.Admin Fee %	0.00	73.Cust PO Mask	
54.Label Fee	0.00	74.Cust PO Match	
55.Facility		75.Wild Card	
56.Department		76.DUNS Number	
57.Pick Priority		77.Dunning Flag	N

The Order Entry module will validate against this file when a customer places an order.

Enter the license information for the doctor or hospital.

Classifying Customers

Additional License Information

User Group Settings - [rs6000d.tshinc.com-DEMO.12-CUST.MAST.MAINT011\$7]
File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

100197

Customer# KESSLER

120.Additional Licenses

Ln#	License#	ExpDate	Opt	License Name
1	BA31659809	06/30/14	I	MARK ALLEN MD
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Any additional licenses can be added. An option is also provided on where to print: Pick Ticket, Invoice, Both, or None.

Classifying Customers

Additional License Information

User Group Settings - [rs6000d.tshinc.com-DEMO.12-CUST.MAST.MAINT011\$7]
File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

100197

Customer# KESSLER

120.Additional Licenses

Ln#	License#	ExpDate	Opt	Prt	License Name
1	BA31659809	06/30/14	I		MARK ALLEN MD
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

The system does not perform any checks on these additional licenses.

Classifying Customers

Additional License Information

User Group Settings - [rs6000d.tshinc.com-DEMO.12-CUST.MAST.MAINT011\$7]
File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

100197

Customer# KESSLER

120.Additional Licenses

Ln#	License#	ExpDate	Prt	Opt	License Name
1	BA31659809	06/30/14		I	MARK ALLEN MD
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

An example may be additional pharmacy licenses.

Classifying Shipto's DEA Information

User Group Settings - [tshpe2-DEMO.12-SHIP.TO.MAINT008\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Ship To Maintenance

Customer #	KESSLER		KESSLER REHAB GROUP	
Ship To #	000001			
1.Ship To Name	KESSLER REHAB OFFICE #1			
2.Ship To Addr1	147 CLIFTON AVE.			
3.Ship To Addr2				
4.Ship To Addr3				
5.City	CLIFTON			
6.State	NJ	Country	000	U.S.A.
7.Zip Code	07013		8.DEA Code	Z
9.Ship Method	01	UPS		
10.Sh				
11.S				
12.T				
13.T				
14.S				
15.G				
16.P				
18.Pick Priority				
20.DEA#	ZZ9000059			
21.DEA Expires	12/31/13			
22.License#	0142954501			
23.Lic Exp. Date	12/31/13			
24.Drug Type	1	C3	SCHEDULE 4 REPORT	
	2	RX	PHYSICIAN PRESCRIB	
	3			
25.Phone#				
26.Res/Com	C			
27.Ship Label Template				
28.Pack Slip Template				
29.Facility				
30.Inactive Flag	N			
31.Wireless Picking				

Similar to the Customer record, the Ship To record can have it's own DEA, License, Drug Type, and Additional License information.

Classifying Shipto's Additional License Information

User Group Settings - [rs6000d.tshinc.com-DEMO.12-SHIP.TO.MAINT008\$3]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Customer #

Ship To #

40.Additional Licenses

Ln#	License#	ExpDate	Opt	License Name
1	74256584001	12/31/13	I	BEVERLY ISRAM MD
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Pharma Menu

Maintenances and Reports

User Group Settings - [rs6000d.tshinc.com-DEMO.12-PHARMA.MENU]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

2:43:55 PM

April 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5
6	7	8	9	10	11	12

Shortcuts

- Order Entry
- MDS Lookup Options Maintenance
- Stock Status Inquiry

PHARMA.MENU on DEMO.12

- 1.State License Maintenance
- 2.Excessive Product Usage Maintenance
- 3.Product Size Maintenance
- 4.Product Strength Maintenance
- 5.Product Family Maintenance
- 6.Product Pharma Maintenance
- 7.Reorder Label Print
- 8.DEA Invoice Print
- 9.DEA Inventory Report
- 10.DEA Receipts Posting Register
- 11.DEA Product Transaction Report
- 12.Pharma Hold Reason Code Maintenance

Back Home ?

Tasks

Date	Time	Description	Status
4/28/2009	3:30pm	Call Joe Smith	Past

Key Indicators

Indicator	Daily	Monthly	This Year	Last Year
Sales Dollars	\$854	\$32,266	\$34,368	
Credit Dollars	(\$360)	(\$7,241)	(\$7,466)	

Annual Sales by Customer Class

Legend:

- 001
- 01
- 02
- 03
- 04
- 05
- 07
- 08
- 11
- 65

State License

Record each of your state licenses

User Group Settings - [rs6000d.tshinc.com-DEMO.12-STATE.LICENSE.MAINT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

State License Maintenance

Company	01	TSH Medical Company
State Code	NJ	NEW JERSEY
1.State License#		41324407253
2.Expiration Date		12/31/13

Enter the license number and expiration date for each state your company possesses a license for.

Excessive Product Usage

Set a quantity limit for all or a specific customer

User Group Settings - [rs6000d.tshinc.com-DEMO.12-EXCESS.PROD.USAGE.MAINT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Excessive Product Usage Maintenance

Company	01	TSH Medical Company
Customer	KESSLER	KESSLER REHAB GROUP
Product	APAP-COD	APAP-CODEINE

Stocking U/M BT

1.Qty Limit 50

2.Expiration Date 12/31/12

This file contains one record for each product a customer may purchase and a limit is needed.

Excessive Product Usage

Set a quantity limit for all or a specific customer

User Group Settings - [rs6000d.tshinc.com-DEMO.12-EXCESS.PROD.USAGE.MAINT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Excessive Product Usage Maintenance

Company	01	TSH Medical Company
Customer	KESSLER	KESSLER REHAB GROUP
Product	APAP-COD	APAP-CODEINE
Stocking U/M	BT	
1.Qty Limit	50	
2.Expiration Date	12/31/12	

This record could be set for a specific customer or all customers.

Excessive Product Usage

Set a quantity limit for all or a specific customer

User Group Settings - [rs6000d.tshinc.com-DEMO.12-EXCESS.PROD.USAGE.MAINT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Excessive Product Usage Maintenance

Company	01	TSH Medical Company
Customer	KESSLER	KESSLER REHAB GROUP
Product	APAP-COD	APAP-CODEINE

Stocking U/M BT

1.Qty Limit 50

2.Expiration Date 12/31/12

Leave the customer field blank for all customers.

Excessive Product Usage

Set a quantity limit for all or a specific customer

User Group Settings - [rs6000d.tshinc.com-DEMO.12-EXCESS.PROD.USAGE.MAINT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Excessive Product Usage Maintenance

Company	01	TSH Medical Company
Customer	KESSLER	KESSLER REHAB GROUP
Product	APAP-COD	APAP-CODEINE

Stocking U/M BT

1.Qty Limit 50

2.Expiration Date 12/31/12

When a record exists, the system will check that the total amount sold this month plus the current order quantity does not exceed the limit.

Excessive Product Usage

Set a quantity limit for all or a specific customer

User Group Settings - [rs6000d.tshinc.com-DEMO.12-EXCESS.PROD.USAGE.MAINT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Excessive Product Usage Maintenance

Company	01	TSH Medical Company
Customer	KESSLER	KESSLER REHAB GROUP
Product	APAP-COD	APAP-CODEINE

Stocking U/M: BT

1.Qty Limit: 50

2.Expiration Date: 12/31/12

When the quantity limit is exceeded, the order is placed on manual hold.

Product Pharma Maintenance

Define each product's size, strength, and family

User Group Settings - [rs6000d.tshinc.com-DEMO.12-PROD.PHARMA.MAINT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Product Pharma Maintenance

Product Number	APAP-COD APAP-CODEINE	
1.Product Size	1000	1000 CT. BOTTLE
2.Product Strength	300	300 mg
3.Product Family	0001	Codeine

Specify the size, strength, and family of your items.

Pharma Hold Reason Code Maintenance

User Group Settings - [rs6000d.tshinc.com-BASE.12-PHARMA.HOLD.CODES012\$1]
File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Pharma Hold Reason Code Maintenance

1.Hold Description

1.Hold Description	Code	Order Hold Code Description
Enter Code For MISSING DRUG FORM	05	MISSING DRUG FORM
Enter Code For MISSING SHIP.TO LICENSE#	90	MISSING SHIP.TO LICENSE#
Enter Code For INVALID SHIP.TO LIC ExpDT	91	INVALID SHIP.TO LIC ExpDT
Enter Code For CONTROLLED DRUG ON DS	92	CONTROLLED DRUG ON DS
Enter Code For SHIP.TO MISSING DEA#	93	SHIP TO MISSING DEA#
Enter Code For DRUG TYPE NOT ON SHIP.TO	94	DRUG TYPE NOT ON SHIP.TO
Enter Code For INVALID SHIP.TO DEA ExpDT	95	INVALID SHIP.TO DEA ExpDT
Enter Code For BILL.TO MISSING DEA#		
Enter Code For DRUG TYPE NOT ON BIL		
Enter Code For INVALID BILL.TO DEA Ex		
Enter Code For EXCESSIVE PRODUCT USAGE	99	EXCESSIVE PRODUCT USAGE
Enter Code For MISSING BILL.TO LICENSE#	88	MISSING BILL.TO LICENSE#
Enter Code For INVALID BILL.TO LIC ExpDT	89	INVALID BILL.TO LIC ExpDT

These codes are the reasons for an order to be placed on Manual Hold.

Pharma Hold Reason Code Maintenance

User Group Settings - [rs6000d.tshinc.com-BASE.12-PHARMA.HOLD.CODES012\$1]
File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Pharma Hold Reason Code Maintenance

1.Hold Description

1.Hold Description	Code	Order Hold Code Description
Enter Code For MISSING DRUG FORM	05	MISSING DRUG FORM
Enter Code For MISSING SHIP.TO LICENSE#	90	MISSING SHIP.TO LICENSE#
Enter Code For INVALID SHIP.TO LIC ExpDT	91	INVALID SHIP.TO LIC ExpDT
Enter Code For CONTROLLED DRUG ON DS	92	CONTROLLED DRUG ON DS
Enter Code For SHIP.TO MISSING DEA#	93	SHIP TO MISSING DEA#
Enter Code For DRUG TYPE NOT ON SHIP.TO	94	DRUG TYPE NOT ON SHIP.TO
Enter Code For INVALID SHIP.TO DEA ExpDT	95	INVALID SHIP.TO DEA ExpDT
Enter Code For BILL.TO MISSING DEA#		
Enter Code For DRUG TYPE NOT ON BILL		
Enter Code For INVALID BILL.TO DEA ExpDT		
Enter Code For EXCESSIVE PRODUCT USAGE	99	EXCESSIVE PRODUCT USAGE
Enter Code For MISSING BILL.TO LICENSE#	88	MISSING BILL.TO LICENSE#
Enter Code For INVALID BILL.TO LIC ExpDT	89	INVALID BILL.TO LIC ExpDT

The codes and descriptions are maintainable. Both can be changed for specifically your company.

Pedigree Printing Options

Select when to print the Pedigree

User Group Settings - [tshpe2-DEMO.12-PRINT.ASSIGN.MAINT011\$2]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Printer and Inquiry Configuration

17. Send EOD Reports to Capture	<input type="checkbox"/>	Y
18. Send A/R EOM Reports to Capture	<input type="checkbox"/>	Y
19. Send A/P EOM Reports to Capture	<input type="checkbox"/>	Y
20. Auto Credit Hold Notification	<input type="checkbox"/>	
21. Auto Price Hold Notification	<input type="checkbox"/>	
22. Show Canceled Orders in Order	<input type="checkbox"/>	
23. Sort Daily Invoice Print by	<input type="checkbox"/>	1 Customer
24. Archive a PDF for each	<input type="checkbox"/>	1 Y Confirmation
	<input type="checkbox"/>	2 Y Credit Application
25. Print Packing Slip at Verification	<input type="checkbox"/>	Y
26. Print Pedigree with Invoice	<input type="checkbox"/>	Y
27. Order Sort Statement	<input type="checkbox"/>	
28. Sort A/P Checks by Vendor Name (Y/N)	<input type="checkbox"/>	N
29. Customer Lookup Sort	<input type="checkbox"/>	A.CUST.NO
30. AR Detail Initial Sort	<input type="checkbox"/>	INDEX.INV.NO
31. A/R Detail Sort Direction	<input type="checkbox"/>	A
32. Ship To Lookup Cutoff	<input type="checkbox"/>	
33. Zero Fill Ship-To Number	<input type="checkbox"/>	

If set to "Y", the Pedigree will print when the invoice is printed.

Pedigree Printing Options

Select when to print the Pedigree

User Group Settings - [tshpe2-DEMO.12-PRINT.ASSIGN.MAINT011\$2]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Printer and Inquiry Configuration

17. Send EOD Reports to Capture	<input type="text" value="Y"/>
18. Send A/R EOM Reports to Capture	<input type="text" value="Y"/>
19. Send A/P EOM Reports to Capture	<input type="text" value=""/>
20. Auto Credit Hold Notification	<input type="text" value=""/>
21. Auto Price Hold Notification	<input type="text" value=""/>
22. Show Canceled Orders in Order	<input type="text" value=""/>
23. Sort Daily Invoice Print by	<input type="text" value=""/>
24. Archive a PDF for each	<input type="text" value="1"/> <input type="text" value="Y"/> Confirmation
	<input type="text" value="2"/> <input type="text" value="Y"/> Credit Application
25. Print Packing Slip at Verification	<input type="text" value="Y"/>
26. Print Pedigree with Invoice	<input type="text" value="Y"/>
27. Order Sort Statement	<input type="text" value=""/>
28. Sort A/P Checks by Vendor Name (Y/N)	<input type="text" value="N"/>
29. Customer Lookup Sort	<input type="text" value="A.CUST.NO"/>
30. AR Detail Initial Sort	<input type="text" value="INDEX.INV.NO"/>
31. A/R Detail Sort Direction	<input type="text" value="A"/>
32. Ship To Lookup Cutoff	<input type="text" value=""/>
33. Zero Fill Ship-To Number	<input type="text" value=""/>

If set to "N", the Pedigree will not print. If needed, the user can print a Pedigree from the Invoice Reprint Inquiry.

Pedigree Printing Options

Select when to print the Pedigree

User Group Settings - [tshpe2-DEMO.12-PRINT.ASSIGN.MAINT011\$2]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Printer and Inquiry Configuration

17. Send EOD Reports to Capture		Y	
18. Send A/R EOM Reports to Capture		Y	
19. Send A/P EOM Reports to Capture			
20. Auto Credit Hold Notification			
21. Auto Price Hold Notification			
22. Show Canceled Orders in Order Inquiry			
23. Sort Daily Invoice Print by		1	Customer
24. Archive a PDF for each	1	Y	Confirmation
	2	Y	Credit Application
25. Print Packing Slip at Verification		Y	
26. Print Pedigree with Invoice		Y	
27. Order Sort Statement			
28. Sort A/P Checks by Vendor Name (Y/N)		N	
29. Customer Lookup Sort			A.CUST.NO
30. AR Detail Initial Sort			INDEX.INV.NO
31. A/R Detail Sort Direction		A	
32. Ship To Lookup Cutoff			
33. Zero Fill Ship-To Number			

For those using RemoteNet, your customer can view and print their Pedigree directly from the website.

Pedigree Maintenances

Authorization Maintenance

User Group Settings - [rs6000d.tshinc.com-BASE.12-PEDIGREE.AUTH\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Pedigree Authorization

Pedigree Auth	<input type="text" value="AUTH99"/>
1.Name	<input type="text" value="Rachel Johnsen"/>
2.Email	<input type="text" value="johnsenr@tshinc.com"/>
3.Telephone	<input type="text" value="973-777-8050"/>
4.Vendor No	<input type="text"/>
5.Pedigree Tmpl	<input type="text" value="PEDIGREE968.DH2129-P1-HP4.PRN"/>

We now have the ability to store each internal authorizer's signature. This signature will then print on the Pedigree document.

Pedigree Maintenances

Manufacturer Maintenance

User Group Settings - [tshpe2-DEMO.12-PED.MANF012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Pedigree Manufacturer

Manufacturer

DAVA

1.Name

DAVA PHARMACEUTICALS, INC.

2.Address 1

6500 ADELAIDE CT

3.Address 2

FORT LEE, NJ 07111

4.Email

5.Telephone

866-945-1125

Pedigree Maintenances

Wholesaler Maintenance

User Group Settings - [tshpe2-DEMO.12-PED.WHOLESALER012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Pedigree Wholesaler Maintenance

Wholesaler ID	INSOURCE
1.Name	INSOURCE PHARMACEUTICALS
2.Address 1	4309 EVERGREEN DR
3.Address 2	
4.City	GROVEPORT
5.State	OH OHIO STATE
6.Zip Code	43125
7.Country	
8.Telephone	954-211-4267
9.Email	

The Pedigree Work Flow

1

PO Receiving Completed

2

Pedigree Update Performed

3

Invoice is Created

4

Pedigree is Printed/Retrieved

Pedigree Update

Search for Pedigree to Update

User Group Settings - [tshpe2-DEMO.12-SSS.PEDIGREE.RCPT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Pedigree Update

NNNNN

Pedigree ID

1.PO#

2.Product#

3.Company

4.Notes

5.Shipment ID

6.Invoice#

7.Invoice Date

8.Manufacturer

9.NDC#

10.Dosage Form

11.Strength

12.Container Size

13.Lot#

Lot Qty

Pedigree ID

PO#

Product# APAP-COD

Prod Desc

Release#

Receipt Date

Invoice#

Receiver#

Lot#

Submit Cancel

Pedigree Update

Search Results

User Group Settings - [tshpe2-DEMO.12-SSS.PEDIGREE.RCPT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Pedigree Update

Pedigree ID

1.PO#

2.Product#

3.Company

4.Notes

5.Shipment ID

6.Invoice#

7.Invoice Date

8.Manufacturer

9.NDC#

10.Dosage Form

11.Strength

12.Container Size

13.Lot#

Inquiry List

Settings Help

Pedigree ID Lookup
Prod#:APAP-COD

Pedigree ID		Receiver#		
PO#	Product#	Receipt Dt	Vend	Inv#
00000000005		002340		
01131126	APAP-COD	04/25/12	1808567	
00000000012		002341		
01131127	APAP-COD	04/25/12		

OK

Pedigree Update

Review of data updated by MDS

Pedigree Update

Pedigree ID	00000000005	
1.PO#	01131126	
2.Product#	APAP-COD	APAP-CODEINE
3.Company	01 TSH Medical Company	
4. Notes		
5. Shipment ID		
6. Invoice#		
7. Invoice Date		
8. Manufacturer		
9. NDC#	67874-0122-05	
10. Dosage Form		
11. Strength		
12. Container Size		
13. Lot#	Lot Qty	
40325164	5	
70935216	5	

When PO Receiving was performed, MDS created the Pedigree with information from the receiving record.

Pedigree Update

Review of data updated by MDS

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line Total

Sold To

Wholesaler ID	TSH		
Name	TSH Medical Supply		
Address 1	1033 ROUTE 46		
Address 2			
City	CLIFTON		
State	NJ	Country	000 U.S.A.
Zip	07013		
Date Purchased	04/25/12		
Wholesaler Inv#			
Recipient			
Authenticator			
Email			
Phone			

Ship To

Wholesaler ID	TSH		
Name	TSH Medical Supply		
Address 1	1033 ROUTE 46		
Address 2			
City	CLIFTON		
State	NJ	Country	000 U.S.A.
Zip	07013		
Date Purchased			
Wholesaler Inv#			
Recipient			
Authenticator			
Email			
Phone			

Pedigree Update

Pedigree Documents



AND A INC. (Wholesaler's name)
PRESCRIPTION (LEGEND) DRUG PEDIGREE
 History of Drug Sales and Distributions

Legend Drug Name, Strength, Dosage Form, Container Size: **IBUPROFEN 800 MG, TABS, 500, TB**

This is a repackaged drug (requires repackager's pedigree information and authentication of repackager's pedigree)

NDC (optional): 53746046695

Lot Number	Quantity	Unique Serial #
HC43311	12	N/A

Reference* Number: 20271428
 Document Type: INVOICE NUMBER
 Reference* Date: 06/09/11
 (related to the sale by the wholesaler identified above)

OWNERSHIP HISTORY

PHYSICAL DISTRIBUTION HISTORY (if different from the owner information)

Manufacturer's Name AMNEAL PHARMACEUTICALS
 Manufacturer's information for authentication: HAUFPAGE, NY 11788 Phone: (866) 525-7270

1. Wholesaler that purchased from the MANUFACTURER or a REPACKAGER (which requires authentication)

Name: AND A INC.
 Address: 2015 WESTON RD.
WESTON, FL 33331
 Date Purchased & Ref # 05/24/11 PO# 92229
 Print Name of Recipient: Smiley Schulte
 Signature of Recipient: [Signature]
 Name of Authenticator: Smiley Schulte
 Signature of Authenticator: [Signature]
 To authenticate a subsequent transaction, contact:
 Name: Pedigree Compliance Department
 Telephone Number: 854-217-4267
 Email address: pedigree@andanset.com

Name: AND A PHARMACEUTICALS, INC.
 Address: 6509 ADELAIDE CT
GROVEPORT, OH 43125
 Date Received & Ref # 05/24/11 PO# 92229
 Print Name of Recipient: KIRK BOGDANOVSKI-WHSE 37
 Signature of Recipient: [Signature]
 Name of Authenticator: KIRK BOGDANOVSKI-WHSE 37
 Signature of Authenticator: [Signature]
 To authenticate a subsequent transaction, contact:
 Name: Pedigree Compliance Department
 Telephone Number: 854-217-4267
 Email address: pedigree@andanset.com

2. #1 Above SOLD TO:
 Name: _____
 Address: _____
 Date Purchased & Ref # _____
 Print Name of Recipient: _____
 Signature of Recipient: _____
 Name of Authenticator: _____
 Signature of Authenticator: _____
 To authenticate a subsequent transaction, contact:
 Name: _____
 Telephone Number: _____
 Email address: _____

SHIPPED TO:
 Name: _____
 Address: _____
 Date Received & Ref # _____
 Print Name of Recipient: _____
 Signature of Recipient: _____
 Name of Authenticator: _____
 Signature of Authenticator: _____
 To authenticate a subsequent transaction, contact:
 Name: _____
 Telephone Number: _____
 Email address: _____

3. #2 Above SOLD TO:
 Name: _____
 Address: _____
 Date Purchased & Ref # _____
 Print Name of Recipient: _____
 Signature of Recipient: _____
 Name of Authenticator: _____
 Signature of Authenticator: _____
 To authenticate a subsequent transaction, contact:
 Name: _____
 Telephone Number: _____
 Email address: _____

SHIPPED TO:
 Name: _____
 Address: _____
 Date Received & Ref # _____
 Print Name of Recipient: _____
 Signature of Recipient: _____
 Name of Authenticator: _____
 Signature of Authenticator: _____
 To authenticate a subsequent transaction, contact:
 Name: _____
 Telephone Number: _____
 Email address: _____

I swear or affirm that the information contained on this pedigree is accurate and complete and that prior sales and distributions have been authorized by me or my predecessor.


Signature (authorized to bind the company): Michael Cochran Michael Cochran Executive Director, Regulatory Compliance 06/09/11
 Date

* Reference Number should be identified as an invoice, purchase order, shipping document number or similar unique identifier.

Pedigree Update

Update Information

Pedigree Update

Pedigree ID	00000000005	
1.PO#	01131126 	
2.Product#	APAP-COD	APAP-CODEINE
3.Company	01 TSH Medical Company	
4.Notes		
5.Shipment ID		
6.Invoice#	1808567	
7.Invoice Date	04/06/12	
8.Manufacturer	DAVA	
9.NDC#	67874-0122-05	
10.Dosage Form	TAB	
11.Strength	300mg	
12.Container Size	1000	
13.Lot#	Lot Qty	
40325164	5	
70935216	5	

Enter the information received from the incoming Pedigree.

Pedigree Update

Update Information

Pedigree Update

Pedigree ID	00000000005	
1.PO#	01131126	
2.Product#	APAP-COD	APAP-CODEINE
3.Company	01 TSH Medical Company	
4.Notes		
5.Shipment ID		
6.Invoice#	1808567	
7.Invoice Date	04/06/12	
8.Manufacturer	DAVA	
9.NDC#	67874-0122-05	
10.Dosage Form	TAB	
11.Strength	300mg	
12.Container Size	1000	
13.Lot#	Lot Qty	
40325164	5	
70935216	5	

The information entered, such as Manufacturer, Dosage, Strength, and Container Size will print on the Pedigree.

Pedigree Update

Update Information

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line Total

Sold To

Ship To

Wholesaler ID	TSH
Name	TSH Medical Supply
Address 1	1033 ROUTE 46
Address 2	
City	CLIFTON
State	NJ
Country	000 U.S.A.
Zip	07013
Date Purchased	04/25/12
Wholesaler Inv#	1808567
Recipient	PETER JONES
Authenticator	TOM TILES
Email	pedigree@tshinc.com
Phone	973-777-8050

The information entered: Date Purchased, Wholesaler Inv#, Recipient, and the Authenticator's information will print on the Pedigree.

Pedigree Update

Update Information

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line Total

Sold To

Ship To

Wholesaler ID	TSH			
Name	TSH Medical Supply			
Address 1	1033 ROUTE 46			
Address 2				
City	CLIFTON			
State	NJ	Country	000	U.S.A.
Zip	07013			
Date Purchased	04/25/12			
Wholesaler Inv#	1808567			
Recipient	PETER JONES			
Authenticator	TOM TILES			
Email	pedigree@tshinc.com			
Phone	973-777-8050			

The lookups can be used to easily select the Recipient or Authenticator. You may also manually enter this information.

Pedigree Update

Update Information

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line Total

Sold To

Ship To

The right hand side of the update only needs to be completed when the owner's establishment does not take physical possession of the prescription drug.

TSH		
TSH Medical Supply		
1033 ROUTE 46		
CLIFTON		
NJ	Country	000 U.S.A.
07013		

Date Purchased	04/25/12
Wholesaler Inv#	1808567
Recipient	PETER JONES
Authenticator	TOM TILES
Email	pedigree@tshinc.com
Phone	973-777-8050

Pedigree Update

Update Information

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line Total

Sold To

The right hand side of the update only needs to be completed when the owner's establishment does not take physical possession of the prescription drug.

Date Purchased

One example is when the main company purchases the items, but those items are received in another physical location.

Ship To

TSH

TSH Medical Supply

1033 ROUTE 46

CLIFTON

NJ

Country

000

U.S.A.

07013

XXXXXX

Pedigree Update

Add an Inbound Wholesaler

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line Total

Sold To

Wholesaler ID	<input type="text" value="TSH"/>	<input type="text" value=""/>
Name	<input type="text" value="TSH Medical Supply"/>	<input type="text" value=""/>
Address 1	<input type="text" value="1033 ROUTE 46"/>	<input type="text" value=""/>
Address 2	<input type="text" value=""/>	<input type="text" value=""/>
City	<input type="text" value="CLIFTON"/>	<input type="text" value="CLIFTON"/>
State	<input type="text" value="NJ"/> Country <input type="text" value="000"/> <input type="text" value="U.S.A."/>	<input type="text" value="NJ"/> Country <input type="text" value="000"/> <input type="text" value="U.S.A."/>
Zip	<input type="text" value="07013"/>	<input type="text" value="07013"/>
Date Purchased	<input type="text" value="04/25/12"/>	<input type="text" value=""/>
Wholesaler Inv#	<input type="text" value=""/>	<input type="text" value=""/>
Recipient	<input type="text" value=""/>	<input type="text" value=""/>
Authenticator	<input type="text" value=""/>	<input type="text" value=""/>
Email	<input type="text" value=""/>	<input type="text" value=""/>
Phone	<input type="text" value=""/>	<input type="text" value=""/>

Add additional wholesalers of the prescription drug until you have tracked each step in the chain, all the way back to the manufacturer.

ENTER LINE # TO CHANGE,DELETE TO DELETE,0 TO ACCEPT

XXXXXX

PAGE 2 OF 3

Add Inbd	Add Outbd			Scroll Dn	Scroll Up					
HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	INQUIRY	CANCEL	Off		Popup

Pedigree Update

Add an Inbound Wholesaler

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line Total

Sold To

Wholesaler ID
Name
Address 1
Address 2
City
State Country
Zip
Date Purchased
Wholesaler Inv#
Recipient
Authenticator
Email
Phone

Ship To

Wholesaler ID
Name
Address 1
Address 2
City
State Country
Zip
Date Purchased
Wholesaler Inv#
Recipient
Authenticator
Email
Phone

To add an inbound wholesaler, click on the "Add Inbd" button.

ENTER LINE # TO CHANGE,DELETE TO DELETE,0 TO ACCEPT

XXXXXX

PAGE 2 OF 3

Add Inbd

Add Outbd

Scroll Dn

Scroll Up

HELP

OK/END

INSERT

LDELETE

PREV PG

NEXT PG

INQUIRY

CANCEL

Off

Popup

Pedigree Update

Add an Inbound Wholesaler

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line Total

	Sold To	Ship To
Wholesaler ID	<input type="text" value="XXXXXXXXXXXXXXXXXXXXXXXXXXXX"/>	<input type="text"/>
Name	<input type="text"/>	<input type="text"/>
Address 1	<input type="text"/>	<input type="text"/>
Address 2	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
Zip	<input type="text"/>	<input type="text"/>
Date Purchased	<input type="text"/>	<input type="text"/>
Wholesaler Inv#	<input type="text"/>	<input type="text"/>
Recipient	<input type="text"/>	<input type="text"/>
Authenticator	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>

The lookups can be used to easily select the Wholesaler ID, Recipient or Authenticator. You may also manually enter this information.

Pedigree Update

Add an Inbound Wholesaler

PEDIGREE Update

Pedigree ID

14. Inbound Sold To/Ship To

Line Total

In this example, there are now 2 inbound records.

Sold To

Wholesaler ID	INSOURCE		INSOURCE	
Name	INSOURCE PHARMACEUTICALS		INSOURCE PHARMACEUTICALS	
Address 1	4309 EVERGREEN DR		4309 EVERGREEN DR	
Address 2				
City	GROVEPORT		GROVEPORT	
State	OH	Country	000	U.S.A.
Zip	43125		43125	
Date Purchased	02/20/12			
Wholesaler Inv#	652413571			
Recipient	PAUL LATZOS			
Authenticator	EMILY SHULTZ			
Email	PEDIGREE@INSOURCE.COM			
Phone	954-217-4267			

ENTER LINE # TO CHANGE,DELETE TO DELETE,0 TO ACCEPT

XXXXXX

PAGE 2 OF 3

Add Inbd	Add Outbd			Scroll Dn	Scroll Up					
HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	INQUIRY	CANCEL	Off		Popup

Pedigree Update

Add an Inbound Wholesaler

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line Total

Sold To

Wholesaler ID	INSOURCE	INSOURCE PHARMACEUTICALS
Name	INSOURCE PHARMACEUTICALS	INSOURCE PHARMACEUTICALS
Address 1	4309 EVERGREEN DR	4309 EVERGREEN DR
Address 2		
City	GROVEPORT	GROVEPORT
State	OH Country 000 U.S.A.	OH Country 000 U.S.A.
Zip	43125	43125
Date Purchased	02/20/12	
Wholesaler Inv#	652413571	
Recipient	PAUL LATZOS	
Authenticator	EMILY SHULTZ	
Email	PEDIGREE@INSOURCE.COM	
Phone	954-217-4267	

To toggle between the records, click on the Scroll Up and Scroll Dn buttons.

ENTER LINE # TO CHANGE,DELETE TO DELETE,0 TO ACCEPT

XXXXXX

PAGE 2 OF 3

Pedigree Update

Add an Inbound Wholesaler

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line Total

Sold To

Ship To

Wholesaler ID
Name
Address 1
Address 2
City
State Country U.S.
Zip
Date Purchased
Wholesaler Inv#
Recipient
Authenticator
Email
Phone

Alternately, you can use the Page Up and Page Down keys on your keyboard.

ENTER LINE # TO CHANGE,DELETE TO DELETE,0 TO ACCEPT

PAGE 2 OF 3

Add Inbd	Add Outbd			Scroll Dn	Scroll Up					
HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	INQUIRY	CANCEL	Off		Popup

Pedigree Update

Add an Outbound Sales Record

PEDIGREE Update

Pedigree ID

15.Outbound Sold To/Ship To

Line Total

Release#

This section shows the sales associated with this Pedigree.

Sold To

Ship To

Wholesaler ID
 Name
 Address 1
 Address 2
 City
 State Country
 Zip
 Date Purchased
 Wholesaler Inv#
 Recipient
 Authenticator
 Email
 Phone

*
 KESSLER REHAB GROUP
 100 CENTRAL AVE
 EAST ORANGE
 NJ Country
 07002
 04/25/12

ENTER LINE # TO CHANGE,DELETE TO DELETE,0 TO ACCEPT

PAGE 3 OF 3

Add Inbd	Add Outbd			Scroll Dn	Scroll Up					
HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	INQUIRY	CANCEL	Off		Popup

Pedigree Update

Add an Outbound Sales Record

PEDIGREE Update

Pedigree ID

15.Outbound Sold To/Ship To

Line Total

Release#

This section shows the sales associated with this Pedigree.

	Sold To	Ship To
Wholesaler ID	<input type="text" value="100197"/>	<input type="text" value="*"/>
Name	<input type="text" value="KESSLER REHAB GROUP"/>	<input type="text" value="KESSLER REHAB GROUP"/>
Address 1	<input type="text" value="100 CENTRAL AVE"/>	<input type="text" value="100 CENTRAL AVE"/>
Address 2	<input type="text"/>	<input type="text"/>
City	<input type="text" value="EAST ORANGE"/>	<input type="text" value="EAST ORANGE"/>
State	<input type="text" value="NJ"/> Country <input type="text"/>	<input type="text" value="NJ"/> Country <input type="text"/>
Zip	<input type="text" value="07002"/>	<input type="text" value="07002"/>
Date Purchased	<input type="text"/>	<input type="text" value="04/25/12"/>
Wholesaler Inv#	<input type="text"/>	<input type="text"/>
Recipient	<input type="text"/>	<input type="text"/>
Authenticator	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>

Outbound records are created when an MDS invoice is generated. Normally, there is no need to manually add an outbound record.

ENTER LINE # TO CHANGE,DELETE T

Add Inbd	Add Outbd			Scroll Dn	Scroll Up						
HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	INQUIRY	CANCEL	Off			Popup

Pedigree Update

Add an Outbound Sales Record

PEDIGREE Update

Pedigree ID

15.Outbound Sold To/Ship To

Line Total

Release#

This section shows the sales associated with this Pedigree.

	Sold To	Ship To
Wholesaler ID	<input type="text" value="100197"/>	<input type="text" value="*"/>
Name	<input type="text" value="KESSLER REHAB GROUP"/>	<input type="text" value="KESSLER REHAB GROUP"/>
Address 1	<input type="text" value="100 CENTRAL AVE"/>	<input type="text" value="100 CENTRAL AVE"/>
Address 2	<input type="text"/>	<input type="text"/>
City	<input type="text" value="EAST ORANGE"/>	<input type="text" value="EAST ORANGE"/>
State	<input type="text" value="NJ"/> Country <input type="text"/>	<input type="text" value="NJ"/> Country <input type="text"/>
Zip	<input type="text" value="07002"/>	<input type="text" value="07002"/>
Date Purchased	<input type="text"/>	<input type="text" value="04/25/12"/>
Wholesaler Inv#	<input type="text"/>	<input type="text"/>
Recipient		
Authenticator		
Email		
Phone		

To add an outbound sale, click on the "Add Outbd" button.

ENTER LINE # TO CHANGE,DELETE TO DELETE,0 TO ACCEPT

PAGE 3 OF 3



Add Inbd	Add Outbd			Scroll Dn	Scroll Up						
HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	INQUIRY	CANCEL	Off			Popup

Pedigree Update

Add an Outbound Sales Record

User Group Settings - [tshpe2-DEMO.12-SSS.PEDIGREE.RCPT012\$3]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

PEDIGREE Update

Pedigree ID

15. Outbound Sold To/Ship To

Line Total

Release#

	Sold To	Ship To
Wholesaler ID	<input type="text" value="100197"/>	<input type="text" value="*"/>
Name	<input type="text" value="KESSLER REHAB GROUP"/>	<input type="text" value="KESSLER REHAB GROUP"/>
Address 1	<input type="text" value="100 CENTRAL AVE"/>	<input type="text" value="100 CENTRAL AVE"/>
Address 2	<input type="text"/>	<input type="text"/>
City	<input type="text" value="EAST ORANGE"/>	<input type="text" value="EAST ORANGE"/>
State	<input type="text" value="NJ"/> Country <input type="text"/>	<input type="text" value="NJ"/> Country <input type="text"/>
Zip	<input type="text" value="07002"/>	<input type="text" value="07002"/>
Date Purchased	<input type="text"/>	<input type="text" value="04/25/12"/>
Wholesaler Inv#	<input type="text"/>	<input type="text"/>
Recipient	<input type="text"/>	<input type="text"/>
Authenticator	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Phone	<input type="text" value="973-628-3150"/>	<input type="text"/>

ENTER LINE # TO CHANGE,DELETE TO DELETE,0 TO ACCEPT

XXXXXXX PAGE 3 OF 3

Add Inbd	Add Outbd		Scroll Dn	Scroll Up						
HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	INQUIRY	CANCEL	Off		Popup

In this example, there are now 2 outbound records.

Pedigree Update

Add an Outbound Sales Record

User Group Settings - [tshpe2-DEMO.12-SSS.PEDIGREE.RCPT012\$3]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

PEDIGREE Update

Pedigree ID

15.Outbound Sold To/Ship To
Line Total

Release#

	Sold To	Ship To
Wholesaler ID	<input type="text" value="100197"/>	
Name	<input type="text" value="KESSLER REHAB GROUP"/>	
Address 1	<input type="text" value="100 CENTRAL AVE"/>	
Address 2	<input type="text"/>	
City	<input type="text" value="EAST ORANGE"/>	
State	<input type="text" value="NJ"/>	Country <input type="text"/>
Zip	<input type="text" value="07002"/>	<input type="text" value="07002"/>
Date Purchased	<input type="text"/>	<input type="text" value="04/25/12"/>
Wholesaler Inv#	<input type="text"/>	<input type="text"/>
Recipient	<input type="text"/>	<input type="text"/>
Authenticator	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Phone	<input type="text" value="973-628-3150"/>	<input type="text"/>

ENTER LINE # TO CHANGE,DELETE TO DELETE,0 TO ACCEPT

XXXXXXXX PAGE 3 OF 3

Add Inbd	Add Outbd		Scroll Dn	Scroll Up						
HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	INQUIRY	CANCEL	Off		Popup

To toggle between the records, click on the Scroll Up and Scroll Dn buttons.

Pedigree Update

Add an Outbound Sales Record

User Group Settings - [tshpe2-DEMO.12-SSS.PEDIGREE.RCPT012\$3]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

PEDIGREE Update

Pedigree ID

15.Outbound Sold To/Ship To

Line Total

Release#

	Sold To	Ship To
Wholesaler ID	<input type="text" value="100197"/>	<input type="text" value="*"/>
Name	<input type="text" value="KESSLER REHAB GROUP"/>	<input type="text" value="KESSLER REHAB GROUP"/>
Address 1	<input type="text" value="100 CENTRAL AVE"/>	<input type="text" value="100 CENTRAL AVE"/>
Address 2	<input type="text"/>	<input type="text"/>
City	<input type="text" value="EAST ORANGE"/>	<input type="text" value="EAST ORANGE"/>
State	<input type="text" value="NJ"/> Country <input type="text"/>	<input type="text" value="NJ"/> Country <input type="text"/>
Zip	<input type="text" value="07002"/>	<input type="text" value="07002"/>
Date Purchased	<input type="text"/>	<input type="text" value="04/25/12"/>
Wholesaler Inv#	<input type="text"/>	<input type="text"/>
Recipient	<input type="text"/>	<input type="text"/>
Authenticator	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Phone	<input type="text" value="973-628-3150"/>	<input type="text"/>

ENTER LINE # TO CHANGE,DELETE TO DELETE,0 TO ACCEPT

Alternately, you can use the Page Up and Page Down keys on your keyboard.

Add Inbd	Add Outbd		Scroll Dn	Scroll Up						
HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	INQUIRY	CANCEL	Off		Popup

Pedigree Work Flow

An Invoice is Generated



TSH Import Company
1033 ROUTE 46
CLIFTON, NJ 07013

Tel: 973-777-8050
Fax: 973-777-3063
NJ1946578

Invoice

Remit To:
TSH Import Company

Inv Number 01519279 Page: 1
--

The license and DEA information is printed on the invoice.

Bill-to: KESSLER KESSLER REHAB GROUP 100 CENTRAL AVE EAST ORANGE NJ 07002	Ship-to: KESSLER REHAB GROUP 100 CENTRAL AVE EAST ORANGE NJ 07002
---	---

Invoice Date:	04/25/12	Salesman:	INHOUSE SALES
Ship Date:	04/25/12	Ship Via:	UPS
Our Order No:	01141775001	Customer Order #:	6541341
		Terms:	NET 30
License	0131053653 Exp: 05/31/13		DEA # 229000059 Exp: 09/30/13
Special Instructions:			

Line	Item Number / Description	Ordered	UM	Shipped	UM	B/O Qty	Unit Price	UM	Extension
1	APAP-COD APAP-CODEINE 30/300MG #1000 Lot #: 40325164 Expiration Date: 12/31/13	3	BT	3	BT	0	212.677	BT	\$638.03
	SUB TOTAL								638.03
	FREIGHT								4.95
	INVOICE TOTAL								\$642.98
	Additional License Information State License for NJ 41324407253 Exp 12/31/13 MARK ALLEN MD BA31659809 Exp 06/30/14								

Pedigree Work Flow

An Invoice is Generated



TSH Import Company
1033 ROUTE 46
CLIFTON, NJ 07013

Tel: 973-777-8050
Fax: 973-777-3063
NJ1946578

Invoice

Remit To:
TSH Import Company
1033 ROUTE 46
CLIFTON, NJ 07013

Tel: 973-777-8050
Fax:

Inv Number 01519279 Page: 1
--

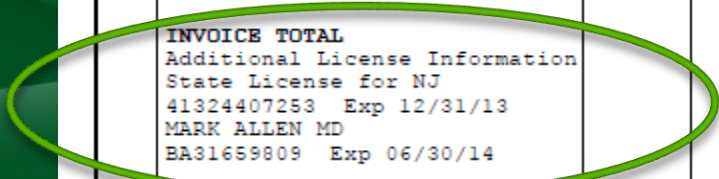
Bill-to: KESSLER KESSLER REHAB GROUP 100 CENTRAL AVE EAST ORANGE NJ 07002

Ship-to: 001 SY KESSLER REHAB GROUP

The state license and any additional licenses are printed.

Invoice Date:	04/25/12	Salesman:	
Ship Date:	04/25/12	Ship Via:	UPS
Our Order No:	01141775001	Customer Order #:	6541341
		Terms:	NET 30
License	0131053653 Exp: 05/31/13		DEA # 229000059 Exp: 09/30/13
Special Instructions:			

Line	Item Number / Description	Ordered	UM	Shipped	UM	B/O Qty	Unit Price	UM	Extension
1	APAP-COD APAP-CODEINE 30/300MG #1000 Lot #: 40325164 Expiration Date: 12/31/13	3	BT	3	BT	0	212.677	BT	\$638.03
	SUB TOTAL								638.03
	FREIGHT								4.95
	INVOICE TOTAL								\$642.98
	Additional License Information State License for NJ 41324407253 Exp 12/31/13 MARK ALLEN MD BA31659809 Exp 06/30/14								



Printed Pedigree Example

Depending on your settings, the Pedigree may print with the invoice, or printed at a later time.



TSH Medical Company (Wholesaler's Name)

PRESCRIPTION (LEGEND) DRUG PEDIGREE 0000000005

History of Drug Sales and Distributions

Legend Drug Name, Strength, Dosage Form, Container Size: APAP-CODEINE, 300mg, TAB, 1000

This is a repackaged drug (requires repackager's pedigree information and authentication of repackager's pedigree) 30/300MG #1000

NDC: 67874-0122-05

Lot Number	Quantity	Unique Serial #
40325164	3	

Reference* Number: 519279
 Document Type: Invoice
 Reference* Date: 04/25/12
(related to the sale by the wholesaler identified above)

OWNERSHIP HISTORY

Manufacturer's Name DAVA PHARMACEUTICALS, INC

Manufacturer's information for authentication: 6500 ADELAIDE CT FORT LEE, NJ 07111 866-945-1125

1. Wholesaler that purchased from the MANUFACTURER or a REPACKAGER (which requires authentication)

Name: <u>INSOURCE PHARMACEUTICALS</u> Address: <u>4309 EVERGREEN DR GROVEPORT OH 43125</u> Date Purchased & Ref* : <u>02/20/12 652413571</u> Print Name of Recipient: <u>PAUL LATZOS</u> Signature of Recipient: _____ Name of Authenticator: <u>EMILY SHULTZ</u> Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: <u>954-217-4267</u> Email Address: <u>PEDIGREE@INSOURCE.COM</u>	Name: <u>INSOURCE PHARMACEUTICALS</u> Address: <u>4309 EVERGREEN DR GROVEPORT OH 43125</u> Date Received & Ref* : _____ Print Name of Recipient: _____ Signature of Recipient: _____ Name of Authenticator: _____ Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: _____ Email Address: _____
--	---

2. #1 Above SOLD TO: Name: <u>TSH Medical Supply</u> Address: <u>1033 ROUTE 46 CLIFTON NJ 07013</u> Date Purchased & Ref* : <u>04/25/12 1808567</u> Print Name of Recipient: <u>PETER JONES</u> Signature of Recipient: _____ Name of Authenticator: <u>TOM TILES</u> Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: <u>973-777-8050</u> Email Address: <u>pedigree@tshinc.com</u>	SHIPPED TO: Name: <u>TSH Medical Supply</u> Address: <u>1033 ROUTE 46 CLIFTON NJ 07013</u> Date Received & Ref* : _____ Print Name of Recipient: _____ Signature of Recipient: _____ Name of Authenticator: _____ Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: _____ Email Address: _____
--	---

3. #2 Above SOLD TO: Name: <u>KESSLER REHAB GROUP</u> Address: <u>100 CENTRAL AVE EAST ORANGE NJ 07002</u> Date Purchased & Ref* : _____ Print Name of Recipient: _____ Signature of Recipient: _____ Name of Authenticator: _____ Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: <u>973-628-3150</u> Email Address: _____	SHIPPED TO: Name: <u>KESSLER REHAB GROUP</u> Address: <u>100 CENTRAL AVE EAST ORANGE NJ 07002</u> Date Received & Ref* : <u>04/25/12</u> Print Name of Recipient: _____ Signature of Recipient: _____ Name of Authenticator: _____ Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: _____ Email Address: _____
--	--

I swear or affirm that the information contained on this pedigree is accurate and complete and that prior sales and distributions have been authenticated, if required.

Signature (authorized to bind the company) _____ Print Name and Title _____ Date 04/25/12

*Reference Number should be identified as an invoice, purchase order, shipping document number or similar unique identifier. Prescription (Legend) Drug Pedigree D107123, Effective 01/06 (subsequent printings editions)

Page: 1
 of 1
 pages.

Printed Pedigree Example

For those using RemoteNet, your customer can view and print their Pedigree directly from the website.



TSH Medical Company (Wholesaler's Name)

PRESCRIPTION (LEGEND) DRUG PEDIGREE 0000000005

History of Drug Sales and Distributions

Legend Drug Name, Strength, Dosage Form, Container Size: APAP-CODEINE, 300mg, TAB, 1000

This is a repackaged drug (requires repackager's pedigree information and authentication of repackager's pedigree) 30/300MG #1000

NDC: 67874-0122-05

Lot Number	Quantity	Unique Serial #
40325164	3	

Reference* Number: 519279
 Document Type: Invoice
 Reference* Date: 04/25/12
(related to the sale by the wholesaler identified above)

OWNERSHIP HISTORY

Manufacturer's Name DAVA PHARMACEUTICALS, INC

Manufacturer's information for authentication: 6500 ADELAIDE CT FORT LEE, NJ 07111 866-945-1125

1. Wholesaler that purchased from the MANUFACTURER or a REPACKAGER (which requires authentication)

Name: <u>INSOURCE PHARMACEUTICALS</u> Address: <u>4309 EVERGREEN DR GROVEPORT OH 43125</u> Date Purchased & Ref* : <u>02/20/12 652413571</u> Print Name of Recipient: <u>PAUL LATZOS</u> Signature of Recipient: _____ Name of Authenticator: <u>EMILY SHULTZ</u> Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: <u>954-217-4267</u> Email Address: <u>PEDIGREE@INSOURCE.COM</u>	Name: <u>INSOURCE PHARMACEUTICALS</u> Address: <u>4309 EVERGREEN DR GROVEPORT OH 43125</u> Date Received & Ref* : _____ Print Name of Recipient: _____ Signature of Recipient: _____ Name of Authenticator: _____ Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: _____ Email Address: _____
--	---

2. #1 Above SOLD TO: Name: <u>TSH Medical Supply</u> Address: <u>1033 ROUTE 46 CLIFTON NJ 07013</u> Date Purchased & Ref* : <u>04/25/12 1808567</u> Print Name of Recipient: <u>PETER JONES</u> Signature of Recipient: _____ Name of Authenticator: <u>TOM TILES</u> Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: <u>973-777-8050</u> Email Address: <u>pedigree@tshinc.com</u>	SHIPPED TO: Name: <u>TSH Medical Supply</u> Address: <u>1033 ROUTE 46 CLIFTON NJ 07013</u> Date Received & Ref* : _____ Print Name of Recipient: _____ Signature of Recipient: _____ Name of Authenticator: _____ Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: _____ Email Address: _____
---	---

3. #2 Above SOLD TO: Name: <u>KESSLER REHAB GROUP</u> Address: <u>100 CENTRAL AVE EAST ORANGE NJ 07002</u> Date Purchased & Ref* : _____ Print Name of Recipient: _____ Signature of Recipient: _____ Name of Authenticator: _____ Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: <u>973-628-3150</u> Email Address: _____	SHIPPED TO: Name: <u>KESSLER REHAB GROUP</u> Address: <u>100 CENTRAL AVE EAST ORANGE NJ 07002</u> Date Received & Ref* : <u>04/25/12</u> Print Name of Recipient: _____ Signature of Recipient: _____ Name of Authenticator: _____ Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: _____ Email Address: _____
---	--

I swear or affirm that the information contained on this pedigree is accurate and complete and that prior sales and distributions have been authenticated, if required.

Signature (authorized to bind the company) _____ Print Name and Title _____ Date 04/25/12

Page: 1
of 1
pages.

*Reference Number should be identified as an invoice, purchase order, shipping document number or similar unique identifier.
Prescription (Legend) Drug Pedigree D10723, Effective 01/06 (backlisten prior to editions)

Pedigree Form

Reviewing the data

Your company name.

TSH Medical Company (Wholesaler's Name)
PRESCRIPTION (LEGEND) DRUG PEDIGREE 0000000005
History of Drug Sales and Distributions

Legend Drug Name, Strength, Dosage Form, Container Size:

APAP-CODEINE, 300mg, TAB, 1000

This is a repackaged drug (requires repackager's pedigree information and authentication of repackager's pedigree)

30/300MG #1000

NDC: 67874-0122-05

Lot Number	Quantity	Unique Serial #
40325164	3	

OWNERSHIP HISTORY

Manufacturer's Name DAVA PHARMACEUTICALS, INC.

Manufacturer's information for authentication: 6500 ADELAIDE CT FORT LEE, NJ 07111 866-945-1125

Reference* Number: 519279

Document Type: Invoice

Reference* Date: 04/25/12

(related to the sale by the wholesaler Identified above)

PHYSICAL DISTRIBUTION HISTORY

(if different from the owner information)

Pedigree Form

Reviewing the data

Pedigree Number.

TSH Medical Company
 _____ (Wholesaler's Name)
PRESCRIPTION (LEGEND) DRUG PEDIGREE 0000000005

History of Drug Sales and Distributions

Legend Drug Name, Strength, Dosage Form, Container Size:

APAP-CODEINE, 300mg, TAB, 1000



This is a repackaged drug (requires repackager's pedigree information and authentication of repackager's pedigree)

30/300MG #1000

NDC: 67874-0122-05

Lot Number	Quantity	Unique Serial #
40325164	3	

OWNERSHIP HISTORY

Manufacturer's Name DAVA PHARMACEUTICALS, INC.

Manufacturer's information for authentication: 6500 ADELAIDE CT FORT LEE, NJ 07111 866-945-1125

Reference* Number:	<u>519279</u>
Document Type:	<u>Invoice</u>
Reference* Date:	<u>04/25/12</u>

(related to the sale by the wholesaler Identified above)

PHYSICAL DISTRIBUTION HISTORY

(if different from the owner information)

Pedigree Form

Reviewing the data

Item Description from the Product record. Dosage Form, Strength, and Size from the Pedigree Update.

Legend Drug Name, Strength, Dosage Form, Container Size:

This is a repackaged drug (requires repackager's pedigree information and authentication of repackager's pedigree)

NDC: 67874-0122-05

Lot Number	Quantity	Unique Serial #
40325164	3	

OWNERSHIP HISTORY

Manufacturer's Name DAVA PHARMACEUTICALS, INC.

Manufacturer's information for authentication: 6500 ADELAIDE CT FORT LEE, NJ 07111 866-945-1125

(Wholesaler's Name)

DRUG PEDIGREE 00000000005

distributions

APAP-CODEINE, 300mg, TAB, 1000

30/300MG #1000

Reference* Number: 51279

Document Type: Invoice

Reference* Date: 04/25/12

(related to the sale by the wholesaler Identified above)

PHYSICAL DISTRIBUTION HISTORY

(if different from the owner information)

Pedigree Form

Reviewing the data

TSH Medical Company

(Wholesaler's Name)

NDC# from the Product record.

ND) DRUG PEDIGREE 0000000005

and Distributions

APAP-CODEINE, 300mg, TAB, 1000

30/300MG #1000

Legend Drug Name, Strength, Dosage Form, Container Size:

This is a repackaged drug (requires repackager's pedigree information and authentication of repackager's pedigree)

NDC: 67874-0122-05

Lot Number	Quantity	Unique Serial #
40325164	3	



OWNERSHIP HISTORY

Manufacturer's Name DAVA PHARMACEUTICALS, INC.

Manufacturer's information for authentication: 6500 ADELAIDE CT FORT LEE, NJ 07111 866-945-1125

Reference* Number: 519279

Document Type: Invoice

Reference* Date: 04/25/12

(related to the sale by the wholesaler Identified above)

PHYSICAL DISTRIBUTION HISTORY

(if different from the owner information)

Pedigree Form

Reviewing the data

TSH Medical Company _____ (Wholesaler's Name)
PRESCRIPTION (LEGEND) DRUG PEDIGREE 00000000005

History of Drug Sales and Distributions

Legend Drug Name Strength Dosage Form Container Size: APAP-CODEINE, 300mg, TAB, 1000

30/300MG #1000

Lot Number(s) on this Invoice

NDC: 07071-0122-00

Lot Number	Quantity	Unique Serial #
40325164	3	

OWNERSHIP HISTORY

Reference* Number: 519279

Document Type: Invoice

Reference* Date: 04/25/12

(related to the sale by the wholesaler Identified above)

PHYSICAL DISTRIBUTION HISTORY

(if different from the owner information)

Manufacturer's Name DAVA PHARMACEUTICALS, INC.

Manufacturer's information for authentication: 6500 ADELAIDE CT FORT LEE, NJ 07111 866-945-1125

Pedigree Form

Reviewing the data

TSH Medical Company (Wholesaler's Name)
PRESCRIPTION (LEGEND) DRUG PEDIGREE 00000000005
History of Drug Sales and Distributions

Legend Drug Name, Strength, Dosage Form, Container Size: APAP-CODEINE, 300mg, TAB, 1000
 This is a repackaged drug (requires repackager's pedigree information and authentication of repackager's pedigree) 30/300MG #1000

NDC: 67874-0122-05

MDS Invoice Number

Lot Number	Q	
40325164	3	

OWNERSHIP HISTORY

Manufacturer's Name DAVA PHARMACEUTICALS, INC.
Manufacturer's information for authentication: 6500 ADELAIDE CT FORT LEE, NJ 07111 866-945-1125

Reference* Number: 519279
Document Type: Invoice
Reference* Date: 04/25/12
(related to the sale by the wholesaler Identified above)



PHYSICAL DISTRIBUTION HISTORY *(if different from the owner information)*

Pedigree Form

Reviewing the data

TSH Medical Company (Wholesaler's Name)
PRESCRIPTION (LEGEND) DRUG PEDIGREE 00000000005
History of Drug Sales and Distributions

Legend Drug Name, Strength, Dosage Form, Container Size:

APAP-CODEINE, 300mg, TAB, 1000

This is a repackaged drug (requires repackager's pedigree information and authentication of repackager's pedigree)

30/300MG #1000

NDC: 67874-0122-05

Lot Number	Quantity	Unique Serial #
40325164	3	

Date of Invoice

OWNERSHIP HISTORY

Manufacturer's Name DAVA PHARMACEUTICALS, INC.

Manufacturer's information for authentication: 6500 ADELAIDE CT FORT LEE, NJ 07111 866-945-1125

Reference* Number: 519279

Document Type: Invoice

Reference* Date: 04/25/12

(related to the sale by the wholesaler Identified above)



PHYSICAL DISTRIBUTION HISTORY

(if different from the owner information)

Pedigree Form

Reviewing the data

TSH Medical Company		(Wholesaler's Name)
PRESCRIPTION (LEGEND) DRUG PEDIGREE		00000000005
History of Drug Sales and Distributions		
Legend Drug Name, Strength, Dosage Form, Container Size:	APAP-CODEINE, 300mg, TAB, 1000	
<input type="checkbox"/> This is a repackaged drug (requires repackager's pedigree)	30/300MG #1000	
NO L 4	Reference* Number: 519279	
	Document Type: Invoice	
	Reference* Date: 04/25/12	
	<i>(related to the sale by the wholesaler Identified above)</i>	
OWNERSHIP HISTORY		PHYSICAL DISTRIBUTION HISTORY <i>(if different from the owner information)</i>
Manufacturer's Name <u>DAVA PHARMACEUTICALS, INC.</u>		
Manufacturer's information for authentication: <u>6500 ADELAIDE CT FORT LEE, NJ 07111 866-945-1125</u>		

Manufacturer's Name and Address from the Pedigree Update.



Pedigree Form

Reviewing the data

OWNERSHIP HISTORY

PHYSICAL DISTRIBUTION HISTORY

(if different from the owner information)

Manufacturer's Name DAVA PHARMACEUTICALS, INC.

Manufacturer's information for authentication: 6500 ADELAIDE CT FORT LEE, NJ 07111 866-945-1125

1. *Wholesaler that purchased from the MANUFACTURER or a REPACKAGER (which requires authentication)*

Name: <u>INSOURCE PHARMACEUTICALS</u> Address: <u>4309 EVERGREEN DR</u> <u>GROVEPORT OH 43125</u> Date Purchased & Ref* : <u>02/20/12</u> <u>652413571</u> Print Name of Recipient: <u>PAUL LATZOS</u> Signature of Recipient: _____ Name of Authenticator: <u>EMILY SHULTZ</u> Signature of Authenticator: _____ <i>To authenticate a subsequent transaction, contact:</i> Name: _____ Telephone number: <u>954-217-4267</u> Email Address: <u>PEDIGREE@</u>	Name: <u>INSOURCE PHARMACEUTICALS</u> Address: <u>4309 EVERGREEN DR</u> <u>GROVEPORT OH 43125</u> Date Received & Ref* : _____ Print Name of Recipient: _____ Signature of Recipient: _____ Name of Authenticator: _____ Signature of Authenticator: _____ <i>To authenticate a subsequent transaction, contact:</i> Name: _____ Telephone number: _____ Email Address: _____
--	--

2. #1 Above SOLD TO: Name: <u>TSH Medical Supply</u> Address: <u>1033 ROUTE 46</u> <u>CLIFTON NJ 07013</u> Date Purchased & Ref* : <u>04/25/12</u> Print Name of Recipient: <u>PETER J</u> Signature of Recipient: _____ Name of Authenticator: <u>TOM TILES</u> Signature of Authenticator: _____ <i>To authenticate a subsequent transaction, contact:</i> Name: _____ Telephone number: <u>973-777-8050</u> Email Address: <u>pedigree@tshinc.com</u>	SHIPPED TO: Name: _____ Telephone number: _____ Email Address: _____
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In this section the inbound wholesaler's are listed. This information is built in the Pedigree Update.

Pedigree Form

Reviewing the data

3. #2 Above SOLD TO:	SHIPPED TO:
Name: <u>KESSLER REHAB GROUP</u>	Name: <u>KESSLER REHAB GROUP</u>
Address: <u>100 CENTRAL AVE</u> <u>EAST ORANGE NJ 07002</u>	Address: <u>100 CENTRAL AVE</u> <u>EAST ORANGE NJ 07002</u>
Date Purchased & Ref* : _____	Date Received & Ref* : <u>04/25/12</u>
Print Name of Recipient: _____	Print Name of Recipient: _____
Signature of Recipient: _____	Signature of Recipient: _____
Name of Authenticator: _____	Name of Authenticator: _____
Signature of Authenticator: _____	Signature of Authenticator: _____
<i>To authenticate a subsequent transaction, contact:</i>	<i>To authenticate a subsequent transaction, contact:</i>
Name: _____	Name: _____
Telephone number: <u>973-628-3150</u>	Telephone number: _____
Email Address: _____	Email Address: _____
I swear or affirm that the information have been authenticated, if required.	at prior sales and distributions
Signature (authorized to bind the company) _____	Date <u>04/25/12</u>
*Reference Number should be identified as an invoice, purchase order, shipping document number or similar unique identifier. Prescription (Legend) Drug Pedigree DH2129, Effective 07/06 (obsoletes previous editions)	Page: <u>1</u> of <u>1</u> pages.

In this section the outbound information is printed. This information is generated at the time of Invoicing.

Pharma Related Reports

DEA and ARCOS Reporting

- ARCOS Reporting
- DEA Inventory Report
- DEA Receipts Posting Register
- DEA Product Transaction Register

ARCOS Reports

Acquisitions

	A	B	C	D	E	F	G	H	I	J	K
1	REPORTING REGISTRANT	TNX	NATIONAL DRUG CODE	QUANTITY	UM	ASSOCIATE REGISTRATION#	DEA FORM#	LOT NUMBER	TRANS DATE	REFERENCE#	
2	NJ1946578	POR	67874-0122-05	5	BT	ZZ9000059		40325164	4/25/2012	2340	
3	NJ1946578	POR	67874-0122-05	5	BT	ZZ9000059		70935216	4/25/2012	2340	
4	NJ1946578	POR	67874-0122-05	5	BT	ZZ9000059		40760832	4/25/2012	2341	
5	NJ1946578	POR	67874-0122-05	5	BT	ZZ9000059		40234649	4/25/2012	2341	
6											
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ARCOS Reports

Dispositions

	A	B	C	D	E	F	G	H	I	J	K
1	REPORTING REGISTRANT	TNX	NATIONAL DRUG CODE	QUANTITY	UM	ASSOCIATE REGISTRATION#	DEA FORM#	LOT NUMBER	TRANS DATE	REFERENCE#	
2	NJ1946578	INV	67874-0122-05	-3	BT	ZZ9000059		40325164	4/25/2012	1141775001	
3	NJ1946578	INV	67874-0122-05	-3	BT	ZZ9000059		70935216	4/25/2012	1141776001	
4											
5											
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DEA Reporting

DEA Inventory Report

User Group Settings - [tshpe2-DEMO.12-DEA.INV.RPT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

DEA Inventory Report Capture:On

1. Prod Class

2. Product Type

3. Product#

4. Date

The report will show the on hand quantities, for selected items, as of the date specified.

Press <RETURN> to Process Report, Line# to Change, or ABORT

HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	CAPT OFF	INQUIRY	CANCEL	Off	Popup
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DEA Reporting

DEA Inventory Report

10:37:11am 26 Apr 2012

Inventory Report as of:04/26/12

PAGE 1

Product#
APAP-COD

Product Name
APAP-CODEINE30/300MG #1000

Total Onhand
14

DEA Reporting

DEA Receipts Posting Register

User Group Settings - [tshpe2-DEMO.12-DEA.RCPTS.POST.REG012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

DEA Receipts Posting Register Capture:On

1. Date Range Range

04/25/12 to 04/26/12

2. Warehouse All

3. Prod Class All

The report will show purchase order receipts information for the criteria entered above.

Press <RETURN> to Process Report, Line# to Change, or ABORT XXXXXX

HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	CAPT OFF	INQUIRY	CANCEL	Off		Popup
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DEA Reporting

DEA Receipts Posting Register

Receipts Posting Register

Date 26 Apr 2012 Page 1

REF.NO..	DATE1.	OP.	VENDOR#.	V.NAME.....	TRANS#	DS	PRODUCT/DESCRIPTION.....	QTY....	STK	VALUE...	PO#.....	RCVR#.	PROD.CLASS
002340	042512	SY	INSOURCE	INSOURCE INC	10168	ND	APAP-COD APAP-CODEINE	10	BT	13824.00	01131126	002340	171
***										----- 13824.00			
002341	042512	SY	INSOURCE	INSOURCE INC	10171	ND	APAP-COD APAP-CODEINE	10	BT	13824.00	01131127	002341	171
***										----- 13824.00			
										27648.00			

2 records listed.

DEA Reporting

DEA Product Transaction Report

User Group Settings - [tshpe2-DEMO.12-TRANSACTION.RPT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Transaction Report Capture:On

1. Customer#	All	
2. Vendor#	All	
3. Date	All	All
4. Prod Class	All	
5. Product#	APAP-COD	APAP-CODEINE
6. Family	All	
7. Strength	All	
8. Size	All	
9. State/Shipment	All	

Press <RETURN> to Proceed

HELP OK/END Popup

The report will show all transaction data for the criteria entered.

DEA Reporting

DEA Product Transaction Report

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Pr
1	Cust Name	Vend Name	Cust DEA	Vend DEA	Trans Type	Trans Date	Trans Qty	Rcpt/Inv #	NDC #	Prod #	Description 1	Description 2	DEA Form #	Prod Family	Prod Strength	Pr
2		INSOURCE INC		ZZ9000059	POR	4/25/2012	10	2340	67874-0122-05	APAP-COD	APAP-CODEINE	30/300MG #1000		Codeine	300 mg	10
3		INSOURCE INC		ZZ9000059	POR	4/25/2012	10	2341	67874-0122-05	APAP-COD	APAP-CODEINE	30/300MG #1000		Codeine	300 mg	10
4	KESSLER REHAB GROUP		ZZ9000059		INV	4/25/2012	-3	1141775001	67874-0122-05	APAP-COD	APAP-CODEINE	30/300MG #1000		Codeine	300 mg	10
5	KESSLER REHAB GROUP		ZZ9000059		INV	4/25/2012	-3	1141776001	67874-0122-05	APAP-COD	APAP-CODEINE	30/300MG #1000		Codeine	300 mg	10
6																
7																
8																
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DEA Reporting

DEA Invoice Print

User Group Settings - [tshpe2-DEMO.12-DEA.INVOICE.PRINT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Dea Invoice Print Capture:On

1. Invoice Date	04/25/12	04/25/12	
2. Prod Class	All		
3. Fiscal Period	All	All	
4. Type(INV,I/V,C/M)	All	All	
5. Product#	APAP-COD	APAP-CODEINE	

Press <RETURN> to Process Report, Line# to Change, or ABORT XXXXXX

HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	CAPT OFF	INQUIRY	CANCEL	Off	Popup
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Optional Pharma Capabilities

Reorder Labels

User Group Settings - [tshpe2-DEMO.12-REORDER.LABEL.REPRINT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Reorder Label Reprint Capture:On

1. Release Number

Press <RETURN> to Process Report, Line# to Change, or ABORT

HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	CAPT OFF	CANCEL	Off		Popup
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Optional Pharma Capabilities

Reorder Labels

User Group Settings - [tshpe2-DEMO.12-REORDER.LABEL.REPRINT012\$1]

File Edit Settings Reset Tools GUI Standard Functions Special Functions Help

Reorder Label Reprint Capture:On

1. Release Number

Example of a Reorder Label. This type of label is typically used for retail pharmacies.

The Systems House
973-777-8056
APAP-CODEINE
30/300MG #1000
67874-0122-05
\$212.67
05/08/12 Ordered:3

Press <RETURN> to Process Report, Line# to Change, or ABORT

HELP	OK/END	INSERT	LDELETE	PREV PG	NEXT PG	CAPT OFF	INQUIRY	CANCEL	Off	Popup
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Thank you

Any Questions?