



The Lifecycle of a  
Pharma and Pedigree Item  
In Your Office

# The Item's Lifecycle at TSH Medical Supply

Purchase  
Order and  
Receipt

Pedigree  
Update

Sale of  
Item

Printing  
and  
Decoding  
the  
Pedigree

Recalls,  
Returns,  
Credits

Monthly  
and  
Quarterly  
Filing Time

Auditing  
Reports

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# The Beginning Step: Bring the Item into the Warehouse

Application

Purchase Order Entry      Catalog Display      OFF

Co# 01 Vendor CAPITAL Capital Wholesale Drug Co. Whse# 001 P/O# 131136

LN# Product# Description Purch/UM Req-Date Src Cost/UM Disc% MfgBO

1 OXY-15 10/07/13 BT OPE

Oxycodone Tabs

403136

Drug Type Maintenance

Drug Type 02

1.Description Schedule II Narcotic

2.License Req Y

3.Dea# Required Y

4.Pedigree Required Y

5.Controlled Drug Y

6.DEA Form Required Y

7.Federal Caution Y

8.Expiration Days 90

9.Drop Ship N

10.Include/Arcos Rpt Y

11.Rx or OTC Drug Y

IN TRANS

SALES JAN11 FEB11 MAR11 APR11 7

JUL10 AUG10 SEP10 OCT10

Enter required Drug Form #: 45579700

If the drug type assigned to the item requires a Drug Form#, the operator will be prompted.

# The Beginning Step: Bring the Item into the Warehouse

Application

Purchase Order Entry Catalog Display **OFF** Total

Co# 01 Vendor CAPITAL Capital Wholesale Drug Co. Whse# 001 P/O# 131136

LN# Product# Description Purch/UM Req-Date Src Cost/UM Disc%

LN#	Product#	Description	Purch/UM	Req-Date	Src	Cost/UM	Disc%
1	OXY-15	Oxycodone Tabs					
	403136						

SALES JAN11 FEB11 MAR11 APR11

JUL10 AUG10 SEP10 OCT10

Enter required Drug Form #: 45579700

If the drug type assigned to the item requires a Drug Form#, the operator will be prompted.

## Sample DEA Form 222

See Reverse of PURCHASER'S Copy for Instructions No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04). OMB APPROVAL No. 1117-0010

TO: (Name of Supplier) ZOOPHARM A STREET ADDRESS 3131 GRAND AVE, SUITE B

CITY and STATE LARAMIE, WY 82070 DATE 06-01-06 B TO BE FILLED IN BY SUPPLIER SUPPLIERS DEA REGISTRATION NO.

TO BE FILLED IN BY PURCHASER						
Line No.	No. of Packages	Size of Package	Name of Item	National Drug Code	Package Shipped	Date Shipped
1	12	10ml	Etorphine HCl, 10mg/ml			
C	5	10ml	Carfentanil citrate, 3mg/ml			
2						
3						
4						
5						
6						
7						
8						
9						
10						

D 2 ← NO. OF LINES COMPLETED

SIGNATURE OF PURCHASER OR HIS ATTORNEY OR AGENT E BE SURE TO SIGN FORM

Date Issued 06-23-94 DIA Registration No. BL9876543 Name and Address of Registrant

Schedules 2, 2N, 3, 3N, 4, 5

Registered as a PRACTITIONER No. of this Order Form 123456789

DOE, JOHN EDWARD DVM  
ABC VETERINARY CLINIC  
1234 MAIN STREET  
ANYWHERE, USA 11223

DEA Form - 222 (Aug. 1990) U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II DRUG ENFORCEMENT ADMINISTRATION SUPPLIER'S Copy 1 45579700

# The Beginning Step: Bring the Item into the Warehouse

Application

Purchase Order Receiving Detail

Receiver# 002361

PO Number 131127 Intrans#

Vendor

Company 01 TSH Medical Company

Warehouse 001 NEW YORK, NY

Date 08/21/13 Pct Add-On 0.00

Purchase Order Receipts Lot Entry

LN# 1 Product OXY-15

LN#	Lot# / Length	Serial#	Location	Quantity	Exp Date
1	317722345P		0200A	10	12/31/15
2					
3					
4					
5					
6					
7					
8					
9					

Frt/Inla

Misc/Br

Enter Line# to Change, ADD, or 0 to Accept

XXXXXX

After receiving Pedigree flagged items, the system will generate a Pedigree record.



# The Pedigree Stage

## Pedigree Report

Pedigree Serial Number um.uuid:724d815c-058c-4180-b6ad-4d97ab74d32b

### Product Information

Name: Maint. Product changes - Custom ST  
Product Code: DSCSA PRODUCT CUSTOM  
Strength: 25mg  
Dosage Form: TABLET  
Container Size: 50  
NDC Number: 11111-22222-33333-44

Manufacturer JD MFG

### Ownership

Seller: Black MFG  
Street Address 1  
Street Address 2  
Hyderabad, CO 500072 India  
... Administration  
... Dupuy President  
Phone: 595-595-5959  
Email: jacqueline.dupuy@oracle.com

Buyer: DSCSA Receiving  
2 Street Address 1  
Street Address 2  
Hyderabad QA, CO 500072 India

Sale  
2017-07-17 10:29:00.0  
2017-09-12 00:00:00.0

Transaction ID: 2017/17 RECEIPTNUMBER

### Lot and Quantity

Lot Number DSCSA Lot  
Expiration Date 2017-05-30

### Serial Numbers

Serial Count 3

2017AB%/17  
2017AB%/18  
2017AB%/19

➤ Retrieve the Pedigree from the vendor/wholesaler

➤ Update

This is an example of a Pedigree from a wholesaler.

# Pedigree Update

Application

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#

date

Pedigree ID

PO#

Product# OXY-15

Prod Desc

Release#

Receipt Date

Invoice#

Receiver#

Lot#

✓ ✗

The lookup feature has multiple options on how to find the assigned Pedigree.

# Pedigree Update

Application

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#

Pedigree ID Lookup  
Prod#: OXY-15  
Pedigree ID  
PO#

Product#

Prod Desc

Release#

Receipt Date

Invoice#

Receiver#

Lot#

00000000006

01131127 OXY-15

Oxycodone Tabs

002361

08/21/13

00000000006

Pedigree ID	Product#	Description	Receiver#	Receipt Dt	Vend Inv#
00000000006			002361		
01131127	OXY-15	Oxycodone Tabs		08/21/13	

# Pedigree Update

### Pedigree Update

Pedigree ID: 0000000006

1.PO#: 01131127

2.Product#: OXY-15 Oxycodone Tabs

3.Company: 01 TSH Medical Company

4. Notes:

5. Shipment ID:

6. Invoice#:

7. Invoice Date:

8. Manufacturer:

9. NDC#: 52152-0214-02

10. Dosage Form:

11. Strength:

12. Container Size:

13. Lot#	Lot Qty
317722345P	10

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

# Pedigree Update

### Pedigree Update

Pedigree ID	0000000006	
1.PO#	01131127	
2.Product#	OXY-15	Oxycodone Tabs
3.Company	01 TSH Medical Company	
4.Notes		
5.Shipment ID		
6.Invoice#	A4197543	
7.Invoice Date	07/25/13	
8.Manufacturer	ACTAVIS	
9.NDC#	52152-0214-02	
10.Dosage Form	Tab	
11.Strength	15mg	
12.Container Size	100	
13.Lot#		Lot Qty
317722345P		10

The Pedigree would be updated with the information from the original Pedigree retrieved from your wholesaler/vendor.

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

XXXXXX



# Pedigree Update

### Pedigree Update

Pedigree ID

000000000006

1.PO#

01131127

2.Product#

OXY-15

Oxycodone Tabs

3.Company

01

TSH Medical Company

4.Notes

Notes field with three empty lines.

5.Shipment ID

Shipment ID field

6.Invoice#

A4197543

7.Invoice Date

07/25/13

8.Manufacturer

ACTAVIS

9.NDC#

52152-0214-02

10.Dosage Form

Tab

11.Strength

15mg

12.Container Size

100

13.Lot#

Lot Qty

317722345P

10

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

XXXXXX




# Pedigree Update

Application

Pedigree Update

Pedigree ID: 000000000006

1.PO#: 0113177 

2.Product#: OXY-15 Oxycodone Tabs

3.Company: 01 TSH Medical Company

4. Notes:

5. Shipm:

6. Invoice:

7. Invoice:

8. Manuf:

9. NDC#:

10. Dosag:

11. Strength: 15mg

12. Container Size: 100

13. Lot# Lot Qty

317722345P	10

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

XXXXXX

PAGE 1 OF 4

Choose Source:

- Acquire Image from Scanner or Capture Device
- Load a File or Image from a Folder


OK Cancel

# Pedigree Update

Application

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#  Lot Q#

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

Font Selection

Look in:

My Recent Documents

Desktop

My Documents

My Computer

My Network Places

2013

templates

bottles on shelf 2.jpg

bottles on shelf.jpg

CAPT! 16 187!6 46 19. 883!8 16. pdf

cartoon guy will pill.jpg

dr at pc.jpg

gel pill.jpg

generic pharmacy.jpg

green pills.jpg

MDS and Pharma 2013.pptx

MDS and Pharma.pptx

mds pharma new.pptx

open pill.jpg

pedigree man.pdf

pharmacy example.jpg

pills and bottle.jpg

pills in bottle.jpg

pills in pack.jpg

pills in rx bottle.jpg

pills mix.jpg

red\_and\_black\_2013.potx

Thumbs.db

user group 2013.ppt

File name:

Files of type:

Open as read-only

Open

Cancel



# Pedigree Update

### PEDIGREE Update

Pedigree ID

#### 14.Inbound Sold To/Ship To

Line  Total

#### Sold To

#### Ship To

Wholesaler ID	<input type="text" value="01"/>
Name	<input type="text" value="TSH Medical Company"/>
Address 1	<input type="text" value="1033 ROUTE 46"/>
Address 2	<input type="text"/>
City	<input type="text" value="CLIFTON"/>
State	<input type="text" value="NJ"/> Country <input type="text"/>
Zip	<input type="text" value="07013"/>
Date Purchased	<input type="text"/>
Wholesaler Inv#	<input type="text"/>
Recipient	<input type="text"/>
Authenticator	<input type="text"/>
Sub Authen	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>

<input type="text" value="01"/>
<input type="text" value="TSH Medical Company"/>
<input type="text" value="1033 ROUTE 46"/>
<input type="text"/>
<input type="text" value="CLIFTON"/>
<input type="text" value="NJ"/> Country <input type="text" value="NY"/>
<input type="text" value="07013"/>

This page shows the inbound record generated from receiving the item.

# Pedigree Update

### PEDIGREE Update

Pedigree ID

#### 14.Inbound Sold To/Ship To

Line  Total

#### Sold To

#### Ship To

Wholesaler ID	<input type="text" value="01"/>
Name	<input type="text" value="TSH Medical Company"/>
Address 1	<input type="text" value="1033 ROUTE 46"/>
Address 2	<input type="text"/>
City	<input type="text" value="CLIFTON"/>
State	<input type="text" value="NJ"/> Country <input type="text"/>
Zip	<input type="text" value="07013"/>
Date Purchased	<input type="text"/>
Wholesaler Inv#	<input type="text"/>
Recipient	<input type="text"/>
Authenticator	<input type="text"/>
Sub Authen	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>

<input type="text" value="01"/>
<input type="text" value="TSH Medical Company"/>
<input type="text" value="1033 ROUTE 46"/>
<input type="text"/>
<input type="text" value="CLIFTON"/>
<input type="text" value="NJ"/> Country <input type="text" value="NY"/>
<input type="text" value="07013"/>

We will need to update the inbound record.

# Pedigree Update

tshpe2.tshinc.com-DEMO.12-SSS.PEDIGREE.RCPT012S2

File Edit Settings Reset Tools Mode Standard Functions Special Functions Refresh Dashboard Help

Application

## PEDIGREE Update

Pedigree ID

### 14.Inbound Sold To/Ship To

Line  Total

Sold To

Wholesaler ID

CAPITAL

Name

TSH Medical Company

Address 1

1033 ROUTE 46

Address 2

City

CLIFTON

State

NJ

Country

NJ

Country

Zip

07013

07013

Date Purchased

07/25/13

Wholesaler Inv#

A4197543

Recipient

PETER JONES

Authenticator

TOM TILES

Sub Authen

Rachel Johnsen

Email

johnsenr@tshinc.com

Phone

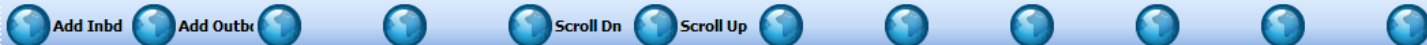
973-777-8050

Add additional wholesalers of the 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 4



# Pedigree Update

tshpe2.tshinc.com-DEMO.12-SSS.PEDIGREE.RCPT012S2

File Edit Settings Reset Tools Mode Standard Functions Special Functions Refresh Dashboard Help

Application

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line  Total

Sold To

Wholesaler ID

CAPITAL

Name

TSH Medical Company

Address 1

1033 ROUTE 46

Address 2

City

CLIFTON

State

NJ

Country

NJ

Country

Zip

07013

07013

Date Purchased

07/25/13

Wholesaler Inv#

A4197543

Recipient

PETER JONES

Authenticator

TOM TILES

Sub Authen

Rachel Johnsen

Email


johnsenr@tshinc.c

Phone

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

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

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

 Add Inbd  Add Outbd  Scroll Dn  Scroll Up  Inquiry  Cancel  Off  Popup

 Help  Ok/End  Insert  Delete  Prev  Next  Inquiry  Cancel  Off  Popup

# Pedigree Update

Application

PEDIGREE Update

Pedigr  
14.Inbo  
Line

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

Address 2  
City GROVEPORT  
State OH Country 000 U.S.A.  
Zip 43125  
Date Purchased 07/05/13  
Wholesaler Inv# 416543-1478  
Recipient MELISSA OLIVER  
Authenticator TOM TILES  
Sub Authen  
Email ttiles@abc.com  
Phone 973-777-8050

Ship To

ANDA  
ANDA PHARMACEUTICALS, INC  
6500 ADELAIDE CT  
GROVEPORT  
OH Country 000 U.S.A.  
43125

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

XXXXXX

PAGE 2 OF 4

# Pedigree Update

Application

PEDIGREE Update

Pedigr

14.Inb

Line

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

Address 2

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

Email

ttiles@abc.com

Phone

973-777-8050

Ship To

ANDA

ANDA PHARMACEUTICALS, INC

6500 ADELAIDE CT

GROVEPORT

OH

Country

000

U.S.A.

43125

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

XXXXXX

PAGE 2 OF 4

# Pedigree Update

tshpe2.tshinc.com-DEMO.12-SSS.PEDIGREE.RCPT012S2

File Edit Settings Reset Tools Mode Standard Functions Special Functions Refresh Dashboard Help

Application

## PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line  Total

After the wholesaler has been added, there will be 2 inbound records.

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

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

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

XXXXXX

PAGE 2 OF 4

Navigation bar with buttons: Add Inbd, Add Outbr, Scroll Dn, Scroll Up, Help, Ok/End, Insert, Delete, Prev, Next, Inquiry, Cancel, Off, Popup

# Pedigree Update

tshpe2.tshinc.com-DEMO.12-SSS.PEDIGREE.RCPT012S2

File Edit Settings Reset Tools Mode Standard Functions Special Functions Refresh Dashboard Help

Application

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line  Total

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

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

After the wholesaler has been added, there will be 2 inbound records.

In my example, I added the wholesaler, Anda, as the Pedigree record received by Capital Drug specified they purchased it from Anda. No other inbounds are necessary, as Anda purchased this directly from the manufacturer.

Add Inbd Add Outbr Scroll Dn Scroll Up

Help Ok/End Insert Delete Prev Next

Products

Customers

Vendors

Shortcuts

Terminal

MDS Menu

Find

Tasks

Charts

Key Indicators



# Pedigree Update

tshpe2.tshinc.com-DEMO.12-SSS.PEDIGREE.RCPT012\$3

File Edit Settings Reset Tools Mode Standard Functions Special Functions Refresh Dashboard Help

Application

Shortcuts

Terminal

MDS Menu

Find

Tasks

Charts

Key Indicators

Products

Customers

Vendors

## PEDIGREE Update

Pedigree ID

15.Outbound Sold To/Ship To

Line  Total

Release#

Sold To

Ship To

Wholesaler ID

Name

Address 1

Address 2

City

State  Country

Zip

Date Purchased

Wholesaler Inv#

Recipient

Authenticator

Sub Authen

Email

Phone

Country

This section shows the sales associated with this Pedigree.

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

XXXXXX

PAGE 3 OF 4

Navigation icons: Add Inbd, Add Outbd, Scroll Dn, Scroll Up, and other controls.

Navigation icons: Help, Ok/End, Insert, Delete, Prev, Next, Inquiry, Cancel, Off, and Popup.

# Pedigree Update

tshpe2.tshinc.com-DEMO.12-SSS.PEDIGREE.RCPT012\$3

File Edit Settings Reset Tools Mode Standard Functions Special Functions Refresh Dashboard Help

Application

## PEDIGREE Update

Pedigree ID

### 15.Outbound Sold To/Ship To

Line  Total

Release#

#### Sold To

#### Ship To

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

Country

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

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

Add Inbd Add Outbd Scroll Dn Scroll Up

Help Ok/End Insert Delete Prev Next Inquiry Cancel Off Popup

Products

Customers

Vendors

# The Sale of the Item

## Pharma Specific Fields Available in the New Product Lookup

tshpe2.tshinc.com-DEMO.12-SSS.OE.LINE.INPUT011\$1

File Edit Settings Reset Tools Mode Standard Functions Special Functions Refresh Dashboard Help

Application: MDS Product Lookup : 12:02:00 PM Customer:

Order Entry Detail

CO# 01 Cust# MARCOW

LN# Product Number Description

1 AAANNNNNNNNNNN

2

3

4

UM On Hand In Pick

Case Box

Product Vendor Mfg Description NDC 52152 Cust Price

Products Sales History

Product	Description	Description2	NDC	DrugType	Disc	Available	OnHand	Vendor	S...	Qt
OXY-15	Oxycodone Tabs	Roxicodone Tabs	52152-0214-02	02			11	13 CAPITAL	BT	1

# The Sale of the Item

## Excessive Product Usage

Application

Order Entry Detail      Catalog Display      OFF      Sell      001      Total      \$499.90

CO#    01    Cust#    MARCOW    MICHAEL MARCOWITZ MD    Ship      001      Ord#      141770

LN#    Product Number      Order / UM      Ship / UM      BO / UM      PH      Price / UM      Whs

Description      Direct      Cost      More

1	OXY-15	5 / BT	5 / BT		BT	99.980 /	BT	001
	Doxicodone Tabs				ND	499.900		74.69
					CAPITAL	25.300 /	BT	
2								

**You can set a quantity limit for an item, for all customers, or a specific customer.**

UM	On Hand	In Pick	Avail	BackOrd	InTrans	OnOrder	Fut Ord	Next PO
BT	10		10					
Case	1	Box	1	Unit	1	PC	065 DRUGS & MEDICATIONS	Cost 25.300 / BT 75
OXY-15		Lst Dt	08/26/13	Qty	6 / BT	Price	99.980 / BT	

# The Sale of the Item

## Excessive Product Usage

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.

Sell	001	Total	\$499.90
Ship	001	Ord#	141770
BO / UM	PH	Price / UM	Whs
Direct		Cost	More
	BT	99.980/	BT 001
	N ND	499.900	74.69
	CAPITAL	25.300/	BT

### Excessive Product Usage Maintenance

Company  TSH Medical Company  
Customer  MICHAEL MARCOWITZ MD  
Product  Oxycodone Tabs

Stocking U/M

1.Qty Limit

2.Expiration Date

UM On Hand  
  
Case

# The Sale of the Item

## Excessive Product Usage

Application

Order Entry Detail      Catalog Display      OFF      Sell      001      Total      \$499.90

CO#    01    Cust#    MARCOW    MICHAEL MARCOWITZ MD    Ship    001    Ord#    141770

LN#	Product Number	Description	Order	UM	Ship	UM	BO	UM	PH	Price	UM	Whs
1	OXY-15	Oxycodone Tabs	5	BT	5	BT				99.980	BT	001
										499.900		74.69
									CAPITAL	25.300	BT	
2												
3												
4												

Dr. Marcowitz is trying to order 5 bottles of Oxycodone.

UM	On Hand	In Pick	Avail	BackOrd	InTrans	OnOrder	Fut Ord	Next PO			
BT	10		10								
Case	1	Box	1	Unit	1	PC	065 DRUGS & MEDICATIONS	Cost	25.300	BT	75
OXY-15		Lst Dt	08/26/13	Qty	6	BT	Price	99.980	BT		



# The Sale of the Item

## Excessive Product Usage

Application

Order Entry

Total Time Input

Co  Whse  Customer

Order#

Lines	Order Qty	Ship Qty	Open Qty	COST	Dollars	GP Pct
<input type="text" value="1"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text"/>	<input type="text" value="126.50"/>	<input type="text" value="499.90"/>	<input type="text" value="74.69"/>

1. Trade Disc%

2. Charge Freight

3. Ship Via

4. Ship Zone

5. Freight

6. Tax Juris

Tax %

7. Misc Charges

8. Cash Disc%

Total

9. Salesman

10. Resid/Comm

11. Freight Class

12. Frt Reduce GP

ENTER LINE# TO

Order Date

MDSforWindows 10.1.9

Excessive Qty for Product OXY-15. Order Placed On Hold

OK

The Excessive Usage is checked at the end of Order Entry.



# The Sale of the Item

## Excessive Product Usage

Application

Order Entry

Total Time Input

Co  Whse  Customer

Order#

Lines	Order Qty	Ship Qty	Open Qty	COST	Dollars	GP Pct
<input type="text" value="1"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text"/>	<input type="text" value="126.50"/>	<input type="text" value="499.90"/>	<input type="text" value="74.69"/>

1. Trade Disc%

2. Charge Freight

3. Ship Via

4. Ship Zone

5. Freight

6. Tax Juris

Tax %

7. Misc Charges

8. Cash Disc%

Total

9. Salesman

10. Resid/Comm

11. Freight Class

12. Frt Reduce GP

ENTER LINE# TO

Order Date

MDSforWindows 10.1.9

Excessive Qty for Product OXY-15. Order Placed On Hold

OK

Since the quantity ordered (5) plus the quantity previously purchased in the month (6) is greater than the Dr's limit (10), the Order is placed on hold.

# The Sale of the Item

## State License Check

Application

Order Entry

Co  Whse

Lines  Order #

1. Trade Disc%  
2. Charge Freight  
3. Ship Via  
4. Ship Zone  
5. Freight  
6. Tax Juris  
Tax %  
7. Misc Charges  
8. Cash Disc%

9. Salesman  
Commission %  
10. Resid/Comm  
11. Freight Class  
12. Frt Reduce GP

ENTER LINE# TO CHANGE

**State License Maintenance**

Company

State Code

1.State License#

2.Expiration Date

141771

08/26/13

**Your company's state license is checked to verify that it is present and not expired.**

# The Sale of the Item

## State License Check

Application

Order Entry Total Time Input

Co  Whse  Customer

Order#

Lines	Order Qty	Ship Qty	Open Qty	COST	Dollars	GP Pct
<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="25.30"/>	<input type="text" value="99.98"/>	<input type="text" value="74.69"/>

Order Date

1. Trade Disc%

2. Charge Freight

3. Ship Via

4. Ship Zone

5. Freight

6. Tax Juris

Tax %

7. Misc Charges

8. Cash Disc%

9. Salesman

Commiss

10. Resid/Comm

11. Freight Class

12. Frt Reduce GP

ENTER LINE# TO CH...

MDSforWindows 10.1.9

State NY License Expired. Order Placed On Hold

OK

In this example, the expiration date would need to be updated, then the operator can take the order off of hold.

# The Sale of the Item

## Minimum Days for Lot Expiration Date Checking

Application

Order Entry Detail      Catalog Display      OFF      Sell      001      Total      \$199.96

CO#    01    Cust#    MARCOW      MICHAEL MARCOWITZ MD      Ship      001      Ord#      141776

LN#	Product Number	Description	Order	UM	Ship	UM	BO	UM	PH	Direct	Cost	More
1	OXY-15	Oxycodone Tabs	2	BT	2	BT				BT	99.980	BT 001
		Roxicodone Tabs								N ND	199.960	74.69
										CAPITAL	25.300	BT
2												
3												
4												

UM    On Hand    In Pick    Avail    BackOrd    InTrans    OnOrder    Fut Ord    Next PO

BT    13    13

Case    1    Box    1    Unit    1    PC    065 DRUGS & MEDICATIONS    Cost    25.300    BT    75

OXY-15    Lst Dt    08/26/13    Qty    6    BT    Price    99.980    BT

ENTER LINE# TO CHANGE OR 0 TO ACCEPT      XXXXXX

By Drug Type or Customer, the minimum acceptable days for lot expiration can be set.

# The Sale of the Item

## Minimum Days for Lot Expiration Date Checking

Application

Order Entry Detail      Catalog Display      OFF      Sell      001      Total      \$199.96

CO#    01    Cust#    MARCOW      MICHAEL MARCOWITZ MD      Ship      001      Ord#      141776

LN#	Product Number	Order	UM	Ship	UM	BO	UM	PH	Price	UM	Whs
1	OXY-15 Oxycodone Tabs	2	BT	2	BT				99.980	BT	001
									199.960		74.69
								CAPITAL	25.300	BT	
2											
3											
4											

By Drug Type or Customer, the minimum acceptable days for lot expiration can be set.

Customer Master Maintenance

Customer#      MARCOW

116.Min Days to Expire      60

UM	On Hand	In Pick	Avail	BackOrd	InTrans	OnOrder	Fut Ord	Next PO
BT	13		13					

Case    1    Box    1    Unit    1    PC    065 DRUGS & MEDICATIONS    Cost    25.300    BT    75

OXY-15    Lst Dt    08/26/13    Qty    6    BT    Price    99.980    BT

ENTER LINE# TO CHANGE OR 0 TO ACCEPT      XXXXXX

# The Sale of the Item

## Minimum Days for Lot Expiration Date Checking

Application

Lot Inventory Availability

Whse 001 NEW YORK, NY Item OXY-15 Oxycodone Tabs

PRICE1 2 3 4 Earliest Delivery

Qty 1 2 3 4

Avail	On Hand	In Pick	On B/O	In Use	Adj Qty	Trn Qty	In Work	On P/O
13	13							

LN#	Whse	Lot# / Length Serial#	Location	Recv Date Expire Dt	On Hand In Pick	Available	Lot Cost
1	001	245092562P	0200A	08/26/13	3	3	25.300
				10/21/13			
2	001	317722345P	0200A	08/21/13	10	8	25.300
				12/31/15	2		
3							
4							
5							

Enter END to exit, PREV PG or NEXT PG

788888

In this example, there are two lots with available stock.

# The Sale of the Item

## Minimum Days for Lot Expiration Date Checking

Application

Order Entry Detail      Catalog Display      OFF      Sell      001      Total      \$199.96

CO#    01    Cust#    MARCOW    MICHAEL MARCOWITZ MD    Ship      001      Ord#      141776

LN#    Product Number      Order / UM      Ship / UM      BO / UM      PH      Price / UM      Whs

Order Entry Lot Changes

Product      OXY-15      Order Line#      1

LN#	Lot# / Length	Serial#	Location	Ord QTY	Ship	Cost	A
1	317722345P		0200A	2	2	25.300	
2							
3							
4							
5							
6							
7							
8							

Total Quantity      2      2

Enter line

The lot assigned was not the one to expire first, due to the field in the customer record being set to 60 days.

# The Sale of the Item

## Customizing the Pharma Order Hold Reason Codes

Application

MDS Verification Line Input REL# 01141776001  
CO 01 Whse 001 Customer MARCOW MICHAEL MARCOWITZ MD

LN#	Product Number	Description	Pick Qty	UM	Invoice Price	UM	Cancel Disc%	Curr Carton SRC	Cost	UM	More Hold
1	OXY-15	Oxycodone Tabs	2	BT	99.980	BT		F	25.300	BT	
2											
3											
4											
5											

MDSforWindows 10.1.9

Pharma error caused by Customer's License# is missing.

OK

Enter Line# to Change, Scan Pr

When an order or release fails a check, the error messages can be customized for your company.



# The Sale of the Item

## Customizing the Pharma Order Hold Reason Codes

Application

### Pharma Hold Reason Code Maintenance

#### 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#	96	BILL.TO MISSING DEA#
Enter Code For DRUG TYPE NOT ON BILL.TO	97	DRUG TYPE NOT ON BILL.TO
Enter Code For INVALID BILL.TO DEA ExpDT	98	INVALID BILL.TO DEA ExpDT
Enter Code For EXCESSIVE PRODUCT USAGE	99	EXCESSIVE PRODUCT USAGE
Enter Code For Customer's License# is missing.	88	BILL.TO LICENSE# MISSING
Enter Code For INVALID BILL TO LIC ExpDT	89	INVALID BILL TO LIC ExpDT
Enter Code For PRO FORMA CONVERSION	02	PRO FORMA CONVERSION

# The Sale of the Item The Invoice

The license and DEA information is printed on the invoice.



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  
01519281  
Page: 1

<b>Bill-to:</b> MARCOW
MICHAEL MARCOWITZ MD 4360 KENNEDY BLVD BROOKLYN NY 10023

<b>Ship-to:</b>	001	RJ
MICHAEL MARCOWITZ MD 4360 KENNEDY BLVD BROOKLYN NY 10023		

<b>Invoice Date:</b>	08/27/13	<b>Salesman:</b>	SY FERTIG
<b>Ship Date:</b>	08/27/13	<b>Ship Via:</b>	UPS
<b>Our Order No:</b>	01141776001	<b>Customer Order #:</b>	6449841
<b>Terms:</b>	NET 30	<b>License:</b>	66484164 Exp: 09/01/14
<b>Special Instructions:</b>		<b>DEA #:</b>	MM1210715 Exp: 12/31/14

Line	Item Number / Description	Ordered	UM	Shipped	UM	B/O Qty	Unit Price	UM	Extension
1	OXY-15 Oxycodone Tabs Roxicodone Tabs NDC#: 82182-0214-02 Drug Form#: 64674134 Prod Strength: 300 mg Prod Size: 1000 CT. BOTTLE Prod Family: Codeine Lot #: 317722345P Expiration Date: 12/31/15	2	BT	2	BT	0	99.980	BT	\$199.96
	<b>SUB TOTAL</b>								199.96
	<b>NY STATE TAX</b> 8.375%								16.75
	<b>INVOICE TOTAL</b>								\$216.71
	Additional License Information State License for NY 2522774 Exp 07/31/14								



# The Sale of the Item

## The Invoice

New fields have been added to the form:  
 NDC#, Drug Form #,  
 Strength, Size, and  
 Family.



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  
 01519281  
 Page: 1

<b>Bill-to:</b> MARCOW
MICHAEL MARCOWITZ MD 4360 KENNEDY BLVD BROOKLYN NY 10023

<b>Ship-to:</b>	001	RJ
MICHAEL MARCOWITZ MD 4360 KENNEDY BLVD BROOKLYN NY 10023		

<b>Invoice Date:</b>	08/27/13	<b>Salesman:</b>	SY FERTIG
<b>Ship Date:</b>	08/27/13	<b>Ship Via:</b>	UPS
<b>Our Order No:</b>	01141776001	<b>Customer Order #:</b>	6449841
		<b>Terms:</b>	NET 30
<b>License</b>	66484164 Exp: 09/01/14	<b>DEA #</b>	MM1210715 Exp: 12/31/14
<b>Special Instructions:</b>			

Line	Item Number / Description	Ordered	UM	Shipped	UM	B/O Qty	Unit Price	UM	Extension
1	OXY-15 Oxycodone Roxicodone Tabs NDC#: 52152-0214-02 Drug Form#: 64674134 Prod Strength: 300 mg Prod Size: 1000 CT. BOTTLE Prod Family: Codeine Lot #: 317722345P Expiration Date: 12/31/15	2	BT	2	BT	0	99.980	BT	\$199.96
	<b>SUB TOTAL</b>								199.96
	<b>NY STATE TAX</b>						8.375%		16.75
	<b>INVOICE TOTAL</b>								\$216.71
	Additional License Information State License for NY 2522774 Exp 07/31/14								

# The Sale of the Item

## The Invoice

New fields have been added to the form:  
NDC#, Drug Form #,  
Strength, Size, and  
Family.



Bill-to: MARCOW  
MICHAEL  
4360 KE  
BROOKLY

Invoice Date: 08  
Ship Date: 08  
Our Order No: 01

License 66  
Special Instructions:

This new information has been added to the following forms:  
Web Order Confirmation  
Order Confirmations  
Invoices  
Pick Tickets  
Packing Lists  
Purchase Orders

Line	Item Number / Description	Ordered	UM	Shipped	UM	BRQ Qty	Unit Price	UM	Extension
1	OXY-15 Oxycontin Roxicodone Tabs NDC#: 52152-0214-02 Drug Form#: 64674134 Prod Strength: 300 mg Prod Size: 1000 CT. BOTTLE Prod Family: Codeine Lot #: 317722345P Expiration Date: 12/31/15	2	BT	2	BT	0	99.980	BT	\$199.96
	SUB TOTAL								199.96
	NY STATE TAX 8.375%								16.75
	INVOICE TOTAL								\$216.71
	Additional License Information State License for NY 2522774 Exp 07/31/14								

# The Sale of the Item

## The Reorder Label

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



HyGen Pharmaceuticals, Inc.  
877-630-9198  
Cephalexin 500mg CP 500 PAR  
49884-0131-05  
\$36.00  
8/9/2007    Ordered:3

HyGen Pharmaceuticals, Inc.  
877-630-9198  
Cephalexin 500mg CP 500 PAR  
49884-0131-05  
\$36.00  
8/9/2007    Ordered:3

HyGen Pharmaceuticals, Inc.  
877-630-9198  
Cephalexin 500mg CP 500 PAR  
49884-0131-05  
\$36.00  
8/9/2007    Ordered:3



# Printing the Pedigree

## Options on When to Print

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



# Printing the Pedigree Options on When to Print

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

The screenshot shows the HyGen Pharmaceuticals website interface. At the top, there is a navigation bar with links for 'Place an Order', 'My Account', 'Deals', 'Contact Us', and 'Home'. A search bar is also present. Below the navigation, there is a table of pedigree information. The table has columns for 'Line No.', 'Order # - Retail #', 'Web Order # / PO #', 'Dept. #', 'Order Date', 'Ship Date', 'Rel. & Amt.', 'Status', and 'Print Label'. The table contains 16 rows of data. To the right of the table, there is a 'Live Help' section with contact information for sales and support. The website header includes the company name 'HyGen Pharmaceuticals, Inc.' and a welcome message for user 102994.

Line No.	Order # - Retail #	Web Order # / PO #	Dept. #	Order Date	Ship Date	Rel. & Amt.	Status	Print Label
1	000000001			00/00/00			Complete	
2	000000001			00/00/00			Complete	
3	000000001			00/00/00			Complete	
4	000000001			00/00/00			Complete	
5	000000001			00/00/00			Complete	
6	000000001			00/00/00			Complete	
7	000000001			00/00/00			Complete	
8	000000001			00/00/00			Complete	
9	000000001			00/00/00			Complete	
10	000000001			00/00/00			Complete	
11	000000001			00/00/00			Complete	
12	000000001			00/00/00			Complete	
13	000000001			00/00/00			Complete	
14	000000001			00/00/00			Complete	
15	000000001			00/00/00			Complete	
16	000000001			00/00/00			Complete	





# Printing the Pedigree Options on When to Print

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



HyGen Pharmaceuticals, Inc. Welcome 102994 | Order: 141092 \$0.00 | Checkout | View Order | Log out - Any issues?

Products marked SDIR are their dated usually expiring within 6 months and are not returnable. These items have limited availability and are priced to move. Order today to take advantage of the additional savings!

Line No.	Order # - Rate	Web Order# / PO#	Cont. Order# / PO#	Dept.	# Order	Order Date	Ship Date	Rel & Amt.	Status	Print Labels
1	000000001									
2	000000001									
3	000000001									
4	000000001									
5	000000001									
6	000000001									
7	000000001									
8	000000001									
9	000000001									
10	000000001									
11	000000001									
12	000000001									
13	000000001									
14	000000001									
15	000000001									
16	000000001									

Shipping Inquiry 7.0

Cart #	Product Description	Qty	Unit	Ship Qty	Price	Ext. Price	Ship Date		
1	ADDISON/RECEPT 5/30mg CP 300 (Lufen)	24	EA	24	0	\$16.50	EA	1	\$396.00
2	ADDISON/RECEPT 5/30mg CP 300 (Lufen)	24	EA	24	0	\$16.50	EA	1	\$396.00
3	ADDISON/RECEPT 20/20mg CP 300 (Lufen)	14	EA	14	0	\$21.00	EA	1	\$294.00

**TOTALS**  
 Freight: \$0.00  
 Tax: \$0.00  
 Total: \$1,090.00

4 Items 1 Page Previous Next

Note: To track your package please click on the tracking number below.  
**Tracking Information for Shipment: 0105243001**

Carton #	Tracking #	Carton Weight	Ship Date
1	0105243001	46.00 Lbs	05/27/14

**Pedigree and Lot Information:**

Pedigree #	Product No.	Lot No.	Lot Qty	Lot Exp Date	Ship Date
000000001	0105243001	0105243001	1	05/27/14	05/27/14
000000002	0105243001	0105243002	20	05/27/14	05/27/14
000000003	0105243001	0105243003	3	05/27/14	05/27/14
000000004	0105243001	0105243004	1	05/27/14	05/27/14
000000005	0105243001	0105243005	1	05/27/14	05/27/14
000000006	0105243001	0105243006	1	05/27/14	05/27/14
000000007	0105243001	0105243007	1	05/27/14	05/27/14
000000008	0105243001	0105243008	1	05/27/14	05/27/14
000000009	0105243001	0105243009	1	05/27/14	05/27/14
000000010	0105243001	0105243010	1	05/27/14	05/27/14
000000011	0105243001	0105243011	1	05/27/14	05/27/14
000000012	0105243001	0105243012	1	05/27/14	05/27/14

# Printing the Pedigree Options on When to Print

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



HyGen Pharmaceuticals, Inc. **SDHR**  
Products marked SDHR are short-dated usually expiring within 6 months and are not returnable. These items have limited availability and are priced to move. Order today to take advantage of the additional savings!

Shipping Inquiry 7.0 | Pedigree Print - 10000014: x  
https://hygen.tshinc.com/hygenreports/RN\_PED\_PRT\_141092\_10000014025.pdf

Converted from Au/accts/HYGEN/HOLD.HIST-11507-17581-52056-3 1 / 1

### HyGen Pharmaceuticals, Inc. Drug Supply Chain Security Act Document

(7f) Transaction Information

Drug Name, Strength, Dosage Form, Container Size	Reference Number		
Calcipen® 100mg TB 500 C/48B	055725		
(Neurotonic Tablet)	Document Type		
NCC 31722-0405-05	Invoice		
Lot Number	Quantity	Invoice Serial #	Reference Date
1108766	4		10/23/13

(7h) Transaction History

Manufacturer's Name: Carbor Pharmaceuticals, Inc. Manufacturer's Information: 1021 Centennial Ave, Piscataway, NJ 08854 Ph: 732-377-2029	
<b>SOLD TO:</b> Name: Ritchie Pharmaceutical Co. Address: 119 State Avenue Chappaqua NY 42142 Date Purchased & Ref: 09/18/13 905330 PD	<b>SHIPPED TO:</b> Name: Ritchie Pharmaceutical Co. Address: 119 State Avenue Chappaqua NY 42142 Date Received & Ref
<b>SOLD TO:</b> Name: HyGen Pharmaceuticals Inc. Address: 8025 154th AVE NE Redmond WA 98023 Date Purchased & Ref: 10/18/13 520208 INV	<b>SHIPPED TO:</b> Name: HyGen Pharmaceuticals Inc. Address: 8025 154th AVE NE Redmond WA 98022 Date Received & Ref
<b>SOLD TO:</b> Name: Leeb Pharmacy Inc Address: 5008 16th AVE Brooklyn NY 11224 Date Purchased & Ref: 10/23/13 01052430001	<b>SHIPPED TO:</b> Name: Leeb Pharmacy Inc Address: 5008 16th AVE Brooklyn NY 11224 Date Received & Ref: 10/23/13 01052430001
<b>SOLD TO:</b> Name: Address:	<b>SHIPPED TO:</b> Name: Address:
Date Purchased & Ref:	Date Received & Ref:
<b>SOLD TO:</b> Name: Address:	<b>SHIPPED TO:</b> Name: Address:
Date Purchased & Ref:	Date Received & Ref:

(7i) Transaction Statement: This Company complied with each applicable subsection of FDA Sec. 801 (2) (4) - (8) (i) as required under the Drug Supply Chain Security Act.  
(ii) as required under the Drug Supply Chain Security Act.  
(c) received the product from a person that is authorized as required under the Drug Supply Chain Security Act.  
(d) did not receive any info a suspect or illegitimate product.  
(e) did not receive any product in gross to comply with verification requirements under section 802.  
(f) did not knowingly provide false transaction information; and  
(g) did not knowingly alter the transaction history.

Page 1 of 1 pages

0000001092 91031-0241-01 C280108 26 04/26/2015 2025012

[Return to Previous Page](#)

Shipping Information | Change Password | View Cart | Order Status | Contact Us  
Custom Designed for HyGen Pharmaceuticals, Inc.  
Copyright © 2015 The Systems House, Inc. [Contact Us!](#)

# Print the Pedigree Invoice Reprint Inquiry

demo.12 - [tshpe2.tshinc.com-DEMO.12-INVOICE.REPRINT010\$1]

File Edit Settings Reset Tools Mode Standard Functions Special Functions Refresh Dashboard Help

Application

Invoice Reprint/Inquiry by Customer

Company# 01 TSH Medical Company

Customer#

Range of Invoice# Release#

Inquiry List

- Bypass Print
- Print Pedigree**
- Fax Pedigree
- Email Pedigree
- Fax & Print
- Email & Print

Line	Tnx	Invoice#	Re	Number	Invoice	Amt
1	INV	01519281				216.71
2						
3						
4						
5						
6						
7						
8						
9						
10						

A customer's Pedigree can be printed through the Invoice Reprint Inquiry.

Select Un Select Group On Group Off All On All Off Print Pedigree Crystal

# Decoding the Pedigree Form

## Where Does the Data Come From?

TSH Medical Company

(Wholesaler's Name)

PRESCRIPTION (LEGEND) DRUG PEDIGREE 00000000006

History of Drug

Your company name.

Legend Drug Name, Strength, Dosage Form, Container Size

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

Roxicodone Tabs

NDC: 52152-0214-02

Lot Number	Quantity	Unique Serial #
317722345P	2	

OWNERSHIP HISTORY

Reference\* Number: 519281

Document Type: Invoice

Reference\* Date: 08/27/13

(related to the sale by the wholesaler Identified above)

PHYSICAL DISTRIBUTION HISTORY

(if different from the owner information)

Manufacturer's Name Actavis Elizabeth, LLC.

Manufacturer's information for authentication: 60 Columbia Road Bldg. B Morristown, NJ 07960 973-993-5555

# Decoding the Pedigree Form

## Where Does the Data Come From?

TSH Medical Company

(Wholesaler's Name)

PRESCRIPTION (LEGEND) DRUG PEDIGREE 00000000006

History of Drug Sales and Distributions

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

Oxycodone Tabs, 15mg, Tab, 100

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

Roxicodone

**Pedigree Number.**

NDC: 52152-0214-02

Lot Number	Quantity	Unique Serial #
317722345P	2	

**OWNERSHIP HISTORY**

Manufacturer's Name Actavis Elizabeth, LLC.

Manufacturer's information for authentication: 60 Columbia Road Bldg. B Morristown, NJ 07960 973-993-5555

Reference\* Number: 519281

Document Type: Invoice

Reference\* Date: 08/27/13

*(related to the sale by the wholesaler Identified above)*

**PHYSICAL DISTRIBUTION HISTORY**

*(if different from the owner information)*



# Decoding the Pedigree Form

## Where Does the Data Come From?

TSH Medical Company

(Wholesaler's Name)

PRESCRIPTION (LEGEND) DRUG PEDIGREE 00000000006

History of Drug Sales and Distributions

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

Oxycodone Tabs, 15mg, Tab, 100

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

Roxicodone Tabs

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

Reference\* Number: 59281

Document Type: Invoice

Reference\* Date: 08/27/13

(related to the sale by the wholesaler Identified above)

PHYSICAL DISTRIBUTION HISTORY

(if different from the owner information)

Manufacturer's Name Actavis Elizabeth, LLC.

Manufacturer's information for authentication: 60 Columbia Road Bldg. B Morristown, NJ 07960 973-993-5555

# Decoding the Pedigree Form

## Where Does the Data Come From?

TSH Medical Company

(Wholesaler's Name)

**NDC# from the Product record.**

\_\_\_\_\_  
N (LEGEND) DRUG PEDIGREE 00000000006

\_\_\_\_\_  
Drug Sales and Distributions

\_\_\_\_\_  
Net Content Size: Oxycodone Tabs, 15mg, Tab, 100

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

\_\_\_\_\_  
Roxicodone Tabs

NDC: 52152-0214-02

Lot Number	Quantity	Unique Serial #
317722345P	2	

### OWNERSHIP HISTORY

Manufacturer's Name Actavis Elizabeth, LLC.

Manufacturer's information for authentication: 60 Columbia Road Bldg. B Morristown, NJ 07960 973-993-5555

Reference\* Number: 519281

Document Type: Invoice

Reference\* Date: 08/27/13

*(related to the sale by the wholesaler Identified above)*

### PHYSICAL DISTRIBUTION HISTORY

*(if different from the owner information)*

# Decoding the Pedigree Form

## Where Does the Data Come From?

TSH Medical Company

(Wholesaler's Name)

PRESCRIPTION (LEGEND) DRUG PEDIGREE 00000000006

History of Drug Sales and Distributions

Oxycodone Tabs, 15mg, Tab, 100

Roxicodone Tabs

**Lot Number(s) on this Invoice.**

(information and authentication of repackager's pedigree)

NDC: 52152-0214-02

Lot Number	Quantity	Unique Serial #
317722345P	2	

OWNERSHIP HISTORY

Reference\* Number: 519281

Document Type: Invoice

Reference\* Date: 08/27/13

(related to the sale by the wholesaler Identified above)

PHYSICAL DISTRIBUTION HISTORY

(if different from the owner information)

Manufacturer's Name Actavis Elizabeth, LLC.

Manufacturer's information for authentication: 60 Columbia Road Bldg. B Morristown, NJ 07960 973-993-5555



# Decoding the Pedigree Form

## Where Does the Data Come From?

TSH Medical Company

(Wholesaler's Name)

PRESCRIPTION (LEGEND) DRUG PEDIGREE 00000000006

History of Drug Sales and Distributions

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

Oxycodone Tabs,

**MDS Invoice Number.**

Roxicodone Tabs

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

NDC: 52152-0214-02

Lot Number	Quantity	Unique Serial #
317722345P	2	

OWNERSHIP HISTORY

Manufacturer's Name Actavis Elizabeth, LLC.

Manufacturer's information for authentication: 60 Columbia Road Bldg. B Morristown, NJ 07960 973-993-5555

Reference\* Number: 519281

Document Type: Invoice

Reference\* Date: 08/27/13



*(related to the sale by the wholesaler Identified above)*

PHYSICAL DISTRIBUTION HISTORY

*(if different from the owner information)*

# Decoding the Pedigree Form

## Where Does the Data Come From?

TSH Medical Company

(Wholesaler's Name)

PRESCRIPTION (LEGEND) DRUG PEDIGREE 00000000006

History of Drug Sales and Distributions

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

Oxycodone Tabs, 15mg, Tab, 100

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

Roxicodone Tabs

NDC: 52152-0214-02

Lot Number	Quantity	Unique Serial #
317722345P	2	

OWNERSHIP HISTORY

Manufacturer's Name Actavis Elizabeth, LLC.

Manufacturer's information for authentication: 60 Columbia Road Bldg. B Morristown, NJ 07960 973-993-5555

Reference\* Number: 519281

Document Type: Invoice

Reference\* Date: 08/27/13

(related to the sale by the wholesaler Identified above)

PHYSICIAN  
(if different)

**Date of Invoice.**

# Decoding the Pedigree Form

## Where Does the Data Come From?

TSH Medical Company

(Wholesaler's Name)

PRESCRIPTION (LEGEND) DRUG PEDIGREE 00000000006

History of Drug Sales and Distributions

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

Oxycodone Tabs, 15mg, Tab, 100

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

Roxicodone Tabs

NDC: 52152-0214-02

Reference\* Number: 519281

Document Type: Invoice

Issue\* Date: 08/27/13

(if different from the wholesaler Identified above)

Lot Number	Quantity
317722345P	2

**Manufacturer's Name  
and Address from the  
Pedigree Update.**

OWNERSHIP HISTORY

PHYSICAL DISTRIBUTION HISTORY

(if different from the owner information)

Manufacturer's Name Actavis Elizabeth, LLC.

Manufacturer's information for authentication: 60 Columbia Road Bldg. B Morristown, NJ 07960 973-993-5555

# Decoding the Pedigree

## Form

Where Does the Data Come From?



Your company name.

### Drug Supply Chain Security Act Document

#### (T) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:  
Gabapentin 600mg TB 500 CAMB  
(Neurontin Tabs)  
NDC: 31722-0405-05

Reference Number: 055725  
Document Type: Invoice  
Reference Date: 10/23/13

Lot Number	Quantity	Unique Serial #
I1308765	4	

#### (TH) Transaction History

Manufacturer's Name: Camber Pharmaceuticals, Inc  
Manufacturer's information: 1031 Centennial AVE, Piscataway, NJ 08854 PH: 732-377-2029

SOLD TO:	SHIPPED TO:
Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Purchased & Ref : 09/18/13 90533D PO	Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Purchased & Ref : 10/18/13 529209 INV	Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Purchased & Ref : 10/23/13 01052433001	Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Received & Ref : 10/23/13 01052433001

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Decoding the Pedigree

## Form

### Where Does the Data Come From?

### Drug Supply Chain Security Act Document

#### (T) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:  
Gabapentin 600mg TB 500 CAMB  
(Neurontin Tabs)  
NDC: 31722-0405-05

Reference Number: 055725  
Document Type: Invoice  
Reference Date: 10/23/13

Lot Number	Quantity	Unique Serial #
I1308765	4	

#### (TH) Transaction History

Manufacturer's Name: Camber Pharmaceuticals, Inc  
Manufacturer's information: 1031 Centennial AVE, Piscataway, NJ 08854 PH: 732-377-2029

SOLD TO:	SHIPPED TO:
Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Purchased & Ref : 09/18/13 90533D PO	Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Purchased & Ref : 10/18/13 529209 INV	Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Purchased & Ref : 10/23/13 01052433001	Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Received & Ref : 10/23/13 01052433001

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Decoding the Pedigree

## Form

Where Does the Data Come From?

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

### Drug Supply Chain Security Act Document

#### (T) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:  
Gabapentin 600mg TB 500 CAMB  
(Neurontin Tabs)  
NDC: 31722-0405-05

Reference Number: 055725  
Document Type: Invoice  
Reference Date: 10/23/13

Lot Number	Quantity	Unique Serial #
I1308765	4	

#### (TH) Transaction History

Manufacturer's Name: Camber Pharmaceuticals, Inc  
Manufacturer's information: 1031 Centennial AVE, Piscataway, NJ 08854 PH: 732-377-2029

SOLD TO:	SHIPPED TO:
Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Purchased & Ref : 09/18/13 90533D PO	Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Purchased & Ref : 10/18/13 529209 INV	Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Purchased & Ref : 10/23/13 01052433001	Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Received & Ref : 10/23/13 01052433001

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.



# Decoding the Pedigree Form

## Where Does the Data Come

NDC# from the Product record.



### Drug Supply Chain Security Act Document

#### (T) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Gabapentin 600mg TB 500 CAMB (Neurontin Tabs) NDC: 31722-0405-05			Reference Number: 055725
			Document Type: Invoice
			Reference Date: 10/23/13
Lot Number	Quantity	Unique Serial #	
I1308765	4		

#### (TH) Transaction History

Manufacturer's Name: Camber Pharmaceuticals, Inc  
Manufacturer's information: 1031 Centennial AVE, Piscataway, NJ 08854 PH: 732-377-2029

<b>SOLD TO:</b> Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Purchased & Ref : 09/18/13 90533D PO	<b>SHIPPED TO:</b> Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Received & Ref :
<b>SOLD TO:</b> Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Purchased & Ref : 10/18/13 529209 INV	<b>SHIPPED TO:</b> Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Received & Ref :
<b>SOLD TO:</b> Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Purchased & Ref : 10/23/13 01052433001	<b>SHIPPED TO:</b> Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Received & Ref : 10/23/13 01052433001
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Decoding the Pedigree

## Form

Where Does the Data Come From?

Lot Number(s) on this Invoice.



### Drug Supply Chain Security Act Document

#### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:  
Gabapentin 600mg TB 500 CAMB  
(Neurontin Tabs)  
NDC: 31722-0405-05

Reference Number: 055725  
Document Type: Invoice  
Reference Date: 10/23/13

Lot Number	Quantity	Unique Serial #
I1308765	4	

#### (TH) Transaction History

Manufacturer's Name: Camber Pharmaceuticals, Inc  
Manufacturer's information: 1031 Centennial AVE, Piscataway, NJ 08854 PH: 732-377-2029

SOLD TO:	SHIPPED TO:
Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Purchased & Ref : 09/18/13 90533D PO	Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Purchased & Ref : 10/18/13 529209 INV	Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Purchased & Ref : 10/23/13 01052433001	Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Received & Ref : 10/23/13 01052433001

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.



# Decoding the Pedigree

## Form

### Where Does the Data Come From?

### Drug Supply Chain Security Act Document

#### (T) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:  
Gabapentin 600mg TB 500 CAMB  
(Neurontin Tabs)  
NDC: 31722-0405-05

Reference Number: 055725  
Document Type: Invoice  
Reference Date: 10/23/13

Lot Number	Quantity	Unique Serial #
I1308765	4	

#### (TH) Transaction History

Manufacturer's Name: Camber Pharmaceuticals, Inc  
Manufacturer's information: 1031 Centennial AVE, Piscataway, NJ 08854 PH: 732-377-2029

SOLD TO:	SHIPPED TO:
Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Purchased & Ref : 09/18/13 90533D PO	Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Purchased & Ref : 10/18/13 529209 INV	Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Purchased & Ref : 10/23/13 01052433001	Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Received & Ref : 10/23/13 01052433001

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Decoding the Pedigree

## Form

### Where Does the Data Come From?

### Drug Supply Chain Security Act Document

#### (T) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:  
Gabapentin 600mg TB 500 CAMB  
(Neurontin Tabs)  
NDC: 31722-0405-05

Reference Number: 055725  
Document Type: Invoice  
Reference Date: 10/23/13

Lot Number	Quantity	Unique Serial #
I1308765	4	

#### (TH) Transaction History

Manufacturer's Name: Camber Pharmaceuticals, Inc  
Manufacturer's information: 1031 Centennial AVE, Piscataway, NJ 08854 PH: 732-377-2029

SOLD TO:	SHIPPED TO:
Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Purchased & Ref : 09/18/13 90533D PO	Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Purchased & Ref : 10/18/13 529209 INV	Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Purchased & Ref : 10/23/13 01052433001	Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Received & Ref : 10/23/13 01052433001

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Decoding the Pedigree

## Form

Where Does the Data Come From?

Manufacturer's Name and Address from the Pedigree Update.

### Drug Supply Chain Security Act Document

#### (T) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:  
Gabapentin 600mg TB 500 CAMB  
(Neurontin Tabs)  
NDC: 31722-0405-05

Reference Number: 055725  
Document Type: Invoice  
Reference Date: 10/23/13

Lot Number	Quantity	Unique Serial #
I1308765	4	

#### (TH) Transaction History

Manufacturer's Name: Camber Pharmaceuticals, Inc  
Manufacturer's information: 1031 Centennial AVE, Piscataway, NJ 08854 PH: 732-377-2029

SOLD TO:	SHIPPED TO:
Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Purchased & Ref : 09/18/13 90533D PO	Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Purchased & Ref : 10/18/13 529209 INV	Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Purchased & Ref : 10/23/13 01052433001	Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Received & Ref : 10/23/13 01052433001

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

SOLD TO:	SHIPPED TO:
Name: Address: Date Purchased & Ref :	Name: Address: Date Received & Ref :

#### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Decoding the Pedigree RePack Form

## Where Does the Data Come From?



US MedSource, LLC

(Repackager's Name)

### Drug Supply Chain Security Act Document Doc# 00000002420

**(TI) Transaction Information: Description of Drug Repackaged**

Drug Name, Strength, Dosage Form, Container Size: LIDOCAINE HCL 1% MDV INJECTION, 1/VL  
 Manufacturer / Repackager Name on Container: US MedSource, LLC, Sarasota, FL 34243 PH:866-543-4414  
 NDC on Container: 61699-4276-2

Lot Number	Quantity	Unique Serial #
000040	2	

Reference Number: 517149  
 Document Type: Invoice  
 Reference Date: 02/08/16

**(TH) Transaction History**

Manufacturer's Name: HOSPIRA WORLDWIDE, INC  
 Manufacturer's information: 920 EIGHTH AVE. E. KING OF PRUSSIA, PA 19406 877-946-7747

**(TI) Transaction Information: Description of Drug Received**

Product Information:  
 LIDOCAINE HCL INJ 1% 50ML MDV  
 Lot#: 53346DK Qty: 1  
 Supplier:  
 GENERAL INJECTIBLES & VAC  
 80 SUMMIT VIEW LANE  
 BASTIAN, VA 24314  
 Date Purchased/Ref#: DOC 13131826 DOC 13131826  
 Date Received/Ref#: 01/18/16 DOC 13131826  
 NDC#: 0409-4276-02  
 Unique Serial #:

**SOLD TO:**  
 Name: US MEDSOURCE SARASOTA  
 Address: 2280 TRAILMATE DRIVE  
 SARASOTA FL 34243  
 Date Purchased & Ref : 02/05/16 WO 01001026001

**SHIPPED TO:**  
 Name: US MEDSOURCE SARASOTA  
 Address: 2280 TRAILMATE DRIVE  
 SARASOTA FL 34243  
 Date Received & Ref : 02/05/16 WO 01001026001

Product Information:  
 LIDOCAINE HCL INJ 1% 50ML MDV  
 Lot#: 53346DK Qty: 1  
 Supplier:  
 INSOURCE, INC  
 80 SUMMIT VIEW LANE  
 BASTIAN, VA 24314  
 Date Purchased/Ref#: DOC 73438 DOC 73438  
 Date Received/Ref#: 01/29/16 DOC 73438  
 NDC#: 0409-4276-02  
 Unique Serial #:

**SOLD TO:**  
 Name: MAXHEALTH-SARASOTA  
 Address: 5831 BEE RIDGE ROAD  
 SARASOTA FL 34233-5089  
 Date Purchased & Ref : 02/08/16 01111401002

**SHIPPED TO:**  
 Name: MAXHEALTH-SARASOTA  
 Address: 5831 BEE RIDGE ROAD  
 SARASOTA FL 34233-5089  
 Date Received & Ref : 02/08/16 01111401002

Product Information:  
 LIDOCAINE HCL INJ 1% 50ML MDV  
 Lot#: 53346DK Qty: 1  
 Supplier:  
 US MEDSOURCE, LLC  
 2280 TRAILMATE DRIVE  
 SARASOTA, FL 34243  
 Date Purchased/Ref#: PO 4564 PO 4564  
 Date Received/Ref#: 02/01/16 DOC 2737163  
 NDC#: 0409-4276-02  
 Unique Serial #:

**SOLD TO:**  
 Name:  
 Address:  
 Date Purchased & Ref :

**SHIPPED TO:**  
 Name:  
 Address:  
 Date Received & Ref :

**SOLD TO:**  
 Name:  
 Address:  
 Date Purchased & Ref :

**SHIPPED TO:**  
 Name:  
 Address:  
 Date Received & Ref :

**(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)**

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

# Our Item Was Recalled

## The Lot Tracking Report

Application

Lot Tracking Report Capture:On

1. Warehouse

2. Trans Date

3. Product#   to

4. Lot#

5. Serial#

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

Actavis, the manufacturer, has issued a product recall for the Oxycodone we just purchased. To track the sales of the item, we can use the Lot Tracking Report.

# Our Item Was Recalled

## The Lot Tracking Report

Application

Lot Tracking Report Capture:On

1. Warehouse

2. Trans Date

3. Product#   to

4. Lot#

5. Serial#

This new report can be used to track the sale of the specific lot number being recalled.

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

# Our Item Was Recalled

## The Lot Tracking Report



### LOT TRACKING REPORT

WHSE	PRODUCT	DATE	TNX	LOT NO	QUANTITY	LOT SERIAL NO	CUST NO	REL NO
001	OXY-15 Oxycodone Tabs	8/27/2013	INV	317722345P	-2		MARCOW	01141778001

# Our Item Was Recalled

## The Serial Transaction Inquiry

Application

Lot/Serial Number Transaction Inquiry

Product#

Lot Number or ALL   
Serial Number or ALL   
Pedigree ID or ALL   
Warehouse or ALL

Ln#	Lot No.	Whs Loc	Quantity	Lot Exp	Tnx	Release#	Price	Cust/Vend No.	DS
Serial No.		Pedigree	Date	Date	Whs	P/O#/Ref#	Cost	Cust/Vend Name	
1	317722345P	0200A		12/31/15	RA	01141781001	-99.980	MARCOW	
		00000000006	08/27/13		001	145	-25.300	MICHAEL MARCOWITZ MD	
2	317722345P	0200A		-2 12/31/15	INV	01141776001	99.980	MARCOW	
		00000000006	08/27/13		001	6449841	25.300	MICHAEL MARCOWITZ MD	
3	317722345P	0200A		10 12/31/15	POR			CAPITAL	ND
		00000000006	08/21/13		001	01131127	25.300	Capital Wholesale Drug Co.	
4									
5									
6									
7									

Enter 'END' to EXIT, 'NEXT PG' or

This inquiry can be used to find all of the transactions for a specific lot and/or serial item.



# Our Item Was Recalled


## The Serial Transaction Inquiry

Application

Lot/Serial Number Transaction Inquiry

Product#

Lot Number or ALL   
Serial Number or ALL   
Pedigree ID or ALL   
Warehouse or ALL



Ln#	Lot No.	Whs Loc	Quantity	Lot Exp	Tnx	Release#	Price	Cust/Vend No.	DS
Serial No.		Pedigree	Date	Date	Whs	P/O#/#Ref#	Cost	Cust/Vend Name	
1	317722345P	0200A		12/31/15	RA	01141781001	-99.980	MARCOW	
		00000000006	08/27/13		001	145	-25.300	MICHAEL MARCOWITZ MD	
2	317722345P	0200A		-2 12/31/15	INV	01141776001	99.980	MARCOW	
		00000000006	08/27/13		001	6449841	25.300	MICHAEL MARCOWITZ MD	
3	317722345P	0200A		10 12/31/15	POR			CAPITAL	ND
		00000000006	08/21/13		001	01131127	25.300	Capital Wholesale Drug Co.	
4									
5									
6									
7									

Enter 'END' to EXIT, 'NEXT PG' or

The lookup is available on the Lot Number, Serial Number, Pedigree ID and Warehouse fields to filter your results.

# Process a Return for the Controlled Drug

## Return Recalled Products or Customer Returns

Application

Return CO#  Whse  Cust#  Line Input  R/A #  Status  Total Value

LN#	Description	Reason	Non	Qty/UM	Recv	CD	Price/UM	Cost/UM	Extension	Serial #	TX
1	OXY-15	Oxycodone Tabs	R						0.00		
		005 Y Product Recall									
2									0.00		
3									0.00		
4									0.00		

**Inquiry List**

INVOICE LOOKUP FOR PRODUCT OXY-15

INVOICE#	LN#	INV.DATE	RELEASE#	SHIP TO	QTY	PRICE	P/UM
01519281L	001	08/27/13	01141776001		2	99.980	BT
01519280	001	08/26/13	01141767001		6	99.980	BT

When issuing a return for a Pedigree item, the invoice must be referenced.

# Process a Return for the Controlled Drug

## Return Recalled Products or Customer Returns

Application

Return CO#  Whse  Cust#   R/A #  Status

Product  Rtn/  Total Value

Return Au  RA Line#

Lot# / Length	Serial#	Exp Date	Cost
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>

Inquiry List

Pedigree	Lot#	Serial#
00000000006	317722345P	

✓ + ✗

All lots on the invoice, along with the pedigree number, are displayed for selection.



# Process a Return for the Controlled Drug

## Return Recalled Products or Customer Returns

Application

CO#  Whse  Cust#   R/A #  Status

LN#	Product Description	Rtn/Non	Quantity Open/UM	Location	Quantity Return/UM	Loc Qty	Quantity Non-Ret/UM	Serial #	Quantity Cancel/UM	Rsn
1	OXY-15 Oxycodone Tabs	R	1 /	BT 0200A	/	BT	/	BT	/	BT 005
2			/		/		/		/	
3			/		/		/		/	
4			/		/		/		/	
5			/		/		/		/	

ENTER LINE# TO CHANGE, 'ABORT' TO EXIT, 'END' OR '0' TO UPDATE

Once the customer returns the item, the Return Authorization Receiving process would be completed.

# Process a Return for the Controlled Drug

## Return Recalled Products or Customer Returns

Application

CO#  Whse  Cust#   R/A #   
Status

Rtn/ Quantity Quantity Quantity Quantity

Return Authorization Receipts Lot Entry

Product

LN#	Lot# / Length	Serial#	Location	Ord Qty	Rec Qty	No-Recv	Cancel	Exp Date
1	<input type="text" value="317722345P"/>	<input type="text"/>	<input type="text" value="0200A"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="12/31/15"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter Line# to Change or 0 to Acc

The quantity being received from the customer is inputted.

# Credit Memo

The Credit Memo was generated once the Return Authorization Receipt was completed.



# Credit Memo

C/M Number  
01131347  
Page: 1



TSH Import Company  
1033 ROUTE 46  
CLIFTON, NJ 07013  
Tel: 973-777-8050  
Fax: 973-777-3063  
NJ1946578

Remit To:  
TSH Import Company  
1033 ROUTE 46  
CLIFTON, NJ 07013  
Tel: 973-777-8050  
Fax:

Bill-to: MARCOM  
MICHAEL MARCOWITZ MD  
4360 KENNEDY BLVD  
BROOKLYN NY 10023

Ship-to: 001 RJ  
MICHAEL MARCOWITZ MD  
4360 KENNEDY BLVD  
BROOKLYN NY 10023

Invoice Date:	10/15/13	Salesman:	SY FERTIG
Ship Date:	10/15/13	Ship Via:	UPS
Our Order No:	01141807001	Customer Order #:	
Invoice Ref#:	519281	Terms:	NET 30
License			
Special Instructions:			

Line	Item Number / Description	Ordered	UM	Shipped	UM	B/O Qty	Unit Price	UM	Extension
1	COXY-15 Oxycodone Tabs Roxicodone Tabs NDC#: 52152-0214-02 Prod Strength: 300 mg Prod Size: 1000 CT. BOTTLE Prod Family: Codeine 005 Product Recall	1	BT	1	BT	0	-99.980	BT	\$-99.98
	SUB TOTAL								-99.98
	CREDIT TOTAL								\$-99.98
	Additional License Information State License for NY 2522774 Exp 07/31/14								

Cartons: 0 Weight: 0.0

\*Non-Taxable

# The Pedigree Form

## Drug Supply Chain Security Act Document

### (TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size: Gabapentin 600mg TB 500 CAMB (Neurontin Tabs) NDC: 31722-0405-05			Reference Number: <u>055725</u>
			Document Type: <u>Invoice</u>
			Reference Date: <u>10/23/13</u>
Lot Number	Quantity	Unique Serial #	
I1308765	4		

### (TH) Transaction History

Manufacturer's Name: Camber Pharmaceuticals, Inc  
Manufacturer's information: 1031 Centennial AVE, Piscataway, NJ 08854 PH: 732-377-2029

<b>SOLD TO:</b> Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Purchased & Ref : 09/18/13 90533D PO	<b>SHIPPED TO:</b> Name: Richie Pharmacal Co. Address: 119 State Avenue Glasgow KY 42142 Date Received & Ref :
<b>SOLD TO:</b> Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Purchased & Ref : 10/18/13 529209 INV	<b>SHIPPED TO:</b> Name: HyGen Pharmaceuticals Inc Address: 8635 154th AVE NE Redmond WA 98052 Date Received & Ref :
<b>SOLD TO:</b> Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Purchased & Ref : 10/23/13 01052433001	<b>SHIPPED TO:</b> Name: Leib Pharmacy, Inc Address: 5006 16th AVE Brooklyn NY 11204 Date Received & Ref : 10/23/13 01052433001
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :
<b>SOLD TO:</b> Name: Address: Date Purchased & Ref :	<b>SHIPPED TO:</b> Name: Address: Date Received & Ref :

In this example, the return is the 3<sup>rd</sup> entry on the Pedigree form.



### (TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.



# Process a Credit for the Controlled Drug Use When Items Are Not Going Back Into Inventory

Application

MDS Credit Memo Line Input Order# 141782  
Company 01 Warehouse 001 Customer MARCOW MICHAEL MARCOWITZ MD

Ret	Product Number	Quantity	CD	Price	Reason
		Value		Cost	Discount
<input type="checkbox"/>	<input type="text" value="N"/> OXY-5	<input type="text" value="1-"/> <input type="text" value="BT"/> <input type="text" value="F"/>	<input type="text" value="99.980"/> <input type="text" value="BT"/>	<input type="text" value="003"/> <input type="text" value="N"/>	<input type="text" value="DAMAGED PRODUCT(NO SALES)"/>
<input type="checkbox"/>	1 Oxydone Tabs	<input type="text" value="-99.98"/>	<input type="text" value="-25.300"/> <input type="text" value="BT"/>	<input type="text" value="More"/>	<input type="checkbox"/>
<input type="checkbox"/>	2			<input type="text" value="More"/>	<input type="checkbox"/>
<input type="checkbox"/>	3			<input type="text" value="More"/>	<input type="checkbox"/>
<input type="checkbox"/>	4			<input type="text" value="More"/>	<input type="checkbox"/>
<input type="checkbox"/>	5			<input type="text" value="More"/>	<input type="checkbox"/>

Enter Line# to Change, 0 to Accept

XXXXXX

PAGE 1 OF 2

Credit Memo's can be entered for Pedigree Items, as long as the Return Indicator is set to "N".

# Process a Credit for the Controlled Drug Use When Items Are Not Going Back Into Inventory

Application

MDS	Credit	Memo	Line	Input		Order#	141782
Company	01	Warehouse	001	Customer	MARCOW	MICHAEL MARCOWITZ MD	

Ret	Product Number	Quantity	CD	Price	Reason
		Value		Cost	Discount
<input type="checkbox"/>	OXY-15				001 Y
1		0.00			CUSTOMER OVERSTOCK(SALES)
					More
<input type="checkbox"/>					
2		0.00			More
<input type="checkbox"/>					
3					More
<input type="checkbox"/>					
4					More
<input type="checkbox"/>					
5		0.00			More

If the Return Indicator flag is set to "R", and a Pedigree Item is entered, a warning message will be displayed.

Please use Return Authorizations for Pedigree item returns

# It's Time to File Our Reports

## ARCOS Reports

The screenshot displays a software application window titled "demo.12 - [tshpe2.tshinc.com-DEMO.12-INV.REPORTS]". The interface includes a menu bar with options like "File", "Edit", "Settings", "Reset", "Tools", "Mode", "Standard Functions", "Special Functions", "Refresh Dashboard", and "Help". A left sidebar contains a "MDS Menu" with a search bar and a list of reports. A central area shows a date filter set to "08/27/2013" and a time filter set to "8:00 am". A pie chart is displayed in the main area, showing the distribution of data across four categories: DOCTORS, CLINICS (28.7%), HOSPITALS (40.9%), MISC, SCHOOLS, MFG, ETC (30.3%), and NURSING HOMES (0.1%). A legend on the right side of the pie chart identifies these categories. A black callout box with white text is overlaid on the right side of the screen, stating: "On the menu, there is now only 1 ARCOS report for the quarterly filings. Both the acquisitions, and the dispositions are now combined." The bottom of the screen features a toolbar with various icons for navigation and actions, including "Oe", "Contacts", "Maint", "Drill", "Execing", "Reports", "Capt Off", "View", "Crn.men", "Vrm.men", "Help", "Ok/End", "Insert", "Delete", "Prev", "Next", "Inquiry", "Cancel", "Off", and "Popup".

demo.12 - [tshpe2.tshinc.com-DEMO.12-INV.REPORTS]

File Edit Settings Reset Tools Mode Standard Functions Special Functions Refresh Dashboard Help

MDS Menu Find

Home Back Help

16.Inventory by Vendor Inquiry

17.Inventory Transaction - by Customer

18.Inventory Transaction - by Product

19.Lot Availability Inquiry

20.Availability Detail Report

21.Availability Detail Inquiry

22.Availability Summary Report

23.ARCOS Transaction Report

24.Create Special ARCOS Inv Data

25.Create EOY ARCOS Data

26.Drug Form Transactions

27.Drug Form Maintenance

28.Lot Expiration Date Report

29.Lot Availability Report

30.Intransit Listing

31.Prod Detail vs Lot OH Quantities

32.Lot Tracking Report

08/27/2013 8:00 am

Date Time Description Status D... O... Task Nu...

Customers

Charts

Charts K

Chart O

Annual Sales by Customer Class Description

Legend

- DOCTORS, CLINICS
- HOSPITALS
- MISC, SCHOOLS, MFG, ETC
- NURSING HOMES

30.3%

28.7%

0.1%

40.9%

Oe Contacts Maint Drill Execing Reports Capt Off View Crn.men Vrm.men

Help Ok/End Insert Delete Prev Next Inquiry Cancel Off Popup

# It's Time to File Our Reports

## ARCOS Reports

Application

ARCOS Transaction Report Capture:On

1. Warehouse

2. Enter Begin Date

3. Enter Ending Date

4. State/

5. Rebuild

6. Output

To include a drug type on the ARCOS report, set the flag in the drug type file.

Drug	Type	Maintenance
Drug Type		<input type="text" value="02"/>
1.Description		<input type="text"/>
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="Y"/>
7.Federal Caution		<input type="text" value="Y"/>
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"/>
11.Rx or OTC Drug		<input type="text" value="Y"/>

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

# It's Time to File Our Reports

## ARCOS Reports

Application

ARCOS Transaction Report Capture:On

1. Warehouse

2. Enter Begin Date

3. Enter Ending Date

4. State/Shipment

5. Rebuild ARCOS file (Y/N)

6. Output to (R)eport or (E)xcel

Press <RETURN> to Process Report, Enter to Change or Abort.

The ARCOS report can be run for specific states as well.

# It's Time to File Our Reports

## ARCOS Reports

	A	B	C	D	E	F	G	H	I	J	K	L
1	Reporting Registrant	Transaction Code	Action Indicator	NDC	Quantity	Unit Code	Associate Registrant	Order Form Number	Transaction Date	Correction Number	Strength	Transaction Identifier
2	# NJ1946578	P		# 52152021402	10		PC0049507	# 52461-44	30821			1000010161
3	# NJ1946578	P		# 52152021402	6		PC0049507	# 65167	30826			1000010169
4	# NJ1946578	P		# 52152021402	3		PC0049507	# 13465465	30826			1000010171
5	# NJ1946578	P		# 52152021402	3		PC0049507	# 3446564740	30826			1000010173
6	# NJ1946578	S		# 52152021402	00006-		MM1210715	# 646546	30826			1000010170
7	# NJ1946578	S		# 52152021402	00002-		MM1210715	# 64674134	30827			1000010174
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												

The ARCOS report matches the DEA's format for easy processing.

ARCOS Tnx Rpt\_082713\_193805

# It's Time to File Our Reports

## ARCOS Reports

05:00:50pm 07 Oct 2013

DRUG FORM TRANSACTIONS  
08/01/13 THRU 08/31/13

PAGE: 1

TNX	Release/PO#	Customer/Vendor Name	DATE	Line	Item Number	Drug Form	
POR	01131127	CAPITAL	Capital Wholesale Drug Co.	08/21/13	1	OXY-15	45579700
POR	01131129	CAPITAL	Capital Wholesale Drug Co.	08/26/13	1	OXY-15	65167
INV	01141767001	100476	MICHAEL MARCOWITZ MD	08/26/13	1	OXY-15	646546
POR	01131130	CAPITAL	Capital Wholesale Drug Co.	08/26/13	1	OXY-15	12465465
POR	01						
INV	01						

Many times after running the ARCOS report, you will need to update or correct the Drug Form#. Now, there is the Drug Form Transaction report that you can run to review the inputted values.

# It's Time to File Our Reports

## ARCOS Reports

05:00:50pm 07 Oct 2013

DRUG FORM TRANSACTIONS  
08/01/13 THRU 08/31/13

PAGE: 1

TNX	Release/PO#	Customer/Vendor Name	DATE	Line	Item Number	Drug Form	
POR	01131127	CAPITAL	Capital Wholesale Drug Co.	08/21/13	1	OXY-15	45579700
POR	01131129	CAPITAL	Capital Wholesale Drug Co.	08/26/13	1	OXY-15	65167
INV	01141767001	100476	MICHAEL MARCOWITZ MD	08/26/13	1	OXY-15	646546
POR	01131130	CAPITAL	Capital Wholesale Drug Co.	08/26/13	1	OXY-15	13465465
POR	01131131	CAPITAL	Capital Wholesale Drug Co.	08/26/13	1	OXY-15	3446564740
INV	01						

The new maintenance program alleviates the need for us to void and re-enter the order to correct the Drug Form#.



# Time to File ARCOS Reports

## Special Inventory Report

	A	B	C	D	E	F	G	H	I	J	K	L
1	Reporting Registrant Number	Transaction Code	Action Indicator	NDC	Quantity	Unit Code	Associate Registrant Number	Order Form Number	Transaction Date	Correction Number	Strength	Transaction Identifier
2	# NJ1946578	5		# 00093015010	1				30813			1000000000
3	# NJ1946578	5		# 00409120301	0				30813			1000000001
4	# NJ1946578	5		# 00409125301	27				30813			1000000002
5	# NJ1946578	5		# 00409125502	0				30813			1000000003
6	# NJ1946578	5		# 00409128331	6				30813			1000000004
7	# NJ1946578	5		# 00409226602	20				30813			1000000005
8	# NJ1946578	5		# 00409909335	0				30813			1000000006
9	# NJ1946578											1000000007
10	# NJ1946578											1000000008
11	# NJ1946578											1000000009
12	# NJ1946578											1000000010
13	# NJ1946578											1000000011
14	# NJ1946578											1000000012
15	# NJ1946578	5		# 00591050305	0				30813			1000000013
16	# NJ1946578	5		# 00641602510	0				30813			1000000014
17	# NJ1946578	5		# 00641602510	0				30813			1000000015
18	# NJ1946578	5		# 00641602725	0				30813			1000000016
19	# NJ1946578	5		# 00641602725	0				30813			1000000017
20	# NJ1946578	5		# 00641602825	0				30813			1000000018
21	# NJ1946578	5		# 00641602825	0				30813			1000000019
22	# NJ1946578	5		# 00641603001	0				30813			1000000020

The Special ARCOS Inventory Data Report is an inventory ARCOS report for the date specified.

# Time to File ARCOS Reports

## End of Year ARCOS Data Report

	A	B	C	D	E	F	G	H	I	J	K	L
1	Reporting Registrant Number	Transaction Code	Action Indicator	NDC	Quantity	Unit Code	Associate Registrant Number	Order Form Number	Transaction Date	Correction Number	Strength	Transaction Identifier
2	# RH0286662	3		# 00093015010	1				21231			1000000000
3	# RH0286662	3		# 00409120301	0				21231			1000000001
4	# RH0286662	3		# 00409125301	0				21231			1000000002
5	# RH0286662	3		# 00409125502	0				21231			1000000003
6	# RH0286662	3		# 00409128331	0				21231			1000000004
7	# RH0286662	3		# 00409226602	0				21231			1000000005
8	# RH0286662	3		# 00409909335	0				21231			1000000006
9	# RH0286662											1000000007
10	# RH0286662											1000000008
11	# RH0286662											1000000009
12	# RH0286662											1000000010
13	# RH0286662											1000000011
14	# RH0286662											1000000012
15	# RH0286662	3		# 00591050305	0				21231			1000000013
16	# RH0286662	3		# 00641602510	0				21231			1000000014
17	# RH0286662	3		# 00641602510	0				21231			1000000015
18	# RH0286662	3		# 00641602725	0				21231			1000000016
19	# RH0286662	3		# 00641602725	0				21231			1000000017
20	# RH0286662	3		# 00641602825	0				21231			1000000018
21	# RH0286662	3		# 00641602825	0				21231			1000000019
22	# RH0286662	3		# 00641603001	0				21231			1000000020

The End of Year ARCOS Inventory Data Report is an inventory ARCOS report for the entered end of year date.

# We're Being Audited

## Not to Worry, MDS has us covered

Application

Transaction Report Capture:On

1. Customer#	All		
2. Vendor#	All		
3. Date	Range	08/01/13 to	08/31/13
4. Prod Class	All		
5. Product#	OXY-15		Oxycodone Tabs
6. Family	All		
7. Strength	All		
8. Size	All		
9. State/Shipment	NY		

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

XXXXXX

The DEA Transaction Report will show all transaction data for the criteria entered.

# We're Being Audited

## Not to Worry, MDS has us covered

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Cust Name	Vend Name	Cust DEA	Vend DEA	Trans Typt	Trans Date	Trans Qty	Rcpt/Inv #	NDC #	Prod #	Descripti	Description 2	DEA Form #	Prod Family	Prod Strength	Prod Size	State
2					ADJ	8/26/2013	-3		52152-0214-02	OXY-15	Oxycodor Roxicodone Tabs		Codeine	300 mg	1000 CT. BOTTLE		
3		Capital Wholesale Drug Co.	PC0049507		POR	8/21/2013	10	2361	52152-0214-02	OXY-15	Oxycodor Roxicodone Tabs	52461-44	Codeine	300 mg	1000 CT. BOTTLE		
4		Capital Wholesale Drug Co.	PC0049507		POR	8/26/2013	6	2362	52152-0214-02	OXY-15	Oxycodor Roxicodone Tabs	65167	Codeine	300 mg	1000 CT. BOTTLE		
5		Capital Wholesale Drug Co.	PC0049507		POR	8/26/2013	3	2363	52152-0214-02	OXY-15	Oxycodor Roxicodone Tabs	13465465	Codeine	300 mg	1000 CT. BOTTLE		
6		Capital Wholesale Drug Co.	PC0049507		POR	8/26/2013	3	2364	52152-0214-02	OXY-15	Oxycodor Roxicodone Tabs	3446564740	Codeine	300 mg	1000 CT. BOTTLE		
7	MICHAEL MARCOWITZ MD		MM1210715		INV	8/26/2013	-6	1141767001	52152-0214-02	OXY-15	Oxycodor Roxicodone Tabs	646546	Codeine	300 mg	1000 CT. BOTTLE	NY	
8	MICHAEL MARCOWITZ MD		MM1210715		INV	8/27/2013	-2	1141776001	52152-0214-02	OXY-15	Oxycodor Roxicodone Tabs	64674134	Codeine	300 mg	1000 CT. BOTTLE	NY	
9	MICHAEL MARCOWITZ MD		MM1210715		RA	8/27/2013	1	1141781001	52152-0214-02	OXY-15	Oxycodor Roxicodone Tabs		Codeine	300 mg	1000 CT. BOTTLE	NY	
10	MICHAEL MARCOWITZ MD		MM1210715		C/M	8/27/2013	1	1141782001	52152-0214-02	OXY-15	Oxycodor Roxicodone Tabs		Codeine	300 mg	1000 CT. BOTTLE	NY	
11	MICHAEL MARCOWITZ MD		MM1210715		C/M	8/27/2013	-1	1141782001	52152-0214-02	OXY-15	Oxycodor Roxicodone Tabs		Codeine	300 mg	1000 CT. BOTTLE	NY	
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31																	
32																	

A new change to the report is the addition of the Drug Form# for not only the shipments, but now also for receipts.

# We're Being Audited

## Not to Worry, MDS has us covered

Application

DEA Inventory Report Capture:On

1. Prod Class	All		
2. Product Type	All		
3. Product#	OXY-15	Oxycodone Tabs	
4. Date	08/27/13	08/27/13	

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

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

# We're Being Audited

## Not to Worry, MDS has us covered

07:59:40pm 27 Aug 2013 **Inventory Report as of:08/27/13** PAGE 1

Product#	Product Name	Total Onhand
OXY-15	Oxycodone TabsRoxicodone Tabs	12

# We're Being Audited

## Not to Worry, MDS has us covered

Application

Dea Invoice Print Capture:On

1. Invoice Date	Range	Range
	08/01/13 to	08/31/13
2. Prod Class	All	
3. Fiscal Period	All	All
4. Type (INV, I/V, C/M)	All	All
5. Product#	OXY-15	Oxycodone Tabs

Press <RETURN> to Print

The Controlled Substance Invoice Print can be used to generate a copy of all invoices for the criteria specified.

We're Being  
Audited  
Not to Worry, MDS has us  
covered

This is an example of the  
Controlled Substances  
Invoice.



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  
01519281  
Page: 1

<b>Bill-to:</b> MARCOW MICHAEL MARCOWITZ MD 4360 KENNEDY BLVD BROOKLYN NY 10023	<b>Ship-to:</b> 001 RJ MICHAEL MARCOWITZ MD 4360 KENNEDY BLVD BROOKLYN NY 10023
--	--

<b>Invoice Date:</b> 08/27/13	<b>Salesman:</b> SY FERTIG
<b>Ship Date:</b> 08/27/13	<b>Ship Via:</b> UPS
<b>Our Order No:</b> 01141776001	<b>Customer Order #:</b> 6449841
	<b>Terms:</b> NET 30
<b>License</b> 66484164 Exp: 09/01/14	<b>DEA #</b> MM1210715 Exp: 12/31/14
<b>Special Instructions:</b>	

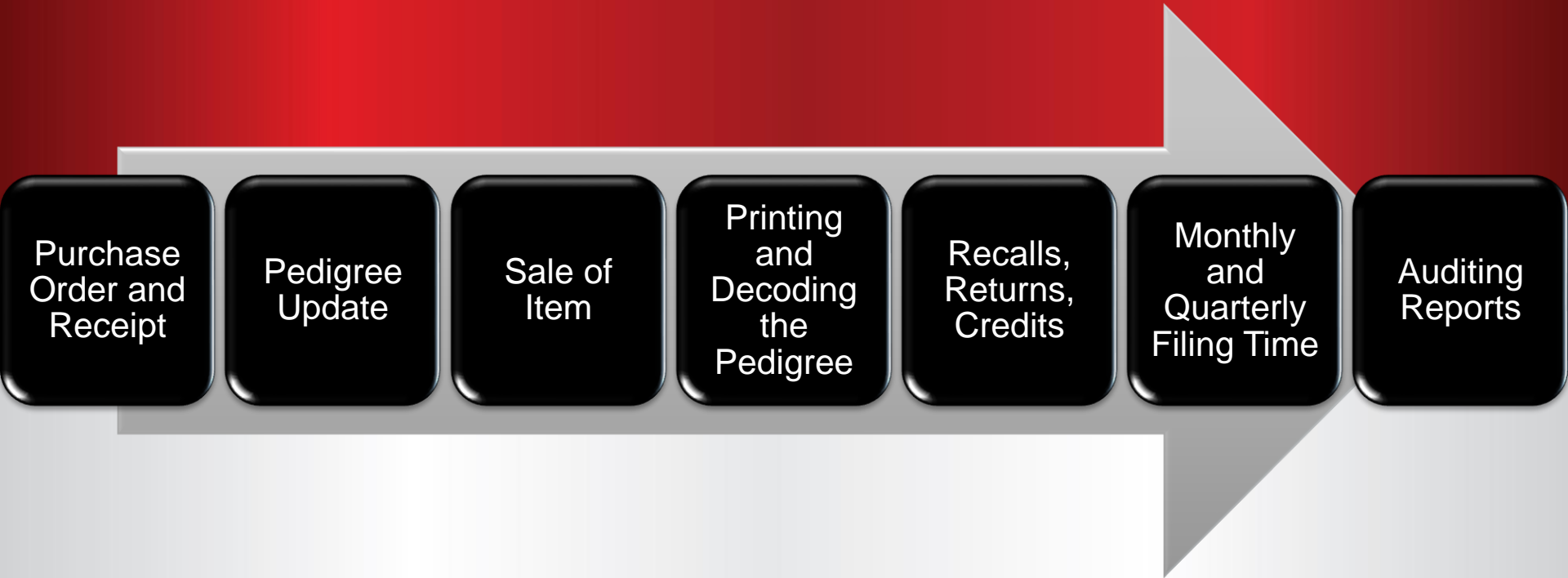
Line	Item Number / Description	Ordered	UM	Shipped	UM	B/O Qty	Unit Price	UM	Extension
1	ONY-15 Oxycodone Tabs Roxicodone Tabs NDC#: 52152-0214-02 Drug Form#: 64674134 Prod Strength: 300 mg Prod Size: 1000 CT. BOTTLE Prod Family: Codeine Lot #: 317722345P Expiration Date: 12/31/15	2	BT	2	BT	0	99.980	BT	\$199.96
				2					
	<b>SUB TOTAL</b>								199.96
	<b>NY STATE TAX</b> 8.3754								16.75
	<b>INVOICE TOTAL</b>								\$216.71
	Additional License Information State License for NY 2522774 Exp 07/31/14								

\* Non-Taxable



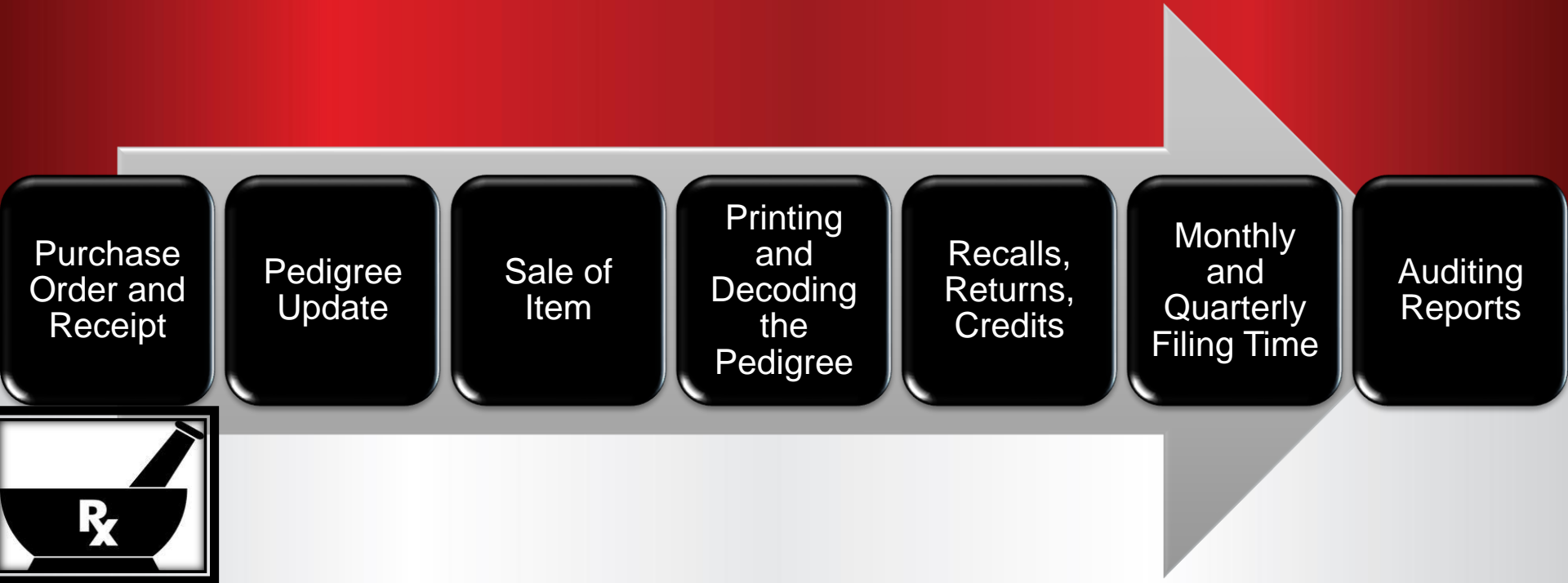
# The Recap:

## The Item's Lifecycle at TSH Medical Supply



# The Recap:

## The Item's Lifecycle at TSH Medical Supply



# The Recap:

## The Item's Lifecycle at TSH Medical Supply

Purchase  
Order and  
Receipt

Pedigree  
Update

Sale of  
Item

Printing  
and  
Decoding  
the  
Pedigree

Recalls,  
Returns,  
Credits

Monthly  
and  
Quarterly  
Filing Time

Auditing  
Reports



# The Recap:

## The Item's Lifecycle at TSH Medical Supply

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Sale of  
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Printing  
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***Thank You***

***Any Questions?***