

**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



The First Steps: Bring the Item into Your Warehouse

The screenshot shows a software application window titled 'MDS Product Lookup : 5:45:46 PM Customer:'. The interface includes a menu bar with options like 'File', 'Edit', 'Settings', 'Reset', 'Tools', 'Mode', 'Standard Functions', 'Special Functions', 'Refresh Dashboard', and 'Help'. On the left, there is a sidebar with buttons for 'Shortcuts', 'Terminal', 'MDS Menu', 'Find', 'Tasks', 'Charts', and 'Key Indicators'. The main area is divided into two panes. The top pane shows search criteria: 'Product', 'Vendor', 'Mfg', 'Description', 'NDC' (with value '52'), 'Cust', and 'Price'. Below this, there are tabs for 'Products' and 'Sales History'. The 'Products' tab is active, displaying a table of search results. The table has columns for Product, Description, Description2, NDC, DrugType, Disc, Available, OnHand, Vendor, S..., Qty, and Mf. One result is visible: 'OXY-15 Oxycodone Tabs' with Description2 'Roxicodone Tabs', NDC '52152-0214-02', DrugType '02', Disc 'H', Available '0', OnHand '0', Vendor 'CAPITAL', S... 'BT', and Qty '1'. The bottom pane shows a 'Purchase Order Entry' form with fields for 'Co#', 'Vendor', 'Product#', 'Description', and 'ONHAND'. A text box is overlaid on the screenshot with the text: 'Pharma specific fields can be added to the product lookup and the search results.'

Product	Description	Description2	NDC	DrugType	Disc	Available	OnHand	Vendor	S...	Qty	Mf
OXY-15	Oxycodone Tabs	Roxicodone Tabs	52152-0214-02	02	H	0	0	CAPITAL	BT	1	

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# 131132

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

Description DS-Price Curr Tie To Order DS-Ord#

1	OXY-15		09/06/13			
---	--------	--	----------	--	--	--

IN TRANS 0

SALES

Enter required Drug Form #: 52461-44

Drug Type: Maintenance

Drug Type: 02

1. Description
2. License Req
3. Des# Required
4. Pedigree Required
5. Controlled Drug
6. DEA Form Required
7. Federal Caution
8. Expiration Days
9. Drop Ship
10. Include Arcos Rpt
11. Rx or OTC Drug

Sample

See Reverse of PURCHASER'S Copy for Instructions He will provide

TO Office of Supplier: ZODIAC

CITY and STATE: LARAMIE, WY 82070

TO BE FILLED IN BY PURCHASER		
1	2	3
No. of Months	Strength	Name of Drug
12	10ml	Etorphine HCl, 10mg/ml
5	10ml	Carfentanyl citrate, 3mg/ml

NO. OF LINES COMPLETED: 2

Date Issued: 06-23-04 DEA Registration No.: BL0876545

Schedule: 2,2N,3,3N,4,5

Registered as a: PRACTITIONER No. of All Order Form: 123456789

DEA Form 222 (Aug 1999) U.S. OFFICIAL DRUG

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 Receiving Detail

Receiver# 002361

PO Number 131127

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

Product OXY-15

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

Frt/Inla

Misc/Br

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

XXXXXXXX

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

The Pedigree

➤ Retrieve the Pedigree from the vendor/wholesaler.

This is an example of a Pedigree from a wholesaler.

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

Legend Drug Name, Strength, Dosage Form, Container Size: **ISUTROFEN 600 MG, TABL, 100, TS**

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

NDC (optional): **5274856888**

LOT Number	Quantity	Unique Serial #
BC43311	22	N/A

Reference# Number: **3271428**
 Document Type: **INVOICE NUMBER**
 Reference# Date: **06/08/11**
 (related to the sale by the wholesaler identified above)

OWNERSHIP HISTORY (if different from the owner information)
 Manufacturer's Name: **ANDRA PHARMACEUTICALS**
 Manufacturer's information for authentication: **RAIFPACK, NY 11788, Phone: 800.333.3378**

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

Name: ANDA INC. Address: 2912 WESTON RD. WESTON, FL 32691 Date Purchased & Ref # 06/08/11 EQ 2112 Print Name of Recipient: Kevin Schiele Signature of Recipient: <i>[Signature]</i> Name of Authenticator: Kevin Schiele Signature of Authenticator: <i>[Signature]</i> To authenticate a subsequent transaction, contact: Name: Regulatory Compliance Department Telephone Number: 813.333.3378 Email address: pedigree@andna.com	Name: ANDRA PHARMACEUTICALS, INC. Address: 620 ADELAIDE CT GROVETOWN, OH 43122 Date Received & Ref # 06/08/11 EQ 2112 Print Name of Recipient: KYLE BOGDANSKI WYSE II Signature of Recipient: <i>[Signature]</i> Name of Authenticator: KYLE BOGDANSKI WYSE II Signature of Authenticator: <i>[Signature]</i> To authenticate a subsequent transaction, contact: Name: Regulatory Compliance Department Telephone Number: 813.333.3378 Email address: pedigree@andna.com
---	---

2. #1 Above SOLD TO:

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

3. #2 Above SOLD TO:

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

I swear or affirm that the information contained on this pedigree is accurate and complete and that prior sales and distributions have been authorized by the company.
 Signature authorized to send the company: *Michael Cochran* Michael Cochran Executive Director, Regulatory Compliance Date: **06/08/11**
 * Reference Number should be identified as an invoice, purchase order, shipping document number or similar unique identifier.
 Prescription (Legend) Drug Pedigree Orl 2/28, 7/06 (replaces previous editions)

Page 1 of 1 page

Pedigree Update

The screenshot displays a software application interface for pedigree management. On the left, a vertical list of fields is shown, including Pedigree ID, PO#, Product#, Company, Notes, Shipment ID, Invoice#, Invoice Date, Manufacturer, NDC#, Dosage Form, Strength, Container Size, and Lot#. A smaller window titled 'Inquiry List' is overlaid, showing a table with the following data:

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

A callout box on the right side of the screen contains the text: "Multiple options Pedigree."

Pedigree Update

Application 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

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

XXXXXX

PAGE 1 OF 4

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

Pedigree Update

Application

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

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

XXXXXX

PAGE 1 OF 4


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

Pedigree Update

Application

Pedigree Update

Pedigree ID: 0000000000

1. PO#: 0113117 

2. Product#: OXY-15

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#: 317722345P

Lot Qc:

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

Choose Source:

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

Font Selection

Look in: user group meeting

- 2013
- templates
- bottles on shelf 2.jpg
- bottles on shelf.jpg
- CAPT! 16 187!646 19.883!816.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.potx
- 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: pedigree man.pdf

Files of type:

Open as read-only

Open Cancel

Pedigree Update

Application

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line	Total	Sold To	Ship To
1	1	<p>Wholesaler ID: 01</p> <p>Name: TSH Medical Company</p> <p>Address 1: 1033 ROUTE 46</p> <p>Address 2:</p> <p>City: CLIFTON</p> <p>State: NJ Country: </p> <p>Zip: 07013</p> <p>Date Purchased:</p> <p>Wholesaler Inv#:</p> <p>Recipient:</p> <p>Authenticator:</p> <p>Sub Authen:</p> <p>Email:</p> <p>Phone:</p>	<p>Wholesaler ID: 01</p> <p>Name: TSH Medical Company</p> <p>Address 1: 1033 ROUTE 46</p> <p>Address 2:</p> <p>City: CLIFTON</p> <p>State: NJ Country: NY</p> <p>Zip: 07013</p> <p>Date Purchased:</p> <p>Wholesaler Inv#:</p> <p>Recipient:</p> <p>Authenticator:</p> <p>Sub Authen:</p> <p>Email:</p> <p>Phone:</p>

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

PAGE 2 OF 4

We will need to update the inbound record.

Pedigree Update

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

New Feature: Subsequent Authenticator. If selected, the name of the subsequent authenticator will print on the Pedigree form.

Application

PEDIGREE Update

Pedigree ID

14.Inbound Sold To/Ship To

Line	Total	Sold To
1	1	

Wholesaler ID

Name

Address 1

Address 2

City

State Country

Zip

Date Purchased

Wholesaler Inv#

Recipient

Authenticator

Sub Authen

Email

Phone

Pedigree Update

tshpe2.tshinc.com-DEMO:12-SSS.PEDIGREE.RCPT01252

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

Application

PEDIGREE Update

Pedigree ID: 0000000006

14.Inbound Sold To/Ship To

Line	Total
1	1

Sold To:

CAPITAL		NJ	
Name	TSH Medical Company	Country	
Address 1	1033 ROUTE 46		
Address 2			
City	CLIFTON		
State	NJ	Country	
Zip	07013		
Date Purchased	07/25/13		
Wholesaler Inv#	A4197543		
Recipient	PETER JONES		
Authenticator	TOM TILES		
Sub Authen	Rachel Johnsen		
Email	johnsenr@tshinc.c		
Phone			

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

Buttons: Add Inbd, Add Outbd, Scroll Dn, Scroll Up, Help, Ok/End, Insert, Delete, Prev, Next, Inquiry, Cancel, Off, Popup

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.



Pedigree Update

Application

PEDIGREE Update

Pedigr
14.Inbo
Line

Address 2

Email ttiles@abc.com

Phone 973-777-8050

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

Ship To

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

XXXXXX

PAGE 2 OF 4

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.

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

Pedigree Update

tsipe2.tsiinc.com-DEMO, 12-SSS, PEDIGREE, RCPT01252

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

Application

PEDIGREE Update

Pedigree ID: 0000000006

14.Inbound Sold To/Ship To

Line	Total
2	2

Wholesaler ID: ANDA

Name	Address 1	Address 2	City	State	Country	Zip	Date Purchased	Wholesaler Inv#	Recipient	Authenticator	Sub Authen	Email	Phone
ANDA PHARMACEUTICALS, INC	6500 ADELAIDE CT		GROVEPORT	OH	000 U.S.A.	43125	07/05/13	416543-1478	MELISSA OLIVER	TOM TILES		ttiles@abc.com	973-777-8050

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

Buttons: Add Inbd, Add Outbd, Scroll Dn, Scroll Up, Help, Ok/End, Insert, Delete, Prev, Next

Products, Customers, Vendors

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.

Pedigree Update

tsipe2.tshirc.com-DEMO-12-SSS-PEDIGREE.RCPT01253

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
1	0

Release#

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

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

This section shows the sales associated with this Pedigree.

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

The Sale of the Item

Pharma Specific Fields Available in the New Product Lookup

tslpe2.tsfinc.com-DEMO-12-SSS-DE.LINE-INPUT01151

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 Cus 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

Mds Inq Stock St Group Lots Comment Prc Inq Image Prodtext Custnote Cat Disp Last Txn

Customers Vendors MDS Product Lookup - 12:02:00 PM Customer:

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.

You can customize

Sell	001	Total	5499.90
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	01	TSH Medical Company
Customer	MARCOW	MICHAEL MARCOWITZ MD
Product	OXY-15	Oxycodone Tabs
Stocking U/M	BT	
1.Qty Limit	10	
2.Expiration Date	12/31/14	

UM	On Hand
BT	
Case	
OXY-15	

The Sale of the Item

Excessive Product Usage

Application

Order Entry

Total Time Input

Co 01 Whse 001 Customer MARCOW MICHAEL MARCOWITZ MD Order# 141770

Lines	Order Qty	Ship Qty	Open Qty	COST	Dollars	GP Pct
1	5	5		126.50	499.90	74.69

1. Trade Disc% 0.00

2. Charge Freight Y

3. Ship Via 01 UPS

4. Ship Zone

5. Freight 0.00

6. Tax Juris NY NY STATE

Tax % 8.375 ON 499.90 41.87

7. Misc Charges 0.00

8. Cash Disc% 0.00 0.00

Total 541.77

9. Salesman 001 SY FERTIG

10. Resid/Comm

11. Freight Class

12. Frt Reduce GP

ENTER LINE# TO

Order Date 08/26/13

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

Commiss

10. Resid/Comm

11. Freight Class

12. Frt Reduce GP

ENTER LINE# TO CH

Total Time Input

State License Maintenance

Company

State Code

1.State License#

2.Expiration Date

141771

08/26/13

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	Whs
1	OXY-15	Oxycodone Tabs	2	BT	2	BT				BT	99.980	BT	001
		Roxicodone Tabs								BT	199.960	BT	74.69
										CAPITAL	25.300	BT	
2													
3													
4													

Customer Master Maintenance

Customer# MARCOW

15.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 Lot 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.

Customer Master Maintenance
Customer# MARCOW
15.Min Days to Expire 60

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/D	In Use	Adj Qty	Trn Qty	In Work	On P/D
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 10/21/13	3 3	3	25.300
2	001	317722345P	0200A	08/21/13 12/31/15	10 2	8	25.300
3							
4							
5							

Enter END to exit, PREV

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 lin

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

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 state license and any additional licenses are also printed.

Invoice		Inv Number 01519281 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: MARCOW MICHAEL MARCOWITZ MD 4360 KENNEDY BLVD BROOKLYN NY 10023		Ship-to: 001 RJ MICHAEL MARCOWITZ MD 4360 KENNEDY BLVD BROOKLYN NY 10023																																																												
Invoice Date: 08/27/13 Ship Date: 08/27/13 Our Order No: 01141776001	Salesman: SY FERTIG Ship Via: UPS Customer Order #: 6449841	Terms: NET 30 DEA # MM1210718 Exp: 12/31/14																																																												
License 66494183 Exp: 09/01/14 Special																																																														
<table border="1"> <thead> <tr> <th>Line</th> <th>Item Number / Description</th> <th>Ordered</th> <th>UM</th> <th>Shipped</th> <th>UM</th> <th>B/O Qty</th> <th>Unit Price</th> <th>UM</th> <th>Extension</th> </tr> </thead> <tbody> <tr> <td>1</td> <td> OXY-15 Oxycodone Tabs Roxicodone Tabs NDC#: 62162-0214-02 Drug Form#: 64674134 Prod Strength: 300 mg Prod Size: 1000 CT. BOTTLE Prod Family: Codeine Lot #: 317923345P Expiration Date: 12/31/15 </td> <td>2</td> <td>BT</td> <td>2</td> <td>BT</td> <td>0</td> <td>99.980</td> <td>BT</td> <td>\$199.96</td> </tr> <tr> <td colspan="9">SUB TOTAL</td> <td>199.96</td> </tr> <tr> <td colspan="9">NY STATE TAX 8.3754</td> <td>16.75</td> </tr> <tr> <td colspan="9">INVOICE TOTAL</td> <td>\$216.71</td> </tr> <tr> <td colspan="9"> Additional License Information State License for NY 2502774 Exp 07/31/14 </td> <td></td> </tr> </tbody> </table>	Line	Item Number / Description	Ordered	UM	Shipped	UM	B/O Qty	Unit Price	UM	Extension	1	OXY-15 Oxycodone Tabs Roxicodone Tabs NDC#: 62162-0214-02 Drug Form#: 64674134 Prod Strength: 300 mg Prod Size: 1000 CT. BOTTLE Prod Family: Codeine Lot #: 317923345P Expiration Date: 12/31/15	2	BT	2	BT	0	99.980	BT	\$199.96	SUB TOTAL									199.96	NY STATE TAX 8.3754									16.75	INVOICE TOTAL									\$216.71	Additional License Information State License for NY 2502774 Exp 07/31/14											
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NY STATE TAX 8.3754									16.75																																																					
INVOICE TOTAL									\$216.71																																																					
Additional License Information State License for NY 2502774 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
 BROOKLYN

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 Qty	Shipped Qty	Unit Price	Extension
1	ONY-18 Roxicodone Tabs NDCs: 82182-0214-02 Drug Form#: 64674184 Prod Strength: 300 mg Prod Size: 1000 CT, BOTTLE Prod Family: Codeine Lot #: 317722345P Expiration Date: 12/31/15	2	2	99.980	\$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.



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.



TSH Medical Company _____ (Wholesaler's Name)
PRESCRIPTION (LEGEND) DRUG PEDIGREE 0000000006
 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 submission and authentication of repackager's pedigree)
 NDC: 52152-0214-02
Roxicodone Tabs

Lot Number	Quantity	Unique Serial #
317722345P	2	

Reference Number: 519281
 Document Type: Invoice
 Reference Date: 08/27/13
(Indicate in the web by the wholesaler (initials/initials))

OWNERSHIP HISTORY **PHYSICAL DISTRIBUTION HISTORY**
(if different from the owner instructions)

Manufacturer's Name: Actavis Farfetch, LLC
 Manufacturer's information for authentication: 90 Columbia Road Bldg. II Morristown, NJ 07960 973-993-5555
 1. Wholesaler that purchased from the MANUFACTURER or a REPACKAGER (which requires authentication)

Name: <u>ANDA PHARMACEUTICALS, INC</u> Address: <u>6500 ADEL AIDE CT</u> <u>GROVEPORT OH 43125</u> Date Purchased & Ref*: <u>03/05/13</u> <u>416041478</u> Print Name of Recipient: <u>MELISSA OLIVER</u> Signature of Recipient: _____ Name of Authenticator: <u>TOM TILES</u> Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: <u>973-777-8050</u> Email Address: <u>ttiles@abc.com</u>	Name: <u>ANDA PHARMACEUTICALS, INC</u> Address: <u>6500 ADEL AIDE CT</u> <u>GROVEPORT OH 43125</u> Date Received & Ref*: _____ Print Name of Recipient: _____ Signature of Recipient: _____ Name of Authenticator: _____ Signature of Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone number: _____ Email Address: _____
--	---

2. #1 Above SOLD TO: **SHIPPED TO:**
 Name: TSH Medical Company Name: TSH Medical Company
 Address: 1033 ROUTE 46 Address: 1033 ROUTE 46
CLIFTON NJ 07013 CLIFTON NJ 07013
 Date Purchased & Ref*: 02/25/13 A4192543 Date Received & Ref*: _____
 Print Name of Recipient: PETER JONES Print Name of Recipient: _____
 Signature of Recipient: _____ Signature of Recipient: _____
 Name of Authenticator: TOM TILES Name of Authenticator: _____
 Signature of Authenticator: _____ Signature of Authenticator: _____
 To authenticate a subsequent transaction, contact: To authenticate a subsequent transaction, contact:
 Name: Rachel Johnson Name: _____
 Telephone number: 973-777-8050 Telephone number: _____
 Email Address: rljohnson@tshinc.com Email Address: _____

3. #2 Above SOLD TO: **SHIPPED TO:**
 Name: MICHAEL MARCOWITZ MD Name: MICHAEL MARCOWITZ MD
 Address: 4360 KENNEDY BLVD Address: 4360 KENNEDY BLVD
BROOKLYN NY 10023 BROOKLYN NY 10023
 Date Purchased & Ref*: _____ Date Received & Ref*: 08/27/13 0114176001
 Print Name of Recipient: _____ Print Name of Recipient: _____
 Signature of Recipient: _____ Signature of Recipient: _____
 Name of Authenticator: _____ Name of Authenticator: _____
 Signature of Authenticator: _____ Signature of Authenticator: _____
 To authenticate a subsequent transaction, contact: To authenticate a subsequent transaction, contact:
 Name: _____ Name: _____
 Telephone number: 718-555-1212 Telephone number: _____
 Email Address: MM@MARKOWITZ.COM Email Address: _____

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

Rachel Johnson Rachel Johnson 08/27/13 Page 1 of 1 pages
 Signature (authorized to bind the company) Print Name and Title Date
*Reference Number should be checked on all invoices, purchase orders, shipping documents number to ensure correct invoice.
 Prescription Legend Drug Pedigree (0-013) 1/Revised 01/09/2009 (04/01/2012)

Remotetel
B2B e-Commerce

[About Online Ordering](#)
[Change Password](#)
[Place an Order](#)
[Inquiries](#)
[Help](#)
[Contact Us](#)
[Home](#)

Search by: Product Description

Customer # 19400W
Sold To MICHEL MARCOWITZ MD
 480 KERRICK BLVD
 BROOKLYN, NY 10023
 U.S.A.

Salesrep BY PER10
Web Order# **Order Date** 08/28/13
Req. D

Order# 0134179-001
Invoice# 019281
Invoice D

Special Instructions:

Release detail for your order:

Line No.	Product No.	Product Description
1	001-13	Oxycodone Tab, Roxicodone Tab
TOTALS		

1 Item 1 Page

Sort By: Product No.

Items per page: 10

Note: To track your package please click on the tracking number below.

Tracking Information:

Carton #	Tracking #	Carton
TOTALS		

Note: To view your pedigree please click on the pedigree number below.

Pedigree Information:

Pedigree # 0000000006

https://rmdemo.tshinc.com/rnreports/RN_PED_PRT_000100_0000000006.pdf

https://rmdemo.tshinc.com/rnreports/RN_PED_PRT_000100_0000000006.pdf

TSH Medical Company (Wholesaler's Name)
PRESCRIPTION (LEGEND) DRUG PEDIGREE 0000000006
 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)

NDC: 52152-0214-02

Lot Number	Quantity	Unique Serial #
317722345P	2	

Reference* Number: 019281
 Document Type: Invoice
 Reference* Date: 08/27/13
(related to the sale by the wholesaler identified above)

OWNERSHIP HISTORY

Manufacturer's Name: Actavis Elizabeth LLC
 Manufacturer's information for authentication: 60 Columbia Road Bldg. B Morristown, NJ 07960 973-903-5555
 1. Wholesaler that purchased from the MANUFACTURER or a REPACKAGER (which requires authentication)

<p>Name: TSH Medical Company Address: 1033 ROUTE 46 CLIFTON NJ 07013 Date Purchased & Ref*: Print Name of Recipient: Signature of Recipient: Name of Authenticator: Signature of Authenticator: To authenticate a subsequent transaction, contact: Name: Telephone number: Email Address:</p>	<p>Name: TSH Medical Company Address: 1033 ROUTE 46 CLIFTON NJ 07013 Date Received & Ref*: Print Name of Recipient: Signature of Recipient: Name of Authenticator: Signature of Authenticator: To authenticate a subsequent transaction, contact: Name: Telephone number: Email Address:</p>
--	---

<p>2. #1 Above SOLD TO: Name: ANDA PHARMACEUTICALS, INC Address: 6500 ADELAIDE CT GROVEPORT OH 43125 Date Purchased & Ref* : 07/05/13 416543-1478 Print Name of Recipient: MELISSA OLIVER Signature of Recipient: Name of Authenticator: Signature of Authenticator: To authenticate a subsequent transaction, contact: Name: Telephone number: 973-777-8050 Email Address: mloest@anda.com</p>	<p style="text-align: center;">SHIPPED TO:</p> <p>Name: ANDA PHARMACEUTICALS, INC Address: 6500 ADELAIDE CT GROVEPORT OH 43125 Date Received & Ref* : Print Name of Recipient: Signature of Recipient: Name of Authenticator: Signature of Authenticator: To authenticate a subsequent transaction, contact: Name: Telephone number: Email Address:</p>
--	---

Print the Pedigree Invoice Reprint Inquiry

demo.12 - [tshpe2.tshinc.com-DEMO.12-INVOICE_REPRINT01051]

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

Application

Invoice Reprint/Inquiry by Customer

Company# 01 TSH Medical Company

Customers#

Range of Invoice# Release#

Number Invoice Amt

Line	Trx	Invoice#	Re
1	INV	01519281	
2			
3			
4			
5			
6			
7			
8			
9			
10			

Inquiry List:

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

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)

NDC# from the Product

(LEGEND) DRUG PEDIGREE 0000000006

Lot Number(s) on this Invoice.

our company

MDS Invoice Number.

Pedigree number.

Roxicodone

Item Description from the Product record. Dosage and Size from the Update.

Manufacturer's Name and Address from the Pedigree Update.

Reference* Number: 519281

Document Type: Invoice

Invoice* Date: 08/27/13

(for sale by the wholesaler Identified above)

Date of Invoice.

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

(LEGEND) DRUG PEDIGREE

00000000006

Lot Number(s) on this Invoice.

our company

MDS Invoice Number.
Pedigree number.

Roxicodone

Item Description from the Product record. Dosage and Size from the Update.

Manufacturer's Name and Address from the Pedigree Update.

Reference* Number: 519281

Document Type: Invoice

Invoice* Date: 08/27/13

(for sale by the wholesaler Identified above)

Date of Invoice.

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?

Name: ANDA PHARMACEUTICALS, INC Address: 6500 ADELAIDE CT GROVEPORT OH 43125 Date Purchased & Ref* : 07/05/13 416543-1478 Print Name of Recipient: MELISSA OLIVER Signature of Recipient: _____ Name of Authenticator: TOM TILES Signature of Authenticator: _____ <i>To authenticate a subsequent transaction, contact:</i> Name: _____ Telephone number: 973-777-8050 Email Address: ttiles@abc.c	Name: ANDA PHARMACEUTICALS, INC Address: 6500 ADELAIDE CT GROVEPORT OH 43125 Date Received & Ref* : _____ Print Name of Recipient: _____ Signature of Recipient: _____ Name of Authenticator: _____ Signature of Authenticator: _____ <i>To authenticate a subsequent transaction, contact:</i> Name: _____ Telephone number: _____ Email Address: _____
2. #1 Above SOLD TO: Name: TSH Medical Company Address: 1033 ROUTE 46 CLIFTON NJ 07013 Date Purchased & Ref* : 07/25/13 Print Name of Recipient: PETER J Signature of Recipient: _____ Name of Authenticator: TOM TILES Signature of Authenticator: _____ <i>To authenticate a subsequent transaction, contact:</i> Name: Rachel Johnsen Telephone number: 973-777-8050	SHIPPED TO: any _____ _____ _____ _____ Signature of Recipient: _____ Name of Authenticator: _____ Signature of Authenticator: _____ <i>To authenticate a subsequent transaction, contact:</i> Name: _____ Telephone number: _____

In this section the inbound wholesaler's are listed. This information is built in the Pedigree Update.

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	01141776001

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	Trx	Release#	Price	Cust/Vend No.	DS
Serial No.	Pedigree	Date	Date	Whs	Pi/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 Authorization Line Input R/A #

CO# 01 Whse 001 Cust# MARCOW MICHAEL MARCOWITZ MD Status 141786

Product Rtn/ Total Value

LN# Description Non Qty/UM Recv CD Price/UM Extension 0.00

Reason Co#;Inv#;Ln# Cost/UM Serial # TX

1 OXY-15 R 0.00

Oxycodone Tabs

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	0.00
01519280	001	08/26/13	01141767001		6	99.980	BT	0.00

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# Line Input R/A # Status Total Value

Product Return Au

RA Line#

Exp Date Cost

Lot# / Length	Serial#
1	
2	
3	
4	
5	
6	
7	
8	

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

Rtn/ Quantity Quantity Quantity Quantity

Return Authorization Receipts Lot Entry

Product

Line#	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 8.7 MICHAEL MARCOWITZ MD 4360 KENNEDY BLVD BROOKLYN NY 10023
--	---

Invoice Date: 10/15/13	Salesman: DJ FERTIG
Ship Date: 10/15/13	Ship Via: OTR
Our Order No: 01141807021	Customer Order #:
Invoice Ref: 315291	Terms: NET 30
LIC#	
Special Instructions:	

Line	Item Number / Description	Ordered	UM	Shipped	UM	IBO City	Unit Price	UM	Extension
1	OXY-15 Oxycodone Tabs NDC#: 52152-8214-03 Prod Strength: 300 mg Prod Size: 1000 CT, BOTTLE Prod Family: Oxycodone 099 Product Recall	1	BT	1	BT	0	-99.98	BT	\$-99.98
	GR TOTAL								-99.98
	CREDIT TOTAL								\$-99.98
	Additional License Information State License For NY 2522794 Exp: 07/31/14								

Carton: 0 Weight: 0.0

* Non-Taxable

The Pedigree Form

In this example, the return is the 3rd entry on the Pedigree form.

317722345P	4			Reference* Date: 10/09/13 <small>(Indicate in the date by the wholesale distributor's name)</small>
OWNERSHIP HISTORY			PHYSICAL DISTRIBUTION HISTORY <small>(If different from the owner information)</small>	
Manufacturer's Name: <u>Actavis Elizabeth LLC</u>				
Manufacturer's information for authentication: <u>60 Columbia Road Bldg. H Morristown, NJ 07960 973-993-5555</u>				
1. Wholesaler that purchased from the MANUFACTURER or a REPACKAGER (which requires authentication)				
Name: <u>ANDA PHARMACEUTICALS, INC</u>		Name: <u>ANDA PHARMACEUTICALS, INC</u>		
Address: <u>6500 ADELAIDE CT</u>		Address: <u>6500 ADELAIDE CT</u>		
GROVEPORT OH 43125		GROVEPORT OH 43125		
Date Purchased & Ref* : <u>07/09/13</u>	<u>416643-1478</u>	Date Received & Ref* : _____	_____	
Print Name of Recipient: <u>MELISSA OLIVER</u>		Print Name of Recipient: _____		
Signature of Recipient: _____		Signature of Recipient: _____		
Name of Authenticator: <u>TOM TILES</u>		Name of Authenticator: _____		
Signature of Authenticator: _____		Signature of Authenticator: _____		
To authenticate a subsequent transaction, contact:		To authenticate a subsequent transaction, contact:		
Name: _____		Name: _____		
Telephone number: <u>973-777-8050</u>		Telephone number: _____		
Email Address: <u>ttiles@abc.com</u>		Email Address: _____		
2. #1 Above SOLD TO:		SHIPPED TO:		
Name: <u>TSH Medical Company</u>		Name: <u>TSH Medical Company</u>		
Address: <u>1033 ROUTE 46</u>		Address: <u>1033 ROUTE 46</u>		
CLIFTON NJ 07013		CLIFTON NJ 07013		
Date Purchased & Ref* : <u>07/29/13</u>	<u>A4197543</u>	Date Received & Ref* : _____	_____	
Print Name of Recipient: <u>PETER JONES</u>		Print Name of Recipient: _____		
Signature of Recipient: _____		Signature of Recipient: _____		
Name of Authenticator: <u>TOM TILES</u>		Name of Authenticator: _____		
Signature of Authenticator: _____		Signature of Authenticator: _____		
To authenticate a subsequent transaction, contact:		To authenticate a subsequent transaction, contact:		
Name: _____		Name: _____		
Telephone number: <u>973-777-8050</u>		Telephone number: _____		
Email Address: <u>johnsonr@tshinc.com</u>		Email Address: _____		
3. #2 Above SOLD TO:		SHIPPED TO:		
Name: <u>MICHAEL MARCOWITZ MD</u>		Name: <u>MICHAEL MARCOWITZ MD</u>		
Address: <u>4360 KENNEDY BLVD</u>		Address: <u>4360 KENNEDY BLVD</u>		
BROOKLYN NY 10023		BROOKLYN NY 10023		
Date Purchased & Ref* : <u>10/09/13</u>	<u>01141806001</u>	Date Received & Ref* : <u>10/09/13</u>	<u>01141806001</u>	
Print Name of Recipient: <u>PETER JONES</u>		Print Name of Recipient: _____		
Signature of Recipient: _____		Signature of Recipient: _____		
Name of Authenticator: <u>Rachel Johnson</u>		Name of Authenticator: _____		
Signature of Authenticator: _____		Signature of Authenticator: _____		
To authenticate a subsequent transaction, contact:		To authenticate a subsequent transaction, contact:		
Name: _____		Name: _____		
Telephone number: <u>973-777-8050</u>		Telephone number: _____		
Email Address: <u>johnsonr@tshinc.com</u>		Email Address: _____		
I swear or affirm that the information contained on this pedigree is accurate and complete and that prior sales and distributions have been authenticated, if required.				
This wholesale distributor purchased the specific unit of the prescription drug directly from the manufacturer.				
<u>Rachel Johnson</u>		<u>Rachel Johnson</u>		Page: <u>1</u>
Signature (authorized to bind the company)		Print Name and Title		of <u>2</u>
				Page
		Date: <u>10/09/13</u>		



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
1	OXY-5 Oxyodone Tabs	1- -99.98	BT F	99.980 -25.300	BT 003 N DAMAGED PRODUCT(NO SALES)
2					More
3					More
4					More
5					More

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 MARCOVITZ MD

Ret	Product Number	Quantity	CD	Price	Reason
		Value		Cost	Discount
1	R OXY-15	0.00			001 Y CUSTOMER OVERSTOCK(SALES)
2		0.00			
3					
4					
5		0.00			

Please use Return Authorizations for Pedigree item returns

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

It's Time to File Our Reports

ARCOS Reports

The screenshot displays a software interface with a menu on the left and a pie chart on the right. The menu items are:

- 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 EBY ARCOS Data
- 26. Drug Form Transactions
- 27. Drug Form Transactions
- 28. Expense Detail Report
- 29. Lot Availability Report
- 30. Intransit Listing
- 31. Prod Detail vs Lot OH Quantities
- 32. Lot Tracking Report

The pie chart shows the following data:

Category	Percentage
DOCTORS, CLINICS	20.7%
HOSPITALS	40.9%
MISC. SCHOOLS, MFG, ETC.	30.3%
NURSING HOMES	0.1%

Legend:

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

The interface also includes a menu bar (File, Edit, Settings, Reset, Tools, Mode, Standard Functions, Special Functions, Refresh Dashboard, Help), a date/time selector (08/27/2013, 8:00 am), and a toolbar at the bottom with buttons for De, Contacts, Maint, Drill, Execing, Reports, Capt Off, View, Crm, mem, Vrm, mem, Help, Ok/End, Insert, Delete, Prev, Next, Inquiry, Cancel, Off, and Popup.

On the menu, there is now only 1 ARCOS report for the quarterly filings. Both the acquisitions, and the dispositions are now combined.

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/State

5. Rebuild

6. Output

Press <RETURN> to

Drug	Type	Maintenance
Drug Type:	<input type="text" value="02"/>	
1. Description		
2. License Req		
3. DEA# Required		
4. Pedigree Required		
5. Controlled Drug		
6. DEA Form Required		
7. Federal Caution		
8. Expiration Days		<input type="text" value="90"/>
9. Drop Ship		<input type="text" value="N"/>

Schedule II Narcotic	
	<input type="text" value="Y"/>
	<input type="text" value="Y"/>
	<input type="text" value="Y"/>
	<input type="text" value="Y"/>
	<input type="text" value="Y"/>
	<input type="text" value="Y"/>
	<input type="text" value="N"/>

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

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												

ARCOS Tnx Rpt_082713_193805

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

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
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			100000000
3	# NJ1946578		5	# 00409120301	0				30813			100000001
4	# NJ1946578		5	# 00409125301	27				30813			100000002
5	# NJ1946578		5	# 00409125502	0				30813			100000003
6	# NJ1946578		5	# 00409128331	6				30813			100000004
7	# NJ1946578		5	# 00409226602	20				30813			100000005
8	# NJ1946578		5	# 00409909335	0				30813			100000006
9	# NJ1946578											100000007
10	# NJ1946578											100000008
11	# NJ1946578											100000009
12	# NJ1946578											100000010
13	# NJ1946578											100000011
14	# NJ1946578											100000012
15	# NJ1946578		5	# 00591050305	0				30813			100000013
16	# NJ1946578		5	# 00641602510	0				30813			100000014
17	# NJ1946578		5	# 00641602510	0				30813			100000015
18	# NJ1946578		5	# 00641602725	0				30813			100000016
19	# NJ1946578		5	# 00641602725	0				30813			100000017
20	# NJ1946578		5	# 00641602825	0				30813			100000018
21	# NJ1946578		5	# 00641602825	0				30813			100000019
22	# NJ1946578		5	# 00641603001	0				30813			100000020

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			100000000
3	# RH0286662		3	# 00409120301	0				21231			100000001
4	# RH0286662		3	# 00409125301	0				21231			100000002
5	# RH0286662		3	# 00409125502	0				21231			100000003
6	# RH0286662		3	# 00409128331	0				21231			100000004
7	# RH0286662		3	# 00409226602	0				21231			100000005
8	# RH0286662		3	# 00409909335	0				21231			100000006
9	# RH0286662											100000007
10	# RH0286662											100000008
11	# RH0286662											100000009
12	# RH0286662											100000010
13	# RH0286662											100000011
14	# RH0286662											100000012
15	# RH0286662		3	# 00591050305	0				21231			100000013
16	# RH0286662		3	# 00641602510	0				21231			100000014
17	# RH0286662		3	# 00641602510	0				21231			100000015
18	# RH0286662		3	# 00641602725	0				21231			100000016
19	# RH0286662		3	# 00641602725	0				21231			100000017
20	# RH0286662		3	# 00641602825	0				21231			100000018
21	# RH0286662		3	# 00641602825	0				21231			100000019
22	# RH0286662		3	# 00641603001	0				21231			100000020

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

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
2	Cust Name	Vend Name	Cust DEA	Vend DEA	Trans Type	Trans Date	Trans Qty	Rcpt/Inv #	NDC #	Prod #	Descript1	Description 2	DEA Form #	Prod Family	Prod Strength	Prod Size	State
3					ADJ	8/26/2013	-3		52152-0214-02	OXY-15	Oxycodone Roxicodone Tabs		Codeine	300 mg	1000 CT. BOTTLE		
4		Capital Wholesale Drug Co.	PC0049507	PC0049507	POR	8/21/2013	10	2361	52152-0214-02	OXY-15	Oxycodone Roxicodone Tabs		52461-44	Codeine	300 mg	1000 CT. BOTTLE	
5		Capital Wholesale Drug Co.	PC0049507	PC0049507	POR	8/26/2013	6	2362	52152-0214-02	OXY-15	Oxycodone Roxicodone Tabs		65167	Codeine	300 mg	1000 CT. BOTTLE	
6		Capital Wholesale Drug Co.	PC0049507	PC0049507	POR	8/26/2013	3	2363	52152-0214-02	OXY-15	Oxycodone Roxicodone Tabs		13465465	Codeine	300 mg	1000 CT. BOTTLE	
7	MICHAEL MARCOWITZ MD		MM1210715		POR	8/26/2013	3	2364	52152-0214-02	OXY-15	Oxycodone Roxicodone Tabs		3445564740	Codeine	300 mg	1000 CT. BOTTLE	
8	MICHAEL MARCOWITZ MD		MM1210715		INV	8/26/2013	-6	1141767001	52152-0214-02	OXY-15	Oxycodone Roxicodone Tabs		646546	Codeine	300 mg	1000 CT. BOTTLE	NY
9	MICHAEL MARCOWITZ MD		MM1210715		INV	8/27/2013	-2	1141776001	52152-0214-02	OXY-15	Oxycodone Roxicodone Tabs		64674134	Codeine	300 mg	1000 CT. BOTTLE	NY
10	MICHAEL MARCOWITZ MD		MM1210715		RA	8/27/2013	1	1141781001	52152-0214-02	OXY-15	Oxycodone 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	Oxycodone Roxicodone Tabs			Codeine	300 mg	1000 CT. BOTTLE	NY
12					C/M	8/27/2013	-1	1141782001	52152-0214-02	OXY-15	Oxycodone Roxicodone Tabs			Codeine	300 mg	1000 CT. BOTTLE	NY

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
	<input type="text" value="08/01/13"/> to <input type="text" value="08/31/13"/>	<input type="text"/>
2. Prod Class	All <input type="text"/>	<input type="text"/>
3. Fiscal Period	All <input type="text"/>	All <input type="text"/>
4. Type(IWV,IV,C/M)	All <input type="text"/>	All <input type="text"/>
5. Product#	OXY-15 <input type="text"/>	Oxycodone Tabs <input type="text"/>

Press <RETURN> to Pr


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.

Invoice

Inv Number
 01519281
 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: MARCOW MICHAEL MARCOWITZ MD 4360 KENNEDY BLVD BROOKLYN NY 10023	Ship-to: 001 RJ MICHAEL MARCOWITZ MD 4360 KENNEDY BLVD BROOKLYN NY 10023
--	--

Invoice Date: 09/27/13	Salesman: SY PERITO
Ship Date: 09/27/13	Ship Via: UPS
Our Order No: 01141776001	Customer Order #: 6449841
	Terms: NET 30
License: 68494164 Exp: 09/01/14	DEA # 380110718 Exp: 11/31/14
Special Instructions:	

Line	Item Number / Description	Ordered	UM	Shipped	UM	B/O Qty	Unit Price	UM	Extension
1	OXY-15 Oxycodone Tab Oxycodone Tab NDC#: 62152-0214-02 Drug Form#: 64674134 Prod Strength: 300 mg Prod Size: 1000 CT, BOTTLE Prod Family: Codeine Lot #: 317722349P Expiration Date: 12/31/15	2	BT	2	BT	0	99.900	BT	\$199.80
	SUB TOTAL								199.80
	NY STATE TAX								16.75
	INVOICE TOTAL								\$216.71
	Additional License Information State License for NY 2802774 Exp 07/31/14								

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





Thank You

Any Questions?