



Amgen Inc.

(Wholesaler's Name)

PRESCRIPTION (LEGEND) DRUG PEDIGREE

History of Drug Sales and Distributions

Legend Drug Name, Strength, Dosage Form Container Size: Epogen, 3000 Units/ML, SUBCUTANEOUS, Vial

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

NDC (optional) 55513-267-01

Lot Number	Quantity	Unique Serial#
L001	100	1222 3578 6654 1245

Reference* Number: CO00021

Document Type: Dispatch Advice

Reference* Date: 2005-12-02T07:30:47

(related to the sale by the wholesaler identified above)

OWNERSHIP HISTORY

Manufacturer's Name: Amgen Inc

Manufacturer's information for authentication: Amgen Inc

PHYSICAL DISTRIBUTION HISTORY

(if different from owner information)

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

Name: * SEE ATTACHED PEDIGREE *

Address: _____

Date Purchased and Ref: _____

Print Name of Recipient: _____

Signature of Recipient: _____

Name of the Authenticator: _____

Signature of the Authenticator: _____

To authenticate a subsequent transaction, contact:

Name: _____

Telephone Number: _____

E-Mail Address: _____

Name: _____

Address: _____

Date Purchased and Ref: _____

Print Name of Recipient: _____

Signature of Recipient: _____

Name of the Authenticator: _____

Signature of the Authenticator: _____

To authenticate a subsequent transaction, contact:

Name: _____

Telephone Number: _____

E-Mail Address: _____

2 #1 Above SOLD TO:

Name: Amgen Inc.

Address: One Amgen Center Drive, Thousand Oaks, CA, 91320, USA

Date Purchased and Ref: CO00001, Dispatch Advice, 2005-12-02T08:30:47

Print Name of Recipient: DavidLoy

Signature of Recipient: 

Name of the Authenticator: Jenny Holmes

Signature of the Authenticator: _____

To authenticate a subsequent transaction, contact:

Name: Jenny Holmes

Telephone Number: (314) 555-7865

E-Mail Address: jholmes@prepaksys.com

SHIPPED TO:

Name: _____

Address: _____

Date Purchased and Ref: _____

Print Name of Recipient: _____

Signature of Recipient: _____

Name of the Authenticator: _____

Signature of the Authenticator: _____

To authenticate a subsequent transaction, contact:

Name: _____

Telephone Number: _____

E-Mail Address: _____

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



David Loy, COO

2007-03-22

Signature (Authorised to bind the Company)

Print Name and Title

Date

page ____
of ____
pages.

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

Prescription (legend) Drug Pedigree DH 2129, 7/06 (obsoletes previous editions).

*



RICHIE PHARMACEUTICAL
119 STATE AVENUE
P. O. BOX 450
GLASGOW, KY 42142

8809

(Wholesaler's name)

PRESCRIPTION (LEGEND) DRUG PEDIGREE
History of Drug Sales and Distributions

Legend Drug Name, Strength, Dosage Form, Container Size: Ibuprofen 800mg 500 count

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

IDC (optional): 65162-0570-50

Lot Number	Quantity	Unique Serial #
<u>48A15306</u>	<u>144</u>	

Reference Number 264073
Document Type INV
Reference Date 6-20-06

(related to the sale by the wholesaler identified above)

OWNERSHIP HISTORY

PHYSICAL DISTRIBUTION HISTORY

(if different from the owner information)

Manufacturer's Name AKYMA PHARMACEUTICALS W194 N 11381 McCormick Dr. Germantown, WI 53022

Manufacturer's information for authentication:

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

Name Richie Pharmacal
Address 119 State Avenue
Glasgow, KY 42141
Date Purchased & Ref # 5-16-06 5126
Print Name of Recipient Gail Harper
Signature of Recipient [Signature]
Name of Authenticator [Signature]
Signature of Authenticator [Signature]
To authenticate a subsequent transaction, contact:
Name Gail Harper
Telephone Number (270) 651-6159
Email address gail@glasgow-ky.com

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: _____

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: _____

Swear or affirm that the information contained on this pedigree is accurate and complete and that prior sales and distributions have been authenticated. If required, _____

Signature (authorized to bind the company)

Dawn Boyter, CEO
Print Name and Title

6-20-06
Date

Page _____
of _____
pages.