



(Wholesaler's name)

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

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

Manufacturer: \_\_\_\_\_

NDC: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Quantity: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Quantity: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Quantity: \_\_\_\_\_

(repeat as necessary)

Invoice Number: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

(from the sales invoice of the  
wholesaler identified above)

**Identification of Previous Owners:**

**Identification of location from which shipped:**  
(if different)

**1. WHOLESALER THAT PURCHASED FROM THE MANUFACTURER  
OR PRIOR TO 7/1/2006 - AUTHORIZED DISTRIBUTOR OF RECORD:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**SUBSEQUENT WHOLESALE DISTRIBUTIONS (repeat as necessary):**

Sold to

**2. Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Shipped to

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Purchased & Invoice #: \_\_\_\_\_

Print Name of Recipient: \_\_\_\_\_

Signature of Recipient: \_\_\_\_\_

Name of Authenticator: \_\_\_\_\_

Email address: \_\_\_\_\_

(to authenticate transaction)

Telephone number: \_\_\_\_\_

(to authenticate transaction)

Signature of Authenticator: \_\_\_\_\_

Date Received: \_\_\_\_\_

Print Name of Recipient: \_\_\_\_\_

Name of Authenticator: \_\_\_\_\_

Email address: \_\_\_\_\_

(to authenticate transaction)

Telephone number: \_\_\_\_\_

(to authenticate transaction)

Signature of Authenticator: \_\_\_\_\_

Sold to

**3. Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Shipped to

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Purchased & Invoice #: \_\_\_\_\_

Print Name of Recipient: \_\_\_\_\_

Signature of Recipient: \_\_\_\_\_

Name of Authenticator: \_\_\_\_\_

Email address: \_\_\_\_\_

(to authenticate transaction)

Telephone number: \_\_\_\_\_

(to authenticate transaction)

Signature of Authenticator: \_\_\_\_\_

Date Received: \_\_\_\_\_

Print Name of Recipient: \_\_\_\_\_

Name of Authenticator: \_\_\_\_\_

Email address: \_\_\_\_\_

(to authenticate transaction)

Telephone number: \_\_\_\_\_

(to authenticate transaction)

Signature of Authenticator: \_\_\_\_\_

I swear or affirm that the information contained on this pedigree paper is accurate and complete.

\_\_\_\_\_  
Signature (authorized to bind the company)

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date