



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

PHYSICAL DISTRIBUTION HISTORY

(if different from owner information)

Manufacturer's Name: Amgen Inc

Manufacturer's information for authentication: Amgen Inc

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: _____

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#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

*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).

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