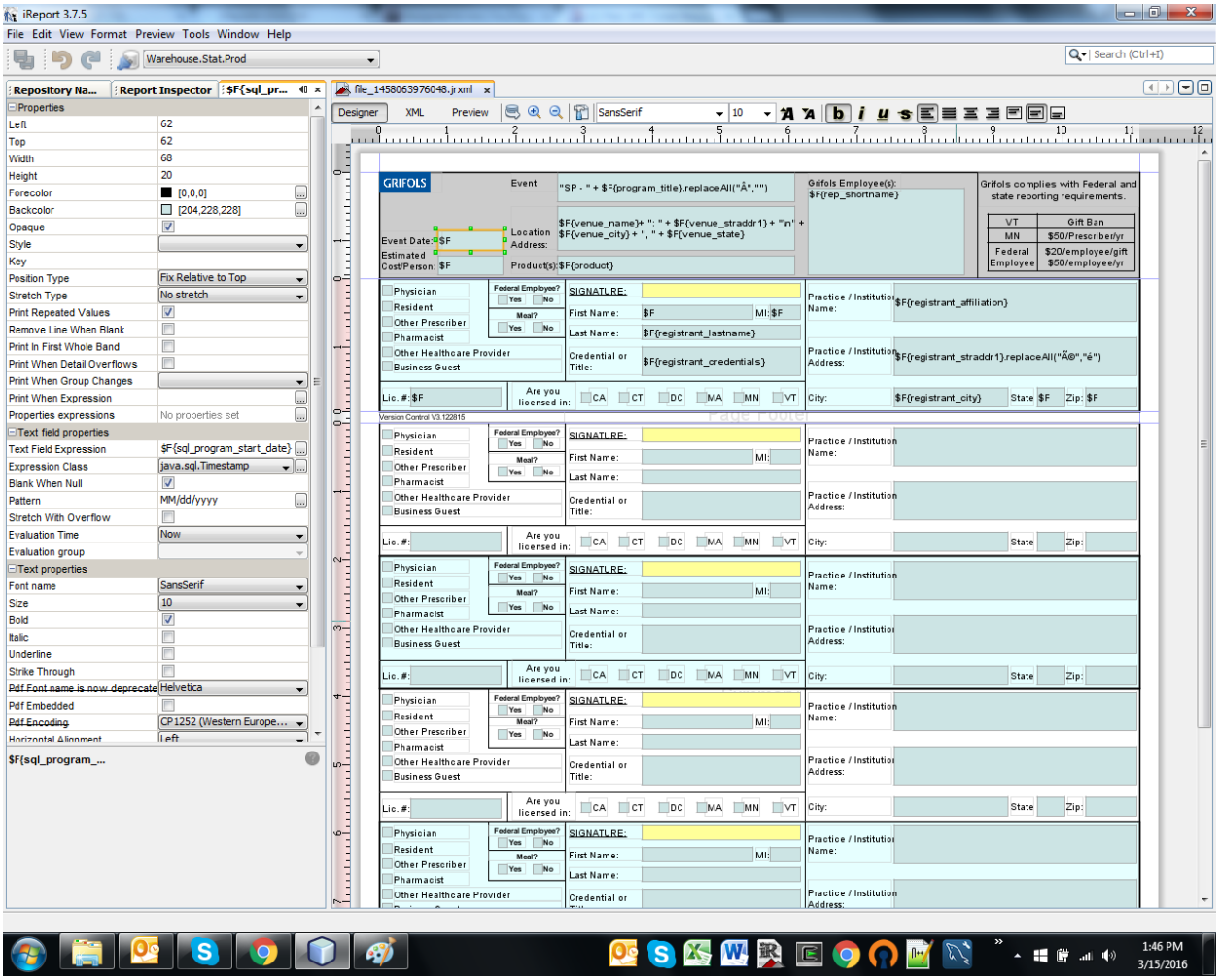
design..


iReport 3.7.5
File Edit View Format Preview Tools Window Help
Warehouse.Stat.Prod
Repository Na...
Report Inspector
$F{sql_pr...
Properties
Left 62
Top 62
Width 68
Height 20
Forecolor [0,0,0]
Backcolor [204,228,228]
Opaque
Style
Key
Position Type Fix Relative to Top
Stretch Type No stretch
Print Repeated Values
Remove Line When Blank
Print In First Whole Band
Print When Detail Overflows
Print When Group Changes
Print When Expression
Properties expressions No properties set
Text field properties
Text Field Expression $F{sql_program_start_date}
Expression Class java.sql.Timestamp
Blank When Null
Pattern MM/dd/yyyy
Stretch With Overflow
Evaluation Time Now
Evaluation group
Text properties
Font name SansSerif
Size 10
Bold
Italic
Underline
Strike Through
Pdf Font name is now deprecate Helvetica
Pdf Embedded
Pdf Encoding CP1252 (Western Europe...
Horizontal Alignment Left
$F{sql_program_...
file_1458063976048.jrxml
Designer
XML
Preview
SansSerif
10
GRIFOLS
Event
"SP - " + $F{program_title}.replaceAll("Â","")
Grifols Employee(s):
$F{rep_shortname}
Grifols complies with Federal and state reporting requirements.
VT Gift Ban
MN $50/Prescriber/yr
Federal Employee $20/employee/gift $50/employee/yr
Location Address:
$F{venue_name}+ ": " + $F{venue_straddr1} + "\n" + $F{venue_city} + ", " + $F{venue_state}
Event Date: $F
Estimated Cost/Person: $F
Product(s): $F{product}
Physician
Resident
Other Prescriber
Pharmacist
Other Healthcare Provider
Business Guest
Federal Employee?
Meal?
SIGNATURE:
First Name: $F
MI: $F
Last Name: $F{registrant_lastname}
Credential or Title: $F{registrant_credentials}
Practice / Institution Name: $F{registrant_affiliation}
Practice / Institution Address: $F{registrant_straddr1}.replaceAll("Â@","é")
Lic. #: $F
Are you licensed in: CA CT DC MA MN VT
City: $F{registrant_city}
State $F
Zip: $F
Version Control V3.122815
1:46 PM
3/15/2016

GRIFOLS

Event	**SP - Improving the Approach to Diagnosis & Management of CIDP**
Event Date:	**01/13/2016**
Location Address:	**Public House Restaurant: 1110 Market Street Chattanooga, TN**
Estimated Cost/Person:	**$52.50**
Product	**Gamunex-C**

Grifols Employee(s): **David Haase**

Grifols complies with Federal and state reporting requirements.

VT	Gift Ban
MN	$50/Prescriber/yr
Federal Employee	$20/employee/gift $50/employee/yr

☐ Physician ☐ Resident ☐ Other Prescriber ☐ Pharmacist ☐ Other Healthcare Provider ☐ Business Guest

Federal Employee? ☐ Yes ☐ No

Meal? ☐ Yes ☐ No

SIGNATURE:

First Name: **ADELE** MI

Last Name: **ACKELL**

Credential or Title: **MD**

Practice / Institution Name: **Chattanooga Neurology Associates**

Practice / Institution Address: **721 GLENWOOD DR**

Lic. #: **29998**

Are you licensed in: ☐ **CA** ☐ **CT** ☐ **DC** ☐ **MA** ☐ **MN** ☐ **VT**

City: **CHATTANOOGA** State **TN** Zip **37404**

☐ Physician ☐ Resident ☐ Other Prescriber ☐ Pharmacist ☐ Other Healthcare Provider ☐ Business Guest

Federal Employee? ☐ Yes ☐ No

Meal? ☐ Yes ☐ No

SIGNATURE:

First Name: **Joshua** MI **P**

Last Name: **Alpers**

Credential or Title: **MD**

Practice / Institution Name: **UT Erlanger Neurology**

Practice / Institution Address: **979 East 3rd Street**

Lic. #: **51143**

Are you licensed in: ☐ **CA** ☐ **CT** ☐ **DC** ☐ **MA** ☐ **MN** ☐ **VT**

City: **Chattanooga** State **TN** Zip **37403**

☐ Physician ☐ Resident ☐ Other Prescriber ☐ Pharmacist ☐ Other Healthcare Provider ☐ Business Guest

Federal Employee? ☐ Yes ☐ No

Meal? ☐ Yes ☐ No

SIGNATURE:

First Name: **SHARON** MI

Last Name: **FARBER**

Credential or Title: **MD**

Practice / Institution Name: **Chattanooga Neurology Associates**

Practice / Institution Address: **721 GLENWOOD DR**

Lic. #: **29868**

Are you licensed in: ☐ **CA** ☐ **CT** ☐ **DC** ☐ **MA** ☐ **MN** ☐ **VT**

City: **CHATTANOOGA** State **TN** Zip **37404**

Physician
Resident
Other Prescriber
Pharmacist
Other Healthcare Provider
Business Guest

Federal Employee? Yes No

Meal? Yes No

SIGNATURE:

First Name: **Denise** MI

Last Name: **Ford**

Credential or Title: **RN**

Practice / Institution Name: **Dr. Rankine Infusion Center**

Practice / Institution Address: **979 East 3rd Street**

Lic. #: **71056**

Are you licensed in: CA CT DC MA MN VT

City: **Chattanooga** State **TN** Zip **37403**

Physician
Resident
Other Prescriber
Pharmacist
Other Healthcare Provider
Business Guest

Federal Employee? Yes No

Meal? Yes No

SIGNATURE:

First Name: **TARECK** MI

Last Name: **KADRIE**

Credential or Title: **MD**

Practice / Institution Name: **Chattanooga Neurology Associates**

Practice / Institution Address: **721 GLENWOOD DR**

Lic. #: **37212**

Are you licensed in: CA CT DC MA MN VT

City: **CHATTANOOGA** State **TN** Zip **37404**

Physician
Resident
Other Prescriber
Pharmacist
Other Healthcare Provider
Business Guest

Federal Employee? Yes No

Meal? Yes No

SIGNATURE:

First Name: **MATTHEW** MI

Last Name: **KODSI**

Credential or Title: **MD**

Practice / Institution Name: **Chattanooga Neurology Associates**

Practice / Institution Address: **721 GLENWOOD DR**

Lic. #: **46143**

Are you licensed in: CA CT DC MA MN VT

City: **CHATTANOOGA** State **TN** Zip **37404**

Physician
Resident
Other Prescriber
Pharmacist
Other Healthcare Provider
Business Guest

Federal Employee? Yes No

Meal? Yes No

SIGNATURE:

First Name: **Danielle** MI

Last Name: **McClannahan**

Credential or Title: **RN**

Practice / Institution Name: **Dr. Rankine Infusion Center**

Practice / Institution Address: **979 East 3rd Street**

Lic. #: **180174**

Are you licensed in: CA CT DC MA MN VT

City: **Chattanooga** State **TN** Zip **37403**

☐ Physician
☐ Resident
☐ Other Prescriber
☐ Pharmacist
☐ Other Healthcare Provider
☐ Business Guest

Federal Employee? ☐ **Yes** ☐ **No**

Meal? ☐ **Yes** ☐ **No**

SIGNATURE:

First Name: **NATHAN** MI

Last Name: **WYATT**

Credential or Title: **MD**

Practice / Institution Name: **Chattanooga Neurology Associates**

Practice / Institution Address: **721 GLENWOOD DR**

Lic. #: **51182**

Are you licensed in: ☐ **CA** ☐ **CT** ☐ **DC** ☐ **MA** ☐ **MN** ☐ **VT**

City: **CHATTANOOGA** State **TN** Zip **37404**

Physician
Resident
Other Prescriber
Pharmacist
Other Healthcare Provider
Business Guest

Federal Employee? **Yes** **No**

Meal? **Yes** **No**

SIGNATURE:

First Name: MI

Last Name:

Credential or Title:

Practice / Institution Name:

Practice / Institution Address:

Lic. #:

Are you licensed in: **CA** **CT** **DC** **MA** **MN** **VT**

City: State Zip

Physician
Resident
Other Prescriber
Pharmacist
Other Healthcare Provider
Business Guest

Federal Employee? **Yes** **No**

Meal? **Yes** **No**

SIGNATURE:

First Name: MI

Last Name:

Credential or Title:

Practice / Institution Name:

Practice / Institution Address:

Lic. #:

Are you licensed in: **CA** **CT** **DC** **MA** **MN** **VT**

City: State Zip

Physician
Resident
Other Prescriber
Pharmacist
Other Healthcare Provider
Business Guest

Federal Employee? **Yes** **No**

Meal? **Yes** **No**

SIGNATURE:

First Name: MI

Last Name:

Credential or Title:

Practice / Institution Name:

Practice / Institution Address:

Lic. #:

Are you licensed in: **CA** **CT** **DC** **MA** **MN** **VT**

City: State Zip

Physician
Resident
Other Prescriber
Pharmacist
Other Healthcare Provider
Business Guest

Federal Employee? **Yes** **No**

Meal? **Yes** **No**

SIGNATURE:

First Name: MI

Last Name:

Credential or Title:

Practice / Institution Name:

Practice / Institution Address:

Lic. #:

Are you licensed in: **CA** **CT** **DC** **MA** **MN** **VT**

City: State Zip