

Documents to Provide per STATE EX REL. BH  
MEDIA GROUP v. FRAKES 305 Neb. 780

**REDACTED**



Harbans Deol &lt;harbans.deol@gmail.com&gt;

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**Medications**

4 messages

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Johnson, Tyler <Tyler@cpharmrx.com>  
To: "harbans.deol@gmail.com" <harbans.deol@gmail.com>

Thu, Sep 21, 2017 at 5:21 PM

Dr. Deol,

I had a phone call with QuickMar today regarding what all their EHR entails and what benefits they could provide to the state of Nebraska. They have many great features that NDCS could benefit from and they are willing to customize more in the future as we figure out exactly what we need. I would like to get a meeting set up with Kyle Janssen so you can see the QuickMar product first hand from an administrator perspective and then get a meeting set up with you and QuickMar to see what EHR pieces they currently have in place. The implementation of this project would entail 3 phases: pharmacy conversion, eMAR implementation, and then EHR integration. The first 2 could happen pretty close together but the EHR implementation would be a few months afterwards.

I do think we should strongly consider this product because it is extremely easy to use, it will save the state a significant amount of money, give us access into reporting that we currently don't have, and can be rolled out in 3-6 months. Let me know a time that would work for you to meet with Kyle to take a look at QuickMar from an administrative perspective.

**Medication fill:**

Fentanyl 100mcg/2mL- \$48.00

Potassium Chloride 2meq/mL- 66.00

Diazepam 5mg/mL- \$438.90

CisAtracurium 200mg/20mL- \$3,756.50

Total Ingredient Cost-\$4,309.40

Charge to state today-\$8,000

Charge if CPS is contracted NDCS pharmacy-\$5,000

Substitute item Pancuronium- 10mg/mL \$273.57

Charge to state today- \$3,000

Charge if CPS is contracted NDCS pharmacy-\$1,500



Since most of the products needed are rare in our world, we are going to have to bill for most of all of it. For payment, we could take a cash payment or a check written to CPS.

Thanks,

## Tyler Johnson

*Director of Pharmacy Operations*

### **Community Pharmacy Services**

21689 NorthStar Drive, Gretna, NE 68028

P 402-289-0431 | F 1-844-596-1448

e Tyler@cpharmrx.com | www.cpharmrx.com

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Harbans Deol <harbans.deol@gmail.com>  
To: "Johnson, Tyler" <Tyler@cpharmrx.com>

Fri, Sep 22, 2017 at 7:07 PM

As we discussed, do you want me to keep it quiet till we start talking of our collaborations?

On Sep 21, 2017, at 5:21 PM, Johnson, Tyler <Tyler@CPharmRx.com> wrote:

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21689 NorthStar Drive, Gretna, NE 68028

**P** 402 289-0431 | **F** 1-844-596-1448**e** Tyler@cpharmrx.com | www.cpharmrx.com

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Johnson, Tyler <Tyler@cpharmrx.com>  
To: Harbans Deol <harbans.deol@gmail.com>

Sun, Sep 24, 2017 at 11:43 AM

Yes, I think so.

Tyler Johnson  
Director of Pharmacy Operations  
Community Pharmacy Services  
21689 North Star Drive, Gretna, NE 68028  
P:402-289-0431 | F:1-844-596-1448  
e: Tyler@cpharmrx.com | www.cpharmrx.com

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**From:** Harbans Deol <harbans.deol@gmail.com>  
**Sent:** Friday, September 22, 2017 8:07:09 PM  
**To:** Johnson, Tyler  
**Subject:** Re: Medications

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Harbans Deol <harbans.deol@gmail.com>

Mon, Sep 25, 2017 at 7:38 PM

To: "Johnson, Tyler" <Tyler@cpharmrx.com>

Can you or Kyle give me a call regarding the payment and future orders tonight or tomorrow? Thanks

On Sep 24, 2017, at 11:43 AM, Johnson, Tyler <Tyler@CPharmRx.com> wrote:

Yes, I think so.

Tyler Johnson

Director of Pharmacy Operations

Community Pharmacy Services

21689 North Star Drive, Gretna, NE 68028

P:402-289-0431 | F:1-844-596-1448

e: Tyler@cpharmrx.com | www.cpharmrx.com

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# INVOICE

CPS

INVOICE NO. 108

DATE 10/16/2017

To:

Nebraska Department of Correctional Services  
801 W. Prospector Place, Building 1  
Lincoln, NE 68509

TERMS

Due on receipt

FINANCE CHARGE DESCRIPTION	TOTAL
Miscellaneous expense	\$8,000.00
TOTAL DUE	\$8,000.00

# INVOICE

Nebraska Department of Correctional Services  
801 West Prospector Place  
Lincoln, NE 68509

INVOICE NO. 109  
DATE 10/23/2017

TERMS  
Due on receipt

CPS

FINANCE CHARGE DESCRIPTION	TOTAL
Miscellaneous expense	\$2,500.00
TOTAL DUE	\$2,500.00

**Nebraska Department of Correctional Services**  
**MATERIAL REQUEST FOR PURCHASE**

DOCUMENT REFERENCE #: \_\_\_\_\_

FOR PURCHASING USE

VENDOR A/B#: 1959690  
 VENDOR NAME: Community Pharmacy Services  
 VENDOR ADDRESS: Box 829 Gretna, NE

SHIP TO: NDCS Central Office  
 Attn: \_\_\_\_\_  
 801 W. Prospector Place, #1  
 Lincoln, NE 68522

BILL TO: NDCS Accounts Payable  
 P.O. Box 94661  
 Lincoln, NE 68509-4661

T 48275

CONTACT NAME/PHONE: \_\_\_\_\_

A/B#: 809652

CONTRACT#: \_\_\_\_\_

BUYER A/B#: \_\_\_\_\_

DELIVER BY: \_\_\_\_\_ PRIORITY

**THIS AREA IS COMPLETED BY THE PERSON WHO PLACED THE ORDER**

**CONFIRMING** Confirmation/Quotation#: \_\_\_\_\_ Date: \_\_\_\_\_ By Whom: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Special Instructions:  IBT/State Agy  Pre-pay  Capital Outlay  Grant Funds  Other \_\_\_\_\_

ACCOUNT CODING - INTERNAL USE ONLY		DEBIT	CREDIT
Business Unit:	<u>46020212</u>	Object:	<u>535104</u>
Business Unit:	_____	Object:	_____
Business Unit:	_____	Object:	_____
Business Unit:	_____	Object:	_____

ORIGINATOR/SUPERVISOR APPROVAL <i>Hudson Seal</i>	BUSINESS MANAGER/ADMINISTRATOR APPROVAL <i>[Signature]</i>
USER LOCATION AND PHONE NUMBER <u>10-24-17</u>	DATE <u>10-24-17</u>
DATE	BUYER APPROVAL DATE

ITEM	NIGP CODE	QTY	UNIT	UNIT COST	TOTAL	DESCRIPTION	PART NUMBER	QTY REC'D
<del>2</del>	<del>269</del>	<del>1</del>	<del>cs</del>					
<u>11</u>	<u>269</u>	<u>1</u>	<u>cs</u>		<u>8,000</u>	<u>Misc. Expense/Drug</u>		<u>1</u>

SUBTOTAL \_\_\_\_\_  
 TOTAL FROM ADDITIONAL PAGE(S) \_\_\_\_\_  
 FREIGHT \_\_\_\_\_  
 TOTAL \_\_\_\_\_

ESTIMATED  QUOTE  
 (Check One)

<b>Bid</b> <u>2</u>	Company Name _____	<b>Bid</b> <u>3</u>	Company Name _____
	Address _____		Address _____
	Contact Name/Phone _____		Contact Name/Phone _____
	Amount _____		Amount _____

Sole Source: \_\_\_\_\_

Justification/Comments: \_\_\_\_\_

**MERCHANDISE RECEIVED**

PARTIAL  COMPLETE

DATE RECEIVED: 10/24/17

BY: \_\_\_\_\_

PRINT NAME BELOW

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

---

**MERCHANDISE RETURNED**

ITEM # RETURNED: \_\_\_\_\_

DATE RETURNED: \_\_\_\_\_

REASON: \_\_\_\_\_

BY: \_\_\_\_\_



# Nebraska State Patrol

Crime Laboratory Division

An ASCLD/LAB-International Accredited Laboratory since 2014

## LABORATORY REPORT



Date: November 01, 2017

Lab Number: L17-4431

Document 1

To: [REDACTED]  
Nebraska Department of Corrections  
PO Box 94661  
Lincoln, NE 68509

Agency Case#:

Offense Date:  
Date Received: October 31, 2017

Type of Testing: Controlled Substances

### EVIDENCE:

1. One sealed plastic self-seal bag containing (A-B) two manufacture sealed bottles labeled "...DIAZEPAM..." containing liquid.
  - 1A. "Box 1"
  - 1B. "Box 2"
2. One sealed plastic self-seal bag containing (A-B) two manufacture sealed bottles labeled "...Fentanyl..." containing liquid.
  - 2A. "Box 1"
  - 2B. "Box 2"

RESULTS: Analysis Date Range: 10/31/2017 To 11/1/2017

Items 1A and 1B: Confirmed diazepam, Schedule IV. Concentration not determined.

Items 2A and 2B: Confirmed fentanyl, Schedule II. Concentration not determined.

### DISPOSITION OF EVIDENCE:

The evidence is now ready for release.

*Items of evidence submitted to the Drug Section for analysis may be subjected to various testing procedures. These testing procedures may include, but are not limited to, chemical, stereoscopic, GC, GC/MS, and FTIR testing. The specific examinations and their sequences depends upon the nature of the evidence submitted.*

*This report contains the conclusions, opinions and interpretations of the analyst whose signature appears below. Drug class schedule(s) in accordance with 28-405 R.R.S. NEBR.*

Jerry D. Smith  
Forensic Science Supervisor - Drug Chem.







# NEBRASKA STATE PATROL CRIME LAB



## Laboratory Evidence Release Form

Lab Number: L17-4431 Suspect/Victim: ()  
Submitting Agency: Nebraska Department of  
Corrections

Agency Case Number:

Property Number:

Items Released:

<u>Container</u>	<u>Item #</u>	<u>Description</u>
	1	One (1) sealed plastic bag containing Misc Drugs
	2	One (1) sealed plastic bag containing Misc Drugs

Received By:

Released By:

*Margaret Wiesen*

1/2/17 8:14 am

Margaret Wiesen

11/02/17 8:14 am

[REDACTED]

---

**From:** Ha, Tai  
**Sent:** Thursday, November 02, 2017 4:30 PM  
**To:** [REDACTED]  
**Cc:** Flowers, Sally  
**Subject:** Test Result Ready

H [REDACTED]

The NDA Laboratory Analytical Report is ready for you to pick up. You can stop by the NDA Lab tomorrow morning - Friday, 11/03/17.

Thanks,

-Tai

**Tai Ha**  
*FFAL Laboratory Supervisor* | AGRICULTURAL LABORATORIES

**Nebraska Department of Agriculture**  
OFFICE 402-471-8157  
[tai.ha@nebraska.gov](mailto:tai.ha@nebraska.gov)  
[nda.nebraska.gov](http://nda.nebraska.gov) | [Facebook](#) | [Twitter](#)

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Pete Ricketts  
Governor

# STATE OF NEBRASKA

Department of Agriculture  
Greg Ibacli  
Director

P.O. Box 94947  
Lincoln, NE 68599-4947  
(402) 471-2341  
Fax: (402) 471-6876  
[www.nda.nebraska.gov](http://www.nda.nebraska.gov)

TO: [REDACTED]

FROM: Sally Flowers, NDA Laboratory Administrator *SF*

RE: Laboratory Analytical Report

DATE: November 2, 2017

The accompanying Laboratory Analytical Report has the following dummy variables entered as follows:

Business (Dealer): Miscellaneous Yutan, NE 68073

Manufacturer: Miscellaneous Yutan, NE 68073

Manufacturer #: 002735

Dealer #: 002735

These dummy variables did not originate from your sample. If we had left these blank, then we would not have been able to log this sample into our data management system.

Nebraska Department of Agriculture  
Animal and Plant Health Protection  
Laboratory Analytical Report

Business (Dealer)  
Miscellaneous  
Hutan, NE 68073

Sample #..... 2018 MS182001  
Manufacturer #. 002735  
Dealer #..... 002735  
Sample Date... 10/31/17  
Lot #..... 6012607

Brand Name: MS18 6001 POTASSIUM RESIDUE  
Product No: MISC17#1020

Sampled in the presence of:

Feed            X Fertilizer            Lime            Other

Bottle Number:            Date Received: 10/31/17

Amount Sampled:            Probe Type:

Manufacturer

Purchased From

Miscellaneous  
Hutan, NE 68073

Inspectors Comments: POTASSIUM RESIDUE

Analysis Results

Final  
Results  
72274

-----Guarantee-----  
Minimum      Maximum      Guarantee

POTASSIUM

Lab Comments:

POTASSIUM REPORT QUANTITY AND QUALITATIVE - 72,274 PPM,  
EQUIVALENT TO 1.85 MEQ KCL  
POTASSIUM WAS PRESENT IN THE SAMPLE

Report Completed: 11/02/17

Analyst(s): TH

[REDACTED]

---

**From:** Ha, Tai  
**Sent:** Wednesday, November 01, 2017 4:33 PM  
**To:** [REDACTED]  
**Cc:** Flowers, Sally  
**Subject:** Special Sample Test Request

We have received one bottle of potassium chloride solution (lot # 6012607) that requested to test for potassium. The sample identification number MS182001 that will appear on the NDA Laboratory Analytical Report. We test the potassium by the AOAC 2006.03 method. We will report the final test result by Friday -- November 3<sup>rd</sup>, 2017.

Thanks,

-Tai

**Tai Ha**  
*FFAL Laboratory Supervisor* | AGRICULTURAL LABORATORIES

**Nebraska Department of Agriculture**  
OFFICE 402-471-8157  
[tai.ha@nebraska.gov](mailto:tai.ha@nebraska.gov)  
[nda.nebraska.gov](http://nda.nebraska.gov) | Facebook | Twitter

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402 West County Road D  
 Saint Paul, MN 55112  
 877-474-5767

Jennifer A. Collins, Ph. D.  
 Karla Walker, Pharm. D.  
 Mark G. Catlin, M. D.

NE DEPT OF CORRECTIONAL SERVICES 14TH & PIONEER BLVD LINCOLN, NE 68502  Account #: 100891 Ordered By:  Requisition #: M0000000 Accession #: W3006085	<p style="text-align: center;"><u>Patient Test Order Information</u></p> Name: REF#,1 D 1-2 Patient ID: Patient Phone: DOB: Age: Sex:  Collected: Received: 11/01/2017 9:54 AM Reported: 11/07/2017 3:46 PM  Report Status: FINAL
--	---

Test	Result	Flag	Units	Reference Range
UNKNOWN SUBSTANCE ANALYSIS	++POSITIVE++			

IDENTIFIED DRUG(S) : CISATRACURIUM

ANALYSIS PERFORMED ON CLEAR, COLORLESS, LIQUID CONTENTS OF A VIAL.

The drugs screened for in this unknown specimen include:  
 acetaminophen, acetone, acetylmorphine, alprazolam,  
 amantadine, amitriptyline, amobarbital, amoxapine,  
 amphetamine, antidepressants, antipsychotics, baclofen,  
 barbital, barbiturates, benzodiazepines, benztropine,  
 brompheniramine, bupropion, butabarbital, caffeine,  
 carbamazepine, carisoprodol, chlordiazepoxide,  
 chlorpheniramine, chlorpromazine, chlorzoxazone,  
 clomipramine, clonazepam, clozapine, cocaine, codeine,  
 cyclobenzaprine, desalkylflurazepam, desipramine,  
 desmethyldiazepam, dextromethorphan (as methorphan),  
 diazepam, dihydrocodeine, diltiazem, diphenhydramine,  
 doxepin, doxylamine, ephedrine, ethosuximide, ethyl alcohol,  
 fentanyl, fluoxetine, fluphenazine, flurazepam and  
 metabolite, fluvoxamine, glutethimide, guaifenesin,  
 halazepam, haloperidol, heroin, hydrocodone,  
 hydromorphone, hydroxyzine, ibuprofen, imipramine, isopropyl  
 alcohol, ketoprofen, lidocaine, lorazepam, loxapine,  
 maprotiline, marijuana (THC), mefenamic acid, meperidine,  
 mephobarbital, mepivacaine, MDA, MDMA, meprobamate,  
 mesoridazine, methadone, methamphetamine, methapyrilene,  
 methaqualone, methocarbamol, methorphan, methyl alcohol,  
 methylphenidate, methyprylon, metoprolol, midazolam,  
 morphine, naproxen, nifedipine, nortriptyline, opiates,  
 orphenadrine, oxaprozin, oxazepam, oxycodone,  
 paroxetine, pentazocine, pentobarbital, perphenazine,  
 phenacetin, phencyclidine, phenmetrazine, phenobarbital,  
 phentermine, phenylpropanolamine, phenytoin, primidone,  
 procainamide, procaine, prochlorperazine, promazine,  
 promethazine, propoxyphene, propranolol, protriptyline,  
 pseudoephedrine, pyrilamine, salicylate, secobarbital,  
 sertraline, temazepam, THC (marijuana), theophylline,  
 thiopental, thioridazine, tolmetin, tramadol, trazodone,  
 triazolam, trifluoperazine, trihexyphenidyl, trimipramine,  
 tripelennamine, valproic acid, venlafaxine, and verapamil.  
 This list is not necessarily inclusive of all possible drugs  
 that could be identified.

# Non-Routine Testing Contract

## Customer Contact Information for Notification of Test Information & Results

Sample Matrix: Potassium Chloride Solution

Number of Samples Expected: 1 Sample Arrival Date: 10/31/2017

Sample Condition upon Receipt: Ambient  Refrigerated  Frozen

**Accredited Testing Requested**  
Aflatoxin by HPLC Yes  No

**Non Accredited Testing Requested**  
Test for potassium

**Additional Information or Requests**

Upon the receipt of samples, the FFAL Laboratory Supervisor will email the following information:

- Total number of samples to be tested and if subsampling is necessary
- The sample identification numbers that will appear on the AS/400 report
- The estimated timeframe for an interim test report (email)
- The estimated timeframe for confirmation and final AS/400 test report
- The analyte to be tested, how the result is reported, and the test method used
- The cost, if any, and to whom, or what grant, the cost will be charged to.
- If measurement uncertainty is required when reporting results
- If the tender is different than request, a question to the customer asking for their approval of the change
- If there is no difference in the request and tender, the contract is considered approved by the customer.

Request Completed by:  Request Date: 10/31/17

Contract Authorized by: CentCalb Date: 10/31/17

This form constitutes the request, tender, and contract between the NDA Laboratory and customer.





Nebraska State Patrol  
Crime Laboratory

REQUEST FOR LABORATORY SERVICES



LABORATORY CASE #  
L17-4431

Submission # 1 on 10/31/2017

Agency Case #:

Property #s:

Agency and Address: (Report and evidence will be mailed to this address. If different please indicate.)

Nebraska Department of Corrections  
PO Box 94661  
Lincoln, NE 68509

Investigator: [Redacted]

Email Address:

County: Lancaster

Distribution:

Offense:

Crime Date:

Suspect(s): (First, MI, Last Name)

Race Sex DOB

Victims(s): (First, MI, Last Name)

Race Sex DOB

Others: (First, MI, Last Name)

Race Sex DOB

ITEMS OF PHYSICAL EVIDENCE SUBMITTED

*The listing of submitted items is a summary of the information provided by the contributing agency.  
The sealed packages submitted are not opened and inventoried at the time of receipt into the laboratory.*

Cont.	Lab	Dept.						
Cont.	Package	Item #	Item #	Packaging	Quantity	Item Type	Description	Tasks
		1		plastic bag	1	Misc Drugs		CS-CS
		2		plastic bag	1	Misc Drugs		CS-CS

Comments:

Received From

Received By

[Redacted]

Dept: Nebraska Department of Corrections  
Hand Delivered

*Margaret Wiesen*

Margaret Wiesen

Date and Time: 10/31/17 11:01 am



# Evidence Submittal Form

Nebraska State Patrol Crime Laboratory 3977 Air Park Road Lincoln, NE 68524 (402) 471-8950 (402) 471-8954 Fax	Nebraska State Patrol Technical Crimes/ICAC 3800 NW 12 <sup>th</sup> Street Lincoln, NE 68521-3664 (402) 479-4916 (402) 479-4917 (402) 479-4585	<b>FOR LAB USE ONLY</b>  <h2 style="margin: 0;">L17-4431</h2> Sub# 1 Received (10/31/2017) Nebraska Department of Corrections
--	---	--

<b>A</b> INVESTIGATING OFFICER:	BADGE:	AGENCY: <i>Dept corrections</i>	PHONE:
SUPERVISOR CONTACT:	BADGE:	AGENCY:	PHONE:
ADDRESS: <i>801 W. Prospector Plave</i>	CITY, STATE: <i>Lincoln, NE</i>	ZIP CODE: <i>68522</i>	EMAIL:

ADDITIONAL REPORTS TO BE SENT TO ANY INDIVIDUAL OR AGENCY SPECIFIED BELOW.

NAME:	AGENCY:	ADDRESS:	ZIP CODE:
NAME:	AGENCY:	ADDRESS:	ZIP CODE:

<b>B</b> SUSPECTED OFFENSE:	VIC/SUB/OTH	NAME	Sex (required)	DOB (required)	SD# FBI#
DATE CRIME OCCURRED:					
COUNTY:					
AGENCY CASE NO:					
NSP CASE NO:					
NSP TROOP AREA:					

**C** CASE SCENARIO:

**D** Is this an additional submittal or re-submittal?  No, first submission  Yes, additional submission  Yes, re-submission of item(s)  
 If additional submittal or re-submittal please provide analyst's name if known:

Is there other evidence in this case that has been sent to another laboratory for testing?  Yes, Please explain.  No

EVIDENCE DISPOSITION:  Mail back by certified mail  Submitting agency will pick up *within 2 weeks of notification*

INVENTORY OF EVIDENCE SUBMITTED

NO.	DESCRIPTION	EXAMINATION(S) REQUESTED
	<i>2 vials labeled Diazepam</i>	<i>ID</i>
	<i>2 vials labeled Fentanyl</i>	<i>ID</i>

**NOTE: IF YOU ARE SUBMITTING ITEMS FOR BIOLOGICAL TESTING, A NSP 750A MUST ALSO BE COMPLETED**

NEBRASKA DEPT. CORRECTIONAL SERVICES (NDCS)  
 # 100891  
 801 W. PROSPECTOR PLACE  
 LINCOLN, NE 68522

**MEDIOX**  
 LABORATORIES, INC.  
 402 West County Road D  
 St. Paul, Minnesota 55112  
 (651) 266-8220 • (877) 474-6767  
 www.mediox.com

Ref # 1-D-1-1

Sex:  M  F

Date of Birth: \_\_\_\_\_ Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_ AM/PM

Insurance # \_\_\_\_\_ Patient ID \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ First Name: \_\_\_\_\_ NPI Number: \_\_\_\_\_

Bill To:  Clinic  Patient  Insurance  Medicare  Medicaid

NDCS  
 801 W. PROSPECTOR PLACE LINCOLN, NE 68522

Insurance Carrier Name: \_\_\_\_\_ Prior Authorization Number: \_\_\_\_\_

Claims Submission Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Insurer's ID or Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_ Insured's Date of Birth: \_\_\_\_\_

Insured's Last Name (if different from patient): \_\_\_\_\_ First Name: \_\_\_\_\_

Patient relationship to insured:  Self  Spouse  Child  Other

Is there other health coverage available?  Yes  No

ICD9 code(s) for diagnosis, symptom or complaint (must be provided): \_\_\_\_\_

Ethnicity:  I Native American, Eskimo, Aleutian  H Hispanic  A Asian / Pacific  N Non-Hispanic  B Black  U Unknown  M Multi-Racial  O Other  W White  Other

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

**STAT**

NOTE: Surcharge may be applied if results are needed STAT. Place an X in the box. Place a STAT sticker on the requisition and sample(s).

Date	Released By (Printed Name / Signature)	Received By (Printed Name / Signature)	Purpose of Change
	Released By (Printed Name)	<b>COURIER</b>	For Transport To MEDTOX
	Released By (Signature)		
	<b>COURIER</b>	Received By (Printed Name)	For Accessioning at MEDTOX
		Received By (Signature)	<input type="checkbox"/> SEAL INTACT

TEST CODE 168 UNKNOWN SUBSTANCE

THE SUBSTANCE IS BELIEVED TO BE

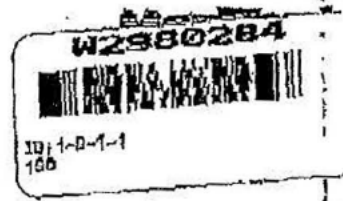
CISATRACURIUM BESYLATE

22805



REGIONAL PATHOLOGY SERVICES

NEBRASKA DEPT. CORRECTIONS  
SERVICES (NDCS)  
# 100891  
801 W. PROSPECTOR PLACE  
LINCOLN, NE 68522



Specimen ID: 1-0-1-1

Date of Test: [ ] Date Collected: [ ] Time Drawn: [ ] AM/PM: [ ]

Gender: [ ] Patient ID: [ ] Phone Number: [ ]

Room: [ ]

Room: [ ]

Name: [ ] First Name: [ ] NPI Number: [ ]

Bill To:  Clinic  Patient  Insurance  Medicare  Medicaid

NDCS  
801 W. PROSPECTOR PLACE  
LINCOLN, NE 68522

Insurance/Order Name: [ ]

Order Submission Address: [ ]

City: [ ] State: [ ] Zip Code: [ ]

Lab/Specimen ID or Priority Number (will grade and bill): [ ]

Group Number: [ ] Patient's Date of Birth: [ ]

Specimen Lot Number (if different from patient): [ ] Test Name: [ ]

Patient relationship to insured:  Self  Spouse  Child  Other

Is there other health coverage available?  Yes  No

Other health coverage information: [ ]

Ethnicity:

Native American, Eskimo, Alaskan

Asian / Pacific Islander

Black

Multi-Racial

White

H Hispanic

N Non-Hispanic

U Unknown

O Other

O Other

Employer: [ ] Occupation: [ ]

Employer Address: [ ]

City: [ ] State: [ ]

Zip Code: [ ] Employer's Phone Number: [ ]

STAT

NOTE: Discounts may be applied. Results are needed STAT, place an X in the box. Place a STAT sticker on the specimen and container.

DATE: OCT 27 2017

Relinquished By (Printed Name / Signature): [ ]

Received By (Printed Name / Signature): JULIE ZEMEK

Relinquished By (Printed Name / Signature): [ ]

Received By (Printed Name / Signature): Julie Zemek

Purpose of Order: For Transport To MEDTOX

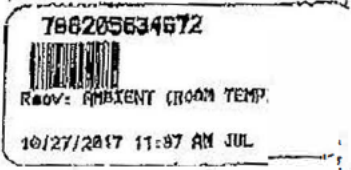
For Addressing of MEDTOX:  SEAL DETACT

TEST CODE 168 UNKNOWN SUBSTANCE

THE SUBSTANCE IS BELIEVED TO BE :

CISATRACURIUM BESYLATE

Contact # [REDACTED]



22805

Thank you,  
Yin Xiong | Clinical Specimen Management | [MTXSpecimenMgmt@labcorp.com](mailto:MTXSpecimenMgmt@labcorp.com)  
**MedTox LABORATORIES, LabCorp Specialty Testing Group**  
Phone 1-877 616-7268 Ext. 6293 | Fax 651-628-6173

ONE COMPANY. ONE GOAL. ONE CHOICE.



[www.labcorp.com](http://www.labcorp.com)



[www.labcorp.com](http://www.labcorp.com) Specialty Testing Group

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402 West County Road D  
 Saint Paul, MN 55112  
 877-474-5767

Jennifer A. Collins, Ph. D.  
 Karla Walker, Pharm. D.  
 Mark G. Catlin, M. D.

NE DEPT OF CORRECTIONAL SERVICES 14TH & PIONEER BLVD LINCOLN, NE 68502  Account #: 100891 Ordered By:  Requisition #: M0000000 Accession #: W2980284	<p align="center"><b>Patient Test Order Information</b></p> Name: ID,1 D 1 1 Patient ID: 1 D 1 1 Patient Phone: DOB: Age: Sex:  Collected: Received: 10/27/2017 11:42 AM Reported: 10/30/2017 1:53 PM  Report Status: FINAL
--	---

Test	Result	Flag	Units	Reference Range
<b>UNKNOWN SUBSTANCE ANALYSIS</b>				
Sample identification is discrepant. Testing not performed.				
The drugs screened for in this unknown specimen include: acetaminophen, acetone, acetylmorphine, alprazolam, amantadine, amitriptyline, amobarbital, amoxapine, amphetamine, antidepressants, antipsychotics, baclofen, barbital, barbiturates, benzodiazepines, benzotropine, brompheniramine, bupropion, butabarbital, caffeine, carbamazepine, carisoprodol, chlordiazepoxide, chlorpheniramine, chlorpromazine, chlorzoxazone, clomipramine, clonazepam, clobazepam, cocaine, codeine, cyclobenzaprine, desalkylflurazepam, desipramine, desmethyldiazepam, dextromethorphan (as methorphan), diazepam, dihydrocodeine, diltiazem, diphenhydramine, doxepin, doxylamine, ephedrine, ethosuximide, ethyl alcohol, fentanyl, fluoxetine, fluphenazine, flurazepam and metabolite, fluvoxamine, glutethimide, guaifenesin, halazepam, haloperidol, heroin, hydrocodone, hydromorphone, hydroxyzine, ibuprofen, imipramine, isopropyl alcohol, ketoprofen, lidocaine, lorazepam, loxapine, maprotiline, marijuana (THC), mefenamic acid, meperidine, mephobarbital, mepivacaine, MDA, MDMA, meprobamate, mesoridazine, methadone, methamphetamine, methapyrilene, methaqualone, methocarbamol, methorphan, methyl alcohol, methylphenidate, methyprylon, metoprolol, midazolam, morphine, naproxen, nifedipine, nortriptyline, opiates, orphenadrine, oxaprozin, oxazepam, oxycodone, paroxetine, pentazocine, pentobarbital, perphenazine, phenacetin, phenacyclidine, phenmetrazine, phenobarbital, phentermine, phenylpropanolamine, phenytoin, primidone, procainamide, procaine, prochlorperazine, promazine, promethazine, propoxyphene, propranolol, protriptyline, pseudoephedrine, pyrrolamine, salicylate, secobarbital, sertraline, temazepam, THC (marijuana), theophylline, thiopental, thioridazine, tolmetin, tramadol, trazodone, triazolam, trifluoperazine, trihexyphenidyl, trimipramine, tripeleminamine, valproic acid, venlafaxine, and verapamil. This list is not necessarily inclusive of all possible drugs that could be identified.				

REGIONAL



**ID Discrepancy Authorization**

Page:  
1 of 1

Effective Date:  
04 Apr 2015

Document Number:  
MT-SP-SUPP-FORM-104

Revision:  
0

OBsolete REVISIONS ARE NOT TO BE USED. REFER TO MASTER CONTROL FOR THE CURRENT REVISION.

**PLEASE DOCUMENT  
REQUESTED  
INFORMATION AND  
FAX TO  
651-628-6173  
IF QUESTIONS CALL;  
1-877-616-7268**

MedTox Use:

FIRST ATTEMPT DATE: 10/30/2017

SECOND ATTEMPT DATE: \_\_\_\_\_

FINAL ATTEMPT DATE: \_\_\_\_\_

CLIENT ACCOUNT:	100891
CLIENT CONTACT:	Anne
FAX NUMBER:	1-402-471-1747
MEDTOX ACCESSION:	W2980284
MEDTOX CONTACT:	Chong L

An identification discrepancy was noted between the information provided on the requisition versus the sample(s) received.

	REQUISITION INFORMATION	SAMPLE/ATTACHMENT INFORMATION
NAME	REF#: 1-0-1-1	No ID on sample
ID	N/A	N/A

Accurate specimen identification is in the best interest of the patient and you, our client. Laboratory regulations and good laboratory practice require proper identification of all specimen(s). I authorize MedTox Laboratories to perform testing and verify that the correct identification for this patient is as follows:

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

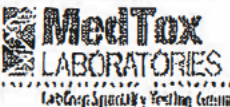
Identification Number: \_\_\_\_\_

Printed Name:	
Signature:	
Job Title:	
Date:	

**CONFIDENTIALITY NOTE**

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS CONFIDENTIAL HEALTH INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR REPRODUCTION OF THIS TELECOPY IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL FACSIMILE TO US AT THE ADDRESS LISTED BELOW VIA THE UNITED STATES POSTAL SERVICE. WE WILL REIMBURSE YOU FOR POSTAGE COST. THANK YOU.



	<b>ID Discrepancy Authorization</b>		Page: 1 of 1
	Effective Date: 04 Apr 2015	Document Number: MT-SP-SUPP-FORM-104	Revision: 0

OBSELETE REVISIONS ARE NOT TO BE USED. REFER TO MASTER CONTROL FOR THE CURRENT REVISION.

<p><b>PLEASE DOCUMENT REQUESTED INFORMATION AND FAX TO 651-628-6173 IF QUESTIONS CALL: 1-877-618-7268</b></p>	<p>MedTox Use:</p> <p>FIRST ATTEMPT DATE: 10-30-2017</p> <p>SECOND ATTEMPT DATE: _____</p> <p>FINAL ATTEMPT DATE: _____</p>
---	---

CLIENT ACCOUNT:	100891
CLIENT CONTACT:	██████████
FAX NUMBER:	██████████
MEDTOX ACCESSION:	W2980284
MEDTOX CONTACT:	Yfn

An identification discrepancy was noted between the information provided on the requisition versus the sample(s) received.

	REQUISITION INFORMATION	SAMPLE/ATTACHMENT INFORMATION
NAME	1-0-1-1	
ID	NOT PROVIDED	

Accurate specimen identification is in the best interest of the patient and you, our client. Laboratory regulations and good laboratory practice require proper identification of all specimen(s). I authorize MedTox Laboratories to perform testing and verify that the correct identification for this patient is as follows:

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

Identification Number: \_\_\_\_\_

Printed Name:	_____
Signature:	_____
Job Title:	_____
Date:	_____

**CONFIDENTIALITY NOTE**

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Nebraska Dept. of Corrections  
Services (NDCS)  
#100891  
801 West Prospector Place  
LINCOLN, NE 68522

**MEDTOX**  
LABORATORIES, INC.  
402 West County Road D  
St. Paul, Minnesota 55112  
(651) 285-6220 • (877) 474-5787  
www.medtox.com

Ref # 1-D-1-a

Full Name: [Redacted]

Case of Event: [Redacted] Date Collected: [Redacted] Time Collected: [Redacted] AM/PM: [Redacted]

Bill to: [Redacted] Patient: [Redacted] Insurance: [Redacted] Medicare: [Redacted] Medicaid: [Redacted]

Address: [Redacted] City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Bill To:  Clinic  Patient  Insurance  Medicare  Medicaid

NDCS  
801 W. Prospector Place Lincoln, NE 68522

Insurance Carrier Name: [Redacted] Price Authorization Number: [Redacted]

Diagnoses (ICD-9-CM): [Redacted]

City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Insurance ID or Policy Number: [Redacted] Group Number: [Redacted] Insurance Date of Birth: [Redacted]

Signature's Last Name (if different from patient): [Redacted] First Name: [Redacted]

Patient relationship to collector:  Self  Spouse  Child  Other

Is there other health coverage (include)?  Yes  No (If yes, attach copy of card)

Other medical for diagnosis, specimen or collection (must be provided): [Redacted]

Ethnicity:  H Hispanic  N Non-Hispanic  U Unknown  O Other

Officer:  O Officer  U Unknown

Employer: [Redacted] Occupation: [Redacted]

Employer Address: [Redacted] City: [Redacted] State: [Redacted]

Zip Code: [Redacted] Employer Phone Number: [Redacted]

STAT

NOTE: Surcharge may be applied if results are needed STAT. Place an X in the box. Place an X in the box if you have a question and include(s)

Date	Released By (Printed Name / Signature)	Received By (Printed Name / Signature)	Purpose of Change
	[Redacted]	COURIER Fedex	For Transport To MEDTOX
	[Redacted]	COURIER Fedex	For Accessioning at MEDTOX

Test code 168 unknown substance  
The substance is believed to be  
Cisatracurium Besylate

Contact # [Redacted]

22805

**DEA PERPETUAL INVENTORY**

DEA/Control Number: RN0414184

Tax Identifying Number: 4704912334201

Nebraska State Penitentiary / 4201 South 14<sup>th</sup> Street / Lincoln, NE 68502

Item Description: Diazepam

Unit of Measure: 10 ML

718

Date	Location	Quantity Received	Quantity Used	Balance
10/12/17	NSP IV Room	Lot # 67-165-EV EXP 13 Jul 2018 10	—	10
10/24/17	NSP IV Room	Lot # 67-165-EV EXP 13 Jul 2018 10	—	20
10/31/17	NSP IV Room	Ø	2 removed For testing	18



**DEA PERPETUAL INVENTORY**

DEA/Control Number: RN0414184

Tax Identifying Number: 4704912334201

Nebraska State Penitentiary / 4201 South 14<sup>th</sup> Street / Lincoln, NE 68502

Item Description: Fentanyl

Unit of Measure: 2ML

Date	Location	Quantity Received	Quantity Used	Balance
10/12/17	NSP IV ROOM	Lot# 077301 EXP 7/2019 25	—	25
10/24/17	NSP IV ROOM	Lot# 087334 EXP 8/2019 25	—	50
10/31/17	NSP IV ROOM	Ø	2 removed to testing	48



See Reverse of PURCHASER'S Copy for Instructions

No order form may be issued for Schedule I and II substances unless a completed application form has been received. (21 CFR 1305.04)

OMB APPROVAL No. 1117-0010

TO: (Name of Supplier) **Community Pharmacy**

STREET ADDRESS **21699 N Star Drive Gretna NE 68029**

CITY and STATE **Gretna NE**

DATE **10/12/17**

TO BE FILLED IN BY PURCHASER

LINE No.	TO BE FILLED IN BY PURCHASER			NATIONAL DRUG CODE	No. of Packages Received	Date Received
	No. of Packages	Size of Package	Name of Item			
1	1	50ml	Hydromorphone 5mg/5ml	00703011303	1	10/12/17
2	1	50ml	Fentanyl 100mcg/2ml	00641602725	1	10/12/17
3						
4						
5						
6						
7						
8						
9						
10						

**FC02800592**

LAST LINE COMPLETED (MUST BE 10 OR LESS)

SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT **Henbaum Derl**

Date Issued **10/06/2017**

Schedules **2, 2N, 3, 3N, 4, 5,**

Registered as a **HOSPITAL/CLINIC**

DEA Registration No. **FN2576708**

No. of this Order Form **173424450**

Name and Address of Registrant **10024256, 2/877 - 1:8:46/118**  
 \*\*\*\*\*AUTOMALL FOR ADC 680 1/7  
**NEBRASKA STATE PENITENTIARY**  
**4201 SOUTH 14TH STREET**  
**LINCOLN NE 68542-0000**



DEA Form - 222 (AUGUST 2011)

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II  
DRUG ENFORCEMENT ADMINISTRATION  
PURCHASER'S Copy 3



See Reverse of PURCHASER'S Copy for Instructions

No order form may be issued for Schedule I and II substances unless a completed application form has been received. (21 CFR 1305.04)

OMB APPROVAL No. 1117-0010

TO: (Name of Supplier)

Community Pharmacy Services

STREET ADDRESS

21099 Northstar Drive Ste 202

CITY and STATE

Gretna, NE

DATE

10-23-17

TO BE FILLED IN BY PURCHASER

NATIONAL DRUG CODE

No. of Packages Received

Date Received

LINE No.	TO BE FILLED IN BY PURCHASER			NATIONAL DRUG CODE	No. of Packages Received	Date Received
	No. of Packages	Size of Package	Name of Item			
1	1	25x2ml	Fentanyl Cit Somogyhal 50ml (2	00064116021705	1	10-24-17
2						
3						
4						
5						
6						
7						
8						
9						
10						

LAST LINE COMPLETED (MUST BE 10 OR LESS)

SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT

H. Johnson

Date Issued

10/06/2017

DEA Registration No.

FN2576708

Name and Address of Registrant

NEBRASKA STATE PENITENTIARY  
4201 SOUTH 14TH STREET  
LINCOLN NE 68542-0000

Schedules

2, 2N, 3, 3N, 4, 5,

Registered as a

HOSPITAL/CLINIC

No. of this Order Form

173424451

DEA Form - 222 (AUGUST 2011)

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II  
DRUG ENFORCEMENT ADMINISTRATION  
PURCHASER'S Copy 3





0785-0113-03  
Rx only


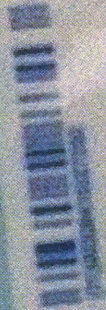

Ronly  
NDC 0641-0027-25

**Fentanyl**  
Citrate Injection, USP

**100 mcg/2 mL**  
(50 mcg/mL) (0.25 mg/mL)

25 x 2 mL  
Single Dose Vials

Lot: 077301  
Exp: 07/2019



10/23/2017



**Fentanyl**  
 Citrate Injection, USP

**100 mcg/2 mL**

25 x 2 mL Single Dose Vials

**FOR IV OR IM USE**  
 Preservative-free

**Single Dose - Sterile Unopened Containers**  
 Each mL contains fentanyl citrate equivalent to 10 mcg (0.1 mg) fentanyl base in Water for Injection, pH 4.5-7.5, sodium hydroxide and/or hydrochloric acid added, if needed, for pH adjustment. Contains no preservative.

**Exact Dosage:** See package insert for complete prescribing information.

**PREVENT RUBIN LIAB//** Keep covered to protect from light.

Store at 20°-25°C (68°-77°F) See USP Controlled Room Temperature.

Manufactured by:  
**WEST-WARD**  
 Columbia, NJ 07724 USA

Vertical text on the right side of the box, likely containing additional product information or a barcode.

1-800-40-5077

10/23/2017



## Cisatracurium

Besylate Injection, USP

**200 mg per 20 mL\***  
(10 mg per mL)

**For ICU use only.**

For intravenous injection.

**Preservative free.**

**Warning: Paralyzing Agent. Causes Respiratory Arrest. Facilities must be immediately available for artificial respiration.**

**10 x 20 mL**  
Single Dose Vials  
Rx only

Sterile, Nonpyrogenic.

**\*Each mL contains:** cisatracurium besylate equivalent to 10 mg cisatracurium, water for injection. Benzenesulfonic acid is added to adjust the pH.

**Usual dosage:** See package insert.

**REFRIGERATE AT: 2° to 8°C (36° to 46°F).** Protect from light. Retain in carton until time of use. Do not freeze. Upon removal from refrigeration to room temperature, use within 21 days even if rerefrigerated. The container closure is not made with natural rubber latex.

 **FRESENIUS  
KABI**

10/23/2017



# Cisatracurium

Besylate Injection, USP

200 mg per 20 mL\*  
(10 mg per mL)

For ICU use only.

For intravenous injection.

**Preservative free.**

**Warning: Paralyzing Agent. Causes Respiratory Arrest. Facilities must be immediately available for artificial respiration.**

10 x 20 mL  
Single Dose Vials

Rx only

10/23/2017

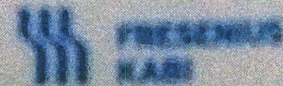


Sterile, Nonpyrogenic.

\*Each mL contains: cisatracurium besylate equivalent to 10 mg cisatracurium, water for injection. Benzenesulfonic acid is added to adjust the pH.

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10/23/2017



10 mL

**DIAZEPAM  
Injection, USP**

5 mg/mL

FOR I.V. OR I.M. USE

PROTECT FROM LIGHT

Sterile, nonpyrogenic

NDC 0409-3213-12



R only



Hospira, Inc. Lake Forest, IL 60045 USA



Each vial contains 50 mg hydrazepam  
hydrochloride per 5 mL in 0.2% sodium  
chloride, 0.2% citric acid solution.  
No added preservative.  
Each vial contains a sufficient amount to

10/23/2017



10 mL

10 Flip-top Vials

Multiple Dose

Sterile, nonpyrogenic

10 Units/NDC 0409-3213-12

**DIAZEPAM  
Injection, USP**

5 mg/mL

FOR I.V. OR I.M. USE.

PROTECT FROM LIGHT.

Each mL contains 5 mg diazepam; 40% propylene glycol; 10% alcohol; 5% sodium benzoate and benzoic acid added as buffers and 1.5% benzyl alcohol added as a preservative. Nitrogen gassed. pH 6.6 (6.2 to 6.9). NOTE: Solution may appear colorless to light yellow.

Hospira, Inc., Lake Forest, IL 60045 USA



Rx only



10/23/2017



NDC 0409-3213-12



Rx only



Aspirin

10 X 5 mL Single-dose Vials

**HIGH POTENCY FORMULATION**

NDC 0703-0113-03

Rx only

**Hydromorphone**  
**Hydrochloride Injection, USP**



**50 mg/ 5 mL (10 mg/mL)**

FOR USE IN THE PREPARATION OF  
LARGE-VOLUME PARENTERAL SOLUTIONS

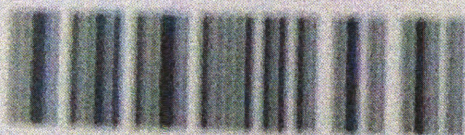
1400

10/23/2017



EXP 1MRR2019  
LOT 751003F

CA-4161



**Usual dose by injection:**  
See package insert for full prescribing information.

**Storage:** Store at 20 to 25°C (68 to 77°F).  
(See USP Controlled Room Temperature.)

**Protect from light.**

**RETAIN IN THE CARTON UNTIL TIME OF USE.**

Mfd For: TEVA PHARMACEUTICALS USA, INC.  
North Wales, PA 19454

Rev. A 8/2015

10/23/2017



NDC 63323-967-30 401702H

# POTASSIUM CHLORIDE

For Injection Concentrate USP

Concentrate Must Be Diluted Before Use

2 mEq/mL (60 mEq)

30 mL Multiple Dose Vial Rx only

**MUST BE DILUTED PRIOR TO IV ADMINISTRATION**  
Sodium, Magnesium  
Each mL contains Potassium chloride 2 mEq (60 mg), anhydrous (3.69 mg), USP Reference Standard, 100% active ingredient. USP Reference Standard for Potassium Chloride, USP Reference Standard for Sodium Chloride, USP Reference Standard for Magnesium Chloride, USP Reference Standard for Water.  
Contains 30 mL (1.0 fl. oz.) of solution.  
Store at 20° to 25° (68° to 77°) F ( USP Controlled Room Temperature). Excipients do not contain sodium sulfite salts.

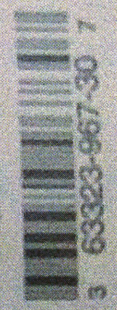
**APP**  
APP Pharmaceuticals, LLC  
Spartanburg, SC 29583

401702H

LOT:EDP

6012607

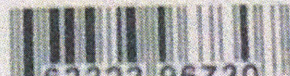
08/16



10/23/2017

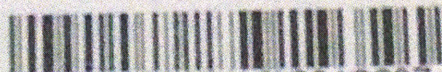


NDC 63323-967-30



3 63323 96730 7

LOT 6012607 EXP 08/18



(17)180800(10)6012607

QTY 25 VIALS 01340

10/23/2017