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

REDACTED
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/mL- $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

https://mail.google.com/mail/u/0/?ui=2&ik=264b51890c&jawa=M-xhRWhOp0Q.an&view=p&g=tyler&qs=true&search=query&th=15ebb9575f1d2c58sqt...
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>  Fri, Sep 22, 2017 at 7:07 PM
To: "Johnson, Tyler" <Tyler@cpharmrx.com>

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:

    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.

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

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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Harbans Deol <harbans.deol@gmail.com>
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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To:
Nebraska Department of Correctional Services
801 W. Prospector Place, Building 1
Lincoln, NE 68509

<table>
<thead>
<tr>
<th>FINANCE CHARGE DESCRIPTION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous expense</td>
<td>$8,000.00</td>
</tr>
</tbody>
</table>

TOTAL DUE $8,000.00
INVOICE

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

CPS

<table>
<thead>
<tr>
<th>FINANCE CHARGE DESCRIPTION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miscellaneous expense</td>
<td>$2,500.00</td>
</tr>
</tbody>
</table>

TERMS: Due on receipt

TOTAL DUE: $2,500.00
<table>
<thead>
<tr>
<th>ITEM</th>
<th>NIGP CODE</th>
<th>QTY</th>
<th>UNIT</th>
<th>UNIT COST</th>
<th>TOTAL</th>
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<tr>
<td>1</td>
<td>269</td>
<td>1</td>
<td>54</td>
<td>9000</td>
<td></td>
</tr>
</tbody>
</table>

**DESCRIPTION**: Misc. Expense/Drug
Nebraska State Patrol
Crime Laboratory Division

Date: November 01, 2017
Lab Number: L17-4431
Document 1

To: 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.

3977 Air Park Road · Lincoln, NE 68524 · Phone (402) 471-8950 · Fax (402) 471-8954
Page 1 of 1
**Laboratory Evidence Release Form**

Lab Number: L17-4431

Suspect/Victim: ()

Submitting Agency: Nebraska Department of Corrections

Agency Case Number:

Property Number:

**Items Released:**

<table>
<thead>
<tr>
<th>Container</th>
<th>Item #</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>One (1) sealed plastic bag containing Misc Drugs</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>One (1) sealed plastic bag containing Misc Drugs</td>
</tr>
</tbody>
</table>

Received By:

Released By:

1/2/17 8:14 am

Margaret Wiesen

11/02/17 8:14 am
From: Ha, Tai  
Sent: Thursday, November 02, 2017 4:30 PM  
To: Flowers, Sally  
Cc:  
Subject: Test Result Ready

Hi,

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  
nda.nebraska.gov | Facebook | Twitter

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TO: [Redacted]

FROM: Sally Flowers, NDA Laboratory Administrator

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  
Yutan, NE 68073

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

Brand Name: MS18 6001 POTASSIUM RESIDUE  
Product No: MISCL7#1020

Sampled in the presence of:  
Feed x Fertilizer Lime Other

Bottle Number: Date Received: 10/31/17

Amount Sampled:

Manufacturer  
miscellaneous

Yutan, NE 68073

Inspectors Comments: POTASSIUM RESIDUE

Analysis Results  

<table>
<thead>
<tr>
<th>Analysis</th>
<th>Final Results</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Guarantee</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTASSIUM</td>
<td>72274</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Date Completed: 11/02/17  
Analyst(s): TH
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 3rd, 2017.

Thanks,

-Tai

Tai Ha
FFAL Laboratory Supervisor | AGRICULTURAL LABORATORIES

Nebraska Department of Agriculture
office 402-471-8157
tai.ha@nebraska.gov
nda.nebraska.gov | Facebook | Twitter

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**MedTox Laboratories**

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.

---

**Patient Test Order Information**

<table>
<thead>
<tr>
<th>REF#, ID</th>
<th>Name</th>
<th>Age:</th>
<th>Sex</th>
<th>DOB:</th>
<th>Account#: 100891</th>
<th>Sex:</th>
<th>Ordered By:</th>
<th>Collected:</th>
<th>Received:</th>
<th>Reported:</th>
<th>Report Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0000000</td>
<td>LINCOLN, NE 68502</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Test Results

**UNKNOWN SUBSTANCE ANALYSIS**  
**Flag:** ++POSITIVE++

**Identification of 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,
- barbitals, barbiturate, benzodiazepines, benzpropine,
- brompheniramine, butyropropion, butabarbital, caffeine,
- carbamazepine, carisoprodol, chlordiazepoxide,
- chlorpheniramine, chlorpromazine, chlorzoxazone,
- clonipramine, clonazepam, clozapine, codeine, codeine,
- cyclobenzapine, desalkylflurazepam, desipramine,
- demethyldiazepam, dextromethorphan (as morphinan),
- dihydrocodeine, diphenhydramine,
- dextromethorphan (as methorphan),
- distalcoholamine, ethosuximide, ethyl alcohol, fentanyl,
- fluoxetine, fluphenazine, flurazepam and metabolite, fluvoxamine, glutethimide, guaifenesin,
- haloperidol, hero, hydrocodone,
- hydrocortisone, hydroxyurea, ibuprofen, imipramine, isopropyl alcohol, ketoprofen, lidocaine, lorazepam, lopinavir,
- maprotiline, marijuana (THC), mefenamic acid, meperidine,
- mephobarbital, mepracarbazol, MDMA, mepromazine,
- mesoridazine, methadone, methamphetamine, methlyphenylethylene,
- methaqualone, methocarbamol, metorphan, methylnal, methylnurolan, methadone, methyl alcohol, methylnal, methylnurolan, methylnurolan, midazolam,
- morphine, naphenylmethanol, nifedipine, nortriptyline, omeprazole,
- orphenadrine, oxaprozin, oxazepam, oxycodeone,
- paracetamol, pentazocine, pentobarbital, perphenazine,
- phenacetin, phencyclidine, phenmetrazine, phenobarbital, phenetermine, phenylpropanolamine, phentolamine, primidone,
- procainamide, procaine, prochlorperazine, promazine,
- promazine, propoxyphene, propafenone, protriptyline,
- pseudoephedrine, pyrilamine, salicylate, seconal,
- sertraline, temazepam, THC (marijuana), theophylline,
- thiolinal, thiouracil, tolbutam, tramadol, trazodone,
- triazolam, triflusalazine, trihexyphenidyl, trimipramine,
- trimepropanolamine, valproic acid, venlafaxine, and verapamil.

This list is not necessarily inclusive of all possible drugs that could be identified.

---

Fax to 4024793325, DCS NSPSNFCPL, From Medtox Page 1 of 1 received on 11/7/2017 3:48:16 PM [Central Standard Time] on Se
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 [X] Refrigerated [ ] Frozen [ ]

Accredited Testing Requested
Aflatoxin by HPLC [ ] Yes [ ] No [X]

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 AS400 test report
- The analyzer 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:  [Redacted]  Request Date: 10/31/17

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

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

NDA-FORM-908 v1.0  Authorized by: Tai Ha  Issued: 07/07/17  Page 1 of 1
Nebraska State Patrol
Crime Laboratory

REQUEST FOR LABORATORY SERVICES

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:
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.

<table>
<thead>
<tr>
<th>Cont</th>
<th>Package</th>
<th>Lab Dept.</th>
<th>Item #</th>
<th>Description</th>
<th>Item Type</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>plastic bag</td>
<td>1</td>
<td>Misc Drugs</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>plastic bag</td>
<td>1</td>
<td>Misc Drugs</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Received From

Received By

Margaret Wisen

Date and Time: 10/31/17 11:01 am
**Evidence Submittal Form**

**FOR LAB USE ONLY**

**L17-4431**

Sub# 1 Received (10/31/2017)
Nebraska Department of Corrections

**A**

**ADDRESS:**

801 W. Prospect Ave.

**CITY, STATE:**

Lincoln, NE 68522

**ZIP CODE:**

68522

**NAME:**

**AGENCY:**

**DEPT:**

**CORRECTIONS**

**B**

**SUBMITTED OFFENSE:**

**LOCATION:**

**STATE:**

**COUNTY:**

**AGENCY CASE NO.:**

**NSP CASE NO.:**

**NSP TROOP AREA:**

**CASE SCENARIO:**

**D**

Is this an additional or re-submittal?

- No, initial submission
- Yes, additional submission
- Yes, re-submittal of item(s)

If additional or re-submittal please provide analyst's name if known:

**E**

**EVIDENCE DISPOSITION:**

- Mail back by certified mail
- Submitting agency will pick up within 2 weeks of notification

**INVENTORY OF EVIDENCE SUBMITTED**

<table>
<thead>
<tr>
<th>No.</th>
<th>DESCRIPTION</th>
<th>EXAMINATION(S) REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 vials labeled Diazepam</td>
<td>ID</td>
</tr>
<tr>
<td>2</td>
<td>2 vials labeled Fentanyl</td>
<td>ID</td>
</tr>
</tbody>
</table>

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

Submission of evidence relinquishes all claims regarding analysis processing and choice of methods to the NSP Crime Laboratory.

The Laboratory shall have discretion over the selection of testing methods for the analysis and the items tested.
Test Code 168) Unknown Substance

The Substance is believed to be

cisatracurium besylate
TEST CODE No. 8  

DURABAM SUBSTANCE

THE SUBSTANCE IS BELIEVED TO BE a

Cisatracurium Besylate

CONTACT #

22805
Thank you,
Yin Xiong | Clinical Specimen Management | 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.

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### Patient Test Order Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>ID:</th>
<th>ID: T 1 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient ID:</td>
<td>1 D 1 1</td>
<td></td>
</tr>
<tr>
<td>Patient Phone:</td>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Requisition #:</td>
<td>10/27/2017</td>
<td>11:42 AM</td>
</tr>
<tr>
<td>Accession #:</td>
<td>10/30/2017</td>
<td>1:53 PM</td>
</tr>
<tr>
<td>Report Status:</td>
<td>FINAL</td>
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### Test

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Flag</th>
<th>Units</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNKNOWN SUBSTANCE ANALYSIS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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,
- barbiturates, benzodiazepines, benzopine, brompheniramine, butabarbital, caffeine,
- carbamazepine, carisoprodol, chloridiazepoxide,
- chlorpheniramine, chlorpromazine, chlorzoxazone,
- clomipramine, clonazepam, clorazapine, cocaine, codeine,
- cyclobenzapine, desalkylflurazepam, desipramine,
- demethylidazepam, dextromethorphan (as methorphan),
- diazepam, dihydrocodeine, diltiazem, diphenhydramine,
- doxepin, doxylamine, ephedrine, ethosuximide, ethyl alcohol,
- fentanyl, fluoxetine, fluphenazine, flurazepan and metabolite, fluvoxamine, glutethimide, guaifenesin, haloperidol, heroin, hydrocodeine, hydrocortisone, ibuprofen, imipramine, isopropyl alcohol, ketoprofen, lidocaine, lorazepam, ioxapine, maprotiline, mephedrine (THC), mephenic acid, meperidine, mephobarbital, meprivacon, MDMA, MDMA, meprobamate, mesoridazine, methadone, methamphetamine, methyprylon, methaqualone, methocarbamol, methorphan, methyl alcohol, methylphenidate, methyprylon, metoprolol, midazolam, morphine, naproxen, nifedipine, nortriptyline, opiates, orphenadrine, oxaprozin, oxazepam, oxycodone, paroxetine, pentazosine, pentobarbital, perphenazine, phenacetin, phenoxystilidine, phenmetrazine, phenobarbital, phentermine, phenylpropanolamine, phenytoin, primidone, procainamide, procaine, prochlorperazine, promazine, promethazine, propoxyphene, propranolol, protriptyline, pseudoephedrine, pyrilamine, salicylate, secobarbital, sertraline, temazepam, THC (marijuana), theophylline, thiopental, thiocyanate, tolmetin, tramadol, trazodone, triazolam, trifluoperazine, trihexyphenidyl, trimipramine, trimipramine, valproic acid, venlafaxine, and verapamil.

This list is not necessarily inclusive of all possible drugs that could be identified.
An identification discrepancy was noted between the information provided on the requisition versus the sample(s) received.

### Requisition Information

- **NAME**: REF#: 1-0-1-1
- **ID**: N/A

### Sample/Attachment Information

- **ID**: N/A
- **No ID on sample**

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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ID Discrepancy Authorization

**PLEASE DOCUMENT REQUESTED INFORMATION AND FAX TO 651-828-6173 IF QUESTIONS CALL: 1-877-818-7268**

<table>
<thead>
<tr>
<th>MedTox Use:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST ATTEMPT DATE:</td>
</tr>
<tr>
<td>SECOND ATTEMPT DATE:</td>
</tr>
<tr>
<td>FINAL ATTEMPT DATE:</td>
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</table>

**CLIENT ACCOUNT:** 100891

**CLIENT CONTACT:** [Redacted]

**FAX NUMBER:** [Redacted]

**MEDTOX ACCESSION:** W2880284

**MEDTOX CONTACT:** Yin

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>REQUISITION INFORMATION</th>
<th>SAMPLE/ATTACHMENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-0-1-1</td>
<td>NOT PROVIDED</td>
<td></td>
</tr>
</tbody>
</table>

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**Patient Name:**

Identification Number: _____________

Printed Name: ______________________

Signature: _________________________

Job Title: _________________________

Date: _____________________________

**CONFIDENTIALITY NOTE**

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402 W County Road D* St. Paul, Minnesota* 55112* (800) 832-3244
**DEA PERPETUAL INVENTORY**

**DEA/Control Number:** RN0414184

**Tax Identifying Number:** 4704912334201

**Nebraska State Penitentiary / 4201 South 14th Street / Lincoln, NE 68502**

**Item Description:** Diazepam

**Unit of Measure:** 10 mL

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Quantity Received</th>
<th>Quantity Used</th>
<th>Balance</th>
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</thead>
<tbody>
<tr>
<td>10/12/17</td>
<td>NSP IV Room</td>
<td>Lot #67-165-EV</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>10/14/17</td>
<td>NSP IV Room</td>
<td>Lot #67-165-EV</td>
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<td>20</td>
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<td>10/13/17</td>
<td>NSP IV Room</td>
<td></td>
<td>2 removed</td>
<td>18</td>
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</tbody>
</table>

For testing...

---

October 12, 2017
DEA PERPETUAL INVENTORY
DEA/Control Number: RN0414184
Tax Identifying Number: 4704912334201
Nebraska State Penitentiary / 4201 South 14th Street / Lincoln, NE 68502

Item Description: Fentanyl
Unit of Measure: 2 mL

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Quantity Received</th>
<th>Quantity Used</th>
<th>Balance</th>
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</thead>
<tbody>
<tr>
<td>10/12/17</td>
<td>NSP IV Room</td>
<td>Lot 077301 EXP 7/2019 25</td>
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<td>25</td>
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<tr>
<td>10/12/17</td>
<td>NSP IV Room</td>
<td>Lot 087334 EXP 8/2019 25</td>
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<td>50</td>
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<tr>
<td>10/31/17</td>
<td>NSP IV Room</td>
<td>Ø</td>
<td>2 removed to testing</td>
<td>48</td>
</tr>
</tbody>
</table>

October 24, 2017
<table>
<thead>
<tr>
<th>No.</th>
<th>No. of Packages</th>
<th>Size of Package</th>
<th>Name of Item</th>
<th>Date of Order</th>
<th>Date Received</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>50mL</td>
<td>Hydromorphone Sulfate</td>
<td>03/03/17</td>
<td>10/12/17</td>
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<tr>
<td>2</td>
<td>1</td>
<td>50mL</td>
<td>Fentanyl Hydrogel</td>
<td>04/16/16</td>
<td>10/12/17</td>
</tr>
</tbody>
</table>

Date Issued: 10/06/2017
DEA Registration No: FN2576708

Signature of Purchaser or Attorney or Agent: 

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II

DRUG ENFORCEMENT ADMINISTRATION

Purchaser's Copy 3
<table>
<thead>
<tr>
<th>No. of Packages</th>
<th>Name of Item</th>
<th>Size of Package</th>
<th>NATIONAL DRUG CODE</th>
<th>No. of Packages Received</th>
<th>Date Received</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>25 x 3 mL Fentanyl Citrate Solution (C2)</td>
<td>300</td>
<td>001022-10-0177-15</td>
<td>10-23-17</td>
<td>10-24-17</td>
</tr>
</tbody>
</table>

Date Issued: 10/06/2017
DEA Registration No.: FN2576708

Schedules: 2, 2N, 3
Registered as: HOSPITAL/CLINIC
No. of this Order Form: 173424451

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
DEA Form: 222 (AUGUST 2011)

HERALD STATE PENITENTIARY
1201 SOUTH 34TH STREET
LINCOLN NE 68502-0000

Scanned by CamScanner
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.
Cisatracurium
Besylate Injection, USP

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(10 mg per mL)

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Rx only

10/23/2017
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The container closure is not made with natural rubber latex.
10 ml
DIAZEPAM Injection, USP
5 mg/mL
FOR IV OR IM USE
PROTECT FROM LIGHT

Sterile, nonpyrogenic

NDC: 9409-0213-12

Hospira, Inc. Lake Forest, IL 60045 USA
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
10 X 5 mL Single-dose Vials
HIGH POTENCY FORMULATION

Hydromorphone
Hydrochloride Injection, USP

50 mg/5 mL (10 mg/mL)

FOR USE IN THE PREPARATION OF LARGE-VOLUME PARENTERAL SOLUTIONS

Rx only
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