

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

REDACTED



Harbans Deol <harbans.deol@gmail.com>

Medications

4 messages

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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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 **T 48275**
 P.O. Box 94661
 Lincoln, NE 68509-4661

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 <u>Hudson Seal</u>	BUSINESS MANAGER/ADMINISTRATOR APPROVAL <u>[Signature]</u>
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
<u>11</u>	<u>269</u>	<u>1</u>	<u>cs</u>		<u>8,000</u>	<u>Misc. Expense/Drug</u>		<u>1</u>
2								

SUBTOTAL _____
 TOTAL FROM ADDITIONAL PAGE(S) _____
 FREIGHT _____
 TOTAL _____

ESTIMATED QUOTE
 (Check One)

Bid <u>2</u>	Company Name _____	Bid <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
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

TO: [REDACTED]

FROM: Sally Flowers, NDA Laboratory Administrator *SJF*

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 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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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 align="center">Patient Test Order Information</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 th Street Lincoln, NE 68521-3664 (402) 479-4916 (402) 479-4917 (402) 479-4585	FOR LAB USE ONLY <h2 style="margin: 0;">L17-4431</h2> Sub# 1 Received (10/31/2017) Nebraska Department of Corrections
--	---	--

A 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 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?	<input type="checkbox"/> No, first submission	<input type="checkbox"/> Yes, additional submission	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes, Please explain. <input type="checkbox"/> No		
EVIDENCE DISPOSITION:	<input type="checkbox"/> Mail back by certified mail <input type="checkbox"/> Submitting agency will pick up <i>within 2 weeks of notification</i>		

E 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 (Postured): _____ 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, examination or complaint (must be provided) _____

Ethnicity

I Native American, Eskimo, Aleutian
 A Asian / Pacific
 B Black
 M Multi-Racial
 W White

H Hispanic
 N Non-Hispanic
 U Unknown
 O Other

Employer _____ Occupation _____

Employer Address _____

City _____ State _____

Zip Code _____ Employer Phone Number _____

STAT

NOTE: Surcharge may be applied
 results are needed STAT, check 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)	COURIER	For Transport To MEDTOX
	Released By (Signature)		
	COURIER	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

W2980284
ID: 1-D-1-1
100

Specimen ID: 1-0-1-1	Date of Birth: [redacted]	Sex: [redacted]	Time Drawn: AM/PM
Order No.:	Order Date:	Order Time:	Order Location:
Ordering Physician:	Ordering Facility:	Ordering Department:	Ordering State:

Bill To: Clinic Patient Insurance Medicare Medicaid

NDCS
801 W. PROSPECTOR PLACE
LINCOLN, NE 68522

Insurance/Order Name: [redacted]
Order Submission Address: [redacted]
City: [redacted] State: [redacted] Zip Code: [redacted]
Telephone (D or Primary Number): [redacted] (with area and prefix)
Telephone Ext. Number (if different from prefix): [redacted] Ext. Number: [redacted]
Patient relationship to insured:
 Self Spouse Child Other
Is there other health coverage available? Yes No

Ordering Physician Name:	Ordering Facility Name:	Ordering Department:	Ordering State:
Ordering Physician Address:	Ordering Facility Address:	Ordering Department Address:	Ordering State Address:
Ordering Physician City:	Ordering Facility City:	Ordering Department City:	Ordering State City:
Ordering Physician State:	Ordering Facility State:	Ordering Department State:	Ordering State State:
Ordering Physician Zip:	Ordering Facility Zip:	Ordering Department Zip:	Ordering State Zip:

Ethnicity:

Native American, Eskimo, Alaskan
 Asian / Pacific Islander
 Black
 Multi-Racial
 White

H Hispanic
 N Non-Hispanic
 U Unknown
 O Other

Other: Other Unknown

Employer: [redacted] Occupation: [redacted]
 Employer Address: [redacted]
 City: [redacted] State: [redacted]
 Zip Code: [redacted] Employer's Phone Number: [redacted]

<input checked="" type="checkbox"/> STAT	Date: OCT 27 2017	Relinquished By (Printed Name / Signature): [redacted]	Received By (Printed Name / Signature): JULIE ZEMEK	Purpose of Order: For Transport To MEDTOX
NOTE: Discounts may be applied results are needed STAT, place an X in the box. Place a STAT sticker on the specimen and container.				For Addressing of MEDTOX <input type="checkbox"/> SEAL DETACT

TEST CODE 168 UNKNOWN SUBSTANCE
THE SUBSTANCE IS BELIEVED TO BE
CISATRACURIUM BESYLATE

Contact # [redacted]

786205634672
RECV: AMBIENT (ROOM TEMP)
10/27/2017 11:37 AM JUL

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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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">Patient Test Order Information</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
UNKNOWN SUBSTANCE ANALYSIS				
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, pyrillamine, 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:

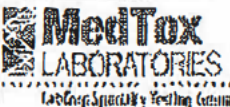
Patient Name: _____

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.

	ID Discrepancy Authorization		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>PLEASE DOCUMENT REQUESTED INFORMATION AND FAX TO 651-628-6173 IF QUESTIONS CALL: 1-877-618-7268</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

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.

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: _____

Case of Use: _____ Date Collected: _____ Time Collected: _____ AM/PM: _____

Bill to: Clinic Patient Insurance Medicare Medicaid

Address: **NDCS**
801 W. Prospector Place Lincoln, NE 68522

City: _____ State: _____ Zip Code: _____

Insurance ID or Policy Number: _____

Signature of Last Name of different from patient: _____

Relationship to patient: Self Spouse Child Other

Other health coverage: Yes No

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

Officer: O Officer U Unknown

Employer: _____ Occupation: _____

City: _____ State: _____

Zip Code: _____ Employer Phone Number: _____

STAT

NOTE: Surcharge may be applied
results are needed STAT, place an X
in the box. Place a checkmark in the
question and circle(s)

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

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

Contact # [Redacted]

22805

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						

FC02800542

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**

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	0016411610217015	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

Hawthorn J. Carl

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

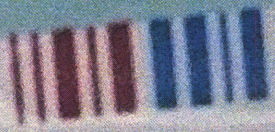
Ronly
NDC 0641-0027-25

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
Cleared Injection, USP

100 mcg/2 mL

(50 mcg/mL) 0.5 mL vials

FOR IV OR IM USE
Preservative-free
25 x 2 mL Single Dose Vials


Single Dose - Sterile Unopened Containers
Each mL contains fentanyl citrate equivalent to 100 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 FALSIFICATION: Keep covered in carton until time of use.

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

Manufactured by:
WEST-WARD
Columbus, NJ 07728 USA



(Vertical text on the right side of the box, partially obscured)

LOT
EXP
N256
2/18

1-800-461-0171

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

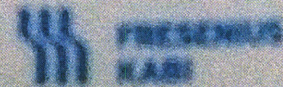
10/23/2017

Sterile, Nonpyrogenic.

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

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.



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




Hospira

10/23/2017

NDC 0409-3213-12



Rx only



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)

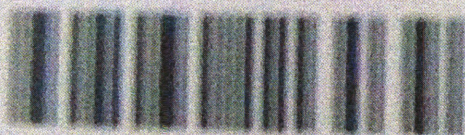
**FOR USE IN THE PREPARATION OF
LARGE-VOLUME PARENTERAL SOLUTIONS**

14928

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 30122

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**
Stomach, Nausea/vomiting.
Each mL contains:
Potassium chloride 2 mEq,
1.69 mEq sodium hydroxide, 2.00%
hydrochloride, 0.05% water for
injection, 0.4% benzyl alcohol, 0.5%
Sodium hydroxide, 0.05% sodium
chloride, 0.05% sodium acetate, 0.05%
sodium gluconate, 0.05% sodium
hydroxide, 0.05% sodium chloride,
and 0.05% sodium gluconate.
Contains 90 mg (2 mEq) of
Sodium.
Injectable: See insert.
Store at 20° to 25° (68° to 77°) F (USP
Controlled Room Temperature).
See package insert for complete
instructions.

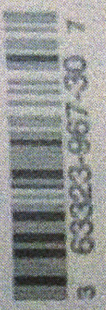
APP
APP Pharmaceuticals, LLC
Spartanburg, SC 29573

401702H

LOT:EDP

6012607

08/16



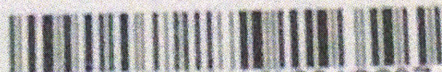
10/23/2017

NDC 63323-967-30



3 63323 96730 7

LOT 6012607 EXP 08/18



(17)180800(10)6012607

QTY 25 VIALS 01340

10/23/2017