

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>

Thu, Sep 21, 2017 at 5:21 PM

To: "harbans.deol@gmail.com" <harbans.deol@gmail.com>

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



Thanks,

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

<https://mail.google.com/mail/u/0/?ui=2&ik=264b51890c&isver=M-xhRWn0lp0.en.&view=pt&q=tyler&gs=true&search=query&th=15ebb9f5f76f1dfc&dsqt...> 2/7



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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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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

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>

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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Harbans Deol <harbans.deol@gmail.com>

---

**Automatic reply: Medications**

1 message

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

Fri, Sep 22, 2017 at 7:07 PM

I will be out of the office Friday September, 22nd and returning October 2nd. If you need immediate assistance, please call Dave Spurgeon at extension 402-289-0431.

Thanks,



CPS

DATE 10/16/2017

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

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

CPS

TERMS  
Due on receipt

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









# 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:

Nebraska Department of Corrections  
PO Box 94661  
Lincoln, NE 68509

Agency Case#:

Offense Date:

Type of Testing: Controlled Substances

Date Received: October 31, 2017

#### 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*

Jerry D. Smith  
Forensic Science Supervisor - Drug Chem.







# NEBRASKA STATE PATROL CRIME LAB



## Laboratory Evidence Release Form

Lab Number: L17-4431  
Submitting Agency: Nebraska Department of  
Corrections

Suspect/Victim: ()

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 Ibach  
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  
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: 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  
Yutan, NE 68073

Inspectors Comments: POTASSIUM RESIDUE

Analysis Results	Final	-----Guarantee-----		
	Results	Minimum	Maximum	Guarantee
POTASSIUM	72274			

Lab Comments:

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

ate 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	<b>Patient Test Order Information</b> 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, benzotropine,  
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, phenacyclidine, 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

**COPY**

## 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:

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.	Cont.	Lab	Dept.					
	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

Dept: Nebraska Department of Corrections  
Hand Delivered

Margaret Wiesen

Margaret Wiesen

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



# Evidence Submittal Form

<b>Nebraska State Patrol</b> Crime Laboratory 3977 Air Park Road Lincoln, NE 68524 (402) 471-8950 (402) 471-8954 Fax	<b>Nebraska State Patrol</b> Technical Crimes/ICAO 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: <div style="background-color: black; width: 100px; height: 20px;"></div>	BADGE:	AGENCY: <b>Dept corrections</b>	PHONE: <div style="background-color: black; width: 100px; height: 20px;"></div>
SUPERVISOR CONTACT:	BADGE:	AGENCY:	PHONE:
ADDRESS: <b>801 W. Prospector Ave</b>	CITY, STATE: <b>Lincoln, NE</b>	ZIP CODE: <b>68522</b>	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:					

<b>C</b> CASE SCENARIO:	
-------------------------	--

<b>D</b> 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 within 2 weeks of notification

E INVENTORY OF EVIDENCE SUBMITTED		
NO.	DESCRIPTION	EXAMINATION(S) REQUESTED
	2 vials labeled Diazepam	ID
	2 vials labeled Fentanyl	ID

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



# 100891

INCOLN, NE 68522

402 West County Road D  
St. Paul, Minnesota 55112  
(651) 258-8220 • (677) 474-5767  
[www.med102.com](http://www.med102.com)

Bill To: ☐ Clinic ☐ Patient ☐ Insurance ☐ Medicare ☐ Medicaid  
 NDCS  
 801 W. PROSPECTOR PLACE LINCOLNE  
 68522

Insurance Carrier Name		Prior Authorization Number	
Claims Submission Address			
City	State	Zip Code	

Insured's ID or Policy Number (with prefix and suffix)		Group Number	Insured's Date of Birth
Insured's Last Name (if different from patient's)		First Name	
Patient relationship to insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		Is there other health coverage available? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy	
ICD9 codes for diagnosis, external or complaint (must be provided)			

Race		Ethnicity
<input type="checkbox"/> Native American, Eskimo, Aleutian		<input type="checkbox"/> H Hispanic
<input checked="" type="checkbox"/> Asian / Pacific		<input type="checkbox"/> N Non-Hispanic
<input type="checkbox"/> Black		<input type="checkbox"/> U Unknown
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> O Other	<input type="checkbox"/> O Other
<input checked="" type="checkbox"/> White	<input type="checkbox"/> U Unknown	

Employer	Occupation
Employer Address	
City	State
Zip Code	Employer Photo Number

# EXTRA

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

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

TEST CODE 168 UNKNOWN SUBSTANCE

THE SUBSTANCE IS BELIEVED TO BE

CISATRACURIUM BESYLATE

2290



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:	Date Collected:	Time Collected:	AM/PM:
Gender:	Referring Physician:	Referring Physician (Signature):	Phone Number:	
Referring Facility:	County:	State:	Zip Code:	
Name:	First Name:	API Number:		

Bill To: <input type="checkbox"/> Clinic <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid
NDCS 801 W. PROSPECTOR PLACE LINCOLN, NE 68522
Insurance, Order Name:
Order Submission Address:
City:
State:
Zip Code:
Insurance ID or Policy Number (with group and policy):
Group Number:
Insurance Policy or Birth:
Insurance Last Name (if different from patient):
First Name:
Patient relationship to insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
Is there other family? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy of coverage worksheet.

<input type="checkbox"/> Native American, Eskimo, Alaskan <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White	<input type="checkbox"/> H Hispanic <input type="checkbox"/> N Non-Hispanic <input type="checkbox"/> U Unknown <input type="checkbox"/> O Other
---	--

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

**STAT**

NOTE: Discounts may be applied  
results are needed STAT, please call X  
the lab. Place a STAT sticker on the  
specimen and container.

OCT 27 2017

COURIER FedEx

COURIER FedEx

JULIE ZEMEK

Julie Zemek

For Transport To  
MEDTOX

For Admission to  
MEDTOX

☐ REAL RETACT

TEST CODE 168 UNKNOWN SUBSTANCE

THE SUBSTANCE IS BELIEVED TO BE :

CISATRACURIUM BESYLATE

Contact #



786205634672



ROOM: AMBIENT (ROOM TEMP)

10/27/2017 11:37 AM JUL

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.



-This e-mail and any attachments may contain CONFIDENTIAL information, including PROTECTED HEALTH INFORMATION. If you are not the intended recipient, any use or disclosure of this information is STRICTLY PROHIBITED; you are requested to delete this e-mail and any attachments, notify the sender immediately, and notify the LabCorp Privacy Officer at [privacyofficer@labcorp.com](mailto:privacyofficer@labcorp.com) or call (877) 23-HIPAA / (877) 234-4722.





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	<b>Patient Test Order Information</b>	
Account #: 100891 Ordered By:	Name: ID,1 D 1 1 Patient ID: 1 D 1 1 Patient Phone: DOB: Sex:	Age:
Requisition #: M0000000 Accession #: W2980284	Collected: Received: 10/27/2017 Reported: 10/30/2017	11:42 AM 1:53 PM
Report Status: FINAL		

Test	Result	Flag	Units	Reference Range
UNKNOWN SUBSTANCE ANALYSIS				
Sample identification is discrepant. Testing not performed.				
<p>The drugs screened for in this unknown specimen include:</p> <p>acetaminophen, acetone, acetylmorphine, alprazolam, amantadine, amitriptyline, amobarbital, amoxapine, amphetamine, antidepressants, antipsychotics, baclofen, barbitol, barbiturates, benzodiazepines, benzotropine, brompheniramine, bupropion, butabarbital, caffeine, carbamazepine, carisoprodol, chlorthalidone, 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, phenclizidine, 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, tripeleminamine, valproic acid, venlafaxine, and verapamil.</p> <p>This list is not necessarily inclusive of all possible drugs that could be identified.</p>				



REGIONAL PATIENT



**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: \_\_\_\_\_

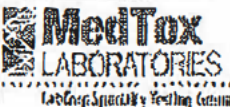
Identification Number: \_\_\_\_\_

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

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

<b>PLEASE DOCUMENT REQUESTED INFORMATION AND FAX TO 651-628-6173 IF QUESTIONS CALL: 1-877-616-7268</b>	<b>MedTox Use:</b>	
	FIRST ATTEMPT DATE:	10-30-2017
	SECOND ATTEMPT DATE:	
	FINAL ATTEMPT DATE:	

CLIENT ACCOUNT:	100891
CLIENT CONTACT:	
FAX NUMBER:	
MEDTOX ACCESSION:	W2980284
MEDTOX CONTACT:	Yln

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-1-2

Bill To: ☐ Clinic ☐ Patient ☐ Insurance ☐ Medicare ☐ Medicaid  
NDCS  
801 W. Prospector Place LINCOLN, NE 68522

Insurance Carrier Name  
Patient's Address  
City State Zip Code

Insurance ID or Policy Number  
Driver Number  
Insurance Date of Birth

Signature Last Name (if different from patient)  
Patient relationship to insured  
☐ Self ☐ Spouse ☐ Child ☐ Other

Is there other health coverage included? ☐ Yes ☐ No  
If yes, attach copy of card

NOTE: For diagnosis, specimen or sample must be provided

Demographic Information  
1 Native American Eskimo, Algonquin  
A Asian / Pacific Islander  
B Black  
M Multi-Racial  
W White  
☐ O Other  
☐ U Unknown

STAT

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

Released By (Printed Name / Signature)  
COURIER Fedex

Received By (Printed Name / Signature)  
COURIER Fedex

Purpose of Change  
For Transport To MEDTOX  
For Accessioning at MEDTOX

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

Contact #

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

7/18

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

October 12, 2017



# 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

October 24, 2017



<b>See Reverse of PURCHASER'S Copy for Instructions</b>		No order form may be issued for Schedule I and II substances unless a completed application form has been received. (21 CFR 1305.04)		<b>OMB APPROVAL</b> No. 1117-0010	
TO: (Name of Supplier) <b>Community Pharmacy</b>			STREET ADDRESS <b>21699 N Star Drive Gretna NE 68029</b>		
CITY and STATE <b>Gretna NE</b>		DATE <b>10/12/17</b>		TO BE FILLED IN BY PURCHASER <div style="border: 1px solid black; padding: 5px; display: inline-block;">           NATIONAL DRUG  <b>FC02800542</b> </div>	
LINE No.	No. of Packages	Size of Package	Name of Item	No. of Packages Received	Date Received
1	1	50ml	Hydromorphone 5mg/5ml	00703011303	10/12/17
2	1	50ml	Fentanyl 100mcg/2ml	00641602725	10/12/17
3					
4					
5					
6					
7					
8					
9					
10					

**LAST LINE COMPLETED (MUST BE 10 OR LESS)**  
 Date Issued: **10/06/2017**  
 Schedules: **2, 2N, 3, 3N, 4, 5**  
 Registered as a: **HOSPITAL/CLINIC**

Signature of Purchaser or Attorney or Agent: **Hanbaum Dore**  
 Name and Address of Registrant: **10024256, 27877 - 1:8:46/118**  
**NEBRASKA STATE PENITENTIARY**  
**4201 SOUTH 14TH STREET**  
**LINCOLN NE 68542-0000**

DEA Registration No.: **FN2576708**  
 No. of this Order Form: **173424450**

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








0782-0112-03  
Rx only

Rx only  
NDC 0641-6027-25

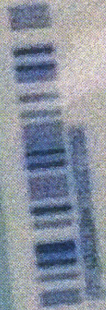

**Fentanyl**  
Citrate Injection, USP

**100 mcg/2 mL**  
(50 mcg/mL) (0.55 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**

(50 mcg/mL) 0.5% w/v


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

**Single Dose - Sterility Unassured 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.

**Do not Shaker** - See package insert for complete prescribing information.


**PREPARED FROM LALPHI** - Keep exposed to light until time of use.

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

Manufactured by:  
 **WEST-WARD**  
 Easton, NJ 07724 USA 609-856-0300

**WARNING**  
 Fentanyl is a potent analgesic and sedative. It may cause respiratory depression, hypotension, and other serious side effects. Use with caution. See package insert for complete prescribing information.

**PREPARED FROM LALPHI**  
 Keep exposed to light until time of use.

**LOT**  
 102501  
 2/11  
  
 1-800-40-60-7

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

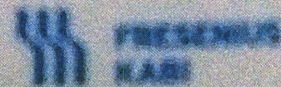


Sterile, Nonpyrogenic.

\*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 refrigerated. 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 hydramorphone hydrochloride per 5 mL in 0.2% sodium citrate, 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

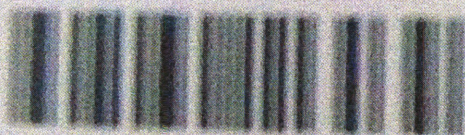
14088

10/23/2017



EXP 1HRR2019  
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 30x750

# 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

Caution: May Irritate

Each mL contains:

Potassium chloride 2 mEq

15.45 mg; anhydrous 3.74%

Excipients: 0.9% Sodium Chloride

Injection, 0.9% NaCl, sterile, pH 4.5

Have been added for pH adjustment.

4000 mEq/mL (600 mEq)

Contains no more than 100 mg/mL of

chloride.

Usual Dosage: See insert.

Store at 20° to 25° (68° to 77°) F/2°

USP Controlled Room Temperature

Excipients: 0.9% NaCl, sterile, pH 4.5

Excipients: 0.9% NaCl, sterile, pH 4.5

APP

APP Pharmaceuticals, LLC

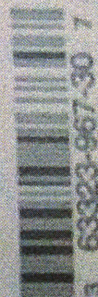
Summit, NJ 07901

LOT#

401702H

6012607

08/16

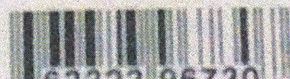


3 63323-967-30 7

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