ENSV Inspection Transmittal Summary Report

Media:
RCRA

Inspection Type:
CEI

Inspection Date:
02/04/2009

Preliminary SNC Findings:
Yes

NOV / NOPV / NOPF:
Yes

Inspector:
Michael Martin

Transmittal Date:

Facility Name:
CENTERPOINT MEDICAL CENTER

Address:
19600 E 39TH ST
Independence
MO
64057

ID Number:
MOR000524850

Activity Number:

MM Participationg Progams:

Federal Activity:
general medical and surgical hospital

Federal Facility:
No

Potential EJ:
No

SBREFA Provided:	Security Handout Provided:	MM Screening Completed:	EMS ISO 14001:	Compliance Officer:
Yes	Yes	Yes	No	Deborah Finger

Selection Criteria 1:
Hospital

Selection Criteria 2:

ACS Code:

Inspection Findings:

-Failure to make a hazardous waste determination
-Offering hazardous waste without a uniform hazardous waste manifest

Comments:

Target Quality:

The facility was a good quality target. There were numerous hazardous waste determination issues observed regarding the facility's pharmaceutical disposal.

RCRA

556664

Inspector Worksheet

Inspector: Michael Martin

JWF 2/19/09 KH 3/24/09

Facility Name: CENTERPOINT MEDICAL CENTER **Media:** RCRA **Federal Facility:** ☐ Yes

Address: 19600 E 39TH ST

City: Independence **State:** MO **ZIP:** 64057 **County:** Jackson

Facility Activity:	Inspection Type:	Selection Criteria - 1:	Selection Criteria - 2:
general medical and surgical hospital	CEI	Hospital	

ID Number:	Activity #:	NAICS/SIC Code:	Compliance Officer:
MOR000524850		62211	Deborah Finger

Quarter Requested:	Quarter:	Fiscal Year:	Last Inspection:	Planned Inspection:
Any Quarter	2	2009		02/03/2009

Major or Minor: **ACS Code:** **Forward Copy of MMSC to:** **Comments:**

FF Commitment Comments: **Federal Facility Program Commitment:**

Reason For Inspection:

SQG (as of 1/14/08), never inspected

Established: 2007
Website: http://www.centerpointmedical.com/

**** All information below is required and must be completed by the Inspector ****

Actual Insepction	Report Transmittal	Report Completion
2/3-4/2009	2/25/2009	2/25/2009

Potential EJ	Preliminary SNC Findings	NOV\NOPF Issued	Security Handout Provided	SBREFA
☐ Yes ☑ No ☐ N\A	☑ Yes ☐ No ☐ N\A	☑ Yes ☐ No ☐ N\A	☑ Yes ☐ No ☐ N\A	☑ Yes ☐ No ☐ N\A

MM Type	MM Level	MM Participating Program *	* A=CAA, W=CWA, R=RCRA, E/T=EPCRA/TSCA, U=UST, C=CFC, U-I=UIC, Wet, PWS, All
	B	RCRA	

MM Screening Complete? ☑ Yes ☐ No ☐ N\A

MM Screening Forwarded? ☑ Yes ☐ No **If Yes, who?** →

☐ ALL ☐ CAA ☑ E/T ☐ EMS ☑ CFC ☐ RCRA ☐ ISO 14001
☐ CWA ☑ UST ☐ UIC ☐ PWS ☐ EJ ☐ SPCC ☐ Wetlands

Inspection Findings and Comments: (briefly list regulatory concerns or other compliance issues)

Failure to make a hazardous waste determination.
Offering hazardous waste without an uniform hazardous waste manifest.

Target Quality (Good / Bad - Why?)

The Facility was a good quality target. There were numerous hazardous waste determination issues observed regarding the Facility's pharmaceutical disposal.

2/25
3/4/09

**** For Contractor Inspections Only ****

Contracting Officer:	Date of First Draft	Date of Final Report

REPORT OF RCRA COMPLIANCE EVALUATION INSPECTION

AT

CENTERPOINT MEDICAL CENTER
19600 East 39th Street
Independence, MO 64057
(816) 698-7092

EPA ID Number: MOR000524850

ON

February 3-4, 2009

BY

U.S. ENVIRONMENTAL PROTECTION AGENCY
Region VII
Environmental Services Division

1.0 INTRODUCTION

At the request of the Air and Waste Management Division (AWMD), I conducted a Resource Conservation and Recovery Act (RCRA) compliance evaluation inspection (CEI) at Centerpoint Medical Center located in Independence, MO, on February 3-4, 2009. This CEI was conducted under the authority of Section 3007(a) of RCRA, as amended. During the CEI, I collected the information and data necessary to determine compliance with the applicable regulatory and statutory requirements. This inspection report and attachments present the results of the CEI. This CEI was conducted as a Level B Multi-media Inspection and the *Region 7 Multimedia Screening Checklist* is included as Attachment 1. Based on the information obtained during the course of the inspection, I inspected the facility as a small quantity handler of universal waste, a used oil generator, and a Federal conditionally exempt small quantity generator of hazardous waste.

2.0 PARTICIPANTS

Centerpoint Medical Center (Centerpoint):
Kevin Fetters, Director of Facility Operations (1 year and 8 months at Centerpoint and 10 years with the Hospital Corporation of America)
Terry Glazer, Director of Pharmacy (1 year and 8 months at Centerpoint and 6 years with the with the Hospital Corporation of America)
Pat McQuillan, Pathology Assistant (1 year and 8 months at Centerpoint and 10 years with the Hospital Corporation of America)
Paula McNeary, Director of Pathology (1 year and 8 months at Centerpoint and 25 years with the Hospital Corporation of America)

U.S. Environmental Protection Agency (EPA):
Michael J. Martin, Life Scientist (Lead Inspector)
Kurt Limesand, Environmental Scientist

3.0 INSPECTION PROCEDURES

Upon arrival at Centerpoint at 9:42 am (on February 3, 2009), Mr. Limesand and I met with Mr. Fetters. I explained the purpose and procedures of the inspection and presented him with my EPA credentials. Mr. Fetters was made aware of his confidentiality rights and informed that a Confidentiality Notice would be provided at the end of the inspection to make any claims. Mr. Fetters was provided a copy of US Federal Code 1001 and 1002 concerning false statements and documents to read. Mr. Fetters acted as the official facility representative during the course of the CEI. The inspection consisted of a discussion of facility operations, waste generation and waste management, a review of waste management records, and a visual inspection of the waste generation and management areas. Document photocopies and photographs were additionally collected as inspection documentation (see attachments 1-21 and photos 1-12).

I conducted a visual inspection of the following areas (see attachment 2 for the Facility Layout):

Maintenance
Mechanical Room
Hazardous Waste Storage
Paint Shop
Surgical Pathology
Pathology Lab/Histology Lab
Biomedical Services
Boiler Room
Biohazardous Waste Storage
Radiology
In-Patient Pharmacy

At the conclusion of the inspection, I summarized the findings and recommendations with Mr. Fetters at the exit briefing. I provided Mr. Fetters with a *Confidentiality Notice*, which he signed, indicating no confidentiality claims were made by Centerpoint (see attachment 3). I provided Mr. Fetters with a *Receipt of Document and Samples*, which he signed as acknowledgement of receipt (see attachment 4). I provided Mr. Fetters with a *Notice of Violation* (see attachment 5), which he signed as acknowledgement of receipt. I requested that Mr. Fetters respond to the issues listed on the *Notice of Violation* in writing, within 14 calendar days.

The following inspection documents and compliance assistance handouts were provided to Centerpoint:

Receipt for Documents and Samples (Top page of completed carbon copy set)
Confidentiality Notice (Top page of completed carbon copy set)
Notice of Violation (Top page of completed carbon copy set)
Request for Information Correspondence (Top page of completed carbon copy set)
Security Awareness (EPA Pamphlet)
Commercial Motor Vehicle Transportation Security Planning (EPA information sheet)
U.S EPA Small Business Resources (EPA Fact Sheet)
Supplemental Information for Small Businesses (EPA Fact Sheet)
Compliance Assistance Centers (EPA Fact Sheet)

Mismanagement of Laboratory Waste (EPA Fact Sheet)
How to Prepare Hazardous Waste Manifests (EPA Fact Sheet)
Pharmaceutical - Universal Waste Rule Proposal (EPA Website Link)
Proposed Amendment to the Universal Waste Rule: Addition of Pharmaceuticals (EPA Fact Sheet)
Aerosol Cans (MNDR Fact Sheet)
Fluorescent Lamps (MNDR Fact Sheet)
Fluorescent Lamp Ballasts (MNDR Fact Sheet)
Hazardous Waste Generator Status Guidance (MNDR Fact Sheet)
Hazardous Waste Satellite Accumulation (MNDR Fact Sheet)
Management of Conditionally Exempt Small Quantities of Hazardous Waste (MNDR Fact Sheet)
Solvent-Contaminated Rags (MNDR Fact Sheet)
The Universal Waste Rule in Missouri (MNDR Fact Sheet)
Used Oil Generators (MNDR Fact Sheet)
Does Your Business Generate Hazardous Wastes? (MNDR Fact Sheet)
Waste or Product Determination Guidance (MNDR Fact Sheet)
Is Your Drug Waste Also Hazardous Waste? (MNDR Fact Sheet)

4.0 FINDINGS AND OBSERVATIONS

4.1 Facility Information and Operations

Centerpoint is a part of the Hospital Corporation of America (HCA) Midwest Health System. The HCA Midwest Health System includes twelve hospitals and several physician practices in the Kansas City metropolitan area and the surrounding region. The HCA Midwest Health System offers numerous specialty services including cardiology, mental health services, cancer treatment, respiratory therapy, diabetes management, open scan magnetic resonance imaging, physical rehabilitation, and convenient surgicenters. Centerpoint began operations in May 2007 and is located on 80 acres in Independence, MO (see attachment 2 for the Facility Layout). Centerpoint has 221 active beds and approximately 900 employees (see attachment 6 for Centerpoint's Organization Chart). Centerpoint is operated 24 hours/7 days a week and the administrative offices operate from 7:30 am to 5:00 pm, Monday through Friday.

4.2 RCRA Status

Centerpoint has not been inspected for RCRA compliance prior to this February 3-4, 2009 RCRA CEI. According to the EPA RCRA Handler Report and the MDNR Notification and Waste Stream Information Report, Centerpoint notified as a Federal small quantity generator of characteristic hazardous waste (D001, D002, D008, and D009) and listed hazardous waste (F003 and U122) (see attachment 7 for the EPA RCRA Handler Report and see attachment 8 for the MDNR Notification and Waste Stream Information Report). I asked Mr. Fetters to review the EPA RCRA Handler Report, which I provided to him during the inspection. He noted that there were no changes. From my review of Centerpoint's Hazardous Waste Summary Report, Centerpoint generated over 200 pounds of hazardous waste on January 25, 2008 and June 17, 2008 (see attachment 9 for the Hazardous Waste Summary Report). Since the January 2008 and June 2008 calendar months, Centerpoint has not generated or accumulated more than 55 pounds of hazardous waste on-site.

Based on the known universal waste (see photos #1, #2, and #3), used oil (see photo #4), and hazardous waste (see photos #8, #9, and #12) accumulated on-site at the time of the inspection, Centerpoint is operating as a small quantity handler of universal waste, a used oil generator, and a Federal conditionally exempt small quantity generator of characteristic hazardous waste (D001 and D008) and listed hazardous waste (F003). Depending on upcoming hazardous waste determinations (damaged, partially used, and patient contacted pharmaceuticals generated throughout the hospital and disposed with biohazardous waste), Centerpoint could possibly be a generator of various U-listed, P-listed, and characteristic hazardous wastes. Additionally, Centerpoint's hazardous waste generator status could possibly change from a Federal conditionally exempt small quantity generator to a Federal large quantity generator, based on upcoming hazardous waste determinations (damaged, partially used, and patient contacted pharmaceuticals generated throughout the hospital and disposed with biohazardous waste).

4.3 Facility Waste Management and Streams

Unopened/Unused Pharmaceuticals - Unopened/unused pharmaceuticals are generated from upper floors of the hospital and from the Patient Pharmacy general inventory (recalled and out of date pharmaceuticals). Unopened/unused pharmaceuticals are returned (quarterly) to Centerpoint's Reverse Distributor, EXP Pharmaceutical Services Corporation, Freemont, CA. Centerpoint's unopened/unused pharmaceuticals slated for reverse distribution are collected in one of two plastic totes located in the In-Patient Pharmacy (see photos #10 and #11). EXP provides Centerpoint with an inventory of return credits, disposal fees, and "hazardous waste" pharmaceuticals disposed (see attachment 10 for the 2007, 2008, and 2009 Reverse Distributor Reports). See attachment 10 for the quantity of unopened/unused pharmaceuticals sent to EXP for the 2007, 2008, and 2009 calendar years.

I informed Messrs. Fetters and Glazer that it is a good management practice to keep track of the unopened/unused pharmaceuticals that are typically disposed by EXP and the pharmaceuticals EXP determines to be product or recyclable material. I informed Messrs. Fetters and Glazer that using EXP does not relieve Centerpoint from making appropriate hazardous waste determinations on their waste pharmaceuticals, ensuring proper waste pharmaceutical management and disposal, and/or documenting the waste pharmaceuticals that will be reused/recycled rather than disposed. I Informed Messrs. Fetters and Glazer that the generator of any solid or hazardous waste maintains liability for its waste from the point of waste generation through final recycling or disposal. I reviewed Centerpoint's reverse distribution management and no apparent violations were noted.

Damaged, Partially Used, and Patient Contacted Pharmaceuticals - Damaged, partially used, and patient contacted pharmaceuticals are generated on upper floors of the hospital and then disposed in various biohazardous waste storage containers throughout the hospital (see photo #7). Messrs. Fetters and Glazer stated that Centerpoint considers any damaged/partially used pharmaceuticals (pills, ointments, creams, tablets, insulin, aerosol inhalers, etc.) that came in contact with a patient to be biohazardous waste. Stericyle, Kansas City, KS, disposes of Centerpoint biohazardous waste as non-hazardous waste. See attachment 11 for Centerpoint's Biohazardous Waste Shipping Correspondence. I asked Messrs. Fetters and Glazer if a hazardous waste determination has been made on the damaged/partially used pharmaceuticals (that came in

contact with patients) prior to disposal with their biohazardous waste. Messrs. Fetters and Glazer stated "no." I informed Messrs. Fetters and Glazer that a hazardous waste determination must be made on their damaged, partially used, and patient contacted pharmaceuticals prior to disposal with the biohazardous waste. A violation is noted in Section 5.0. At the time of the inspection, Messrs. Fetters and Glazer could not provide the quantities of damaged, partially used, and patient contacted pharmaceuticals disposed with their biohazardous waste. Depending on hazardous waste determinations (damaged, partially used, and patient contacted pharmaceuticals generated throughout the hospital), Centerpoint could possibly be disposing of various U-listed, P-listed, and characteristic hazardous wastes with their biohazardous waste. Centerpoint's hazardous waste generator status could possibly change from a Federal conditionally exempt small quantity generator to a Federal large quantity generator, based on future hazardous waste determinations (damaged, partially used, and patient contacted pharmaceuticals generated throughout the hospital and disposed with biohazardous waste).

Biohazardous Waste - Centerpoint's biohazardous waste consist of two waste streams (sharps and damaged, partially used, and patient contacted pharmaceuticals). Both waste streams are disposed by Stericyle, Kansas City, KS, as non-hazardous waste. Stericyle incinerates Centerpoint's biohazardous waste. See attachment 11 and 12 for the Biohazardous Waste Disposal Correspondence. At the time of the inspection, I determined that Centerpoint is not making hazardous waste determinations on their pharmaceuticals (damaged, partially used, and patient contacted drugs) prior to disposal with their bio-hazardous waste (see photo #7). A violation is noted in Section 5.0.

Trace Chemotherapy Waste - Centerpoint generates trace chemotherapy waste (syringes and dispensing equipment) from their chemotherapy drug administrating activities (see photos #5 and #6). Mr. Glazer stated that Centerpoint generates trace chemotherapy waste that contained chemotherapy drugs such as cyclophosphamide and mitomycin (see attachment 13 for the Trace Chemotherapy Waste Profiles). From my review of Centerpoint's December 22, 2008 Shipping Correspondence, 104 pounds of trace chemotherapy waste were disposed by Waste Express, Kansas City, MO, as non-hazardous waste (see attachment 14 for the December 22, 2008 Shipping Correspondence). After further regulatory review, I determined that Centerpoint's trace RCRA listed contaminated debris (syringes and dispensing equipment) would not be considered RCRA hazardous. I reviewed Centerpoint's management of their trace chemotherapy waste and no apparent violations were noted.

Waste Xylene - Centerpoint generates less than one gallon of waste xylene per month from their Surgical Lab pathology work. Mr. Fetters stated that most of Centerpoint's pathology/histology work has been contracted off-site since July 2008. At the time of the inspection, I observed one "Hazardous Waste" labeled five gallon container of waste xylene in the Pathology Lab (see photos #8 and #9). At the time of the inspection, the "Hazardous Waste" labeled five gallon container was empty. Mr. Fetters stated that any generated or accumulated waste xylene on-site will be disposed by Waste Express, Kansas City, MO, as D001 characteristic hazardous waste and F003 listed hazardous waste. I reviewed Centerpoint's management of their waste xylene and no apparent violations were noted.

Waste Steris 20 Sterilant - Centerpoint uses Steris 20 sterilant to prevent infection and contamination in critical environments where the highest levels of sterility are required. Centerpoint generates 40 pounds of waste Steris 20 sterilant per year. From my review of Centerpoint's Hazardous Waste Summary Report Centerpoint, Centerpoint generated over 20 pounds of waste Steris 20 sterilant on February 1, 2008 and June 17, 2008 (see attachment 9 for the Hazardous Waste Summary Report). From my review of the Steris 20 material safety data sheet (MSDS) copy, it appears that Centerpoint's waste Steris 20 would exhibit the characteristic of ignitability (D001) and corrosiveness (D002) (see attachment 15 for Centerpoint's Steris 20 MSDS). Waste Express, Kansas City, MO, disposed of Centerpoint's waste Steris 20 as D001 characteristic hazardous waste. Centerpoint's waste Steris 20 was manifested off-site under the shipping description Waste Oxidizing Solid, N.O.S. (Lab-Pack), 5.1, UN1473, II RQ. After further review of the February 1, 2008 and June 17, 2008 uniform hazardous waste manifests (see attachment 9 for the Hazardous Waste Summary Report), I determined that the D002 hazardous waste code should have been marked (in addition of the D001 hazardous waste code) on both uniform hazardous waste manifests. I reviewed Centerpoint's management of their waste Steris 20 and no apparent violations were noted.

Sterilization Indicator Tape - Centerpoint generates spent 3M Chemical Integrator tape and 3M Steam Indicator tape (see photo #12) from their steam-sterilization activities (sterilization of surgical instrument only). Mr. Fetters stated that all of BFI's spent sterilization indicator tape is disposed in the general trash. Allied Waste, Kansas City, MO, disposes of Centerpoint's general trash two to three times per week. I asked Mr. Fetters if Centerpoint conducts a hazardous waste determination of their spent sterilization tape prior to disposal in the general trash. Mr. Fetters stated "no." I informed Mr. Fetters that Centerpoint must make a hazardous waste determination on their spent sterilization tape prior to disposal in the general trash. From my review of the 3M Chemical Integrator tape material safety data sheet (MSDS) copy, it appears that the spent 3M Chemical Integrator tape would be non-hazardous (see attachment 16 for the 3M Chemical Integrator Tape MSDS). From my review of the 3M Steam Indicator tape MSDS copy, it appears that the spent 3M Steam Indicator tape would exhibit the characteristic of lead (D008) (see attachment 17 for the 3M Steam Indicator Tape MSDS). At the time of the inspection, Mr. Fetters could not provide the quantities of spent 3M Steam Indicator tape disposed in the general trash per year (Centerpoint began operations in May 2007). By disposing of their spent 3M Steam Indicator Tape (D008 characteristic hazardous waste) in the general trash, Centerpoint has been offering hazardous waste without a uniform hazardous waste manifest to Allied Waste, Kansas City, MO. I inadvertently left the violation of 40 CFR 262.20(a)(1) off the *Notice of Violation* form. On February 12, 2009 (9:40 am - phone conversation), I informed Mr. Fetters that Centerpoint will need to respond to the additional violation. Violations are noted in Section 5.0.

Waste Mercury - Centerpoint generated ten pounds of waste mercury (broken thermometers) on June 17, 2008 (see attachment 9 for the Hazardous Waste Summary Report). Centerpoint has not generated or accumulated on-site any waste mercury since June 17, 2008. At the time of the inspection, I did not observe any waste mercury being generated or accumulated on-site.

Waste Formalin - Formalin (less than a 10% concentration of formaldehyde) is used as a fixative in surgical pathology activities at Centerpoint. Mr. Fetters stated that less than five gallons of waste formalin is discharged directly to the local publicly owned treatment works (The City of Independence, MO, Storm and Sewer System) per month. Mr. Fetters stated that Centerpoint has notified the local POTW prior to discharging of the waste formalin. I reviewed Centerpoint's management of their waste formalin and no apparent violations were noted.

Radiology Waste - Mr. Fetters stated that Centerpoint's Radiology Department does not generate any spent medical film or excess barium-containing radiological contrast media. Mr. Fetters stated that all of Centerpoint's radiological imaging is digital and no spent medical film or spent processing chemicals are generated on-site. Mr. Fetters stated that barium-containing radiological contrast media is made up on a patient to patient basis and no excess barium-containing radiological contrast media is generated or accumulated on-site. At the time of the inspection, I did not observe any spent medical film or excess barium-containing radiological contrast media being generated or accumulated on-site.

Used Oil - Mr. Fetters stated that Centerpoint generates an average of 400 pounds of used oil per year from their air compressor maintenance activities (see attachment 18 for the Used Oil Shipping Correspondence). Waste Express, Kansas City, MO, recycles Centerpoint's used oil. At the time of the inspection, I observed one ¼ full 55 gallon container of used oil properly labeled with the words "Used Oil" (see photo #4). I reviewed Centerpoint's management of their used oil and no apparent violations were noted.

Universal Waste - Centerpoint generates at least 250 pounds of spent fluorescent bulbs per year. The spent fluorescent bulbs are collected as "Universal Waste Lamps" and sent to Waste Express, Kansas City, MO, for recycling. Centerpoint's latest shipment of universal waste lamps to Waste Express was on January 22, 2009 (see attachment 19 for the Universal Waste Lamp Shipment Correspondence). At the time of the inspection, I observed eighteen spent fluorescent bulbs stored in a properly closed container labeled as "Universal Waste" and the accumulation date identified (February 2, 2009) (see photos #2 and #3). Centerpoint generates an average of 78 universal waste batteries (lead acid, nickel metal hydride, and nickel cadmium) per year from their Biomedical services activities (see photo #1). Beebe Batteries, Independence, MO, recycles Centerpoint universal waste batteries. Centerpoint's last universal waste battery shipment to Beebe Batteries was on September 16, 2008 (see attachment 20 for the Universal Waste Batteries Shipping Correspondence). I reviewed Centerpoint's management of their universal waste (lamps and batteries) and no apparent violations were noted.

General Trash - General trash includes empty housekeeping/cleaning containers, restroom wastes, and lunch wastes. Allied Waste, Kansas City, MO, disposes of Centerpoint's general trash two to three times per week.

5.0 VIOLATIONS

Failure to Make a Hazardous Waste Determination (NOV #1)

According to 40 CFR 262.11, a hazardous waste determination must be made on all solid wastes. A hazardous waste determination had not been made on the following:

Throughout the Hospital

- Damaged, partially used, and patient contacted pharmaceuticals (pills, ointments, creams, tablets, insulin, aerosol inhalers, etc.) disposed in various biohazardous waste storage containers throughout the hospital.
- Spent 3M Steam Indicator tape disposed in the general trash.

I asked Messrs. Fetters and Glazer if a hazardous waste determination has been made on the damaged/partially used pharmaceuticals (that came in contact with patients) prior to disposal with their biohazardous waste. Messrs. Fetters and Glazer stated "no." At the time of the inspection, Messrs. Fetters and Glazer could not provide the generation rate of pharmaceuticals generated on-site and the quantities of waste pharmaceuticals disposed with their biohazardous waste. I asked Mr. Fetters if Centerpoint conducts a hazardous waste determination of their spent 3M Steam Indicator tape prior to disposal in the general trash. Mr. Fetters stated "no." From my review of the 3M Steam Indicator tape MSDS copy, it appears that Centerpoint's spent 3M Steam Indicator tape would exhibit the characteristic of lead (D008) (see attachment 17 for the 3M Steam Indicator Tape MSDS). At the time of the inspection, Mr. Fetters could not provide the quantities of spent 3M Steam Indicator tape disposed in the general trash per year (Centerpoint began operations in May 2007).

Offering Hazardous Waste without a Manifest

By disposing of their spent 3M Steam Indicator Tape (D008 characteristic hazardous waste) in the general trash (see attachment 17 for the 3M Steam Indicator Tape MSDS), Centerpoint has been offering hazardous waste without a uniform hazardous waste manifest to Allied Waste, Kansas City, MO. I inadvertently left the violation of 40 CFR 262.20(a)(1) off the *Notice of Violation* form. On February 12, 2009 (9:40 am - phone conversation), I informed Mr. Fetters that Centerpoint will need to respond to the additional violation.

6.0. SUMMARY

At the conclusion of the inspection, I provided Centerpoint with a request for information (see attachment 21 for the Request for Information Correspondence) for the following:

1) A copy of the reverse distribution contract with EXP Pharmaceutical Services Corporation, Freemont, CA.
2) Explanation of EXP's Reverse Distributor Report categories (Hazardous Waste, Processed Indates, Non-Schedule Drug Waste, Indate, Schedule Drug Waste, Returned Drug Waste, Processed Recall Report, Returned Non-Schedule Drug, and Returned Schedule Drug).
3) Description and explanation of the inventory EXP takes on the waste pharmaceuticals while on-site at Centerpoint.
4) Description and explanation of the inventory EXP takes once the waste pharmaceuticals are taken back to EXP's site.
5) Generation rates of pharmaceuticals generated on-site and pharmaceuticals disposed with the biohazardous waste.
6) A copy of the biohazardous waste disposal contract with Stericycle, Kansas City, KS.
7) Generation rate of spent 3M Steam Indicator sterilization tape per year and disposed in the general trash per year.

I reviewed all applicable Federal conditionally exempt small quantity generator requirements and no other apparent violations were noted in Section 5.0.

Michael J. Martin
Life Scientist
Date: February 25, 2009

Attachments

1) *Region 7 Multi-Media Screening Checklist* (2 pages)
2) Facility Layout (6 pages)
3) *Confidentiality Notice* (1 page)
4) *Receipt for Documents and Samples* (2 pages)
5) *Notice of Violation* (1 page)
6) Organization Chart (1 page)
7) EPA RCRA Handler Report (1 page)
8) MDNR Notification and Waste Stream Information Report (1 page)
9) Hazardous Waste Summary Report (6 pages)
10) Reverse Distributor Reports (2007, 2008, and 2009) (226 pages)
11) Biohazardous Waste Disposal Correspondence (Patient contacted drugs & debris) (22 pages)
12) Biohazardous Waste Disposal Correspondence (Sharps) (4 pages)
13) Trace Chemotherapy Waste Profiles (1 page)
14) December 22, 2008 Shipping Correspondence (1 page)
15) Steris 20 MSDS (2 pages)
16) 3M Chemical Integrator Tape MSDS (6 pages)
17) 3M Steam Indicator Tape MSDS (9 pages)
18) Used Oil Shipping Correspondence (1 page)
19) Universal Waste Lamp Shipment Correspondence (3 pages)
20) Universal Waste Batteries Shipping Correspondence (1 page)
21) Request for Information Form Correspondence (2 pages)

Photo Log (2 pages)
Photographs (7 pages/12 photos)

Forward To: EJ ☐ EPCRA / RMP / TSCA ☑ CWA ☐ Wetlands ☐ UIC ☐ PWS ☐ CAA / CFC ☑ RCRA ☐ UST ☑ SPCC ☐

REGION VII MULTIMEDIA SCREENING CHECKLIST

Facility Name: Centerpoint Medical Center
Inspector: Michael J. Martin
Facility Ownership: Centerpoint Medical Center
Primary Media: RCRA
Street: 19600 East 39th Street
Inspector Phone Ext.: 7149
City: Independence State: MO Zip: 64057
Date: 2/4/2009
Phone: (816) 698-2092 Facility Contact: Kevin Fetters
SIC/NAICS Code 62211
Number of Employees: 900 Work Hours/Shifts 24hr/7days week Facility Subject to OSHA regulations Yes ☑ No ☐

Main facility activity, major process chemical(s) & description: General medical and surgical activities

(**Check all that apply**): painting/coating (water-based ☑, solvent-based ☐), printing ☐, reacting ☐, formulating ☐, distilling ☐, water treatment ☐, refrigeration ☑, manufacturing ☐, parts washers/degreasing (water-based ☐, halogenated-based ☐, non-halogenated-based ☐), combustion (boiler, furnaces, oxidizers) ☑ plating (chrome ☐, other_____).

ENVIRONMENTAL JUSTICE (Note: Forward to EJ if a concern is identified during your inspection)

1. Is the facility located in an apparent low income area (e.g., with many abandoned and dilapidated properties)? No ☑ (stop) Yes ☐
   If yes, is facility less then 1000 feet from nearest routinely occupied property (house, school, etc.)? No ☐ (stop) Yes ☐ ***Forward to EJ***

EMERGENCY PLANNING & COMMUNITY RIGHT TO KNOW ACT (EPCRA) & TOXIC SUBSTANCE CONTROL ACT (TSCA)

1. Did facility file a Tier II report with fire department, Local & State Emergency Planning Committee? Yes ☑ No ☐ ***Forward to EPCRA***
2. Did facility manufacture, import, or process (formulate, blend, package) >25,000 lbs of a chemical or >100 lbs of a Persistent Bioaccumulative Toxin (lead, mercury, or polycyclic aromatic compounds) at any time over the last 5 years? No ☑ (stop) Yes ☐ ***Forward to EPCRA***
3. Has the facility: ***If any box in question 3 is marked - Forward to EPCRA***
   a. Stored ≥500 lbs of ammonia ☐, ≥100 lbs of chlorine ☐, or ≥10,000 lbs of an industrial chemical ☐, at any time over the last 2 years? ☐
   b. Stored ≥10,000 lbs of pressurized flammable material (propane, methane, butane, pentane, etc.) at any time over the last 2 years? ☐
   c. Used ≥10,000 lbs of ammonia ☐, chlorine ☐, halogenated solvents ☐, solvent-based paints ☐, or solvents ☐, or nitrated compound, over the last calendar year? ☐
   d. Generated ≥ one half pound of metal dusts, fumes, or metal turnings, over the last calendar year? ☐
4. Does the facility have any oil filled electrical equipment No ☑ (stop) Yes ☐ ***Forward to TSCA and ask*** Has facility tested oil filled equipment to determine PCB content; No ☐ Yes ☐ number containing PCBs greater than 50 ppm _____ and percent of all equipment tested _____. Is equipment leaking (including wet or weeping equipment)? No ☐ Yes ☐ – ***Get Photo***

CLEAN WATER ACT (CWA) - National Pollution Discharge Elimination System (NPDES), Industrial Pretreatment, Storm Water, & Wetlands

1. Does the facility discharge any wastewater to storm sewers, surface water, or the land? No ☑ (stop) Yes ☐
   If yes, are all wastewater discharges permitted? Yes ☐ No ☐ ***Forward to CWA***
2. Does the facility have process wastewaters that are discharged to a city POTW (Publicly Owned Treatment Works)? No ☑ (stop) Yes ☐
   If yes, are the discharges permitted by: State? ☐, City? ☐ – If yes, Stop here. No ☐ ***Forward to CWA***
   If yes, does the city have a state or EPA approved pretreatment program? Yes ☐ No or Don't Know ☐ ***Forward to CWA***
3. During rainfall events, can storm water carry pollutants from manufacturing, processing, storage, disposal, shipping and receiving areas, or from construction sites >1 acre, to storm sewers or surface water? No ☑ (stop) Yes ☐
   If yes, does the facility have an NPDES permit for these storm water discharges? Yes ☐ No ☐ ***Forward to CWA***
4. Did you see any wastewater discharges not identified by the facility? No ☑ (stop) Yes ☐ - Identify location, time, appearance of discharge: _____ (***Get Photo***) ***Forward to CWA***
5. Does the facility have any wetland areas (e.g. streams, ponds, or temporarily wet areas)? No ☑ (stop) Yes ☐
   If yes, have any wetland areas been dredged, filled, channelized, dammed, or had gravel removed from them within the last 5 years?
   No ☐ (stop) Yes ☐ - Identify location and timeframe_____ (***Get Photo***) ***FWD to Wetlands***

SAFE DRINKING WATER ACT (SDWA) - Underground Injection Control (UIC) & Public Water System (PWS)

1. Does facility discharge any liquids to the subsurface (septic systems, disposal wells, cesspools, etc.)? No ☑ (stop) Yes ☐ ***Forward to UIC***
   If yes, do these liquid wastes consist of sanitary wastewater only? Yes ☐ No ☐
2. Does facility provide drinking water to 25 people or more from its own source (private well, pond, etc)? No ☑ (stop) Yes ☐ ***Forward to PWS***
   If yes, does the facility test or monitor its drinking water in order to comply with state regulations? Yes ☐ No ☐

CLEAN AIR ACT (CAA) and CFCs

1. Do you see any dense, non-steam, smoke or dust emissions leaving the facility property? No ☑ Yes ☐ ***Forward to CAA***
   Source _____ ***(Get Photo)***
2. Does the facility have any new air pollution emitting equipment that was constructed or installed in the past 5 years? No ☐ (stop) Yes ☐
   If yes, is equipment permitted? Yes ☑ No ☐ ***Forward to CAA*** *Describe:* boilers + generators
3. Does the facility have any cooling units that contain >50 lbs of refrigerant? No ☐ (stop) Yes ☑ ***Forward to CFC***
   If yes, are these units: Self-serviced? ☐ Contract Serviced? ☑ - Service Company: TRAN
4. Does the facility have a refrigeration process that contains more than 10,000 lbs of ammonia ? No ☐ (stop) Yes ☑ ***Forward to EPCRA/RMP***
5. Does the facility service motor vehicle air conditioning systems? No ☐ (stop) Yes ☑ ***Forward to CFC***

RESOURCE CONSERVATION AND RECOVERY ACT (RCRA) and UNDERGROUND STORAGE TANKS (UST)

1. Does the facility generate more than 30-gallons (220 lbs./100kg) of hazardous waste per month or at any one time? No ☑ (stop) Yes ☐
   If yes, does facility have an EPA Hazardous Waste Identification Number? Yes ☐ (stop) No ☐ ***Forward to RCRA***
2. Is hazardous waste treated ☐ , stored >90-days ☐, burned ☐ , land filled ☐ , put in surface impoundments ☐ or waste piles ☐ ?
   No ☑ (stop) Yes ☐ If yes, is the facility permitted for above described activity? Yes ☐ No ☐ ***Forward to RCRA***
3. Did you see or does the facility have any large quantities of materials **that the facility claims to be non-hazardous waste material** (>10 drums, roll-offs, waste piles, etc. – exclude clean office trash, cardboard, & packaging type wastes)? No ☑ (stop) Yes ☐

Material Claimed To Be Non-Hazardous	How does the facility know these wastes are non-hazardous?	
_____	Testing, industry or manuf. info.., MSDS, etc. ☐ ;	None available ☐ ***Forward to RCRA***
_____	Testing, industry or manuf. info.., MSDS, etc. ☐ ;	None available ☐ ***Forward to RCRA***
_____	Testing, industry or manuf. info.., MSDS, etc. ☐ ;	None available ☐ ***Forward to RCRA***
_____	Testing, industry or manuf. info.., MSDS, etc. ☐ ;	None available ☐ ***Forward to RCRA***
_____	Testing, industry or manuf. info.., MSDS, etc. ☐ ;	None available ☐ ***Forward to RCRA***

4. Did you see any leaking hazardous waste containers, drums, or tanks? No ☑ Yes ☐ ***Forward to RCRA***
   Describe: _____ ***(Get Photo)***
5. Did you see any signs of spills or releases (e.g., dead or stressed vegetation, stains, discoloration)? No ☑ Yes ☐ ***Forward to RCRA***
   Describe: _____ ***(Get Photo)***
6. Did you see any chemical or waste handling practices that concern you (access to children/public)? No ☑ Yes ☐ ***Forward to RCRA & EPCRA*** Describe: _____ ***(Get Photo)***
7. Does the facility have any past or present underground petroleum product or hazardous material tanks? No ☐ Yes ☑ ***Forward to UST***
8. Does the facility have any underground fuel tanks for emergency generators? No ☐ Yes ☑ ***Forward to UST***

SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN (SPCC)

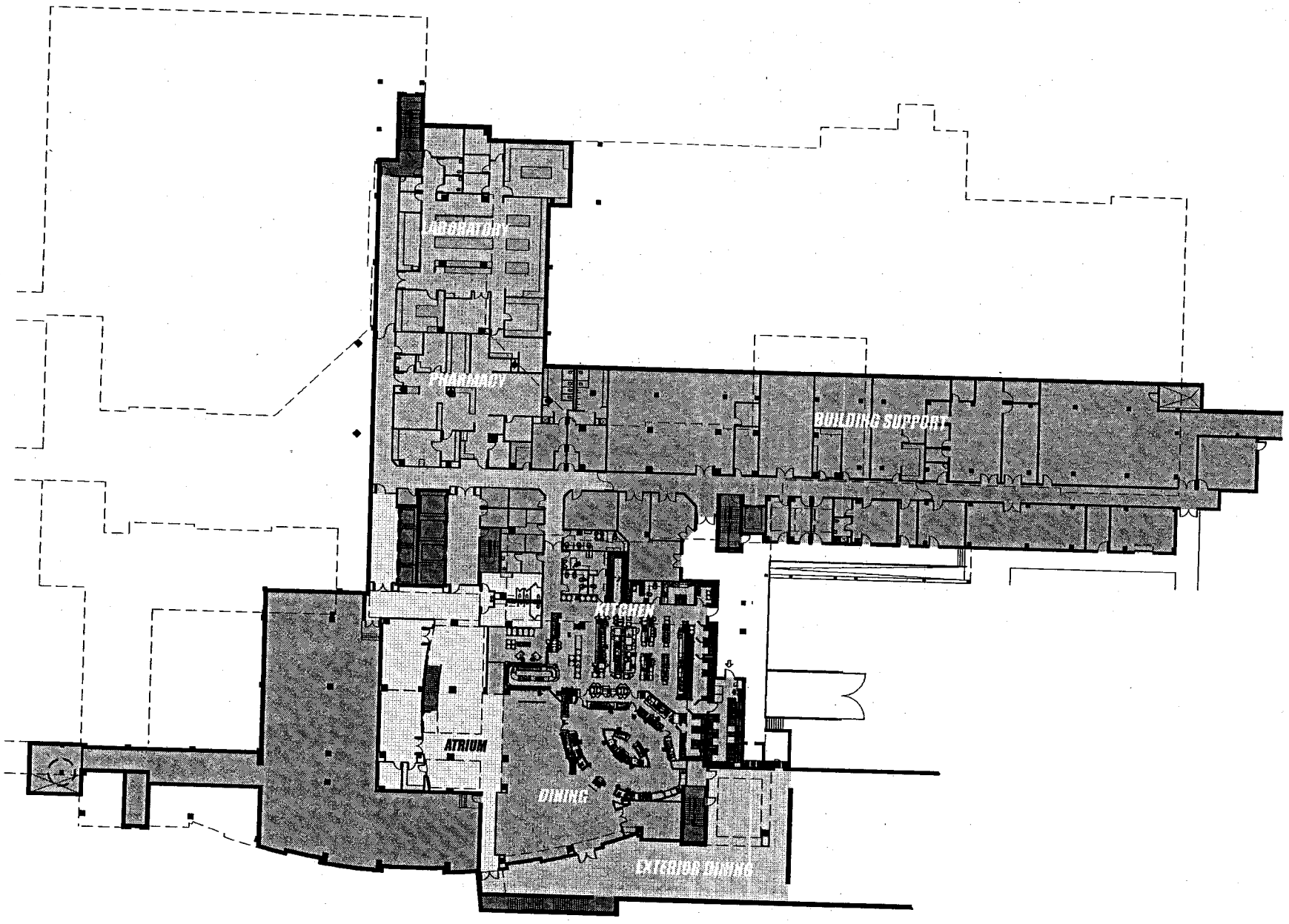
1. Does the facility have any aboveground oil tanks (petroleum, synthetic, animal, fish, vegetable) with an aggregate volume >1,320 gallons? 2/4/09
   No ☑ (stop) Yes ☐ - Does the facility have a certified SPCC Plan? Yes ☐ No ☐ ***Forward to SPCC***
   If yes, are there secondary containment systems for the tanks? Yes ☐ No ☐ ***Forward to SPCC***
   If yes, are any tanks leaking where oil could reach waters of the State or U.S.? No ☐ Yes ☐ ***(Get Photo)*** ***Forward to SPCC***

ENVIRONMENTAL MANAGEMENT SYSTEMS (EMS)

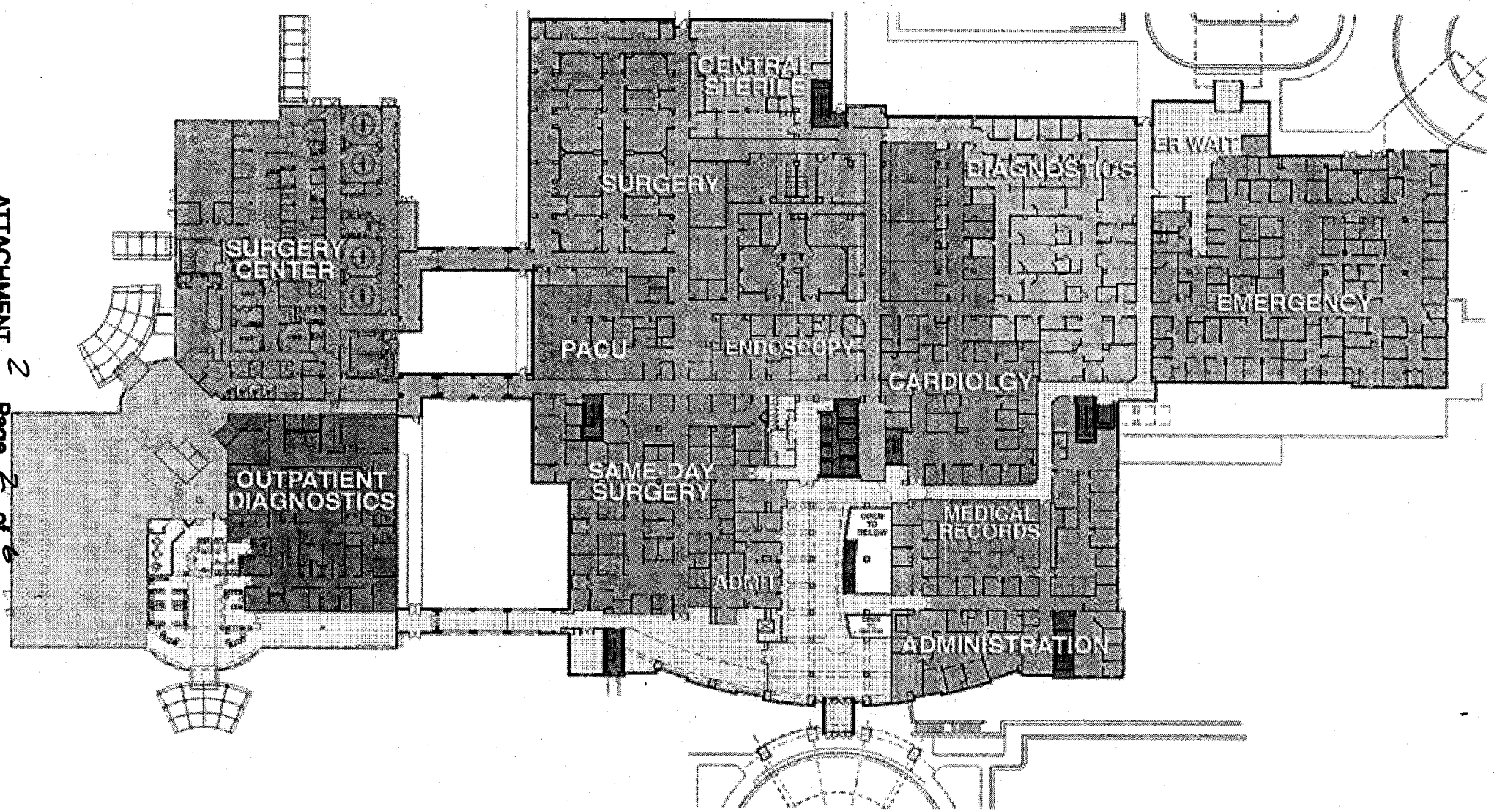
1. Does your facility have an EMS? No ☑ Yes ☐
2. Is the facility's EMS ISO 14001 certified? No ☑ Yes ☐

**** PLEASE TAKE PHOTOS TO DOCUMENT POTENTIAL PROBLEMS***

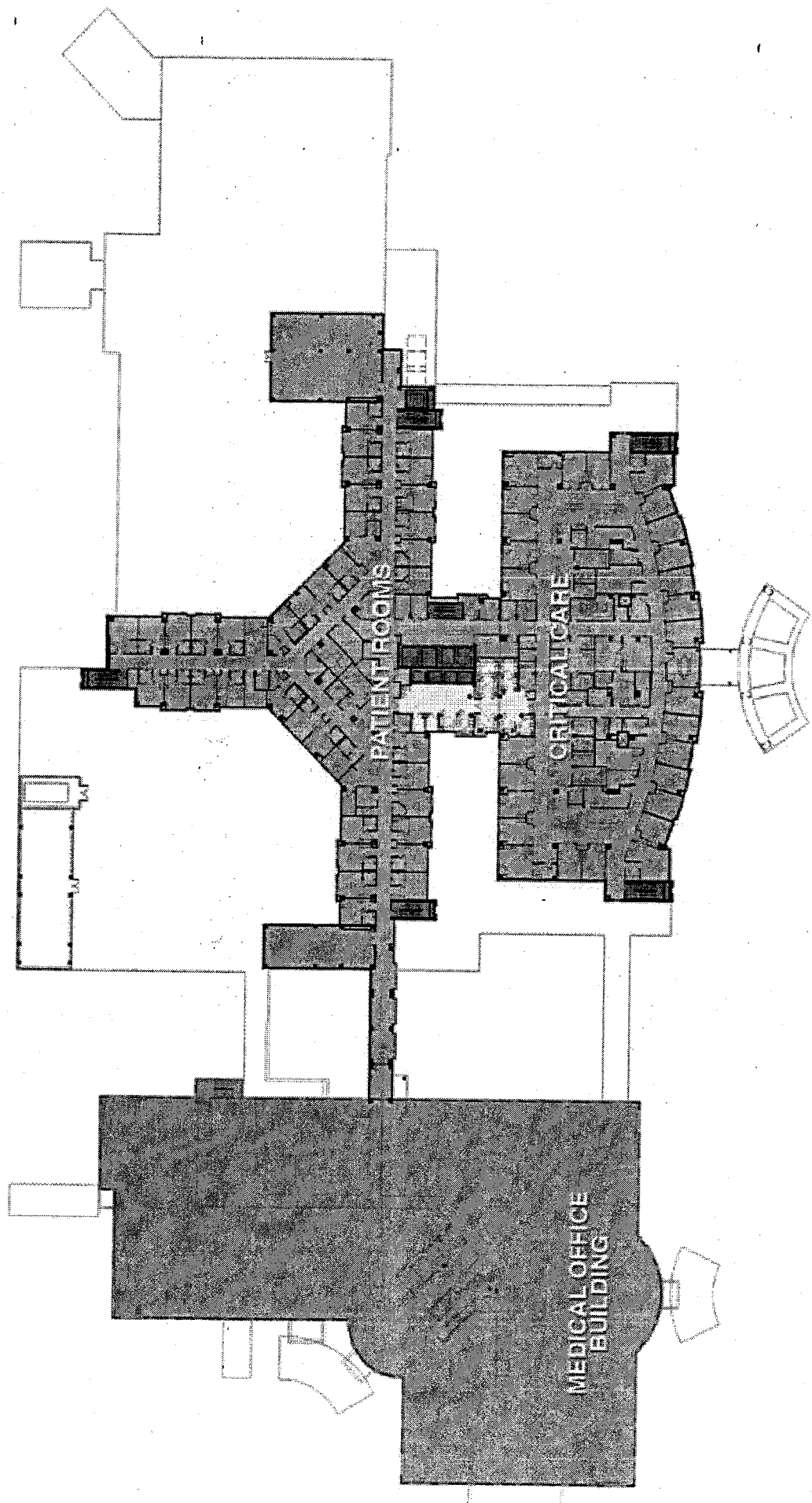
Version 08.23.05a GRAY SHADED AREAS INDICATE ITEMS **YOU** NEED TO **LOOK** FOR DURING VISUAL INSPECTION

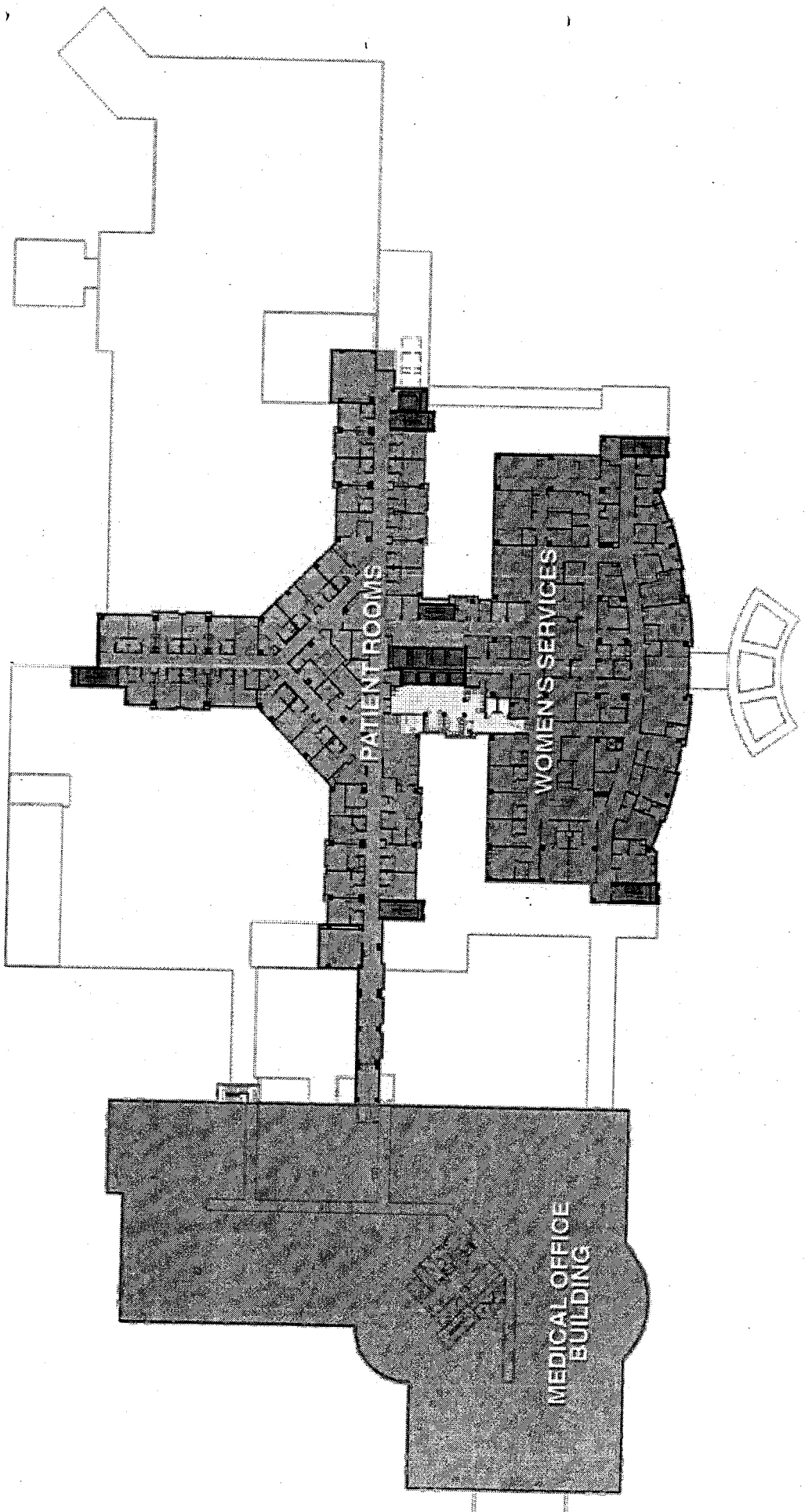


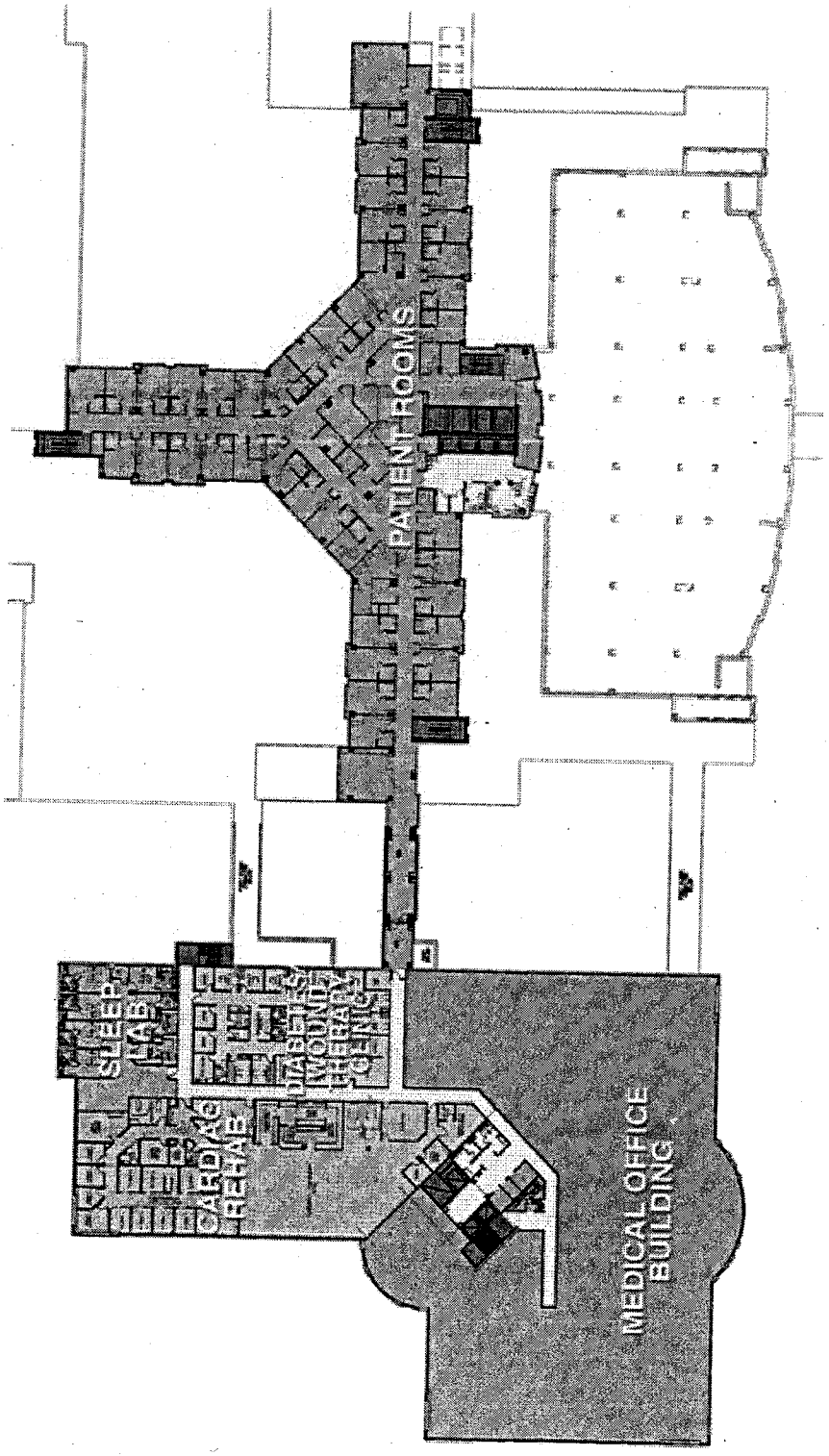
ATTACHMENT 2 Page 1 of 6

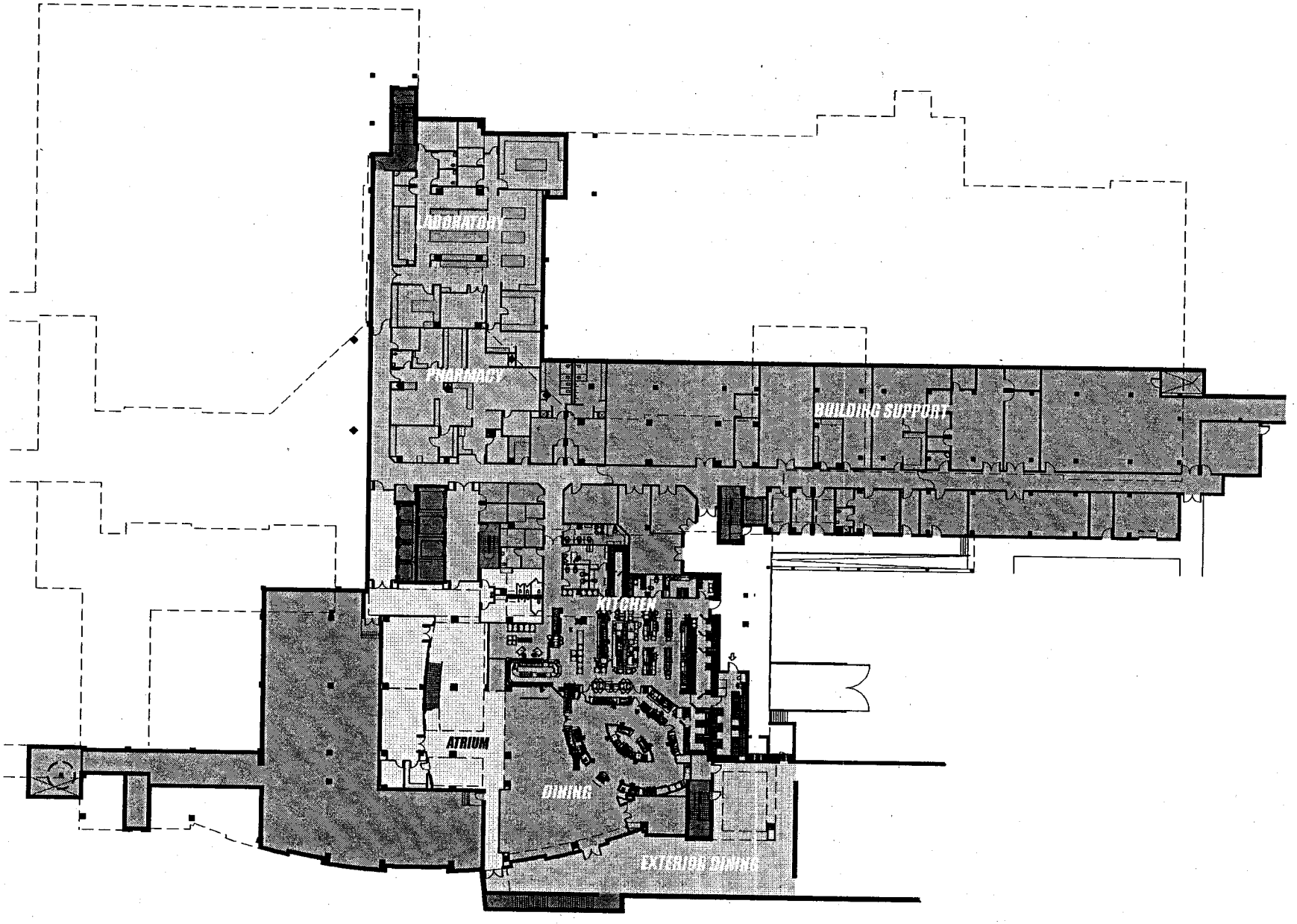


ATTACHMENT 2 Page 2 of 6


PATIENT ROOMS
CRITICAL CARE
MEDICAL OFFICE BUILDING


PATIENT ROOMS
WOMEN'S SERVICES
MEDICAL OFFICE BUILDING


PATIENT ROOMS
SLEEP LAB
CARDIAC REHAB
DIABETES
WOUND
LIBRARY
CLINIC
MEDICAL OFFICE BUILDING



ATTACHMENT 2 Page 6 of 6

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name Centerpoint Medical Center	
Facility Address 17600 East 39th Street Independence, MO 64057	
Inspector (print) Michael J. Martin	
U.S. EPA, Region VII, 901 N. 5th St., Kansas City, KS 66101	Date 2/4/2009

The United States Environmental Protection Agency (EPA) is obligated, under the Freedom of Information Act, to release information collected during inspections to persons who submit requests for that information. The Freedom of Information Act does, however, have provisions that allow EPA to withhold certain confidential business information from public disclosure. To claim protection for information gathered during this inspection you must request that the information be held CONFIDENTIAL and substantiate your claim in writing by demonstrating that the information meets the requirements in 40 CFR 2, Subpart B. The following criteria in Subpart B must be met:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.

2. No statute specifically requires disclosure of the information.

3. Disclosure of the information would cause substantial harm to your company's competitive position.

Information that you claim confidential will be held as such pending a determination of applicability by EPA.

I have received this Notice and DO NOT want to make a claim of confidentiality at this time.	
Facility Representative Provided Notice (print)	Signature/Date
KEVIN E. FETTERS	Kevin E Fetters 2/4/2009

I have received this Notice and DO want to make a claim of confidentiality.	
Facility Representative Provided Notice (print)	Signature/Date

Information for which confidential treatment is requested;

(Rev: 11/15/99)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name
Centerpoint Medical Center

Facility Address
19600 East 39th Street Independence, MO 64057

Documents Collected? YES ✓ (list below) NO___

Samples Collected? YES___ (list below) NO ✓ Split Samples: YES___ NO___

Documents/Samples were: 1)Received no charge ✓ 2)Borrowed___ 3)Purchased___

Amount Paid: $_____ Method: Cash___ Voucher___ To Be Billed___

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

==========

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

1) Facility Layout (6 pages)
2) Organizational Chart (1 page)
3) Trace Chemotherapy Waste Profile (1 page)
4) Hazardous Waste Summary Report (6 pages)
5) Used Oil Shipping Document (1 page)
6) Universal Waste Lamps Shipping Documents (3 pages)
7) Trace Chemotherapy Waste Shipping Document (1 page)
8) Battery Recycle Form (1 page)
9) 1-9-09 EXP Folder (63 pages)
10) 10-8-08 EXP Folder (10 pages)
11) 7-21-08 EXP Folder (34 pages)
12) 5-12-08 EXP Folder (36 pages)
13) 1-16-08 EXP Folder (26 pages)
14) 8-3-07 EXP Folder (41 pages)
15) EXP Certificates of Destruction (11 pages)

Facility Representative (print)	Signature/Date
KEVIN FETTERS	Kevin Fetters 2/4/2009
Inspector (print)	**Signature/Date**
Michael J. Martin	Michael J. Martin 2/4/2009

U.S. EPA, Region VII, 901 N. 5th Street, Kansas City, KS 66101

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name
Centerpoint Medical Center
Facility Address
19600 East 39th Street Independence, MO 64057

Documents Collected? YES ✓ (list below) NO___

Samples Collected? YES___ (list below) NO ✓ Split Samples: YES___ NO___

Documents/Samples were: 1)Received no charge ✓ 2)Borrowed___ 3)Purchased___

Amount Paid: $_____ Method: Cash___ Voucher___ To Be Billed___

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

==========

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

16) Steris 20 Product Safety Data Sheet (2 pages)
17) Bio Systems' disposal manifests (4 pages)
18) Stericycle disposal manifests December 2008 (22 pages)
19) 3M Comply Chemical Integrator 1243 MSDS (6 pages)
20) 3M Comply Steam Indicator Tape MSDS (9 pages)

Facility Representative (print)	Signature/Date
Kevin E Fetters	Kevin E Fetters 2/4/09
Inspector (print)	**Signature/Date**
Michael J. Martin	Michael J. Martin 2/4/2009
U.S. EPA, Region VII, 901 N. 5th Street, Kansas City, KS 66101	

(rev:1/20/93)

Notice of Violation Pursuant to Requirements
of the Resource Conservation and Recovery Act (RCRA)

TO: Facility Name: Centerpoint Medical Center
Address: 19600 East 39th Street
Independence, MO 64057
EPA ID Number: MOR000524850 Date: 2/4/2009

This notice is provided to call your attention to the following areas of noncompliance with state and federal regulations. This notice does not constitute a compliance order (Administrative Civil Complaint) pursuant to Section 3008 of RCRA and may not be a complete listing of all violations resulting from the the inspection.

Citation	Description of Violation
1) 10CSR 25-5.262(1) incorporating 40CFR 262.11	Failure to make a Hazardous waste determination: (1) All pharmaceuticals that are disposed as Biohazardous waste (ointments, creams, pills, tablets, Aerosol inhalers, etc.) (2) 3M Steam Indicator Tape disposed in the general trash.

You are requested to submit a written response within **14 calendar days** of receipt of this notice. Your response should include a description of all corrective actions taken and/or a schedule for completing the necessary corrective actions. The response should be submitted to:

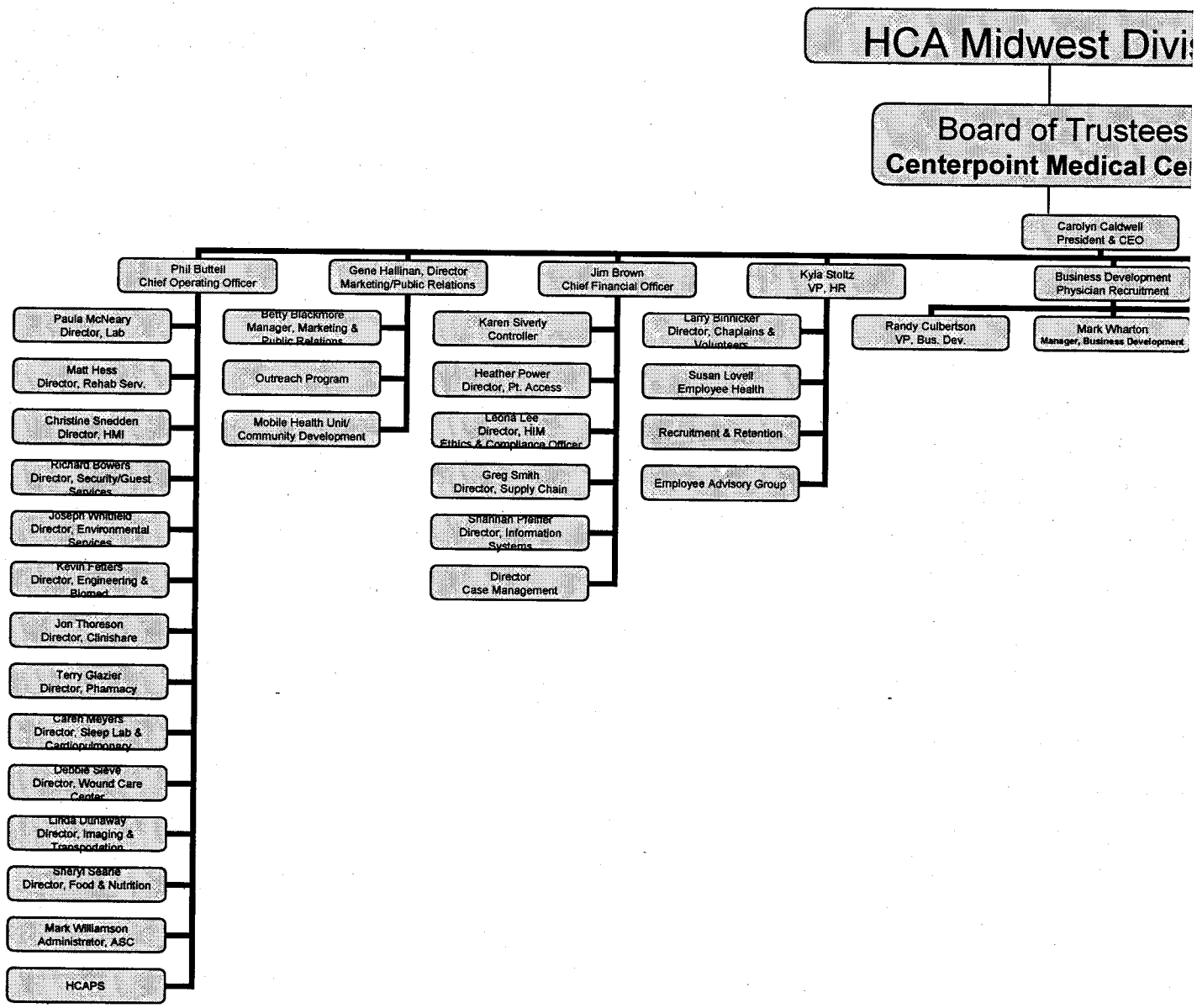
U. S. Environmental Protection Agency, Region VII
Environmental Services
901 North 5th Street
Kansas City, KS 66101
ATTN. Michael J. Martin

If you have any questions about this Notice or wish to discuss your response, you may call me at (913) 551-7149, or Deborah Finger (Compliance Officer) at (913) 551-7164.

This Notice prepared by Michael J. Martin Date: 2/4/2009

The undersigned person acknowledges that he/she has received a copy of this Notice and has read same.

Printed Name: KEVIN FETTERS Date: 2/4/2009
Signature: Kevin E Fetters
Title: DIRECTOR FACILITY OPERATIONS.



ATTACHMENT 6 Page 1 of 1

HANDLER INFORMATION REPORT

January 5, 2009

Procedures for Inspectors performing Site Visits

If the facility wants to make a change, they must complete a Notification of Regulated Waste Activity form # MO780-1164, and send it to the Department of Natural Resources, Waste Management Program, PO Box 176, Jefferson City, MO 65102. The form can be found at http://www.dnr.mo.gov/forms/780-1164.pdf

If during the course of the site visit, the inspector/investigator becomes aware of any changes which should be made to the information printed on this form, please make the corrections and return the form to: Beth Koesterer, AWMD/RESP.

EPA RCRA ID Number:	MOR000524850
Name of Company/Site:	CENTERPOINT MEDICAL CENTER
Location of Site:	19600 E 39TH ST INDEPENDENCE, MO 64057-2301 JACKSON County
Land Type:	Private
NAICS:	62211 - General Medical and Surgical Hospitals
Mailing Address:	19600 E 39TH ST INDEPENDENCE, MO 64057-2301
Site Contact:	KEVIN FETTERS
Phone Number:	(816)698-7092
Address:	19600 E 39TH ST INDEPENDENCE, MO 64057-2301
Email:	KEVIN.FETTERS@HCAMIDWEST.COM
Current Owner of Site:	CENTERPOINT MEDICAL CENTER
Phone Number:	(816)698-7092
Owner Type:	Private
Current Operator of Site:	CENTERPOINT MEDICAL CENTER
Phone Number:	(816)698-7092
Operator Type:	Private
TYPE(S) OF REGULATED ACTIVITY:	Federal Small Quantity Generator
Hazardous Wastes Handled:	D008 D001 D002 D009 F003 U122

N 01/14/08 2

Certified by Notification on 01/14/08 by
KEVIN E FETTERS 01/08/08
FACILITY OPS DIRECTOR

Date of Site Visit: 2/3-4/2008

Name of Inspector (Please print): Michael J. Martin

(Check one): ☑ EPA R7 ENSV ☐ EPA R7 Contractor ☐ NOWCC/SEE Investigator

Signature of Inspector: Michael J. Martin

ATTACHMENT 7 **Page** 1 **of** 1

Notification And Waste Stream Information

Epa ID MOR000524850 **Missouri ID** 042725 **Facility Status** Small Quantity

Date EPA Id Issued 01/14/2008 **Notification Update Was Received:** 01/14/2008 **Record Add/Changed:** 01/18/2008

Company Name CENTERPOINT MEDICAL CENTER

Facility Address 19600 E 39TH ST
INDEPENDENCE, MO 64057 **County** JACKSON

Latitude Decimal Format 0.000000 **Longitude Decimal Format** 0.000000

Method Of Collection **Collection Site**

Mailing Address 19600 E 39TH ST
INDEPENDENCE, MO 64057

Contact Person/Position KEVIN FETTERS **Phone Number** (816) 698-7092

Facility Owner CENTERPOINT MEDICAL CENTER

Facility's Owner Address 19600 E 39TH ST
INDEPENDENCE, MO 640572301

Owner's Phone Number (816) 698-7092 **Owner Type** Hospital

Property Owner's Name CENTERPOINT MEDICAL CENTER

Propety Owner's Address 19600 E 39TH ST
INDEPENDENCE, MO 640572301

Property Owner's Phone Number (816) 698-7092 **Property Owner Type** Hospital

SIC Code 622110

☐ **TSD Facility** **TSD Identification Number:**
RCRA Identification Number:

☐ **Generator/Facility Information is Confidential**

☐ **Large Quantity Handler Of Universal Waste**

Registered EPA Hazadous Waste Numbers

D001	D002	D008	D009
F003	U122		

MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

GENERATOR'S NAME: CENTERPOINT MEDICAL CENTER
CONTACT PERSON (NAME): KEVIN FETTERS
SITE STREET ADDRESS (DO NOT ENTER P.O. BOX): 19600 E. 39TH STREET
CITY: INDEPENDENCE STATE: MO ZIP CODE: 64057
GENERATOR'S EPA I.D. NUMBER: MOR000524850
GENERATOR'S MISSOURI I.D. NUMBER: D42725

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE ▸ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION (Complete Item 1 or Item 2, NOT BOTH)

1. ANNUAL: 7/1 /2007 (YEAR) to 6/30 /2008 (YEAR)

2. QUARTERLY FOR THE PERIOD ENDING: ☐ 9/30 _____ (YEAR) ☐ 12/31 _____ (YEAR) ☐ 3/31 _____ (YEAR) ☐ 6/30 _____ (YEAR)

3. PAGE 1 OF 2

SECTION B - GENERATOR IDENTIFICATION

NOTE: Complete only those items where the information has changed.

4. GENERATOR'S NAME ☐ HAS CHANGED

5. GENERATOR CONTACT PERSON (NAME) ☐ HAS CHANGED | TELEPHONE NUMBER ☐ HAS CHANGED

6. MAILING ADDRESS ☐ HAS CHANGED | CITY | STATE | ZIP CODE

7. PLANT SITE ADDRESS | CITY | STATE | ZIP CODE

8. NAME OF PARENT FIRM ☐ HAS CHANGED

SECTION C - STATUS OF WASTE GENERATED

9. 3 — NUMBER OF SHIPMENTS MADE. Enter the number of shipments made this reporting period. If greater than zero, complete Part 2, sign certification and transmit to the department. If zero, check item 10 or item 11, whichever is appropriate.

10. ☐ REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11. ☐ REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2)

SECTION D - COMMENTS

12.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined an am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME	SIGNATURE	DATE
KEVIN E. FETTERS	Kevin E Fetters	7/10/08

MO 780-1097 (11-07)

MANIFEST SUMMARY REPORT DNR-HWG-11

ATTACHMENT 9 Page 1 of 6

MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(573) 751-3176

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART II

BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.

GENERATOR NAME: CENTERPOINT MEDICAL CENTER

EPA ID NUMBER: MOR000524850

MISSOURI I.D. NUMBER: 042725

NOTE ▸ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the Hazardous Waste Management Facility you have identified in Section G below. Additional pages are required for each off-site management facility listed.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART 1)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)
☐ 9/30 _____ (YEAR) ☐ 12/31 _____ (YEAR)
☐ 3/31 _____ (YEAR) ☒ 6/30 / 2008 (YEAR)

2. PAGE 2 OF 2

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED): WASTE EXPRESS

4. FACILITY'S EPA I.D. NUMBER: MOD981123391

5. FACILITY SITE ADDRESS: 6300 STADIUM DRIVE

CITY: KANSAS CITY | STATE: MO | ZIP CODE: 64129

SECTION H - WASTE IDENTIFICATION

LINE	6. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	7. EPA HAZARDOUS WASTE NUMBER	8. TAX CODE (SEE INST.)	9. TOTAL AMOUNT OF WASTE	10. UNIT OF MEAS.	11. SPECIFIC GRAVITY	12. MANAGEMENT METHOD CODE
1	WASTE XYLENE	D001 U239		400	P	.	H141
2	WASTE OXIDIZING SOLID	D001		40	P	.	H141
3	WASTE TOXIC SOLID	D001		20	P	.	H141
4	WASTE MERCURY	D009		10	P	.	H141
5						.	H
6						.	H

SECTION I - TRANSPORTATION SERVICES UTILIZED

	13. COMPANY NAME	14. US EPA ID NUMBER
a	AMEREX ENVIRONMENTAL SOLUTIONS	OKD007222128
b		
c		

SECTION J - COMMENTS

15.

MO 780-1097 (11-07) MANIFEST SUMMARY REPORT DNR-HWG-11

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) FEB 1 2 2008 Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number MOR000524850	2. Page 1 of 1	3. Emergency Response Phone 866-599-9700	4. Manifest Tracking Number 001478966 FLE

5. Generator's Name and Mailing Address
CENTERPOINT MEDICAL CENTER
19600 E 39TH ST
INDEPENDENCE, MO 64057
Generator's Phone: 816-698-7090

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name: AMEREX ENVIRONMENTAL SOLUTIONS — U.S. EPA ID Number: OKD007222128

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
WASTE EXPRESS INC.
6300 STADIUM DRIVE
KANSAS CITY, MO 64129
Facility's Phone: 866-599-9700
U.S. EPA ID Number: MOD981123391

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. Waste Xylenes, 3, UN1307, III RQ	1	DM	200	P	D001 U239
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information
1.) Approval #: AES-38060 ; ERG # 130

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: Kevin E Fetters — Signature: KEVIN E FETTERS — Month 1 Day 25 Year 08

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Day Crow Roby — Signature: [signature] — Month 1 Day 25 Year 08
Transporter 2 Printed/Typed Name — Signature — Month Day Year

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
18b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
18c. Signature of Alternate Facility (or Generator) — Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
1.	2.	3.	4.
[illegible]			

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: [illegible] — Signature: [signature] — Month 1 Day 26 Year 08

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

FEB 19 2008

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number
				001478978 FLE

5. Generator's Name and Mailing Address: MOR000524850

Generator's Site Address (if different than mailing address): 800-599-9700

CENTERPOINT MEDICAL CENTER
15600 E 39TH ST
INDEPENDENCE, MO 64057

Generator's Phone:

6. Transporter 1 Company Name: 816-698-7090 — U.S. EPA ID Number:

7. Transporter 2 Company Name: AMERICA ENVIRONMENTAL SOLUTIONS — U.S. EPA ID Number: OKD007222128

8. Designated Facility Name and Site Address — U.S. EPA ID Number: MOD981123391

WASTE EXPRESS INC.
6300 STADIUM DRIVE
KANSAS CITY, MO 64129

Facility's Phone:

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. Waste Oxidizing solid, n.o.s. (LAB-PACK), 5.1, UN1479,II RQ	1	DF	20	P	D001
X	2. Waste Toxic solids, organic, n.o.s. (LAB-PACK), 6.1, UN2811,II RQ	1	DF	20	P	
	3.					
	4.					

14. Special Handling Instructions and Additional Information

1.) Approval #: AES-38709 ; ERG # 140
2.) Approval #: AES-38710 ; ERG # 154

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: [signature] — Signature: [signature] — Month 2 Day 1 Year 08

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: [signature] — Signature: [signature] — Month 2 Day 1 Year 08

Transporter 2 Printed/Typed Name: — Signature: — Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

18b. Alternate Facility (or Generator) — U.S. EPA ID Number

Facility's Phone:

18c. Signature of Alternate Facility (or Generator) — Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.
W141			

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name: Del Iliff — Signature: [signature] — Month 2 Day 4 Year 08

GENERATOR — INT'L — TRANSPORTER — DESIGNATED FACILITY

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

LAND DISPOSAL RESTRICTION AND SUBPART CC WASTE DETERMINATION CERTIFICATION

Generator Name: CENTERPOINT MEDICAL CENTER

Manifest Doc. #: 001478978FLE

Generator USEPA ID#: MOR000524850

State Manifest #:

INSTRUCTIONS: In Column 1, identify all USEPA hazardous waste codes that apply to this waste approval/shipment. In Column 2, indicate the appropriate Treatability Group, Non-WasteWater (NWW) or WasteWaster (WW) for each waste code. In Column 3, in accordance with Subpart CC, identify whether or not your waste contains >500 ppmw VOC (YES or NO). In Column 4, enter the appropriate Subcategory key # from Table - 4, If applicable, and also enter "Debris" in Column 4 if the waste is debris that will be treated using one of the alternative treatment technologies provided by 26845. In Column 5, reference the appropriate Waste Management paragraph(s) from Table -3. In Column 6, enter the Reference Number(s) from Table - 1 for all regulated constituents associated with Subpart CC VOC's, F001-F005, F039, D001-D043. If the waste is a California List waste, complete the boxes below and identify the Reference Number(s) of the appropriate California List constituent(s) identified in Table -2.

☐ Check this box if using a continuation sheet.

MANIFEST LINE ITEM #	1. WASTE CODE(S)	2. NWW or WW	3. SUBPART CC YES/NO	4. SUBCATEGORY	5. WASTE MANAGEMENT	6. REGULATED CONSTITUENTS
1	D001	NWW	NO			
2		NWW	NO			

I hereby certify that all information submitted in this and all associated documents is complete and accurate to the best of my knowledge and information.

Signature Hope Hill

Title Sec

Print Name HOPE HILL

Date 2/1/08

ECOFLO LDR Revision 7 December 17, 2003

LAND DISPOSAL RESTR

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number
	Mo MOR000524850	1	866-599-9700	001477213 FLE

5. Generator's Name and Mailing Address

CENTERPOINT MEDICAL CENTER
19600 E 39TH ST
INDEPENDENCE, MO 64057

Generator's Site Address (if different than mailing address)

JUN 23 2008

Generator's Phone: 816-698-7090

6. Transporter 1 Company Name: AMEREX ENVIRONMENTAL SOLUTIONS — U.S. EPA ID Number: OKD007222128

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address

WASTE EXPRESS INC.
6300 STADIUM DRIVE
KANSAS CITY, MO 64129

U.S. EPA ID Number: MOD981123391

Facility's Phone: 866-599-9700

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. Waste Xylenes, 3, UN1307,III RQ	1	DM	200	P	D001 U239
X	2. Waste Mercury [contained in manufactured articles] (THERMOMETERS), 8, UN2809,III RQ	1	DF	10	P	D009
X	3. Waste Oxidizing solid, n.o.s. (LAB-PACK), 5.1, UN1479,II RQ	2	DF	20	P	D001
	4. UNIVERSAL WASTE BULBS					

14. Special Handling Instructions and Additional Information

1.) App #: AES-38080 ; ERG # 130
2.) App #: AES-43205 ; ERG # 172
3.) App #: AES-38709 ; ERG # 140

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: [signature] — Signature: KEVIN E. FETTERS — Month 6 Day 17 Year 08

16. International Shipments ☑ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Mark G. Overfelt — Signature: [signature] — Month 6 Day 17 Year 08

Transporter 2 Printed/Typed Name — Signature — Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

18b. Alternate Facility (or Generator) — U.S. EPA ID Number

Facility's Phone:

18c. Signature of Alternate Facility (or Generator) — Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.
H141	H141	H141	

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name: Del Iliff — Signature: [signature] — Month 6 Day 19 Year 08

GENERATOR / INT'L / TRANSPORTER / DESIGNATED FACILITY

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. ATTACHMENT 9 Page 6 of 14 DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

Hazardous Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/09/2009
Order No: EXP-9238-2009-1
Pickup Date: 12/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA # : BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
3M PHARMACEUTICALS											
00089081521	RX	0.2 MG/INH	00001	ARO	MAXAIR				2.0	115.94	150.72
Manufacturer does not credit for partial package quantities											
										3M PHARMACEUTICALS TOTAL:	$150.72
AMERICAN REGENT LABORATORIES, INC.											
00517857510	RX	99.5%	00010	SOL	ALCOHOL DEHYDRATED				8.0	46.25	240.50
Manufacturer does not accept returns											
										AMERICAN REGENT LABORATORIES, INC. TOTAL:	$240.50
FOREST PHARMACEUTICALS, INC.											
00456067299	RX	0.25 MG/INH	00001	ARO	AEROBID				1.0	92.64	60.22
Manufacturer does not credit for partial product quantities											
										FOREST PHARMACEUTICALS, INC. TOTAL:	$60.22
GLAXO SMITHKLINE PHARMACEUTICALS											
00173071920	RX	110 MCG	00001	AER	FLOVENT HFA				1.0	131.84	85.70
Manufacturer does not credit for partial product quantities											
										GLAXO SMITHKLINE PHARMACEUTICALS TOTAL:	$85.70
IVAX PHARMACEUTICALS, INC.											
00172439018	RX	0.09 MG/INH	00001	ARO	ALBUTEROL				1.0	29.79	19.36
Manufacturer does not credit for partial package quantities											
										IVAX PHARMACEUTICALS, INC. TOTAL:	$19.36
KOS PHARMACEUTICALS, INC.											
60598006160	RX	20 GM	00001	ARO	AZMACORT				3.0	139.59	272.20
Manufacturer does not credit for partial product quantities											
										KOS PHARMACEUTICALS, INC. TOTAL:	$272.20
PHARMA-TEK, INC.											
39822990001			00010	SOL	AMMONIA				1.0	0.31	0.20
Manufacturer does not credit for partial package quantities											
										PHARMA-TEK, INC. TOTAL:	$0.20
TAYLOR PHARMACEUTICALS											

Order Number : EXP-9238-2009-1

Hazardous Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
TAYLOR PHARMACEUTICALS											
11098050701	RX		00001	KIT	CYANIDE ANTIDOTE	81256	03/31/08		1.0	274.56	178.46
Product is not returnable											
										TAYLOR PHARMACEUTICALS TOTAL:	$178.46
										Grand Total:	$1,007.36

Processed Indates Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/09/2009
Order No: EXP-9238-2009-1
Pickup Date: 12/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

PRODUCTS FORMERLY INDATED, NOW QUALIFY FOR RETURN
PRODUCTS INCLUDED ON APPLICABLE REPORTS

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ALLEN & HANBURYS											
00173038879	RX	0.042 MG/IN	1	SPR	BECONASE AQ	6F004	06/30/09		1.00	124.51	80.93
										ALLEN & HANBURYS TOTAL:	$80.93
AMPHASTAR - IMS CRITICAL CARE											
00548119000	RX	2%	25	SOL	LIDOCAINE HCL	DE008B7	01/28/09	1.00		5.03	3.27
00548330400	RX	100 MG/ML	10	SOL	CALCIUM CHLORIDE	BA005D6	03/31/09	2.00		3.75	4.88
00548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO08B7	01/31/09	24.00		5.03	78.47
00548119000	RX	2%	25	SOL	LIDOCAINE HCL	DE008B7	01/31/09	10.00		5.03	32.70
00548105200	RX	8.4%	25	SOL	SODIUM BICARBONATE	AA054H6	01/31/09	2.00		7.74	10.06
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	$129.37
APOTHECON PRODUCTS											
00003049420	RX	10 MG/ML	1	SUS	KENALOG-10	7G21563	06/30/09		1.00	10.29	6.69
										APOTHECON PRODUCTS TOTAL:	$6.69
BERTEK PHARMACEUTICALS INC											
62794050293	RX	20 GM/PACKI	30	PDR	KRISTALOSE	0743A	10/31/08		1.00	60.90	39.59
										BERTEK PHARMACEUTICALS INC TOTAL:	$39.59
BRISTOL-MYERS SQUIBB U.S. MEDICINES											
63653117103	RX	75 MG	100	TAB	PLAVIX	6D19474A	04/30/09	5.00		4.87	15.82
										BRISTOL-MYERS SQUIBB U.S. MEDICINES TOTAL:	$15.82
EON LABS MANUFACTURING, INC.											
00185002210	RX	100 MG	1000	TER	ORPHENADRINE CITRATE	060391	06/30/09		1.00	2,075.00	1,348.75
										EON LABS MANUFACTURING, INC. TOTAL:	$1,348.75
FUJISAWA HEALTHCARE, INC.											
00469823412	RX	2 ML	1	SOL	ADENOCARD	43-158-EV	01/01/09		1.00	40.94	26.61
										FUJISAWA HEALTHCARE, INC. TOTAL:	$26.61
GENENTECH, INC.											
50242004164	RX	2 MG	1	PDS	CATHFLO ACTIVASE	701302	01/31/09		1.00	90.83	59.04
										GENENTECH, INC. TOTAL:	$59.04
HOSPIRA, INC.											
00409491134	RX	0.1 MG/ML	10	SOL	ATROPINE SULFATE	48-127-DK	12/01/08		2.00	39.40	51.22
										HOSPIRA, INC. TOTAL:	$51.22

Order Number : EXP-9238-2009-1

Processed Indates Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
IVAX PHARMACEUTICALS, INC.											
00182117533	RX	54 MG-14 MG	1	SOL	ALLERGEN	6KT0329	11/30/08		1.00	3.00	1.95
00182415101		200 MG	100	TAB	CALCIUM CITRATE	87408032	11/30/08		1.00	5.99	3.89
										IVAX PHARMACEUTICALS, INC. TOTAL:	$5.84
KEY PHARMACEUTICALS, INC.											
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	100344	02/28/09		1.00	111.68	72.59
										KEY PHARMACEUTICALS, INC. TOTAL:	$72.59
NOVARTIS PHARMACEUTICALS CORPORATIO											
00078032444	RX	3 MG	60	CAP	EXELON	F0016	03/31/09	1.00		3.52	2.29
										NOVARTIS PHARMACEUTICALS CORPORATIO TOTAL:	$2.29
ORGANON PHARMACEUTICALS											
00052045016	RX	10 MG/ML	10	SOL	ZEMURON	906032	03/31/09	8.00		34.68	180.34
										ORGANON PHARMACEUTICALS TOTAL:	$180.34
PHARMACIA CORPORATION											
00025152534	RX	200 MG	100	CAP	CELEBREX	C060781	06/30/09	85.00		3.91	216.16
										PHARMACIA CORPORATION TOTAL:	$216.16

Grand Total: $2,235.23

Non-Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/09/2009
Order No: EXP-9238-2009-1
Pickup Date: 12/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
3M PHARMACEUTICALS											
00089061012	RX	5%	00012	PKT	ALDARA	HK009A			9.0	22.37	130.84
Manufacturer does not credit for partial package quantities											
									3M PHARMACEUTICALS TOTAL:		$130.84
ABBOTT PHARMACEUTICAL											
00074165801	RX	0.005 MG/I	00100	SOL	ZEMPLAR		02/28/07		1.0	29.20	18.98
Manufacturer does not credit for products beyond this period past expiration											
									ABBOTT PHARMACEUTICAL TOTAL:		$18.98
ABRAXIS PHARMACEUTICAL PRODUCTS											
00186097266	RX	2%	00001	SOL	NESACAINE				20.0	23.11	300.43
Manufacturer does not accept returns											
									ABRAXIS PHARMACEUTICAL PRODUCTS TOTAL:		$300.43
AKORN, INC.											
17478071110	RX	2%	00010	GEL	LIDOCAINE HCL			9.0		7.80	45.63
Manufacturer does not credit for partial package quantities											
									AKORN, INC. TOTAL:		$45.63
ALCON LABORATORIES, OPHTHALMIC DIV.											
00065035902	RX	0.2%-1% 2	00012	SOL	CYCLOMYDRIL			8.0		1.41	7.34
Manufacturer does not credit for partial package quantities											
00998031505	RX	5%	00001	SOL	ISOPTO HOMATROPINE			1.0		28.88	18.77
Manufacturer does not credit for partial package quantities											
									ALCON LABORATORIES, OPHTHALMIC DIV. TOTAL:		$26.11
ALCON LABORATORIES, SURGICAL DIV.											
00065079515	RX		00036	SOL	BSS			10.0		6.94	45.11
Manufacturer does not credit for partial package quantities											
									ALCON LABORATORIES, SURGICAL DIV. TOTAL:		$45.11
AMERICAN PHARM PARTNERS, INC.											
53323013011	RX	100 MG	00010	PDS	DOXY 100			1.0		14.75	9.59
Manufacturer does not accept returns											
									AMERICAN PHARM PARTNERS, INC. TOTAL:		$9.59

Indate Report

Product(s) being held until qualified for Returns

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/09/2009
Order No: EXP-9238-2009-1
Pickup Date: 12/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
FUJISAWA HEALTHCARE, INC.											
00469823412	RX	2 ML	1	SOL	ADENOCARD	51-408-EV	09/01/09		1.00	40.94	26.61
										FUJISAWA HEALTHCARE, INC. TOTAL:	$26.61
HOSPIRA, INC											
00409469801	RX	4%	25	KIT	LTA PREATTACHED	67-135-R1-01	09/01/10		1.00	150.75	97.99
00409226720	RX	5 MG/ML	1	SOL	LABETALOL HYDROCHLORIDE	49040DD	03/01/09		1.00	3.09	2.01
										HOSPIRA, INC TOTAL:	$100.00
HOSPIRA, INC.											
00409140231	RX	5000 U/ML	10	SOL	HEPARIN SODIUM	63705LL	03/01/10		5.00	13.10	42.58
										HOSPIRA, INC. TOTAL:	$42.58
KEY PHARMACEUTICALS, INC.											
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	100447	03/31/10		1.00	111.68	72.59
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	100428	09/30/09		2.00	111.68	145.18
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	100445	12/31/09		2.00	111.68	145.18
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	100349	09/30/09		1.00	111.68	72.59
										KEY PHARMACEUTICALS, INC. TOTAL:	$435.55
MERCK & CO., INC.											
00006353892	RX	40 MG/5 ML	1	PDR	PEPCID	U0018	09/30/09		1.00	123.88	80.52
										MERCK & CO., INC. TOTAL:	$80.52
ORGANON PHARMACEUTICALS											
00052045015	RX	10 MG/ML	10	SOL	ZEMURON	909559	06/30/10	7.00		18.06	82.17
										ORGANON PHARMACEUTICALS TOTAL:	$82.17
ORTHO BIOTECH											
59676032004	RX	20000 U/ML	4	VIA	PROCRIT	P114943A	12/31/10	1.00		155.83	101.29
										ORTHO BIOTECH TOTAL:	$101.29
PHARMACIA CORPORATION											
00009019009	RX	125 MG	1	PDS	SOLU-MEDROL	38PWX	12/30/09		2.00	3.41	4.43
										PHARMACIA CORPORATION TOTAL:	$4.43

Grand Total: $873.15

Order Number : EXP-9238-2009-1

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMERICAN REGENT LABORATORIES, INC.											
00517030110	RX	10 MG/ML	00010	SOL	METHYLENE BLUE				1.0	7.81	5.08
Manufacturer does not accept returns											
00517040125	RX	0.4 MG/M	00025	SOL	ATROPINE SULFATE				1.0	0.44	0.29
Manufacturer does not accept returns											
00517063925	RX	7.5%	00025	SOL	SODIUM BICARBONATE				5.0	2.19	7.12
Manufacturer does not accept returns											
00517180525	RX	40 MG/ML	00025	SOL	DOPAMINE HCL				14.0	2.19	19.93
Manufacturer does not accept returns											
00517560125	RX	50 MG/ML	00025	SOL	HYDROXYZINE HCL				14.0	0.89	8.10
Manufacturer does not accept returns											
00517851025	RX		00025	SOL	MULTITRACE-5				1.0	5.31	3.45
										AMERICAN REGENT LABORATORIES, INC. TOTAL:	**$43.96**
AMERICAN REGENT, INC.											
00517481025	RX	5 MG/ML	00025	SOL	NITROGLYCERIN				19.0	7.00	86.45
Manufacturer does not accept returns											
00517760425	RX	20%	00025	SOL	ACETYLCYSTEINE				1.0	6.56	4.26
										AMERICAN REGENT, INC. TOTAL:	**$90.71**
AMPHASTAR - IMS CRITICAL CARE											
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL		08/31/08		1.0	5.03	3.27
Manufacturer does not credit for expired products											
00548333100	RX	4.2%	00010	SOL	SODIUM BICARBONATE		11/30/08		6.0	5.00	19.50
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	**$22.77**
APOTEX CORP.											
60505075905	RX	1 GM	00025	PDS	CEFOXITIN				39.0	11.23	284.68
Manufacturer does not credit for partial package quantities											
										APOTEX CORP. TOTAL:	**$284.68**
APP (AMERICAN PHARMACEUTICAL PARTNE											
63323001201	RX	10 U/ML	00025	SOL	OXYTOCIN				1.0	4.69	3.05
Manufacturer does not accept returns											
63323001710	RX	10 U/ML	00001	SOL	HEPFLUSH-10				10.0	97.00	630.50
Manufacturer does not accept returns											
63323016501	RX	4 MG/ML	00025	SOL	DEXAMETHASONE SODIUM PHOSI				6.0	1.38	5.38
Manufacturer does not accept returns											
63323016505	RX	4 MG/ML	00025	SOL	DEXAMETHASONE SODIUM PHOSI				1.0	3.25	2.11
Manufacturer does not accept returns											

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
APP (AMERICAN PHARMACEUTICAL PARTNE											
63323022905	RX	10 MG/ML	00025	SOL	PROTAMINE SULFATE			23.0		6.66	99.57
Manufacturer does not accept returns											
63323023401	RX	0.4 MG/M	00001	SOL	ATROPINE SULFATE			12.0		45.00	351.00
Manufacturer does not accept returns											
63323026201	RX	5000 U/M	00025	SOL	HEPARIN SODIUM			5.0		1.29	4.19
Manufacturer does not accept returns											
63323039923	RX	2 GM	00010	PDS	AMPICILLIN SODIUM			3.0		14.14	27.57
Manufacturer does not accept returns											
63323054011	RX	1000 U/M	00025	SOL	HEPARIN SODIUM			1.0		1.50	0.98
Manufacturer does not accept returns											
63323061603	RX	50 MG/ML	00025	SOL	AMIODARONE HCL			1.0		6.19	4.02
Manufacturer does not accept returns											
63323091501	RX	20,000 U/M	00025	SOL	HEPARIN SODIUM				2.0	120.25	156.33
Manufacturer does not accept returns											
										APP (AMERICAN PHARMACEUTICAL PARTNE TOTAL:	**$1,284.70**
AVENTIS PASTEUR INC.											
49281054505	RX	10 MCG	00005	PDS	ACTHIB			1.0		27.04	17.58
Manufacturer does not credit for partial package quantities											
										AVENTIS PASTEUR INC. TOTAL:	**$17.58**
AXCAN SCANDIPHARM INC.											
58914050156	RX	1000 MG	00030	SUP	CANASA			25.0		10.90	177.14
Manufacturer does not credit for partial package quantities											
										AXCAN SCANDIPHARM INC. TOTAL:	**$177.14**
BARR LABORATORIES, INC.											
00555112105	RX	10MG/ML	00010	AMP	NALBUPHINE HCL			5.0		2.00	6.50
Manufacturer does not credit for partial package quantities											
										BARR LABORATORIES, INC. TOTAL:	**$6.50**
BASIC ORGANICS, INC.											
54458094910			00100	LOZ	ZINC LOZENGES CHERRY FLAVO			36.0		0.03	0.70
Manufacturer does not accept returns											
										BASIC ORGANICS, INC. TOTAL:	**$0.70**
BAXTER ANESTH. &CRITICAL CARE											
00641049125	RX	5 MG/ML	00025	SOL	PROCHLORPERAZINE EDISYLATE			1.0		3.13	2.03
Manufacturer does not credit for partial package quantities											
00641092825	RX	25 MG/ML	00025	VIA	PROMETHAZINE HCL			50.0		1.75	56.88
Manufacturer does not credit for partial package quantities											
00641139835	RX	25 MG/ML	00025	SOL	CHLORPROMAZINE HCL			1.0		4.64	3.02
Manufacturer does not credit for partial package quantities											

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NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BAXTER ANESTH. &CRITICAL CARE											
00641296541	RX	10 MG/ML	00001	SOL	ESMOLOL HCL				1.0	22.07	14.35
Manufacturer does not credit for partial package quantities											
10019001602	RX	0.2 MG/M	00010	SOL	GLYCOPYRROLATE				10.0	5.00	32.50
Manufacturer does not credit for partial package quantities											
10019032102	RX	0.1 MG/M	00010	SOL	FLUMAZENIL				1.0	33.13	21.53
Manufacturer does not credit for partial package quantities											
10019068703	RX	1 GM	00010	PDS	CEFTRIAXONE				13.0	7.28	61.52
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTH. &CRITICAL CARE TOTAL:	**$191.82**
BAXTER ANESTHESIA & CRITICAL CARE											
10019001301	RX	10 MG/ML	00025	EMU	PROPOFOL				1.0	10.88	7.07
Manufacturer does not credit for partial package quantities											
10019002518	RX	250 MG/M	00010	SOL	BREVIBLOC				1.0	137.58	89.43
Manufacturer does not credit for partial package quantities											
10019003003	RX	30 MG/ML	00025	SOL	KETOROLAC TROMETHAMINE				10.0	1.56	10.14
Manufacturer does not credit for partial package quantities											
10019004501	RX	10 MG/ML	00010	SOL	FAMOTIDINE				38.0	1.07	26.43
Manufacturer does not credit for partial package quantities											
10019006303	RX	6 MG/2 M	00010	INJ	ADENOSINE				1.0	15.94	10.36
Manufacturer does not credit for partial package quantities											
10019025020	RX	0.4 MG/M	00010	SOL	ATROPINE SULFATE				20.0	2.31	30.03
Manufacturer does not credit for partial package quantities											
10019027010	RX	1 MG/ML	00010	SOL	NEOSTIGMINE METHYLSULFATE				1.0	1.86	1.21
Manufacturer does not credit for partial package quantities											
10019045002	RX	5 MG/ML	00025	SOL	METOCLOPRAMIDE HCL				12.0	0.56	4.37
Manufacturer does not credit for partial package quantities											
10019050602	RX	0.25 MG/M	00010	SOL	BUMETANIDE				1.0	1.73	1.12
Manufacturer does not credit for partial package quantities											
10019087315	RX	10 MG/ML	00010	SOL	ENLON				8.0	10.75	55.90
Manufacturer does not credit for partial package quantities											
10019090501	RX	2 MG/ML	00025	SOL	ONDANSETRON				12.0	1.40	10.92
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTHESIA & CRITICAL CARE TOTAL:	**$246.98**
BAXTER HEALTHCARE BIOSCIENCE DIV											
00944296705	RX	5000 IU	00001	SOL	WINRHO SDF				1.0	1,226.43	797.18
Manufacturer does not accept returns											
										BAXTER HEALTHCARE BIOSCIENCE DIV TOTAL:	**$797.18**

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NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BAXTER HEALTHCARE CORP.											
00338002302	RX	10%	00036	SOL	DEXTROSE				6.0	0.30	1.15
Manufacturer does not accept returns											
00338002303	RX	10%	00024	SOL	DEXTROSE				15.0	10.63	103.64
Manufacturer does not accept returns											
00338041102	RX	5%-0.8%	00024	SOL	DEXTROSE/LIDOCAINE HCL				3.0	0.95	1.85
Manufacturer does not accept returns											
00338050941	RX	1.6 MG/ML	00024	SOL	GENTAMICIN SULFATE				1.0	0.41	0.27
Manufacturer does not accept returns											
00338064403	RX	10%	00006	SOL	TRAVASOL				5.0	14.00	45.49
Manufacturer does not accept returns											
00338070541	RX	10 MEQ/5(	00024	SOL	POTASSIUM CHLORIDE				22.0	0.61	8.72
Manufacturer does not accept returns											
00338100702	RX	5%-160 M(	00018	SOL	DEXTROSE/DOPAMINE HCL				1.0	1.58	1.03
Manufacturer does not accept returns											
00338107302	RX	5%-100 M(	00018	SOL	DEXTROSE/DOBUTAMINE				3.0	2.76	5.39
Manufacturer does not accept returns											
00338601048	RX	5%-20 MG	00010	SOL	DEXTROSE/MILRINONE LACTATE				3.0	151.24	294.92
Manufacturer does not accept returns											
									BAXTER HEALTHCARE CORP. TOTAL:		**$462.45**
BAYER CORP., CONSUMER CARE DIVISION											
00024134803		0.25%	00001	SPR	NEO-SYNEPHRINE				1.0	3.49	2.27
Manufacturer does not accept returns											
									BAYER CORP., CONSUMER CARE DIVISION TOTAL:		**$2.27**
BECTON DICKINSON CONSUMER PRODUCTS											
08290306510	RX	10 U/ML	00001	SOL	HEPARIN LOCK FLUSH			80.0		2.53	131.56
Manufacturer does not accept returns											
08290306525	RX	10 U/ML	00001	SOL	HEPARIN LOCK FLUSH				1.0	3.28	2.13
Manufacturer does not accept returns											
									BECTON DICKINSON CONSUMER PRODUCTS TOTAL:		**$133.69**
BEDFORD LABORATORIES											
55390000410	RX	1 MG	00010	PDS	GLUCAGEN			5.0		87.50	284.38
Manufacturer does not credit for partial package quantities											
55390007001	RX	50 MG/5 M	00001	SOL	VINORELBINE TARTRATE				1.0	470.31	305.70
Product is not returnable											
55390012210	RX	50 MG/ML	00010	SOL	CYCLOSPORINE			8.0		27.50	143.00
Manufacturer does not credit for partial package quantities											
55390056505	RX	5 MG/ML	00010	SOL	DILTIAZEM HCL			1.0		2.50	1.63
Product is not returnable											
55390076320	RX	2 MG/ML	00010	SOL	ETOMIDATE			1.0		26.88	17.47
Manufacturer does not credit for partial package quantities											

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NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BEDFORD LABORATORIES											
									BEDFORD LABORATORIES TOTAL:		$752.17
BEDFORD LABORATORIES (NOVA PLUS)											
55390007310	RX	5 MG/5 M	00010	INJ	METOPROLOL TARTRATE				5.0	2.50	8.13
Manufacturer does not credit for partial package quantities											
									BEDFORD LABORATORIES (NOVA PLUS) TOTAL:		$8.13
BEIERSDORF, INC.											
72140063377		41%	00001	OIN	AQUAPHOR				14.0	7.49	68.16
Manufacturer does not accept returns											
									BEIERSDORF, INC. TOTAL:		$68.16
BEUTLICH LP											
00283087131		20%	00001	GEL	HURRICAINE				1.0	8.50	5.53
Manufacturer does not credit for partial package quantities											
									BEUTLICH LP TOTAL:		$5.53
CENTOCOR, INC.											
57894003001	RX	100 MG	00001	PDS	REMICADE	USED			2.0	726.18	944.03
Manufacturer does not credit for partial product quantities											
									CENTOCOR, INC. TOTAL:		$944.03
CLAY-PARK LABORATORIES, INC.											
45802026937	RX	5%	00001	CRE	PERMETHRIN				1.0	29.25	19.01
Damaged Package											
									CLAY-PARK LABORATORIES, INC. TOTAL:		$19.01
DAVA PHARMACEUTICALS											
68774030329	RX	250 MG/5 I	00001	PDR	CLARITHROMYCIN	39152AF22	04/01/08		1.0	41.65	27.07
Manufacturer does not credit for products beyond this period past expiration											
									DAVA PHARMACEUTICALS TOTAL:		$27.07
EKR THERAPEUTICS, INC.											
67286081203	RX	2.5 MG/M	00010	SOL	CARDENE IV				1.0	152.45	99.09
Manufacturer does not credit for partial package quantities											
									EKR THERAPEUTICS, INC. TOTAL:		$99.09
ETHEX CORPORATION											
58177032418	RX	0.4 MG	00100	TAB	NITROQUICK				1.0	0.18	0.12
Manufacturer does not credit for partial package quantities											
									ETHEX CORPORATION TOTAL:		$0.12

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NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ETHICON, INC.											
63713039022	RX		00001	KIT	EVICEL FIBRIN SEALANT				1.0	200.00	130.00
Product is not returnable											
63713039055	RX		00001	KIT	EVICEL FIBRIN SEALANT (HUMAN)				2.0	460.00	598.00
									ETHICON, INC. TOTAL:		$728.00
FALCON PHARMACEUTICALS, LTD.											
61314063136	RX	1 MG-3.5 M	00001	OIN	DEXAMETHASONE/NEOMYCIN/POI			1.0		8.00	5.20
Manufacturer does not credit for partial package quantities											
									FALCON PHARMACEUTICALS, LTD. TOTAL:		$5.20
FAULDING PHARMACEUTICAL CO.											
61703030906	RX	1 MG/ML	00001	SOL	VINCRISTINE SULFATE		10/01/08		1.0	10.00	6.50
Manufacturer does not credit for products beyond this period past expiration											
									FAULDING PHARMACEUTICAL CO. TOTAL:		$6.50
FOUGERA E. & CO.											
00168007115	RX	0.1%	00001	CRE	GENTAMICIN SULFATE			2.0		3.72	4.84
Manufacturer does not credit for partial package quantities											
00168007815	RX	0.1%	00001	OIN	GENTAMICIN SULFATE			2.0		3.72	4.84
Manufacturer does not credit for partial package quantities											
									FOUGERA E. & CO. TOTAL:		$9.67
GENENTECH, INC.											
50242010040	RX	2.5 MG/2.5	00030	SOL	PULMOZYME	L97633	12/31/07	20.0		63.00	819.00
Manufacturer does not credit for products beyond this period past expiration											
									GENENTECH, INC. TOTAL:		$819.00
GENSIA SICOR PHARMACEUTICALS, INC.											
00703219104	RX	25 MG/ML	00025	INJ	PROMETHAZINE HCL			1.0		1.38	0.90
Manufacturer does not credit for partial package quantities											
									GENSIA SICOR PHARMACEUTICALS, INC. TOTAL:		$0.90
GLOBAL PHARMACEUTICALS											
00115521218	RX	5 GM/Pack	00030	PDR	COLESTIPOL HYDROCHLORIDE			1.0		2.00	1.30
Manufacturer does not credit for partial package quantities											
									GLOBAL PHARMACEUTICALS TOTAL:		$1.30
HEALTHPOINT											
00064100007	RX		00012	OIN	ACCUZYME			7.0		87.84	399.67
Manufacturer does not credit for partial package quantities											
									HEALTHPOINT TOTAL:		$399.67

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NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HI-TECH PHARMACAL CO., INC.											
50383064150	RX	0.5 MG/M	00001	LIQ	POLYVITAMIN W/FLUORIDE				1.0	5.50	3.58
Manufacturer does not credit for partial package quantities											
										HI-TECH PHARMACAL CO., INC. TOTAL:	**$3.58**
HOSPIRA, INC											
00409116201	RX	0.5%	00025	SOL	BUPIVACAINE HCL				11.0	2.44	17.45
Manufacturer does not credit for partial package quantities											
00409471332	RX	1%	00050	SOL	LIDOCAINE HCL				1.0	0.78	0.51
Manufacturer does not credit for partial package quantities											
00409488720	RX		00025	SOL	WATER FOR INJECTION				3.0	0.50	0.98
Manufacturer does not credit for partial package quantities											
										HOSPIRA, INC TOTAL:	**$18.93**
HOSPIRA, INC.											
00074302401	RX	50 MG	00100	PDS	NITROPRESS				4.0	0.10	0.27
Manufacturer does not credit for partial package quantities											
00409115902	RX	0.25%	00025	SOL	BUPIVACAINE HCL				15.0	2.36	23.01
Manufacturer does not credit for partial package quantities											
00409116202	RX	0.5%	00025	SOL	BUPIVACAINE HCL				3.0	2.24	4.37
Manufacturer does not credit for partial package quantities											
00409121201	RX	0.4 MG/M	00010	SOL	NALOXONE HCL				10.0	1.51	9.82
Manufacturer does not credit for partial package quantities											
00409121501	RX	0.4 MG/M	00010	SOL	NALOXONE HCL				30.0	2.34	45.63
Manufacturer does not credit for partial package quantities											
00409141005	RX	0.2 MG/M	00010	SOL	ISUPREL				12.0	7.50	58.50
Manufacturer does not credit for partial package quantities											
00409146301	RX	10 MG/ML	00010	SOL	NALBUPHINE HCL				35.0	2.00	45.50
Manufacturer does not credit for partial package quantities											
00409155930	RX	0.25%	00010	SOL	MARCAINE HCL				6.0	2.91	11.35
Manufacturer does not credit for partial package quantities											
00409190301	RX	500 MG/M	00025	SOL	PROCAINAMIDE HCL				28.0	3.94	71.71
Manufacturer does not credit for partial package quantities											
00409196607	RX	30 ML	00025	SOL	SODIUM CHLORIDE BACTERIOSTA				19.0	0.55	6.79
Manufacturer does not credit for partial package quantities											
00409317802	RX	1:100,000-	00025	SOL	EPINEPHRINE/LIDOCAINE HCL				1.0	3.18	2.07
Manufacturer does not credit for partial package quantities											
00409318201	RX	1:100000-2	00025	SOL	EPINEPHRINE/LIDOCAINE HCL				9.0	2.46	14.39
Manufacturer does not credit for partial package quantities											
00409403101	RX	25%	00025	SOL	MANNITOL				1.0	1.21	0.79
Manufacturer does not credit for partial package quantities											
00409427701	RX	2%	00025	SOL	LIDOCAINE HCL				4.0	0.50	1.30
Manufacturer does not credit for partial package quantities											

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NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
00409428301	RX	4%	00025	SOL	LIDOCAINE HCL				4.0	2.60	6.76
Manufacturer does not credit for partial package quantities											
00409464601	RX	1 MG/ML	00025	SOL	PANCURONIUM BROMIDE				1.0	2.10	1.37
Manufacturer does not credit for partial package quantities											
00409488710	RX		00025	SOL	WATER FOR INJECTION				5.0	0.44	1.43
Manufacturer does not credit for partial package quantities											
00409490234	RX	50%	00010	SOL	DEXTROSE				2.0	5.03	6.54
Manufacturer does not credit for partial package quantities											
00409490334	RX	2%	00010	SOL	LIDOCAINE HCL				20.0	3.65	47.45
Manufacturer does not credit for partial package quantities											
00409491134	RX	0.1 MG/M	00010	SOL	ATROPINE SULFATE				6.0	3.94	15.37
Manufacturer does not credit for partial package quantities											
00409492134	RX	0.1 MG/M	00010	SOL	EPINEPHRINE HCL				18.0	2.86	33.46
Manufacturer does not credit for partial package quantities											
00409492834	RX	100 MG/M	00010	SOL	CALCIUM CHLORIDE				8.0	3.90	20.28
Manufacturer does not credit for partial package quantities											
00409553434	RX	4.2%	00010	SOL	SODIUM BICARBONATE				6.0	3.40	13.26
Manufacturer does not credit for partial package quantities											
00409662902	RX	10 ML	00025	SOL	QUELICIN				17.0	2.98	32.93
Manufacturer does not credit for partial package quantities											
00409663734	RX	8.4%	00010	SOL	SODIUM BICARBONATE				22.0	3.46	49.48
Manufacturer does not credit for partial package quantities											
00409664802	RX	50%	00025	SOL	DEXTROSE				39.0	1.38	34.98
Manufacturer does not credit for partial package quantities											
00409669502	RX	2 MG/ML	00010	SOL	AMIDATE				1.0	12.44	8.09
Manufacturer does not credit for partial package quantities											
00409724101	RX	1 MG/ML	00025	SOL	EPINEPHRINE HCL				26.0	1.31	22.14
Manufacturer does not credit for partial package quantities											
00409741903	RX	10%-0.9%	00012	SOL	LMD W/0.9% SODIUM CHLORIDE				3.0	26.49	51.66
Manufacturer does not credit for partial package quantities											
00409910420	RX	40 MG/ML	00025	SOL	DOPAMINE HCL				20.0	0.88	11.44
Manufacturer does not credit for partial package quantities											
00409963005	RX	0.05 MG/M	00010	SOL	ATROPINE SULFATE				22.0	7.94	113.54
Manufacturer does not credit for partial package quantities											
									HOSPIRA, INC. TOTAL:		$765.65
IVAX PHARMACEUTICALS, INC.											
00182044889		325 MG	00100	ECT	ASPIRIN				10.0	0.07	0.44
Manufacturer does not credit for partial package quantities											
00182145501		250 MG-25	00100	TAB	GENACED				66.0	0.04	1.78
Manufacturer does not credit for partial package quantities											

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NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
IVAX PHARMACEUTICALS, INC.											
00182864389		80 MG	00100	CTB	SIMETHICONE				10.0	0.18	1.17
Manufacturer does not credit for partial package quantities											
									IVAX PHARMACEUTICALS, INC. TOTAL:		**$3.39**
KEY PHARMACEUTICALS, INC.											
00085331535	RX	0.3 MG/H	00030	TDM	NITRO-DUR				4.0	3.23	8.41
Manufacturer does not credit for partials less than 25%											
									KEY PHARMACEUTICALS, INC. TOTAL:		**$8.41**
MAJOR PHARMACEUTICALS											
00904161061	RX	100 MG	00100	T12	THEO-TIME			10.0		0.23	1.50
Manufacturer does not accept returns											
00904421713		1000 MCG	00130	TAB	VITAMIN B12				1.0	7.75	5.04
Manufacturer does not accept returns											
									MAJOR PHARMACEUTICALS TOTAL:		**$6.53**
MCNEIL CONSUMER SPECIALTY PHARM											
50580044909		500 MG	00100	TAB	TYLENOL EXTRA STRENGTH		12/31/07	67.0		0.10	4.29
Manufacturer does not credit for products beyond this period past expiration											
									MCNEIL CONSUMER SPECIALTY PHARM TOTAL:		**$4.29**
MYLAN PHARMACEUTICALS, INC.											
00378910293	RX	0.1 MG/H	00030	TDM	NITROGLYCERIN TRANSDERMAL S			1.0		1.58	1.03
Manufacturer does not credit for partials less than 25%											
									MYLAN PHARMACEUTICALS, INC. TOTAL:		**$1.03**
ORGANON PHARMACEUTICALS											
00052045015	RX	10 MG/ML	00010	SOL	ZEMURON	907495		1.0		18.06	11.74
Manufacturer does not credit for partials less than 25%											
00052045015	RX	10 MG/ML	00010	SOL	ZEMURON	908886		1.0		18.06	11.74
Manufacturer does not credit for partials less than 25%											
00052045015	RX	10 MG/ML	00010	SOL	ZEMURON	908887		2.0		18.06	23.48
Manufacturer does not credit for partials less than 25%											
									ORGANON PHARMACEUTICALS TOTAL:		**$46.96**
ORTHO-MCNEIL PHARMACEUTICAL CORPORA											
00062535001	RX	0.4%	00001	CRE	TERAZOL 7		10/31/07	1.0		54.99	35.74
Manufacturer does not credit for products beyond this period past expiration											
									ORTHO-MCNEIL PHARMACEUTICAL CORPORA TOTAL:		**$35.74**
OVATION PHARMACEUTICALS, INC.											
67386051151	RX	1 MG	00003	PDS	INDOCIN			1.0		637.50	414.38
Manufacturer does not credit for partial package quantities											
67386061152	RX	1 MG/ML	00005	SOL	COGENTIN			1.0		54.35	35.33
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2009-1

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
OVATION PHARMACEUTICALS, INC.											
									OVATION PHARMACEUTICALS, INC. TOTAL:		$449.70
PADDOCK LABORATORIES, INC.											
00574006930		40%	00003	GEL	GLUTOSE 15				3.0	3.34	6.51
Manufacturer does not credit for partial package quantities											
									PADDOCK LABORATORIES, INC. TOTAL:		$6.51
PFIZER INC. CNSMR HLTH GRP											
00501200999		25 MG	00100	TAB	BENADRYL ULTRATABS				69.0	0.15	6.71
Manufacturer does not credit for partial package quantities											
00501410401		46.6%-1%-	00001	OIN	TUCKS				1.0	3.96	2.57
Manufacturer does not credit for partial package quantities											
									PFIZER INC. CNSMR HLTH GRP TOTAL:		$9.28
PHARMACEUTICAL ASSOCIATES, INC.											
00121043130		400 MG/5 I	00100	LIQ	MILK OF MAGNESIA				17.0	0.43	4.75
Manufacturer does not credit for partial package quantities											
00121065711		160 MG/5 I	00100	ELI	ACETAMINOPHEN				1.0	0.60	0.39
Manufacturer does not credit for partial package quantities											
00121065721		160 MG/5 I	00100	ELI	ACETAMINOPHEN				5.0	0.85	2.76
Manufacturer does not credit for partial package quantities											
00121174415	RX	300 MG/ 1	00100	SYR	GUAIFENESIN				5.0	0.59	1.92
Manufacturer does not credit for partial package quantities											
00121176230		2400 MG/2	00100	SOL	MAG-AL PLUS XS				1.0	0.81	0.53
Manufacturer does not credit for partial package quantities											
									PHARMACEUTICAL ASSOCIATES, INC. TOTAL:		$10.35
QUALITEST PRODUCTS, INC.											
00603509021	RX	2 MG	00100	TAB	PERPHENAZINE	REPACK			100.0	0.69	44.73
Product must be in original package											
									QUALITEST PRODUCTS, INC. TOTAL:		$44.73
ROXANE LABORATORIES, INC.											
00054350049	RX	2%	00001	SOL	LIDOCAINE HCL VISCOUS		04/30/05		1.0	3.42	2.22
Manufacturer does not credit for products beyond this period past expiration											
									ROXANE LABORATORIES, INC. TOTAL:		$2.22
SANDOZ, INC.											
00185028101	RX	25 MG	00100	TAB	METOPROLOL SUCCINATE	REPACK	04/07/09		1.0	0.87	0.57
Manufacturer does not credit for partial package quantities											
									SANDOZ, INC. TOTAL:		$0.57

Order Number : EXP-9238-2009-1

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
SICOR PHARM., INC.											
00703285604	RX	10 MG/ML	00025	VIA	PROPOFOL				1.0	4.75	3.09
Manufacturer does not credit for partial package quantities											
										SICOR PHARM., INC. TOTAL:	**$3.09**
TARO PHARMACEUTICALS U.S.A., INC.											
51672127001	RX	0.25%	00001	CRE	DESOXIMETASONE				1.0	43.83	28.49
Manufacturer does not credit for partial package quantities											
										TARO PHARMACEUTICALS U.S.A., INC. TOTAL:	**$28.49**
UDL LABORATORIES, INC.											
51079048620	RX	2.5 MG	00100	TAB	FLUPHENAZINE HCL				88.0	0.90	51.25
Manufacturer does not credit for partial package quantities											
51079058620	RX	1 MG	00100	CAP	THIOTHIXENE				90.0	0.24	13.86
Manufacturer does not credit for partial package quantities											
51079060420	RX	250 MG	00100	CAP	CEPHALEXIN				10.0	0.84	5.47
Manufacturer does not credit for partial package quantities											
51079089920	RX	180 MG	00100	TER	VERAPAMIL HCL ER				10.0	1.20	7.81
Manufacturer does not credit for partial package quantities											
51079092920	RX	200 MG	00100	TAB	LABETALOL HCL				10.0	0.68	4.43
Manufacturer does not credit for partial package quantities											
										UDL LABORATORIES, INC. TOTAL:	**$82.82**
UPSHER-SMITH LABORATORIES, INC.											
00245004101	RX	10 MEQ	00100	TER	KLOR-CON 10				90.0	0.39	22.78
Manufacturer does not credit for partial package quantities											
										UPSHER-SMITH LABORATORIES, INC. TOTAL:	**$22.78**
WEST-WARD PHARMACEUTICAL CORP.											
00143129201	RX	750 MG	00100	TAB	METHOCARBAMOL				61.0	0.47	18.56
Manufacturer does not credit for partial package quantities											
										WEST-WARD PHARMACEUTICAL CORP. TOTAL:	**$18.56**
										Grand Total:	**$9,806.98**

Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/09/2009
Order No: EXP-9238-2009-1
Pickup Date: 12/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ABBOTT PHARMACEUTICAL											
00074227714	CIII	7.5 MG-20	00100	TAB	VICOPROFEN	REPACK		110.0		2.13	152.24
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00074245351	CII	10 MG/ML	00001	SOL	DILAUDID-HP				1.0	232.31	151.00
Product is not returnable											
										ABBOTT PHARMACEUTICAL TOTAL:	$303.24
ALAVEN PHARMACEUTICAL LLC											
00051863333	CIII	50 MG	00100	TAB	ANADROL-50	REPACK		77.0		23.51	1,176.52
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										ALAVEN PHARMACEUTICAL LLC TOTAL:	$1,176.52
BAXTER ANESTHESIA & CRITICAL CARE											
10019002805	CIV	1 MG/ML	00010	SOL	MIDAZOLAM HCL			2.0		2.31	3.00
Manufacturer does not credit for partial package quantities											
10019010201	CIV	2 MG/ML	00025	SOL	ATIVAN (LORAZEPAM)			10.0		1.44	9.36
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTHESIA & CRITICAL CARE TOTAL:	$12.36
BEDFORD LABORATORIES - CONTROLS											
55390013702	CIV	1 MG/ML	00010	SOL	MIDAZOLAM HCL			4.0		1.06	2.76
Manufacturer does not credit for partial package quantities											
55390016810	CIV	2 MG	00010	SOL	LORAZEPAM			2.0		1.28	1.66
Product is not returnable											
55390018401	CIV	2 MG/ML	00010	SOL	BUTORPHANOL TARTRATE			7.0		7.25	32.99
Manufacturer does not credit for partial package quantities											
										BEDFORD LABORATORIES - CONTROLS TOTAL:	$37.41
CELLTECH PHARMACEUTICALS, INC.											
00585054867	CIII	8 MG-10 M	00001	SER	TUSSIONEX PENNKINETIC	REPACK		5.0		144.55	469.79
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										CELLTECH PHARMACEUTICALS, INC. TOTAL:	$469.79
ETHEX CORPORATION											
58177090907	CIII	500 MG-7.!	00001	ELI	APAP/HYDROCODONE BITARTRAT	REPACK		1.0		61.85	40.20
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										ETHEX CORPORATION TOTAL:	$40.20
GENEVA PHARMACEUTICALS, INC.											
)0781884001	CII	5 MG	00100	TAB	METHYLPHENIDATE HCL	REPACK		10.0		0.35	2.27
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										GENEVA PHARMACEUTICALS, INC. TOTAL:	$2.27
GLENMARK PHARMACEUTICALS INC., USA											

Order Number : EXP-9238-2009-1

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
GLENMARK PHARMACEUTICALS INC., USA											
68462020201	CII	15 MG	00100	TAB	MORPHINE SULFATE	REPACK		42.0		0.19	5.27
PRODUCT MUST BE IN ORIGINAL PACKAGE											
						GLENMARK PHARMACEUTICALS INC., USA				**TOTAL:**	**$5.27**
HOSPIRA, INC											
00409254001	CII	4 MG/ML	00010	SOL	HYDROMORPHONE HCL			5.0		1.65	5.36
Manufacturer does not credit for partial package quantities											
00409603004	CII	10 MG/ML	00010	SOL	MEPERIDINE HCL			4.0		10.25	26.65
Manufacturer does not credit for partial package quantities											
						HOSPIRA, INC				**TOTAL:**	**$32.01**
HOSPIRA, INC.											
00409109732	CII	15 MG/ML	00010	SOL	CODEINE PHOSPHATE			68.0		2.70	119.34
Manufacturer does not credit for partial package quantities											
00409110232	CII	30 MG/ML	00010	SOL	CODEINE PHOSPHATE			62.0		2.91	117.27
Manufacturer does not credit for partial package quantities											
00409117630	CII	25 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE	45575LL	09/01/08	1.0		1.36	0.88
Manufacturer does not credit for products beyond this period past expiration											
00409117630	CII	25 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE	46575LL	10/01/08	19.0		1.36	16.80
Manufacturer does not credit for partial package quantities											
00409117830	CII	50 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE			25.0		1.43	23.24
Manufacturer does not credit for partial package quantities											
00409117930	CII	75 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE			77.0		1.36	68.07
Manufacturer does not credit for partial package quantities											
00409118069	CII	100 MG/M	00010	INJ	DEMEROL HYDROCHLORIDE			42.0		1.40	38.22
Manufacturer does not credit for partial package quantities											
00409125830	CII	4 MG/ML	00010	SOL	MORPHINE SULFATE			19.0		1.16	14.33
Manufacturer does not credit for partial package quantities											
00409126130	CII	10 MG/ML	00010	SOL	MORPHINE SULFATE			17.0		1.28	14.14
Manufacturer does not credit for partial package quantities											
00409126431	CII	15 MG/ML	00010	SOL	MORPHINE SULFATE			5.0		1.20	3.90
Manufacturer does not credit for partial package quantities											
00409131230	CII	2 MG/ML	00010	SOL	HYDROMORPHONE HCL	50730LL		8.0		1.38	7.18
Manufacturer does not credit for partial package quantities											
00409335301	CIII	500 MG	00025	PDS	PENTOTHAL			9.0		15.45	90.38
Manufacturer does not credit for partial package quantities											
00409677802	CIV	2 MG/ML	00010	SOL	LORAZEPAM	65-194-EV	11/01/09		1.0	14.00	9.10
Manufacturer does not credit for value less than $25											
00409677802	CIV	2 MG/ML	00010	SOL	LORAZEPAM	65-580-EV	11/01/09		1.0	14.00	9.10
Manufacturer does not credit for value less than $25											
00409677802	CIV	2 MG/ML	00010	SOL	LORAZEPAM	68-222-EV	02/01/10		2.0	14.00	18.20
Manufacturer does not credit for value less than $25											
00409677802	CIV	2 MG/ML	00010	SOL	LORAZEPAM			43.0		1.40	39.13
Manufacturer does not credit for partial package quantities											
						HOSPIRA, INC.				**TOTAL:**	**$589.28**
IVAX PHARMACEUTICALS, INC.											
00182822889	CIV	0.5 MG	00100	TAB	CLONAZEPAM			8.0		0.80	4.15
Manufacturer does not credit for partial package quantities											
						IVAX PHARMACEUTICALS, INC.				**TOTAL:**	**$4.15**
JHP PHARMACEUTICALS											

Order Number : EXP-9238-2009-1

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
JHP PHARMACEUTICALS											
61570009501	CIV	500 MG	00001	PDI	BREVITAL SODIUM				1.0	48.23	31.35
Product is not returnable											
									JHP PHARMACEUTICALS	TOTAL:	$31.35
MAJOR PHARMACEUTICALS											
00904344061	CIII	500 MG-5 I	00100	TAB	APAP/HYDROCODONE BITARTRAT			16.0		0.49	5.08
Manufacturer does not accept returns											
									MAJOR PHARMACEUTICALS	TOTAL:	$5.08
MALLINCKRODT PHARM DIVISION											
00406051262	CII	325 MG-5 I	00100	TAB	APAP/OXYCODONE			10.0		0.33	2.14
Manufacturer does not credit for partial package quantities											
00406831562	CII	15 MG	00100	TER	MORPHINE SULFATE			38.0		0.89	22.07
Manufacturer does not credit for partial package quantities											
									MALLINCKRODT PHARM DIVISION	TOTAL:	$24.21
MALLINCKRODT PHARMACEUTICAL DIVISIO											
00406036162	CIII	650 MG-1C	00100	TAB	APAP/HYDROCODONE BITARTRAT			25.0		1.16	18.78
Manufacturer does not credit for partial package quantities											
00406036762	CIII	325 MG-1C	00100	TAB	APAP/HYDROCODONE BITARTRAT			25.0		1.10	17.88
Manufacturer does not credit for partial package quantities											
00406052710	CII	10 MG/ML	00001	SOL	METHADOSE	REPACK		16.0		104.59	1,087.74
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00406055262	CII	5 MG	00100	TAB	OXYCODONE HCL			9.0		0.41	2.40
Manufacturer does not credit for partial package quantities											
00406324301	CII	2 MG	00100	TAB	HYDROMORPHONE HCL	REPACK		10.0		0.37	2.41
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00406324401	CII	4 MG	00100	TAB	HYDROMORPHONE HCL	REPACK		3.0		0.61	1.19
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									MALLINCKRODT PHARMACEUTICAL DIVISIO	TOTAL:	$1,130.38
MONARCH PHARM - CONTROLS											
60793014501	CIV	5 MG	00100	CAP	SONATA	REPACK		14.0		3.76	34.20
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									MONARCH PHARM - CONTROLS	TOTAL:	$34.20
PAR PHARMACEUTICAL, INC.											
49884095801	CIV	5 MG	00100	CAP	CHLORDIAZEPOXIDE HCL	REPACK		50.0		0.28	9.10
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									PAR PHARMACEUTICAL, INC.	TOTAL:	$9.10
PFIZER PHARMACEUTICALS - CONTROLS											
00071101468	CV	75 MG	00090	CAP	LYRICA	REPACK		8.0		2.19	11.37
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									PFIZER PHARMACEUTICALS - CONTROLS	TOTAL:	$11.37
PHARM. ASSOCIATES - CONTROLS											
00121050415	CV	120 MG-12	00100	SOL	ACETAMINOPHEN/CODEINE			56.0		0.89	32.40
Manufacturer does not credit for partial package quantities											
00121465505	CIII	2.5 MG/16	00040	SOL	APAP/HYDROCODONE BITARTRAT			16.0		3.07	31.93
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2009-1

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
PHARM. ASSOCIATES - CONTROLS											
PHARMEDIUM HEALTHCARE CORPORATION											
61553012348	CII	2 MCG/ML	00005	SOL	BUPIV/FENTANYL CITR/SOD CL	REPACK			59.0	6.27	240.61
PRODUCT MUST BE IN ORIGINAL PACKAGE											
61553070268	CII	0.2MG/ML	00010	SOL	HYDROMORPHONE HCL/SODIUM C	REPACK			96.0	4.84	302.26
PRODUCT MUST BE IN ORIGINAL PACKAGE											
61553079268	CII	20 MCG/M	00010	INJ	FENTANYL CITRATE	REPACK			39.0	5.16	130.70
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									PHARMEDIUM HEALTHCARE CORPORATION TOTAL:		**$673.58**
PURDUE PHARMA L.P.											
59011010010	CII	10 MG	00100	TER	OXYCONTIN	REPACK			6.0	1.80	7.01
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									PURDUE PHARMA L.P. TOTAL:		**$7.01**
QUALITEST PRODUCTS, INC.											
00603441521	CII	50 MG	00100	TAB	MEPERITAB	REPACK			14.0	0.69	6.24
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00603545921	CIV	65 MG	00100	CAP	PROPOXYPHENE HCL	REPACK			5.0	0.33	1.09
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									QUALITEST PRODUCTS, INC. TOTAL:		**$7.33**
RANBAXY PHARMACEUTICALS INC.											
63304020301	CII	10%	00001	TIN	OPIUM	REPACK			32.0	111.36	2,316.29
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									RANBAXY PHARMACEUTICALS INC. TOTAL:		**$2,316.29**
RANBAXY PHARMACEUTICALS, INC.											
63304090801	CII	5 MG	00100	TAB	AMPHETAMINE SALT COMBO	REPACK			28.0	1.37	24.96
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									RANBAXY PHARMACEUTICALS, INC. TOTAL:		**$24.96**
ROXANE LABORATORIES, INC.											
00054353244	CIV	2 MG/ML	00001	SOL	LORAZEPAM INTENSOL	REPACK			19.0	46.63	575.88
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00054355563	CII	5 MG/5 M	00001	SOL	METHADONE HCL	REPACK			1.0	38.72	25.17
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00054415625	CII	30 MG	00100	TAB	CODEINE SULFATE	REPACK			45.0	0.47	13.66
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00054485906	CIV	0.25 MG	00100	TAB	TRIAZOLAM	REPACK			25.0	0.63	10.26
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									ROXANE LABORATORIES, INC. TOTAL:		**$624.96**
SANDOZ, INC.											
00781710955	CII	12 MCG/H	00005	TDM	FENTANYL TRANSDERMAL SYSTE				2.0	13.80	17.94
Manufacturer does not credit for partial package quantities											
									SANDOZ, INC. TOTAL:		**$17.94**
SEPRACOR, INC. - CONTROLS											
53402019110	CIV	2 MG	00100	TAB	LUNESTA	REPACK			16.0	4.80	49.92
PRODUCT MUST BE IN ORIGINAL PACKAGE											

Order Number : EXP-9238-2009-1

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
SEPRACOR, INC. - CONTROLS											
SHIRE US INC.											
54092038101	CII	5 MG	00100	CER	ADDERALL XR	REPACK			90.0	4.27	249.61
PRODUCT MUST BE IN ORIGINAL PACKAGE											
54092038501	CII	15 MG	00100	CER	ADDERALL XR	REPACK			48.0	4.27	133.13
UDL LABORATORIES, INC.											
51079006720	CV	0.025 MG-:	00100	TAB	ATROPINE SULFATE/DIPHENOXYL				1.0	0.48	0.31
Manufacturer does not credit for partial package quantities											
51079014120	CIV	25 MG	00100	CAP	CHLORDIAZEPOXIDE HCL				27.0	0.23	4.08
Manufacturer does not credit for partial package quantities											
51079028520	CIV	5 MG	00100	TAB	DIAZEPAM				10.0	0.32	2.09
Manufacturer does not credit for partial package quantities											
51079028620	CIV	10 MG	00100	TAB	DIAZEPAM				40.0	0.43	11.05
Manufacturer does not credit for partial package quantities											
51079030220	CIV	15 MG	00100	CAP	FLURAZEPAM HCL				80.0	0.29	15.27
Manufacturer does not credit for partial package quantities											
51079032220	CIV	650 MG-10	00100	TAB	APAP/PROPOXYPHENE NAPSYLAT				54.0	0.56	19.71
Manufacturer does not credit for partial package quantities											
51079037520	CIV	10 MG	00100	CAP	CHLORDIAZEPOXIDE HCL				28.0	0.22	4.03
Manufacturer does not credit for partial package quantities											
51079038620	CIV	1 MG	00100	TAB	LORAZEPAM				8.0	0.91	4.71
Manufacturer does not credit for partial package quantities											
51079088220	CIV	1 MG	00100	TAB	CLONAZEPAM				22.0	0.91	12.95
WATSON LABORATORIES											
00591351301	CII	60 MG	00100	TER	MORPHINE SULFATE	REPACK			6.0	3.31	12.92
PRODUCT MUST BE IN ORIGINAL PACKAGE											
XANODYNE PHARMACAL, INC.											
66479058305	CII	5 MG/5 M	00040	SOL	ROXICODONE				24.0	1.89	29.48
Manufacturer does not credit for partial product quantities											

SEPRACOR, INC. - CONTROLS TOTAL:	$49.92
SHIRE US INC. TOTAL:	$382.73
UDL LABORATORIES, INC. TOTAL:	$74.19
WATSON LABORATORIES TOTAL:	$12.92
XANODYNE PHARMACAL, INC. TOTAL:	$29.48
Grand Total:	**$8,203.83**

Returned Drug Summary

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/09/2009
Order#: 9238-2009-1
Pickup Date: 12/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

Manufacturer			*Debit Memo#*	*Anticipated Return Value*	*Amount Received*
AKORN, INC.					
AKORN, INC.	*CAP*			$64.96	
				$64.96	
ALCON PHARMACEUTICAL DIVISION					
ALCON LABORATORIES, OPHTHALMIC DIV.	*CAP*			$18.77	
				$18.77	
AMPHASTAR - IMS CRITICAL CARE					
AMPHASTAR - IMS CRITICAL CARE	*CAP*			$286.66	
				$286.66	
ASTELLAS PHARMA, INC.					
FUJISAWA HEALTHCARE, INC.	*CAP*			$900.98	
				$900.98	
ASTRA ZENECA					
ASTRA ZENECA	*CAP*			$11.04	
				$11.04	
AZUR PHARMA, INC.					
PHARMELLE	*CAP*			$89.38	
				$89.38	
BAUSCH & LOMB PHARMACEUTICALS, INC.					
BAUSCH & LOMB PHARMACEUTICALS, INC.	*CAP*			$54.67	
				$54.67	
BAXTER ANESTHESIA & CRITICAL CARE		*RECALL*	*EXPNC01106335*		
BAXTER ANESTH. &CRITICAL CARE				$1.22	
				$1.22	
BAXTER ANESTHESIA & CRITICAL CARE		*RECALL*	*EXPNC01106336*		
BAXTER ANESTH. &CRITICAL CARE				$36.56	
				$36.56	
BAXTER ANESTHESIA & CRITICAL CARE		*RECALL*	*EXPNC01106339*		
BAXTER ANESTH. &CRITICAL CARE				$1.76	
				$1.76	
BAXTER ANESTHESIA & CRITICAL CARE		*RECALL*	*EXPNC01106340*		
BAXTER ANESTH. &CRITICAL CARE				$25.10	
				$25.10	

Order Number : EXP-9238-2009-1

Returned Drug Summary

Manufacturer			Debit Memo#	Anticipated Return Value	Amount Received
BAXTER ANESTHESIA & CRITICAL CARE		RECALL	EXPNC01106341		
BAXTER ANESTH. &CRITICAL CARE				$34.38	
				$34.38	
BAXTER ANESTHESIA & CRITICAL CARE			EXPNC01106342		
BAXTER ANESTHESIA & CRITICAL CARE				$8.97	
				$8.97	
BAXTER ANESTHESIA & CRITICAL CARE		RECALL	EXPNC01106345		
BAXTER ANESTH. &CRITICAL CARE				$11.98	
				$11.98	
BAXTER ANESTHESIA & CRITICAL CARE		RECALL	EXPNC01106346		
BAXTER ANESTH. &CRITICAL CARE				$8.78	
				$8.78	
BAXTER ANESTHESIA & CRITICAL CARE		RECALL	EXPNC01106347		
BAXTER ANESTH. &CRITICAL CARE				$21.29	
				$21.29	
BEDFORD LABORATORIES					
BEDFORD LABORATORIES	CAP			$455.00	
				$455.00	
BRECKENRIDGE PHARMACEUTICAL INC.					
BRECKENRIDGE PHARMACEUTICAL INC.	CAP			$15.88	
				$15.88	
BRIGHTON PHARMACEUTICALS, INC					
BRIGHTON PHARMACEUTICALS, INC	CAP			$17.56	
				$17.56	
Bristol-Myers Squibb Company			EXPNC01106343		
APOTHECON PRODUCTS				$11.86	
BRISTOL-MYERS SQUIBB U.S. MEDICINES				$15.82	
				$27.68	
CRI			EXPNC01106338		
ROXANE LABORATORIES, INC.				$32.23	
				$32.23	
CRI					
AVENTIS PHARMACEUTICALS	CAP			$464.53	
EON LABS MANUFACTURING, INC.	CAP			$1,348.75	
OVATION PHARMACEUTICALS, INC.	CAP			$176.64	
SANDOZ	CAP			$38.44	
				$2,028.36	
DEY, L.P.					
DEY	CAP			$469.48	
				$469.48	
FALCON PHARMACEUTICALS, LTD.					
FALCON PHARMACEUTICALS, LTD.	CAP			$52.88	
				$52.88	

Order Number : EXP-9238-2009-1

Returned Drug Summary

Manufacturer		Debit Memo#	Anticipated Return Value	Amount Received
FOUGERA E. & CO.				
FOUGERA E. & CO.	CAP		$82.37	
			$82.37	
GENENTECH, INC.				
GENENTECH, INC.	CAP		$1,287.54	
			$1,287.54	
GLAXO SMITHKLINE PHARMACEUTICALS		EXPNC01106344		
ALLEN & HANBURYS			$80.93	
CERENEX PHARMACEUTICALS			$67.91	
			$148.84	
HOSPIRA, INC.		EXPNC01106337		
HOSPIRA, INC.			$82.16	
			$82.16	
HOSPIRA, INC.	CII	EXPNC01106436		
HOSPIRA, INC.			$244.08	
			$244.08	
JOM Pharmaceutical Services				
JANSSEN PHARM. PRODS., L.P.	CAP		$193.86	
ORTHO-MCNEIL PHARMACEUTICAL CORPORA	CAP		$118.15	
			$312.01	
NOVARTIS PHARMACEUTICALS CORPORATIO		EXPNC01106348		
NOVARTIS PHARMACEUTICALS CORPORATIO			$2.29	
			$2.29	
PFIZER INC. CONSUMER HEALTH CARE GR				
PFIZER INC. CNSMR HLTH GRP	CAP		$7.28	
			$7.28	
PFIZER PHARMACEUTICALS				
PFIZER U.S. PHARMACEUTICALS GROUP	CAP		$55.67	
PHARMACIA CORPORATION	CAP		$469.24	
			$524.91	
SCHERING PLOUGH CORPORATION				
KEY PHARMACEUTICALS, INC.	CAP		$372.37	
ORGANON PHARMACEUTICALS	CAP		$180.34	
SCHERING PLOUGH CORPORATION	CAP		$28.57	
			$581.28	
SPS - GA				
BERTEK PHARMACEUTICALS INC	CAP		$59.38	
GENSIA SICOR PHARM., INC.	CAP		$2,298.60	
IVAX PHARMACEUTICALS, INC.	CAP		$62.39	
			$2,420.36	
WATSON PHARMA, INC.				
WATSON PHARMA, INC.	CAP		$69.43	
			$69.43	

Order Number : EXP-9238-2009-1

Returned Drug Summary

Manufacturer	*Debit Memo#*	*Anticipated Return Value*	*Amount Received*
Grand Total		***$10,438.08***	

Total No. of Manufacturers: 47

Processed Recall Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/09/2009
Order No: EXP-9238-2009-1
Pickup Date: 12/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

RECALLED PRODUCTS BEING RETURNED
PRODUCTS INCLUDED ON APPLICABLE REPORTS

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BAXTER ANESTH. &CRITICAL CARE											
00641244041	RX	1000 U/ML	1	SOL	HEPARIN SODIUM	097079	09/30/08		1.00	2.70	1.76
00641245045	RX	1000 U/ML	25	SOL	HEPARIN SODIUM	097081	09/30/09		1.00	56.25	36.56
00641040021	RX	5000 U/ML	1	SOL	HEPARIN SODIUM	027118	08/31/08		1.00	0.97	0.63
00641040064	RX	5000 U/ML	1	VIA	HEPARIN SODIUM	107098	10/31/09		10.00	0.91	5.92
00641243841	RX	10 U/ML	1	SOL	HEP-LOCK	106093	04/30/08		1.00	1.88	1.22
00641040021	RX	5000 U/ML	1	SOL	HEPARIN SODIUM	057113	11/30/08		9.00	0.97	5.67
00641041021	RX	10,000 U/ML	1	SOL	HEPARIN SODIUM	126047	06/30/08		4.00	1.29	3.35
00641040021	RX	5000 U/ML	1	SOL	HEPARIN SODIUM	077097	07/31/09		2.00	0.97	1.26
00641040064	RX	5000 U/ML	1	VIA	HEPARIN SODIUM	127059	12/31/09		19.00	0.91	11.24
00641041002	RX	10000 U/ML	25	VIA	HEPARIN SODIUM	087119	08/31/09		1.00	29.25	19.01
00641245041	RX	1000 U/ML	1	SOL	HEPARIN SODIUM	027113	08/31/08		3.00	2.25	4.39
00641040064	RX	5000 U/ML	1	VIA	HEPARIN SODIUM	087123	08/31/09		7.00	0.91	4.14
00641041002	RX	10000 U/ML	25	VIA	HEPARIN SODIUM	087119	08/31/09	8.00		1.17	6.08
00641041021	RX	10,000 U/ML	1	SOL	HEPARIN SODIUM	027062	08/31/08		37.00	1.29	31.02
00641245041	RX	1000 U/ML	1	SOL	HEPARIN SODIUM	097081	09/30/09		3.00	2.25	4.39
00641040021	RX	5000 U/ML	1	SOL	HEPARIN SODIUM	027052	08/31/08		7.00	0.97	4.41

BAXTER ANESTH. &CRITICAL CARE TOTAL: **$141.06**

Grand Total: **$141.06**

Returned Non-Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/09/2009
Order#: EXP-9238-2009-1
Pickup Date: 12/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
AKORN, INC.											
17478006235			00001	OIN	AKWA TEARS	6A08A	12/31/08		3.0	3.88	7.57
17478042020		5 MG/ML	00001	SOL	LABETALOL HCL	121086	12/31/08		1.0	4.95	3.22
17478071130	RX	2%	00001	GEL	LIDOCAINE HCL	6M24A	11/30/08		5.0	16.67	54.18
										AKORN, INC. TOTAL:	$64.96
ALCON LABORATORIES, OPHTHALMIC DIV.											
00998031505	RX	5%	00001	SOL	ISOPTO HOMATROPINE	113797F	09/30/08		1.0	28.88	18.77
										ALCON LABORATORIES, OPHTHALMIC DIV. TOTAL:	$18.77
ALLEN & HANBURYS											
00173038879	RX	0.042 MG/INH	00001	SPR	BECONASE AQ	6F004	06/30/09		1.0	124.51	80.93
										ALLEN & HANBURYS TOTAL:	$80.93
AMPHASTAR - IMS CRITICAL CARE											
00548103900	RX	0.1 MG/ML	00025	SOL	ATROPINE SULFATE	AS081I7	02/28/09		1.0	161.50	104.98
00548105200	RX	8.4%	00025	SOL	SODIUM BICARBONATE	AA054H6	01/31/09	2.0		7.74	10.06
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL	DE008B7	01/28/09	1.0		5.03	3.27
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL	DE008B7	01/31/09	26.0		5.03	85.01
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL	DEO08B7	01/31/09	24.0		5.03	78.47
00548330400	RX	100 MG/ML	00010	SOL	CALCIUM CHLORIDE	BA005D6	03/31/09	2.0		3.75	4.88
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	$286.66
APOTHECON PRODUCTS											
00003029305	RX	40 MG/ML	00001	SUS	KENALOG-40	6L17131	10/31/08		1.0	7.96	5.17
00003049420	RX	10 MG/ML	00001	SUS	KENALOG-10	7G21563	06/30/09		1.0	10.29	6.69
										APOTHECON PRODUCTS TOTAL:	$11.86
ASTRA ZENECA											
00186198804	RX	0.25 MG/2 ML	00030	SUS	PULMICORT RESPULES	MN0008	10/31/08	3.0		5.66	11.04
										ASTRA ZENECA TOTAL:	$11.04
AVENTIS PHARMACEUTICALS											
00075245153	RX	4 MCG/ML	00001	SOL	DDAVP	AA0393A	10/31/08		2.0	357.33	464.53
										AVENTIS PHARMACEUTICALS TOTAL:	$464.53
BAUSCH & LOMB PHARMACEUTICALS, INC.											
24208054505	RX	0.25%	00001	SOL	LEVOBUNOLOL HCL	117151	10/31/08		3.0	15.82	30.85

Order Number : EXP-9238-2009-1

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
BAUSCH & LOMB PHARMACEUTICALS, INC.											
24208079062	RX		00001	SOL	GRAMICIDIN/NEOMYCIN/POLYMYXIN B	137911	12/31/08		1.0	30.03	19.52
24208080615	RX	0.5%	00001	SOL	PILOCARPINE HYDROCHLORIDE	017501	12/31/08		1.0	6.62	4.30
							BAUSCH & LOMB PHARMACEUTICALS, INC. TOTAL:				$54.67
BAXTER ANESTH. &CRITICAL CARE											
00641040021	RX	5000 U/ML	00001	SOL	HEPARIN SODIUM	027052	08/31/08		7.0	0.97	4.41
00641040021	RX	5000 U/ML	00001	SOL	HEPARIN SODIUM	027118	08/31/08		1.0	0.97	0.63
00641040021	RX	5000 U/ML	00001	SOL	HEPARIN SODIUM	057113	11/30/08		9.0	0.97	5.67
00641040021	RX	5000 U/ML	00001	SOL	HEPARIN SODIUM	077097	07/31/09		2.0	0.97	1.26
00641040064	RX	5000 U/ML	00001	VIA	HEPARIN SODIUM	087123	08/31/09		7.0	0.91	4.14
00641040064	RX	5000 U/ML	00001	VIA	HEPARIN SODIUM	107098	10/31/09		10.0	0.91	5.92
00641040064	RX	5000 U/ML	00001	VIA	HEPARIN SODIUM	127059	12/31/09		19.0	0.91	11.24
00641041002	RX	10000 U/ML	00025	VIA	HEPARIN SODIUM	087119	08/31/09	8.0		1.17	6.08
00641041002	RX	10000 U/ML	00025	VIA	HEPARIN SODIUM	087119	08/31/09		1.0	29.25	19.01
00641041021	RX	10,000 U/ML	00001	SOL	HEPARIN SODIUM	027062	08/31/08		37.0	1.29	31.02
00641041021	RX	10,000 U/ML	00001	SOL	HEPARIN SODIUM	126047	06/30/08		4.0	1.29	3.35
00641243841	RX	10 U/ML	00001	SOL	HEP-LOCK	106093	04/30/08		1.0	1.88	1.22
00641244041	RX	1000 U/ML	00001	SOL	HEPARIN SODIUM	097079	09/30/08		1.0	2.70	1.76
00641245041	RX	1000 U/ML	00001	SOL	HEPARIN SODIUM	027113	08/31/08		3.0	2.25	4.39
00641245041	RX	1000 U/ML	00001	SOL	HEPARIN SODIUM	097081	09/30/09		3.0	2.25	4.39
00641245045	RX	1000 U/ML	00025	SOL	HEPARIN SODIUM	097081	09/30/09		1.0	56.25	36.56
							BAXTER ANESTH. &CRITICAL CARE TOTAL:				$141.06
BAXTER ANESTHESIA & CRITICAL CARE											
10019050645	RX	0.25 MG/ML	00010	SOL	BUMETANIDE	06N114	10/31/08		1.0	13.80	8.97
							BAXTER ANESTHESIA & CRITICAL CARE TOTAL:				$8.97
BEDFORD LABORATORIES											
55390000401	RX	1 MG	00001	PDS	GLUCAGEN DIAGNOSTIC KIT	TW60010	10/31/08		1.0	87.50	56.88
55390000401	RX	1 MG	00001	PDS	GLUCAGEN DIAGNOSTIC KIT	TW60028	10/31/08		7.0	87.50	398.13
							BEDFORD LABORATORIES TOTAL:				$455.00
BERTEK PHARMACEUTICALS INC											
62794050293	RX	20 GM/PACKET	00030	PDR	KRISTALOSE	0743A	10/31/08	15.0		2.03	19.79
62794050293	RX	20 GM/PACKET	00030	PDR	KRISTALOSE	0743A	10/31/08		1.0	60.90	39.59
							BERTEK PHARMACEUTICALS INC TOTAL:				$59.38
BRECKENRIDGE PHARMACEUTICAL INC.											
51991027141	RX	1%-10%	00001	CRE	KERATOL HC	EG010	07/31/08		1.0	24.43	15.88
							BRECKENRIDGE PHARMACEUTICAL INC. TOTAL:				$15.88
BRISTOL-MYERS SQUIBB U.S. MEDICINES											
63653117103	RX	75 MG	00100	TAB	PLAVIX	6D19474A	04/30/09	5.0		4.87	15.82
							BRISTOL-MYERS SQUIBB U.S. MEDICINES TOTAL:				$15.82

Order Number : EXP-9238-2009-1

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
CERENEX PHARMACEUTICALS											
00173056900	RX	4 MG	00030	ODT	ZOFRAN ODT	513896	01/31/09	4.0		26.12	67.91
									CERENEX PHARMACEUTICALS TOTAL:		$67.91
DEY											
49502018001	RX	80 MG/ML	00001	SUS	CUROSURF	077318	01/01/09		2.0	361.14	469.48
									DEY TOTAL:		$469.48
EON LABS MANUFACTURING, INC.											
00185002210	RX	100 MG	01000	TER	ORPHENADRINE CITRATE	060391	06/30/09		1.0	2,075.00	1,348.75
									EON LABS MANUFACTURING, INC. TOTAL:		$1,348.75
FALCON PHARMACEUTICALS, LTD.											
61314039601	RX	1 % 2 ML	00001	SOL	CYCLOPENTOLATE HCL	117192F	11/30/08		2.0	4.40	5.72
61314063006	RX	1 MG-3.5 MG-10,000 U/ML	00001	SUS	DEXAMETHASONE/NEOMYCIN/POLYMYXIN	60809F	12/31/08		1.0	8.00	5.20
61314064175	RX	7.5 ML	00001	SOL	HYDROCORTISONE/NEOMYCIN/POLYMYXIN B	58662F	11/30/08		1.0	64.55	41.96
									FALCON PHARMACEUTICALS, LTD. TOTAL:		$52.88
FOUGERA E. & CO.											
00168002738	RX	400 U-3.5 MG-10,000 U/GM	00001	OIN	BACITRACIN-NEO-POLY	N65	10/31/08		4.0	9.53	24.78
00168002938	RX		00001	OIN	HC W/BACITRACIN-NEOMYCIN-POLYMYXIN	N41	09/30/08		1.0	16.33	10.61
00168002938	RX		00001	OIN	HC W/BACITRACIN-NEOMYCIN-POLYMYXIN	N81	12/31/08		4.0	16.33	42.46
00168007938	RX	10%	00001	OIN	SULFACETAMIDE SODIUM	J09	11/30/08		1.0	6.95	4.52
									FOUGERA E. & CO. TOTAL:		$82.37
FUJISAWA HEALTHCARE, INC.											
00469301601	RX	5 MG/ML	00010	SOL	PROGRAF	5A3137A	12/31/08	5.0		170.78	555.04
00469823412	RX	2 ML	00001	SOL	ADENOCARD	41-521-EV	11/01/08		7.0	40.94	186.28
00469823412	RX	2 ML	00001	SOL	ADENOCARD	42-188-EV	12/01/08		5.0	40.94	133.06
00469823412	RX	2 ML	00001	SOL	ADENOCARD	43-158-EV	01/01/09		1.0	40.94	26.61
									FUJISAWA HEALTHCARE, INC. TOTAL:		$900.98
GENENTECH, INC.											
50242004164	RX	2 MG	00001	PDS	CATHFLO ACTIVASE	701302	01/31/09		1.0	90.83	59.04
50242010040	RX	2.5 MG/2.5 ML	00030	SOL	PULMOZYME	L97630	11/30/08	30.0		63.00	1,228.50
									GENENTECH, INC. TOTAL:		$1,287.54
GENSIA SICOR PHARM., INC.											
00703415611	RX	1 MG/ML	00001	SOL	IDARUBICIN HYDROCHLORIDE	06P610	11/30/08		2.0	1,768.15	2,298.60
									GENSIA SICOR PHARM., INC. TOTAL:		$2,298.60
HOSPIRA, INC.											
00409115178	RX	10 U/ML	00025	SOL	HEPARIN LOCK FLUSH	53-298-DK-01	11/01/08		3.0	13.50	26.33
00409212201	RX	1.25 MG/ML	00001	SDV	ENALAPRILAT	47270DD	11/01/08		2.0	3.55	4.62

Order Number : EXP-9238-2009-1

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
00409491134	RX	0.1 MG/ML	00010	SOL	ATROPINE SULFATE	48-127-DK	12/01/08		2.0	39.40	51.22
										HOSPIRA, INC. TOTAL:	$82.16
IVAX PHARMACEUTICALS, INC.											
00182117533	RX	54 MG-14 MG/ML	00001	SOL	ALLERGEN	6KT0329	11/30/08		1.0	3.00	1.95
00182415101		200 MG	00100	TAB	CALCIUM CITRATE	87408032	11/30/08		1.0	5.99	3.89
										IVAX PHARMACEUTICALS, INC. TOTAL:	$5.84
JANSSEN PHARM. PRODS., L.P.											
50458030611	RX	25 MG	00001	KIT	RISPERDAL CONSTA	6KA002	11/30/08		1.0	298.25	193.86
										JANSSEN PHARM. PRODS., L.P. TOTAL:	$193.86
KEY PHARMACEUTICALS, INC.											
00085113601	RX	0.75 MG/ML	00001	SOL	INTEGRILIN	AD132A1	12/31/08		1.0	349.51	227.18
00085117701	RX	2 MG/ML	00001	SOL	INTEGRILIN	100344	02/28/09		2.0	111.68	145.18
										KEY PHARMACEUTICALS, INC. TOTAL:	$372.37
NOVARTIS PHARMACEUTICALS CORPORATIO											
00078032444	RX	3 MG	00060	CAP	EXELON	F0016	03/31/09	1.0		3.52	2.29
										NOVARTIS PHARMACEUTICALS CORPORATIO TOTAL:	$2.29
ORGANON PHARMACEUTICALS											
00052045016	RX	10 MG/ML	00010	SOL	ZEMURON	906032	03/31/09	8.0		34.68	180.34
										ORGANON PHARMACEUTICALS TOTAL:	$180.34
ORTHO-MCNEIL PHARMACEUTICAL CORPORA											
00045006601	RX	5 MG/ML	00001	SOL	LEVAQUIN	47-002-JT	11/01/08		3.0	60.59	118.15
										ORTHO-MCNEIL PHARMACEUTICAL CORPORA TOTAL:	$118.15
OVATION PHARMACEUTICALS, INC.											
67386061152	RX	1 MG/ML	00005	SOL	COGENTIN	0080F	11/30/08		1.0	271.75	176.64
										OVATION PHARMACEUTICALS, INC. TOTAL:	$176.64
PFIZER INC. CNSMR HLTH GRP											
00501379310			00001	PO W	POLYSPORIN	A24544	11/30/08		1.0	11.20	7.28
										PFIZER INC. CNSMR HLTH GRP TOTAL:	$7.28
PFIZER U.S. PHARMACEUTICALS GROUP											
00071400810	RX	50 MG/ML	00010	SOL	CEREBYX	42145A	11/30/08	1.0		85.65	55.67
										PFIZER U.S. PHARMACEUTICALS GROUP TOTAL:	$55.67

Order Number : EXP-9238-2009-1

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
PHARMACIA CORPORATION											
00009379401	RX	0.1 MG/ML	00001	SOL	CORVERT	45PKR	09/30/08		1.0	389.35	253.08
00025152534	RX	200 MG	00100	CAP	CELEBREX	C060781	06/30/09	85.0		3.91	216.16
										PHARMACIA CORPORATION TOTAL:	$469.24
PHARMELLE											
66663010304	RX	15%	00001	CRE	AVC	37958	10/31/08		1.0	68.75	44.69
66663010304	RX	15%	00001	CRE	AVC	37959	10/31/08		1.0	68.75	44.69
										PHARMELLE TOTAL:	$89.38
ROXANE LABORATORIES, INC.											
00054350547	RX	4%	00001	SOL	LIDOCAINE HCL	657994A	11/30/08		3.0	9.16	17.86
00054350547	RX	4%	00001	SOL	LIDOCAINE HCL	957992A	11/30/08		2.0	9.16	11.91
00054850016	RX	2%	00040	SOL	LIDOCAINE HCL VISCOUS	756073A	10/31/08	1.0		1.26	0.82
00054850016	RX	2%	00040	SOL	LIDOCAINE HCL VISCOUS	756983A	12/31/08	2.0		1.26	1.64
										ROXANE LABORATORIES, INC. TOTAL:	$32.23
SCHERING PLOUGH CORPORATION											
00085113201	RX	0.09 MG/INH	00001	ARO	PROVENTIL HFA	GHI009A	09/30/08	1.0		43.96	28.57
										SCHERING PLOUGH CORPORATION TOTAL:	$28.57
WATSON PHARMA, INC.											
52544084728	RX	30 MCG-0.3 MG	00168	TAB	LOW-OGESTREL 28	TFAB009	09/30/08	98.0		1.09	69.43
										WATSON PHARMA, INC. TOTAL:	$69.43
										Grand Total:	$10,081.47

No. Of Manufacturers: 37

Returned Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/09/2009
Order#: EXP-9238-2009-1
Pickup Date: 12/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
BRIGHTON PHARMACEUTICALS, INC											
10914098004	CIII	100 MG/5 ML-3.5 MG/5 ML	00001	SOL	HYDROCODONE BITARTRATE-GUAIFENESIN	61107	11/30/08	0.93		29.04	17.56
										BRIGHTON PHARMACEUTICALS, INC TOTAL:	**$17.56**
HOSPIRA, INC.											
00409109732	CII	15 MG/ML	00010	SOL	CODEINE PHOSPHATE	54600LL	12/01/08		8.0	27.0	140.40
00409110232	CII	30 MG/ML	00010	SOL	CODEINE PHOSPHATE	53730LL	11/01/08		5.0	29.10	94.58
00409118069	CII	100 MG/ML	00010	INJ	DEMEROL HYDROCHLORIDE	50710LL	02/01/09		1.0	14.0	9.10
										HOSPIRA, INC. TOTAL:	**$244.08**
IVAX PHARMACEUTICALS, INC.											
00172480460	CIV	10 MG	00100	CAP	OXAZEPAM	CDU30A	10/31/08		1.0	86.99	56.54
										IVAX PHARMACEUTICALS, INC. TOTAL:	**$56.54**
SANDOZ											
00781307370	CIII	100 MG/ML	00001	OIL	TESTOSTERONE CYPIONATE	134259	09/30/08		1.0	59.14	38.44
										SANDOZ TOTAL:	**$38.44**
										Grand Total:	**$356.62**

No. of Manufacturers: 4

EXP PHARMACEUTICAL SERVICES CORP.
Customer Service Unit
48021 Warms Springs Blvd.
Fremont, CA 94539
Phone: 800-350-0397 Fax: 510-933-1477

facsimile transmittal

To:	Shawn	Fax:	816-698-7032
From:	Ginger M. Maghoney	Date:	2/3/09
Re:	Return Reports	Pages:	30 (Including cover sheet)
CC:			*Happy New Year!!*

☑ Urgent ☑ For Review ☐ Please Comment ☑ Please Reply ☐ Please Recycle

****URGENT PLEASE REPLY****

Hi Shawn,

Attached please find return reports for order 9238-2008-5. If you have any questions please feel free to give me a call. Have a wonderful day! ☺

Regards,

Ginger Melannie Maghoney
Customer Service Department Supervisor
(800) 350-0397 ext. 249
(510) 933-1470 fax
gingerm@expworld.com

[redacted] Ex. 4 CBI

Indate Report

Product(s) being held until qualified for Returns

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/23/2008
Order No: EXP-9238-2008-5
Pickup Date: 10/07/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMPHASTAR - IMS CRITICAL CARE											
00548330400	RX	100 MG/ML	10	SOL	CALCIUM CHLORIDE	BA014G6	06/30/09	1.00		3.75	2.44
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	$2.44
FUJISAWA HEALTHCARE, INC.											
00469823412	RX	2 ML	1	SOL	ADENOCARD	50-199-EV	08/01/09		1.00	40.94	26.61
										FUJISAWA HEALTHCARE, INC. TOTAL:	$26.61
GLAXO SMITHKLINE PHARM.											
58160082011	RX	10 MCG/0.5 M	10	SUS	ENGERIX-B PEDIATRIC	AHBVB517AA	05/15/10	9.00		26.53	155.20
										GLAXO SMITHKLINE PHARM. TOTAL:	$155.20
GREENSTONE LIMITED											
59762306003	RX	250 MG	50	TAB	AZITHROMYCIN	05318VA	12/31/10	1.00		7.78	5.06
										GREENSTONE LIMITED TOTAL:	$5.06
HOSPIRA, INC.											
00409650901	RX	5 GM	1	PDS	VANCOMYCIN HCL	62-918-Z7	11/01/09		1.00	38.39	24.95
00409653301	RX	1 GM	10	PDS	VANCOMYCIN HCL	53330DD	05/01/09		14.00	90.80	826.28
										HOSPIRA, INC. TOTAL:	$851.23
KEY PHARMACEUTICALS, INC.											
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	100446	12/31/09		1.00	111.68	72.59
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	100347	09/30/09		1.00	111.68	72.59
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	100346	07/31/09		2.00	111.68	145.18
										KEY PHARMACEUTICALS, INC. TOTAL:	$290.37
NOVO NORDISK PHARMACEUTICALS, INC.											
00169183311		100 U/ML	1	SOL	NOVOLIN R	VZF0203	09/30/10		1.00	41.25	26.81
										NOVO NORDISK PHARMACEUTICALS, INC. TOTAL:	$26.81
ORGANON PHARMACEUTICALS											
00052045015	RX	10 MG/ML	10	SOL	ZEMURON	908888	03/31/10	3.00		18.06	35.22
00052045015	RX	10 MG/ML	10	SOL	ZEMURON	908887	04/30/10	3.00		18.06	35.22
										ORGANON PHARMACEUTICALS TOTAL:	$70.43
PFIZER U.S. PHARM. GROUP											
00071036924	RX	100 MG	100	CAP	DILANTIN	22967V	10/31/09	91.00		0.41	24.06
										PFIZER U.S. PHARM. GROUP TOTAL:	$24.06
PHARMACIA CORPORATION											
00025152534	RX	200 MG	100	CAP	CELEBREX	C060781	06/30/09	85.00		3.91	216.16
										PHARMACIA CORPORATION TOTAL:	$216.16

Order Number : EXP-9238-2008-5

Indate Report

Product(s) being held until qualified for Returns

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
UDL LABORATORIES, INC.											
51079005820	RX	25 MG	100	TAB	CHLORTHALIDONE	8B370	02/28/10		1.00	23.40	15.21
										UDL LABORATORIES, INC. TOTAL:	$15.21
										Grand Total:	$1,683.58

Hazardous Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/23/2008
Order No: EXP-9238-2008-5
Pickup Date: 10/07/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA # : BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HUMCO											
00395121316	RX		00001	TIN	IODINE TR				0.90	12.85	7.52
Manufacturer does not accept returns											
										HUMCO TOTAL:	$7.52
VINTAGE PHARMACEUTICALS, INC.											
00254906858	CIV	500 MG/5 ML	00001	SYR	CHLORAL HYDRATE	REPACK			10.0	9.41	61.17
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										VINTAGE PHARMACEUTICALS, INC. TOTAL:	$61.17
										Grand Total:	$68.69

Non-Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/23/2008
Order No: EXP-9238-2008-5
Pickup Date: 10/07/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ABBOTT HOSPITAL PRODUCTS											
00074471301	RX	1%	00100	SOL	LIDOCAINE HCL				6.0	1.58	6.16
Manufacturer does not credit for partial package quantities											
									ABBOTT HOSPITAL PRODUCTS TOTAL:		$6.16
ABBOTT PHARMACEUTICAL											
00074712613	RX	500 MG	00100	TER	DEPAKOTE ER				80.0	2.71	140.75
Product is not returnable											
									ABBOTT PHARMACEUTICAL TOTAL:		$140.75
ABRAXIS PHARMACEUTICAL PRODUCTS											
00186027847	RX	1%	00005	SOL	XYLOCAINE-MPF				1.0	5.61	3.65
Manufacturer does not accept returns											
									ABRAXIS PHARMACEUTICAL PRODUCTS TOTAL:		$3.65
AKORN, INC.											
17478025410	RX	10%	00025	SOL	AK-FLUOR	71066	07/31/08		23.0	0.31	4.67
Manufacturer does not credit for partial package quantities											
									AKORN, INC. TOTAL:		$4.67
ALCON LABORATORIES, OPHTHALMIC DIV.											
00065035902	RX	0.2%-1% 2	00012	SOL	CYCLOMYDRIL				1.0	1.41	0.92
Manufacturer does not credit for partial package quantities											
00065065435	RX	0.3%	00001	OIN	CILOXAN				1.0	71.50	46.48
Manufacturer does not credit for partial package quantities											
									ALCON LABORATORIES, OPHTHALMIC DIV. TOTAL:		$47.39
ALPHARMA USPD											
00472038245	RX	0.05%	00001	OIN	BETAMETHASONE DIPROPIONATE				1.0	62.19	40.42
Manufacturer does not credit for partial package quantities											
									ALPHARMA USPD TOTAL:		$40.42
ALPHARMA USPD/XACTDOSE, INC.											
00472500160	RX	10 GM/15 I	00050	SOL	LACTULOSE				4.0	3.00	7.80
Manufacturer does not credit for partial package quantities											
									ALPHARMA USPD/XACTDOSE, INC. TOTAL:		$7.80

Order Number : EXP-9238-2008-5

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMERICAN REGENT LABORATORIES, INC.											
00517030110	RX	10 MG/ML	00010	SOL	METHYLENE BLUE			2.0		7.81	10.15
Manufacturer does not accept returns											
00517090125	RX	20 MG/ML	00025	SOL	HYDRALAZINE HYDROCHLORIDE	7798	10/31/08	7.0		18.75	85.31
Manufacturer does not accept returns											
00517090125	RX	20 MG/ML	00025	SOL	HYDRALAZINE HYDROCHLORIDE	8087	12/31/08	8.0		18.75	97.50
Manufacturer does not accept returns											
00517102025	RX	20 U/ML	00025	SOL	VASOPRESSIN			3.0		5.40	10.53
Manufacturer does not accept returns											
00517155025	RX	8.4%	00025	SOL	SODIUM BICARBONATE			2.0		2.29	2.98
Manufacturer does not accept returns											
00517420125	RX	25 MG/ML	00025	SOL	HYDROXYZINE HCL			3.0		0.74	1.44
Manufacturer does not accept returns											
00517490525	RX	4 MG/ML	00025	SOL	DEXAMETHASONE SODIUM PHOSI			2.0		2.19	2.85
Manufacturer does not accept returns											
00517560125	RX	50 MG/ML	00025	SOL	HYDROXYZINE HCL			7.0		0.89	4.05
Manufacturer does not accept returns											
										AMERICAN REGENT LABORATORIES, INC. TOTAL:	**$214.81**
AMERICAN REGENT, INC.											
00517113005	RX	1 MG/ML	00005	SOL	EPINEPHRINE HCL			9.0		9.25	54.11
Manufacturer does not accept returns											
										AMERICAN REGENT, INC. TOTAL:	**$54.11**
APOTEX CORP.											
60505082601	RX	0.03%	00001	SPR	IPRATROPIUM BROMIDE			1.0		51.75	33.64
Manufacturer does not credit for partial package quantities											
60505083404	RX	1G	00010	VIA	CEFEPIME HCL			1.0		20.33	13.21
Manufacturer does not credit for partial package quantities											
										APOTEX CORP. TOTAL:	**$46.85**
APP (AMERICAN PHARMACEUTICAL PARTNE											
63323011310	RX	300 MG	00010	PDS	PENTAM			1.0		98.75	64.19
Manufacturer does not accept returns											
63323016501	RX	4 MG/ML	00025	SOL	DEXAMETHASONE SODIUM PHOSI			5.0		1.38	4.49
Manufacturer does not accept returns											
63323022905	RX	10 MG/ML	00025	SOL	PROTAMINE SULFATE			3.0		6.66	12.99
Manufacturer does not accept returns											
63323022930	RX	10 MG/ML	00001	SOL	PROTAMINE SULFATE				1.0	19.99	12.99
Manufacturer does not accept returns											
63323054207	RX	10,000 U/M	00025	SOL	HEPARIN SODIUM			4.0		5.63	14.64
Manufacturer does not accept returns											
63323061401	RX	20 MG/ML	00025	SOL	HYDRALAZINE HCL			6.0		15.00	58.50
Manufacturer does not accept returns											

Order Number : EXP-9238-2008-5

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
APP (AMERICAN PHARMACEUTICAL PARTNE											
					APP (AMERICAN PHARMACEUTICAL PARTNE TOTAL:						$167.79
AVENTIS PASTEUR INC.											
49281028610	RX		00010	SUS	DAPTACEL			9.0		26.99	157.89
Manufacturer does not credit for partial package quantities											
49281082010	RX	5 Lf U/0.5 I	00010	SUS	TETANUS TOXOID ADSORBED			5.0		26.53	86.22
Manufacturer does not credit for partial package quantities											
					AVENTIS PASTEUR INC. TOTAL:						$244.11
AVENTIS PHARMACEUTICALS											
00075291201	RX	120MG/0.8	00010	SOL	LOVENOX	12179	04/30/10	1.0		97.55	63.41
Manufacturer does not credit for partial product quantities											
					AVENTIS PHARMACEUTICALS TOTAL:						$63.41
BARR LABORATORIES, INC.											
00555112105	RX	10MG/ML	00010	AMP	NALBUPHINE HCL			28.0		2.00	36.40
Manufacturer does not credit for partial package quantities											
					BARR LABORATORIES, INC. TOTAL:						$36.40
BAXTER ANESTH. &CRITICAL CARE											
00641037625	RX	50 MG/ML	00025	SOL	DIPHENHYDRAMINE HCL			9.0		1.16	6.79
Manufacturer does not credit for partial package quantities											
00641049125	RX	5 MG/ML	00025	SOL	PROCHLORPERAZINE EDISYLATE			2.0		3.13	4.07
Manufacturer does not credit for partial package quantities											
00641255545	RX	50 MG/ML	00025	SOL	PHENYTOIN SODIUM			3.0		3.50	6.83
Manufacturer does not credit for partial package quantities											
00641296541	RX	10 MG/ML	00001	SOL	ESMOLOL HCL			2.0		22.07	28.69
Manufacturer does not credit for partial package quantities											
10019001602	RX	0.2 MG/M	00010	SOL	GLYCOPYRROLATE			7.0		5.00	22.75
Manufacturer does not credit for partial package quantities											
60977014402	RX	20 MG/ML	00006	SOL	DOPRAM			1.0	1.0	52.50	34.13
Manufacturer does not credit for partial package quantities											
					BAXTER ANESTH. &CRITICAL CARE TOTAL:						$103.25
BAXTER ANESTHESIA & CRITICAL CARE											
10019001301	RX	10 MG/ML	00025	EMU	PROPOFOL			2.0		10.88	14.14
Manufacturer does not credit for partial package quantities											
10019002518	RX	250 MG/M	00010	SOL	BREVIBLOC			3.0		137.58	268.28
Manufacturer does not credit for partial package quantities											
10019003003	RX	30 MG/ML	00025	SOL	KETOROLAC TROMETHAMINE			5.0		1.56	5.07
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-5

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BAXTER ANESTHESIA & CRITICAL CARE											
10019004501	RX	10 MG/ML	00010	SOL	FAMOTIDINE				6.0	1.07	4.17
Manufacturer does not credit for partial package quantities											
10019006303	RX	6 MG/2 M	00010	INJ	ADENOSINE				6.0	15.94	62.17
Manufacturer does not credit for partial package quantities											
10019021002	RX	5 MG/ML	00010	SOL	LABETALOL HCL				1.0	5.50	3.58
Manufacturer does not credit for partial package quantities											
10019025012	RX	0.4 MG/M	00025	SOL	ATROPINE SULFATE				6.0	0.85	3.32
Manufacturer does not credit for partial package quantities											
10019025112	RX	1 MG/ML	00025	SOL	ATROPINE SULFATE				9.0	2.01	11.76
Manufacturer does not credit for partial package quantities											
10019090501	RX	2 MG/ML	00025	SOL	ONDANSETRON				5.0	1.40	4.55
Manufacturer does not credit for partial package quantities											
						BAXTER ANESTHESIA & CRITICAL CARE TOTAL:					**$377.03**
BAXTER HEALTHCARE BIOSCIENCE DIV											
00944296707	RX	2500 IU	00001	SOL	WINRHO SDF				1.0	613.21	398.59
Manufacturer does not accept returns											
						BAXTER HEALTHCARE BIOSCIENCE DIV TOTAL:					**$398.59**
BAXTER HEALTHCARE CORP.											
00338001702	RX	5%	00036	SOL	DEXTROSE				2.0	0.26	0.33
Manufacturer does not accept returns											
00338002302	RX	10%	00036	SOL	DEXTROSE				1.0	0.30	0.20
Manufacturer does not accept returns											
00338004902	RX	0.9%	00036	SOL	SODIUM CHLORIDE				2.0	0.25	0.33
Manufacturer does not accept returns											
00338004918	RX	0.9%	00096	SOL	SODIUM CHLORIDE				3.0	9.67	18.86
Manufacturer does not accept returns											
00338011703	RX		00024	SOL	LACTATED RINGER'S				3.0	0.46	0.90
Manufacturer does not accept returns											
00338027003	RX	10%-0.9%	00024	SOL	GENTRAN 40 W/SODIUM CHLORID				1.0	4.14	2.69
Manufacturer does not accept returns											
00338043103	RX	200 U/100	00018	SOL	HEPARIN SODIUM/SODIUM CHLOR				1.0	0.38	0.25
Manufacturer does not accept returns											
00338055002	RX	250 ML	00024	SOL	DEXTROSE/HEPARIN SODIUM				6.0	9.94	38.77
Manufacturer does not accept returns											
00338100702	RX	5%-160 M(	00018	SOL	DEXTROSE/DOPAMINE HCL				2.0	1.58	2.05
Manufacturer does not accept returns											
00338107302	RX	5%-100 M(	00018	SOL	DEXTROSE/DOBUTAMINE				4.0	2.76	7.18
Manufacturer does not accept returns											
00338604648	RX	200 MG/10	00010	SOL	FLUCONAZOLE				1.0	56.85	36.95
Manufacturer does not accept returns											

Order Number : EXP-9238-2008-5

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BAXTER HEALTHCARE CORP.											
									BAXTER HEALTHCARE CORP. TOTAL:		$108.50
BECTON DICKINSON CONSUMER PRODUCTS											
08290036005	RX	10 U/ML	00030	SOL	HEPARIN LOCK FLUSH				51.0	0.11	3.71
Manufacturer does not accept returns											
									BECTON DICKINSON CONSUMER PRODUCTS TOTAL:		$3.71
BEDFORD LABORATORIES											
55390003710	RX	10 MG	00010	PDS	VECURONIUM BROMIDE				2.0	7.75	10.08
Manufacturer does not credit for partial package quantities											
55390007310	RX	5 MG/5 M	00010	INJ	METOPROLOL TARTRATE				4.0	2.50	6.50
Manufacturer does not credit for partial package quantities											
55390009310	RX	1 MG/10 M	00010	SOL	FLUMAZENIL				2.0	156.94	204.02
Manufacturer does not credit for partial package quantities											
55390056505	RX	5 MG/ML	00010	SOL	DILTIAZEM HCL				2.0	2.50	3.25
Product is not returnable											
55390076320	RX	2 MG/ML	00010	SOL	ETOMIDATE				2.0	26.88	34.94
Manufacturer does not credit for partial package quantities											
									BEDFORD LABORATORIES TOTAL:		$258.79
BERTEK PHARMACEUTICALS INC											
62794050217	RX	20 GM/PA(	00001	PDR	KRISTALOSE		08/31/07		2.0	60.90	79.17
Manufacturer does not credit for products beyond this period past expiration											
									BERTEK PHARMACEUTICALS INC TOTAL:		$79.17
CONVATEC											
00003325102		2%	00001	OIN	ALOE VESTA 2-N-1 ANTIFUNGAL				1.0	71.16	46.25
Manufacturer does not accept returns											
									CONVATEC TOTAL:		$46.25
ETHICON, INC.											
63713039022	RX		00001	KIT	EVICEL FIBRIN SEALANT				3.0	200.00	390.00
Product is not returnable											
63713039055	RX		00001	KIT	EVICEL FIBRIN SEALANT (HUMAN)				1.0	460.00	299.00
Product is not returnable											
									ETHICON, INC. TOTAL:		$689.00
FALCON PHARMACEUTICALS, LTD.											
61314063006	RX	1 MG-3.5 M	00001	SUS	DEXAMETHASONE/NEOMYCIN/POI				1.0	8.00	5.20
Manufacturer does not credit for partial package quantities											
61314063136	RX	1 MG-3.5 M	00001	OIN	DEXAMETHASONE/NEOMYCIN/POI				1.0	8.00	5.20
Manufacturer does not credit for partial package quantities											

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
FALCON PHARMACEUTICALS, LTD.											
						FALCON PHARMACEUTICALS, LTD. TOTAL:					$10.40
FOUGERA											
00168031315	RX	0.77%	00001	CRE	CICLOPIROX				1.0	28.65	18.62
Manufacturer does not credit for partial package quantities											
						FOUGERA TOTAL:					$18.62
FOUGERA E. & CO.											
00168000315	RX	0.025%	00001	CRE	TRIAMCINOLONE ACETONIDE				1.0	3.00	1.95
Manufacturer does not credit for partial package quantities											
00168000416	RX	0.1%	00001	CRE	TRIAMCINOLONE ACETONIDE				0.90	23.14	13.54
Manufacturer does not credit for partial package quantities											
						FOUGERA E. & CO. TOTAL:					$15.49
GENENTECH, INC.											
50242003861	RX	50 MG	00001	KIT	TNKASE	M87948	07/31/07		1.0	2,917.48	1,896.36
Manufacturer does not credit for products beyond this period past expiration											
50242010040	RX	2.5 MG/2.5	00030	SOL	PULMOZYME	L97067	08/31/08		12.0	63.00	491.40
Manufacturer does not credit for partial package quantities											
						GENENTECH, INC. TOTAL:					$2,387.76
GENSIA SICOR PHARMACEUTICALS, INC.											
00703150102	RX	0.5 MG/M	00005	SOL	ALPROSTADIL				2.0	68.75	89.38
Manufacturer does not credit for partial package quantities											
						GENSIA SICOR PHARMACEUTICALS, INC. TOTAL:					$89.38
HOSPIRA, INC											
00409116502	RX	0.75%	00025	SOL	BUPIVACAINE HCL				2.0	4.23	5.50
Manufacturer does not credit for partial package quantities											
00409155910	RX	0.25%	00010	SOL	MARCAINE HCL				6.0	2.49	9.71
Manufacturer does not credit for partial package quantities											
00409488720	RX		00025	SOL	WATER FOR INJECTION				7.0	0.50	2.28
Manufacturer does not credit for partial package quantities											
						HOSPIRA, INC TOTAL:					$17.49
HOSPIRA, INC.											
00074302401	RX	50 MG	00100	PDS	NITROPRESS				3.0	0.10	0.20
Manufacturer does not credit for partial package quantities											
00074464601	RX	1 MG/ML	00025	SOL	PANCURONIUM BROMIDE				9.0	3.33	19.45
Manufacturer does not credit for partial package quantities											
00409121201	RX	0.4 MG/M	00010	SOL	NALOXONE HCL				3.0	1.51	2.94
Manufacturer does not credit for partial package quantities											

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
00409121501	RX	0.4 MG/M	00010	SOL	NALOXONE HCL				4.0	2.34	6.08
Manufacturer does not credit for partial package quantities											
00409132305	RX	2%	00010	SOL	LIDOCAINE HCL				1.0	2.16	1.40
Manufacturer does not credit for partial package quantities											
00409141005	RX	0.2 MG/M	00010	SOL	ISUPREL				2.0	7.50	9.75
Manufacturer does not credit for partial package quantities											
00409146301	RX	10 MG/ML	00010	SOL	NALBUPHINE HCL				16.0	2.00	20.80
Manufacturer does not credit for partial package quantities											
00409190301	RX	500 MG/M	00025	SOL	PROCAINAMIDE HCL				66.0	3.94	169.03
Manufacturer does not credit for partial package quantities											
00409196607	RX	30 ML	00025	SOL	SODIUM CHLORIDE BACTERIOSTA				12.0	0.55	4.29
Manufacturer does not credit for partial package quantities											
00409212202	RX	1.25 MG/M	00001	SOL	ENALAPRILAT				1.0	6.28	4.08
Manufacturer does not credit for partial package quantities											
00409317802	RX	1:100,000-	00025	SOL	EPINEPHRINE/LIDOCAINE HCL				6.0	3.18	12.40
Manufacturer does not credit for partial package quantities											
00409372432	RX	5%-400 M(	00012	SOL	DEXTROSE/DOBUTAMINE				9.0	21.24	124.25
Manufacturer does not credit for partial package quantities											
00409403101	RX	25%	00025	SOL	MANNITOL				3.0	1.21	2.36
Manufacturer does not credit for partial package quantities											
00409427601	RX	1%	00025	SOL	LIDOCAINE HCL				4.0	0.84	2.18
Manufacturer does not credit for partial package quantities											
00409428301	RX	4%	00025	SOL	LIDOCAINE HCL				3.0	2.60	5.07
Manufacturer does not credit for partial package quantities											
00409434673	RX	250 MG/M	00025	SOL	AMINOCAPROIC ACID				6.0	1.31	5.11
Manufacturer does not credit for partial package quantities											
00409488810	RX	0.9%	00025	SOL	SODIUM CHLORIDE				10.0	0.41	2.67
Manufacturer does not credit for partial package quantities											
00409490234	RX	50%	00010	SOL	DEXTROSE				2.0	5.03	6.54
Manufacturer does not credit for partial package quantities											
00409491134	RX	0.1 MG/M	00010	SOL	ATROPINE SULFATE				4.0	3.94	10.24
Manufacturer does not credit for partial package quantities											
00409492134	RX	0.1 MG/M	00010	SOL	EPINEPHRINE HCL				22.0	2.86	40.90
Manufacturer does not credit for partial package quantities											
00409492834	RX	100 MG/M	00010	SOL	CALCIUM CHLORIDE				1.0	3.90	2.54
Manufacturer does not credit for partial package quantities											
00409553434	RX	4.2%	00010	SOL	SODIUM BICARBONATE				7.0	3.40	15.47
Manufacturer does not credit for partial package quantities											
00409610202	RX	10 MG/ML	00025	SOL	FUROSEMIDE				4.0	0.54	1.40
Manufacturer does not credit for partial package quantities											

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
00409610204	RX	10 MG/ML	00025	SOL	FUROSEMIDE				6.0	0.63	2.46
Manufacturer does not credit for partial package quantities											
00409610210	RX	10 MG/ML	00025	SOL	FUROSEMIDE				4.0	0.66	1.72
Manufacturer does not credit for partial package quantities											
00409653301	RX	1 GM	00010	PDS	VANCOMYCIN HCL				5.0	9.08	29.51
Manufacturer does not credit for partial package quantities											
00409662902	RX	10 ML	00025	SOL	QUELICIN				11.0	2.98	21.31
Manufacturer does not credit for partial package quantities											
00409669502	RX	2 MG/ML	00010	SOL	AMIDATE				1.0	12.44	8.09
Manufacturer does not credit for partial package quantities											
00409672923	RX	40 MG/ML	00024	SOL	MAGNESIUM SULFATE				3.0	7.44	14.51
Manufacturer does not credit for partial package quantities											
00409724101	RX	1 MG/ML	00025	SOL	EPINEPHRINE HCL				5.0	1.31	4.26
Manufacturer does not credit for partial package quantities											
00409806029	RX	2 MG/ML	00010	SOL	AMIDATE				2.0	29.40	38.22
Manufacturer does not credit for partial package quantities											
										HOSPIRA, INC. TOTAL:	**$589.23**
HUMCO											
00395123791		7 GM/100 I	00001	SYR	IPECAC SYRUP				1.0	4.59	2.98
Manufacturer does not accept returns											
00395291612	RX		00001	POW	TANNIC ACID				1.0	95.25	61.91
Manufacturer does not accept returns											
										HUMCO TOTAL:	**$64.90**
IVAX PHARMACEUTICALS, INC.											
00172375710	RX	2.5 MG	00100	TAB	LISINOPRIL				100.0	0.97	63.21
Manufacturer does not credit for partial package quantities											
00182006889		500 MG	00100	TAB	ASCORBIC ACID				10.0	0.07	0.46
Manufacturer does not credit for partial package quantities											
00182011210	RX	250 MG	01000	CAP	TETRACYCLINE HCL				45.0	0.05	1.37
Manufacturer does not credit for partial package quantities											
00182044889		325 MG	00100	ECT	ASPIRIN				30.0	0.07	1.31
Manufacturer does not credit for partial package quantities											
00182821589		8.6 MG	00100	TAB	SENNA-GEN				10.0	0.09	0.59
Manufacturer does not credit for partial package quantities											
00182864389		80 MG	00100	CTB	SIMETHICONE				25.0	0.18	2.93
Manufacturer does not credit for partial package quantities											
00182868889		200 MG	00100	TAB	IBUPROFEN				36.0	0.08	1.85
Manufacturer does not credit for partial package quantities											
										IVAX PHARMACEUTICALS, INC. TOTAL:	**$71.70**

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
JHP PHARMACEUTICALS											
61570054325	RX	100 MG/M	00025	SOL	TIGAN			7.0		8.24	37.49
Manufacturer does not credit for partial package quantities											
										JHP PHARMACEUTICALS TOTAL:	**$37.49**
MAJOR PHARMACEUTICALS											
00904110231		10%	00001	OIN	POVIDONE-IODINE			1.0		3.12	2.03
Manufacturer does not accept returns											
										MAJOR PHARMACEUTICALS TOTAL:	**$2.03**
MAYNE PHARMA (USA) INC.											
61703040841	RX	25 MG/ML	00001	SOL	METHOTREXATE SODIUM		06/30/08		1.0	53.75	34.94
Manufacturer does not credit for products beyond this period past expiration											
										MAYNE PHARMA (USA) INC. TOTAL:	**$34.94**
MCKESSON PACKAGING SERVICES											
63739039215	RX	800 MG	00015	TAB	GABAPENTIN			65.0		37.88	1,600.24
Manufacturer does not accept returns											
										MCKESSON PACKAGING SERVICES TOTAL:	**$1,600.24**
MEDTRONIC NEUROLOGICAL											
58281056301	RX	2000 MCG	00001	KIT	LIORESAL INTRATHECAL REFILL K		01/23/08		1.0	1,020.00	663.00
Manufacturer does not credit for products beyond this period past expiration											
58281056301	RX	2000 MCG	00001	KIT	LIORESAL INTRATHECAL REFILL K			1.0		1,020.00	663.00
Manufacturer does not credit for partial package quantities											
										MEDTRONIC NEUROLOGICAL TOTAL:	**$1,326.00**
NOVO NORDISK PHARMACEUTICALS, INC.											
00169183311		100 U/ML	00001	SOL	NOVOLIN R			1.0		41.25	26.81
Manufacturer does not credit for partial package quantities											
00169369619	RX	30 U-70 U/	00005	SUS	NOVOLOG MIX 70/30			2.0		36.98	48.07
Manufacturer does not credit for partial package quantities											
										NOVO NORDISK PHARMACEUTICALS, INC. TOTAL:	**$74.89**
ORGANON PHARMACEUTICALS											
00052045015	RX	10 MG/ML	00010	SOL	ZEMURON	LESS THAN 25	06/30/10	1.0		18.06	11.74
Manufacturer does not credit for partials less than 25%											
										ORGANON PHARMACEUTICALS TOTAL:	**$11.74**
PADDOCK LABORATORIES, INC.											
00574085005	RX	1 MG/ML	00005	SOL	DIHYDROERGOTAMINE MESYLAT			5.0		38.00	123.50
Manufacturer does not credit for partial package quantities											
										PADDOCK LABORATORIES, INC. TOTAL:	**$123.50**

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
PHARM. ASSOCIATES, INC.											
00121174405		100 MG/5 I	00100	SOL	GUAIFENESIN				137.0	0.49	43.63
Manufacturer does not accept returns											
00121457715	RX	10 GM/15 I	00010	SOL	LACTULOSE				6.0	10.04	39.16
Manufacturer does not accept returns											
										PHARM. ASSOCIATES, INC. TOTAL:	$82.79
PHARMA-TEK, INC.											
39822041201	RX	1.2 GM	00001	PDS	TOBRAMYCIN SULFATE				1.0	338.25	219.86
Manufacturer does not credit for partial package quantities											
										PHARMA-TEK, INC. TOTAL:	$219.86
PHARMACEUTICAL ASSOCIATES, INC.											
00121065721		160 MG/5 I	00100	ELI	ACETAMINOPHEN				9.0	0.85	4.97
Manufacturer does not accept returns											
00121174415	RX	300 MG/ 1!	00100	SYR	GUAIFENESIN				7.0	0.59	2.68
Manufacturer does not accept returns											
										PHARMACEUTICAL ASSOCIATES, INC. TOTAL:	$7.66
ROXANE LABORATORIES, INC.											
00054474425		60 MG	00100	TAB	PSEUDOEPHEDRINE HCL	REPACK			16.0	0.06	0.59
Product must be in original package											
										ROXANE LABORATORIES, INC. TOTAL:	$0.59
SANDOZ											
00781149669	RX	250 MG	00050	TAB	AZITHROMYCIN				10.0	7.78	50.60
Manufacturer does not credit for partial package quantities											
00781304095	RX	5 MG/ML	00010	SOL	REGONOL				4.0	24.83	64.56
Manufacturer does not credit for partial package quantities											
										SANDOZ TOTAL:	$115.15
SANGSTAT											
00074646332	RX	25 MG	00030	SGL	GENGRAF				20.0	1.38	17.89
Manufacturer does not credit for partial package quantities											
										SANGSTAT TOTAL:	$17.89
SCHWARZ PHARMA											
00091415060		8000 IU/M	00001	LIQ	CALCIFEROL				0.80	84.41	43.89
Manufacturer does not credit for partial package quantities											
										SCHWARZ PHARMA TOTAL:	$43.89
SICOR PHARM., INC.											
00703285604	RX	10 MG/ML	00025	VIA	PROPOFOL				1.0	4.75	3.09
Manufacturer does not credit for partial package quantities											
										SICOR PHARM., INC. TOTAL:	$3.09

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
SKY PHARMACEUTICALS PACKAGING, INC.											
63739003315	RX	0.5MG	00150	TAB	BENZTROPINE MESYLATE			30.0		0.24	4.62
Manufacturer does not accept returns											
										SKY PHARMACEUTICALS PACKAGING, INC. TOTAL:	**$4.62**
SPECIALTY PHARMACEUTICAL DIST											
55154004805	RX	150MG-30(	00001	KIT	ACCESSPAK HIV PEP				1.0	180.00	117.00
Manufacturer does not accept returns											
55154004905	RX		00001	KIT	ACCESSPAK				1.0	2.99	1.94
Manufacturer does not accept returns											
										SPECIALTY PHARMACEUTICAL DIST TOTAL:	**$118.94**
TARO PHARMACEUTICALS U.S.A., INC.											
51672127201	RX	100,000 U/	00001	OIN	NYSTATIN/TRIAMCINOLONE ACET			2.0		4.31	5.60
Manufacturer does not credit for partial package quantities											
										TARO PHARMACEUTICALS U.S.A., INC. TOTAL:	**$5.60**
TAYLOR PHARMACEUTICALS											
11098050410	RX	10 MG/ML	00010	SOL	METHYLENE BLUE			5.0		6.03	19.60
Manufacturer does not credit for partial package quantities											
11098052603	RX	10%	00010	OIL	BAL IN OIL				1.0	988.70	642.66
Product is not returnable											
										TAYLOR PHARMACEUTICALS TOTAL:	**$662.25**
UDL LABORATORIES, INC.											
51079008320	RX	300 MG	00100	TAB	ISONIAZID			110.0		0.15	10.80
Manufacturer does not credit for partial package quantities											
51079043520	RX	40 MG	00100	TAB	MEGESTROL ACETATE			90.0		1.07	62.57
Manufacturer does not credit for partial package quantities											
51079043620	RX	10 MG	00100	CAP	DOXEPIN HCL			30.0		0.32	6.33
Manufacturer does not credit for partial package quantities											
51079043720	RX	25 MG	00100	CAP	DOXEPIN HCL			10.0		0.43	2.79
Manufacturer does not credit for partial package quantities											
51079051620	RX	100 MG	00100	TAB	CHLORPROMAZINE HCL			20.0		0.41	5.28
Manufacturer does not credit for partial package quantities											
51079060120	RX	500 MG	00100	CAP	AMOXICILLIN			68.0		0.49	21.66
Manufacturer does not credit for partial package quantities											
51079060420	RX	250 MG	00100	CAP	CEPHALEXIN			10.0		0.84	5.47
Manufacturer does not credit for partial package quantities											
51079063220	RX	5 MG	00100	CAP	PRAZOSIN HCL			180.0		0.65	76.53
Manufacturer does not credit for partial package quantities											
51079077620	RX	12.5 MG	00100	CAP	HYDROCHLOROTHIAZIDE			76.0		0.42	20.97
Manufacturer does not credit for partial package quantities											

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
UDL LABORATORIES, INC.											
51079080320	RX	10 MG	00100	CAP	NORTRIPTYLINE HCL			20.0		0.45	5.80
Manufacturer does not credit for partial package quantities											
51079086320	RX	12.5 MG	00100	TAB	CAPTOPRIL			30.0		0.73	14.20
Manufacturer does not credit for partial package quantities											
51079096920	RX	90 MG	00100	TER	NIFEDIPINE ER			20.0		2.56	33.30
Manufacturer does not credit for partial package quantities											
51079097020	RX	300 MG	00100	CAP	URSODIOL	6V571	06/30/08	70.0		2.58	117.25
Manufacturer does not credit for partial package quantities											
51079098220	RX	10 MG	00100	TAB	LISINOPRIL			10.0		0.94	6.14
Manufacturer does not credit for partial package quantities											
										UDL LABORATORIES, INC. TOTAL:	**$389.08**
UPSHER-SMITH LABORATORIES, INC.											
00245000331	RX	1 GM/ML	00001	SOL	SSKI	229073	07/31/08		1.0	12.10	7.87
Product is not returnable											
00245004001	RX	8 MEQ	00100	TER	KLOR-CON 8			10.0		0.22	1.42
Manufacturer does not credit for partial package quantities											
										UPSHER-SMITH LABORATORIES, INC. TOTAL:	**$9.28**
WARNER CHILCOTT, INC.											
00430301015	RX	0.005%	00001	OIN	DOVONEX		06/30/07	1.0		220.14	143.09
Manufacturer does not credit for products beyond this period past expiration											
00430301015	RX	0.005%	00001	OIN	DOVONEX		07/31/07		1.0	220.14	143.09
Manufacturer does not credit for products beyond this period past expiration											
										WARNER CHILCOTT, INC. TOTAL:	**$286.18**
ZLB BIOPLASMA INC.											
44206031025	RX	5%	00001	SOL	ALBUMIN HUMAN				1.0	58.00	37.70
Manufacturer does not accept returns											
										ZLB BIOPLASMA INC. TOTAL:	**$37.70**
										Grand Total:	**$11,622.98**

Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/23/2008
Order No: EXP-9238-2008-5
Pickup Date: 10/07/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ABBOTT PHARMACEUTICAL											
00074227714	CIII	7.5 MG-20(	00100	TAB	VICOPROFEN	REPACK			52.0	2.13	71.97
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									ABBOTT PHARMACEUTICAL	TOTAL:	$71.97
ALAVEN PHARMACEUTICAL LLC											
00051863333	CIII	50 MG	00100	TAB	ANADROL-50	REPACK			10.0	23.51	152.80
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									ALAVEN PHARMACEUTICAL LLC	TOTAL:	$152.80
BARR LABORATORIES, INC.											
00555108301	CII	0.8 MG	00030	LOZ	ORAL TRANSMUCOSAL FENTANYL				14.0	34.57	314.63
Manufacturer does not credit for partial package quantities											
00555111707	CII	10 MG/ML	00001	SOL	HYDROMORPHONE HCL	REPACK			10.0	187.50	1,218.75
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									BARR LABORATORIES, INC.	TOTAL:	$1,533.38
BAXTER ANESTH. &CRITICAL CARE											
00641047721	CIV	130 MG/M	00001	SOL	PHENOBARBITAL SODIUM				8.0	1.94	10.09
Manufacturer does not credit for partial package quantities											
									BAXTER ANESTH. &CRITICAL CARE	TOTAL:	$10.09
BAXTER ANESTHESIA & CRITICAL CARE											
10019005021	CII	50 MCG/M	00010	SOL	SUFENTANIL CITRATE				5.0	10.19	33.12
Manufacturer does not credit for partial package quantities											
10019010201	CIV	2 MG/ML	00025	SOL	ATIVAN (LORAZEPAM)				59.0	1.44	55.22
Manufacturer does not credit for partial package quantities											
									BAXTER ANESTHESIA & CRITICAL CARE	TOTAL:	$88.34
BEDFORD LABORATORIES - CONTROLS											
55390018401	CIV	2 MG/ML	00010	SOL	BUTORPHANOL TARTRATE				25.0	7.25	117.81
Manufacturer does not credit for partial package quantities											
									BEDFORD LABORATORIES - CONTROLS	TOTAL:	$117.81
CELLTECH PHARMACEUTICALS, INC.											
53014053007	CII	10 MG	00100	TAB	METHYLPHENIDATE HCL	REPACK			18.0	0.35	4.12
PRODUCT MUST BE IN ORIGINAL PACKAGE											
53014053107	CII	5 MG	00100	TAB	METHYLPHENIDATE HCL	REPACK			16.0	0.25	2.62
PRODUCT MUST BE IN ORIGINAL PACKAGE											
53014054867	CIII	8 MG-10 M	00001	SER	TUSSIONEX PENNKINETIC	REPACK			20.0	265.55	3,452.15
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									CELLTECH PHARMACEUTICALS, INC.	TOTAL:	$3,458.89
ENDO GENERIC PRODUCTS											

Order Number : EXP-9238-2008-5

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ENDO GENERIC PRODUCTS											
60951065570	CII	60 MG	00100	TER	MORPHINE SULFATE	REPACK		30.0		3.31	64.47
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									ENDO GENERIC PRODUCTS	TOTAL:	$64.47
ETHEX CORPORATION											
58177062011	CII	2 MG	00100	TAB	HYDROMORPHONE HYDROCHLOR			29.0		0.41	7.71
Manufacturer does not credit for partial package quantities											
58177087707	CIII	2 MG-2.5 M	00001	SYR	HISTINEX HC	REPACK		7.0		27.95	127.17
PRODUCT MUST BE IN ORIGINAL PACKAGE											
58177088656	CII	20MG/ML	00030	SOL	MORPHINE SULFATE			4.0		1.93	5.02
Manufacturer does not credit for partial package quantities											
									ETHEX CORPORATION	TOTAL:	$139.90
GLENMARK PHARMACEUTICALS INC., USA											
68462020201	CII	15 MG	00100	TAB	MORPHINE SULFATE			12.0		0.19	1.51
Manufacturer does not credit for partial package quantities											
									GLENMARK PHARMACEUTICALS INC., USA	TOTAL:	$1.51
HI-TECH PHARMACAL CO., INC.											
50383080416	CV	10 MG-6.2	00001	SYR	CODEINE/PROMETHAZINE	REPACK		3.0		32.75	63.86
PRODUCT MUST BE IN ORIGINAL PACKAGE											
									HI-TECH PHARMACAL CO., INC.	TOTAL:	$63.86
HOSPIRA, INC											
00409162601	CIV	2 MG/ML	00010	SOL	BUTORPHANOL TARTRATE			16.0		5.63	58.55
Manufacturer does not credit for partial package quantities											
00409603004	CII	10 MG/ML	00010	SOL	MEPERIDINE HCL			3.0		10.25	19.99
Manufacturer does not credit for partial package quantities											
									HOSPIRA, INC	TOTAL:	$78.54
HOSPIRA, INC.											
00409109732	CII	15 MG/ML	00010	SOL	CODEINE PHOSPHATE			1.0		2.70	1.76
Manufacturer does not credit for partial package quantities											
00409117930	CII	75 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE			62.0		1.36	54.81
Manufacturer does not credit for partial package quantities											
00409118069	CII	100 MG/M	00010	INJ	DEMEROL HYDROCHLORIDE			26.0		1.40	23.66
Manufacturer does not credit for partial package quantities											
00409126431	CII	15 MG/ML	00010	SOL	MORPHINE SULFATE			52.0		1.20	40.56
Manufacturer does not credit for partial package quantities											
00409127332	CIV	5 MG/ML	00010	SOL	DIAZEPAM			5.0		4.85	15.76
Manufacturer does not credit for partial package quantities											
00409176230	CII	2 MG/ML	00010	INJ	MORPHINE SULFATE			10.0		1.13	7.35
Manufacturer does not credit for partial package quantities											
00409205105	CIII	100 MG/M	00010	SOL	KETAMINE HCL			3.0		19.43	37.89
Manufacturer does not credit for partial package quantities											
00409677802	CIV	2 MG/ML	00010	SOL	LORAZEPAM	LESS THAN	11/01/09		1.0	14.00	9.10
Product is not returnable											
00409677802	CIV	2 MG/ML	00010	SOL	LORAZEPAM			46.0		1.40	41.86
Manufacturer does not credit for partial package quantities											
									HOSPIRA, INC.	TOTAL:	$232.74
JHP PHARMACEUTICALS											

Order Number : EXP-9238-2008-5

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
JHP PHARMACEUTICALS											
61570009501	CIV	500 MG	00001	PDI	BREVITAL SODIUM				1.0	48.23	31.35
Product is not returnable											
										JHP PHARMACEUTICALS TOTAL:	$31.35
MALLINCKRODT PHARM DIVISION											
00406831562	CII	15 MG	00100	TER	MORPHINE SULFATE				1.0	0.89	0.58
Manufacturer does not credit for partial package quantities											
										MALLINCKRODT PHARM DIVISION TOTAL:	$0.58
MALLINCKRODT PHARMACEUTICAL DIVISIO											
00406035862	CIII	500 MG/7.!	00100	TAB	APAP/HYDROCODONE BITARTRAT				14.0	0.51	4.60
Manufacturer does not credit for partial package quantities											
00406036162	CIII	650 MG-1(	00100	TAB	APAP/HYDROCODONE BITARTRATREPACK				35.0	1.16	26.29
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00406048462	CIII	300 MG/30	00100	TAB	ACETAMINOPHEN/CODEINE				1.0	0.36	0.23
Manufacturer does not credit for partial package quantities											
00406052710	CII	10 MG/ML	00001	SOL	METHADOSE	REPACK			3.0	104.59	203.95
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00406145101	CII	20 MG	00100	TER	METHYLIN ER	REPACK			58.0	1.12	42.20
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00406324301	CII	2 MG	00100	TAB	HYDROMORPHONE HCL				10.0	0.37	2.41
Manufacturer does not credit for partial package quantities											
										MALLINCKRODT PHARMACEUTICAL DIVISIO TOTAL:	$279.68
MONARCH PHARM - CONTROLS											
60793014501	CIV	5 MG	00100	CAP	SONATA	REPACK			40.0	3.76	97.73
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										MONARCH PHARM - CONTROLS TOTAL:	$97.73
PADDOCK LABORATORIES, INC.											
00574704512	CII	16.2 MG-3!	00012	SUP	BELLADONNA/OPIUM				10.0	3.38	21.99
Manufacturer does not credit for partial package quantities											
										PADDOCK LABORATORIES, INC. TOTAL:	$21.99
PFIZER PHARMACEUTICALS - CONTROLS											
00071101268	CV	25 MG	00090	CAP	LYRICA	REPACK			27.0	2.19	38.37
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00071101468	CV	75 MG	00090	CAP	LYRICA	REPACK			31.0	2.19	44.05
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00071101568	CV	100 MG	00090	CAP	LYRICA	REPACK			20.0	2.19	28.42
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										PFIZER PHARMACEUTICALS - CONTROLS TOTAL:	$110.84
PHARMACEUTICAL ASSOCIATES, INC.											
00121050405	CV	120 MG-12	00100	SOL	ACETAMINOPHEN/CODEINE				10.0	0.72	4.68
Manufacturer does not accept returns											
00121054705	CV	10 MG-6.2!	00100	SYR	CODEINE/PROMETHAZINE				19.0	1.10	13.59
Manufacturer does not accept returns											
00121465505	CIII	2.5 MG/16:	00040	SOL	APAP/HYDROCODONE BITARTRAT				5.0	3.07	9.98
Manufacturer does not accept returns											
										PHARMACEUTICAL ASSOCIATES, INC. TOTAL:	$28.24
PHARMEDIUM HEALTHCARE CORPORATION											

Order Number : EXP-9238-2008-5

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
PHARMEDIUM HEALTHCARE CORPORATION											
61553012348	CII	2 MCG/ML	00005	SOL	BUPIV/FENTANYL CITR/SOD CL	REPACK		64.0		6.27	261.00
PRODUCT MUST BE IN ORIGINAL PACKAGE											
61553070268	CII	0.2MG/ML	00010	SOL	HYDROMORPHONE HCL/SODIUM C			113.0		4.84	355.79
Manufacturer does not accept returns											
61553079268	CII	20 MCG/M	00010	INJ	FENTANYL CITRATE			105.0		5.16	351.90
Manufacturer does not accept returns											
						PHARMEDIUM HEALTHCARE CORPORATION				*TOTAL:*	**$968.69**
PURDUE PHARMA L.P.											
59011010010	CII	10 MG	00100	TER	OXYCONTIN	REPACK		1.0		1.80	1.17
PRODUCT MUST BE IN ORIGINAL PACKAGE											
						PURDUE PHARMA L.P.				*TOTAL:*	**$1.17**
RANBAXY PHARMACEUTICALS INC.											
63304020301	CII	10%	00001	TIN	OPIUM	REPACK		8.0		58.30	303.16
PRODUCT MUST BE IN ORIGINAL PACKAGE											
						RANBAXY PHARMACEUTICALS INC.				*TOTAL:*	**$303.16**
ROXANE LABORATORIES, INC.											
00054353244	CIV	2 MG/ML	00001	SOL	LORAZEPAM INTENSOL	REPACK		10.0		46.63	303.10
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00054415625	CII	30 MG	00100	TAB	CODEINE SULFATE	REPACK		30.0		0.47	9.10
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00054485906	CIV	0.25 MG	00100	TAB	TRIAZOLAM	REPACK		2.0		0.63	0.82
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00054854816	CII	5 MG/5 M	00001	SOL	METHADONE HCL	REPACK		15.0		21.50	209.63
PRODUCT MUST BE IN ORIGINAL PACKAGE											
						ROXANE LABORATORIES, INC.				*TOTAL:*	**$522.64**
SANDOZ, INC.											
00781711455	CII	100 MCG/I	00005	TDM	FENTANYL			3.0		53.41	104.16
Manufacturer does not credit for partial package quantities											
						SANDOZ, INC.				*TOTAL:*	**$104.16**
SEPRACOR, INC. - CONTROLS											
63402019110	CIV	2 MG	00100	TAB	LUNESTA	REPACK		17.0		4.80	53.04
PRODUCT MUST BE IN ORIGINAL PACKAGE											
63402019310	CIV	3 MG	00100	TAB	LUNESTA	REPACK		26.0		4.80	81.12
PRODUCT MUST BE IN ORIGINAL PACKAGE											
						SEPRACOR, INC. - CONTROLS				*TOTAL:*	**$134.16**
TEVA PHARMACEUTICALS USA											
00093002401	CII	10 MG	00100	TER	OXYCODONE HCL	REPACK		13.0		1.47	12.40
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00093003201	CII	40 MG	00100	TER	OXYCODONE HCL	REPACK		6.0		4.98	19.44
PRODUCT MUST BE IN ORIGINAL PACKAGE											
						TEVA PHARMACEUTICALS USA				*TOTAL:*	**$31.84**
UDL LABORATORIES, INC.											
51079006720	CV	0.025 MG	00100	TAB	ATROPINE SULFATE/DIPHENOXYL			75.0		0.48	23.30
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-5

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
UDL LABORATORIES, INC.											
51079014120	CIV	25 MG	00100	CAP	CHLORDIAZEPOXIDE HCL				9.0	0.23	1.36
Manufacturer does not credit for partial package quantities											
51079028620	CIV	10 MG	00100	TAB	DIAZEPAM				48.0	0.43	13.26
Manufacturer does not credit for partial package quantities											
51079030220	CIV	15 MG	00100	CAP	FLURAZEPAM HCL				20.0	0.29	3.82
Manufacturer does not credit for partial package quantities											
51079041720	CIV	0.5 MG	00100	TAB	LORAZEPAM				10.0	0.70	4.52
Manufacturer does not credit for partial package quantities											
										UDL LABORATORIES, INC. TOTAL:	$46.25

Grand Total: $8,696.76

Returned Drug Summary

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/23/2008
Order#: 9238-2008-5
Pickup Date: 10/07/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

Manufacturer			*Debit Memo#*	*Anticipated Return Value*	*Amount Received*
AKORN, INC.					
AKORN, INC.	*CAP*			$10.84	
				$10.84	
ALLAN PHARMACEUTICAL, LLC.					
ALLAN PHARMACEUTICAL, LLC.	*CAP*			$49.16	
				$49.16	
AMPHASTAR - IMS CRITICAL CARE					
AMPHASTAR - IMS CRITICAL CARE	*CAP*			$107.32	
				$107.32	
ASTELLAS PHARMA, INC.					
FUJISAWA HEALTHCARE, INC.	*CAP*			$79.83	
				$79.83	
Actavis Pharmaceuticals		*RECALL*	*EXPNC01048185*		
AMIDE PHARMACEUTICALS, INC.				$73.00	
				$73.00	
Bristol-Myers Squibb Company			*EXPNC01048186*		
APOTHECON PRODUCTS				$15.52	
				$15.52	
CRI			*EXPNC01048180*		
BOEHRINGER INGELHEIM				$18.36	
BOEHRINGER INGELHEIM PHARMACEUTICAL				$61.30	
ROXANE LABORATORIES, INC.				$27.24	
				$106.89	
CRI					
ALPHARMA USPD	*CAP*			$40.42	
SANOFI-SYNTHELABO INC.	*CAP*			$51.86	
				$92.29	
DEY, L.P.					
DEY	*CAP*			$919.13	
				$919.13	
FALCON PHARMACEUTICALS, LTD.					
FALCON PHARMACEUTICALS, LTD.	*CAP*			$101.22	
				$101.22	

Order Number : EXP-9238-2008-5

Returned Drug Summary

Manufacturer		Debit Memo#	Anticipated Return Value	Amount Received
FOUGERA E. & CO.				
FOUGERA E. & CO.	CAP		$1.95	
			$1.95	
GERITREX CORPORATION				
GERITREX CORPORATION	CAP		$2.42	
			$2.42	
GLAXO SMITHKLINE PHARMACEUTICALS		EXPNC01048184		
GLAXO SMITHKLINE PHARMACEUTICALS			$173.26	
			$173.26	
HOSPIRA, INC.	CII	EXPNC01047387		
HOSPIRA, INC.			$47.39	
			$47.39	
HOSPIRA, INC.		EXPNC01048181		
ABBOTT HOSPITAL PRODUCTS			$26.79	
			$26.79	
INSIGHT PHARMACEUTICALS CORP.				
HERITAGE BRAND/INSIGHT PHARMACEUTIC	CAP		$7.97	
			$7.97	
JOM Pharmaceutical				
VISTAKON PHARMACEUTICALS, LLC	CAP		$19.75	
			$19.75	
JOM Pharmaceutical Services				
JANSSEN PHARM. PRODS., L.P.	CAP		$290.81	
ORTHO-MCNEIL PHARMACEUTICAL CORPORA	CAP		$241.05	
			$531.86	
MEDTRONIC NEUROLOGICAL		EXPNC01048179		
MEDTRONIC NEUROLOGICAL			$1,326.00	
			$1,326.00	
NOVARTIS PHARMACEUTICALS CORPORATIO		EXPNC01048183		
NOVARTIS OPHTHALMICS			$53.34	
			$53.34	
PFIZER PHARMACEUTICALS				
PFIZER U.S. PHARMACEUTICALS GROUP	CAP		$49.37	
PHARMACIA CORPORATION	CAP		$72.16	
			$121.54	
SCHERING PLOUGH CORPORATION				
SCHERING PLOUGH CORPORATION	CAP		$85.72	
			$85.72	
SOLVAY PHARMACEUTICALS, INC.				
SOLVAY PHARMACEUTICALS, INC.	CAP		$88.89	
			$88.89	

Order Number : EXP-9238-2008-5

Returned Drug Summary

Manufacturer			*Debit Memo#*	*Anticipated Return Value*	*Amount Received*
SPS - GA					
GENSIA SICOR PHARM., INC.	*CAP*			$3.45	
IVAX PHARMACEUTICALS, INC.	*CAP*			$5.13	
MYLAN PHARMACEUTICALS, INC.	*CAP*			$72.12	
RANBAXY PHARMACEUTICALS, INC.	*CAP*			$1.82	
				$82.52	
UDL LABORATORIES, INC.		***RECALL***	***EXPNC01048178***		
UDL LABORATORIES, INC.				$335.01	
				$335.01	
UDL LABORATORIES, INC.		***RECALL***	***EXPNC01048182***		
UDL LABORATORIES, INC.				$27.56	
				$27.56	
WYETH PHARMACEUTICALS					
LEDERLE LABS	*CAP*			$191.59	
WYETH PHARMACEUTICALS	*CAP*			$522.25	
				$713.84	
Grand Total				***$5,200.98***	

Total No. of Manufacturers: 36

Processed Recall Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/23/2008
Order No: EXP-9238-2008-5
Pickup Date: 10/07/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

RECALLED PRODUCTS BEING RETURNED
PRODUCTS INCLUDED ON APPLICABLE REPORTS

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMIDE PHARMACEUTICALS, INC.											
52152018502	RX	300 MG	100	CAP	TRIMETHOBENZAMIDE HCL	70915A1	11/30/09		1.00	112.30	73.00
										AMIDE PHARMACEUTICALS, INC. TOTAL:	**$73.00**
UDL LABORATORIES, INC.											
51079097020	RX	300 MG	100	CAP	URSODIOL	7H143	11/30/08		1.00	257.70	167.51
51079053120	RX	25 MG	100	TAB	HYDROXYZINE HCL	7V191	10/31/09		1.00	42.40	27.56
51079097020	RX	300 MG	100	CAP	URSODIOL	8F664	10/31/09		1.00	257.70	167.51
										UDL LABORATORIES, INC. TOTAL:	**$362.57**
										Grand Total:	**$435.57**

Returned Non-Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/23/2008
Order#: EXP-9238-2008-5
Pickup Date: 10/07/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
ABBOTT HOSPITAL PRODUCTS											
00074106720	RX	2%	00001	SOL	CARBOCAINE HCL	330753A	09/01/08		3.0	13.74	26.79
									ABBOTT HOSPITAL PRODUCTS TOTAL:		$26.79
AKORN, INC.											
17478071130	RX	2%	00001	GEL	LIDOCAINE HCL	6M24A	11/30/08		1.0	16.67	10.84
									AKORN, INC. TOTAL:		$10.84
ALLAN PHARMACEUTICAL, LLC.											
13279067510	RX	325 MG	00100	CAP	QUININE SULFATE	004HJ	05/31/08		1.0	75.63	49.16
									ALLAN PHARMACEUTICAL, LLC. TOTAL:		$49.16
ALPHARMA USPD											
00472038245	RX	0.05%	00001	OIN	BETAMETHASONE DIPROPIONATE, AUGMENTED	L608008	08/31/08		1.0	62.19	40.42
									ALPHARMA USPD TOTAL:		$40.42
AMIDE PHARMACEUTICALS, INC.											
52152018502	RX	300 MG	00100	CAP	TRIMETHOBENZAMIDE HCL	70915A1	11/30/09		1.0	112.30	73.00
									AMIDE PHARMACEUTICALS, INC. TOTAL:		$73.00
AMPHASTAR - IMS CRITICAL CARE											
00548103900	RX	0.1 MG/ML	00025	SOL	ATROPINE SULFATE	AS081I7	02/28/09	24.0		6.46	100.78
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL	DE008B7	01/31/09	2.0		5.03	6.54
									AMPHASTAR - IMS CRITICAL CARE TOTAL:		$107.32
APOTHECON PRODUCTS											
00003029305	RX	40 MG/ML	00001	SUS	KENALOG-40	6J19845	09/30/08	1.0		7.96	5.17
00003029305	RX	40 MG/ML	00001	SUS	KENALOG-40	6L17131	10/31/08		1.0	7.96	5.17
00003029305	RX	40 MG/ML	00001	SUS	KENALOG-40	6L17131	10/31/08	1.0		7.96	5.17
									APOTHECON PRODUCTS TOTAL:		$15.52
BOEHRINGER INGELHEIM											
00597004137	RX	80 MG	00030	TAB	MICARDIS	551118	12/31/08	12.0		2.35	18.36
									BOEHRINGER INGELHEIM TOTAL:		$18.36
BOEHRINGER INGELHEIM PHARMACEUTICAL											
00597008717	RX	12.9 GM	00001	SOL	ATROVENT HFA	070096W	08/31/08		1.0	94.30	61.30
									BOEHRINGER INGELHEIM PHARMACEUTICAL TOTAL:		$61.30

Order Number: EXP-9238-2008-5

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
DEY											
49502018003	RX	80 MG/ML	00001	SUS	CUROSURF	071106	07/01/08		1.0	707.02	459.56
49502018003	RX	80 MG/ML	00001	SUS	CUROSURF	072977	09/01/08		1.0	707.02	459.56
										DEY TOTAL:	$919.13
FALCON PHARMACEUTICALS, LTD.											
61314023815	RX	1 %	00001	SOL	CARTEOLOL HCL	2484F	08/31/08		1.0	57.25	37.21
61314023815	RX	1 %	00001	SOL	CARTEOLOL HCL	62484F	08/31/08		1.0	57.25	37.21
61314044705	RX	0.3%	00001	SOL	METIPRANOLOL	56699F	08/31/08		2.0	16.61	21.59
61314063136	RX	1 MG-3.5 MG-10,000 U/GM	00001	OIN	DEXAMETHASONE/NEOMYCIN/POLYMYXIN	04J01AF	09/30/08		1.0	8.00	5.20
										FALCON PHARMACEUTICALS, LTD. TOTAL:	$101.22
FOUGERA E. & CO.											
00168000315	RX	0.025%	00001	CRE	TRIAMCINOLONE ACETONIDE	P68	09/30/08		1.0	3.00	1.95
										FOUGERA E. & CO. TOTAL:	$1.95
FUJISAWA HEALTHCARE, INC.											
00469823412	RX	2 ML	00001	SOL	ADENOCARD	38-167-EV	08/01/08		2.0	40.94	53.22
00469823412	RX	2 ML	00001	SOL	ADENOCARD	41-521-EV	11/01/08		1.0	40.94	26.61
										FUJISAWA HEALTHCARE, INC. TOTAL:	$79.83
GENSIA SICOR PHARM., INC.											
00703133501	RX	50 MG/ML	00001	SOL	AMIODARONE HCL	07D202	07/31/08		1.0	5.31	3.45
										GENSIA SICOR PHARM., INC. TOTAL:	$3.45
GERITREX CORPORATION											
54162018525			00001	OIL	MINERAL OIL LIGHT	608069	08/31/08		2.0	1.86	2.42
										GERITREX CORPORATION TOTAL:	$2.42
GLAXO SMITHKLINE PHARMACEUTICALS											
00029657126	RX	100 MG-3 GM	00001	PDS	TIMENTIN	311090	08/31/08		14.0	16.66	151.61
00029657126	RX	100 MG-3 GM	00001	PDS	TIMENTIN	329109	12/31/08		2.0	16.66	21.66
										GLAXO SMITHKLINE PHARMACEUTICALS TOTAL:	$173.26
HERITAGE BRAND/INSIGHT PHARMACEUTIC											
63736012003			00001	KIT	NIX	A21616	06/30/08		1.0	12.26	7.97
										HERITAGE BRAND/INSIGHT PHARMACEUTIC TOTAL:	$7.97
IVAX PHARMACEUTICALS, INC.											
00182868889		200 MG	00100	TAB	IBUPROFEN	1675518S	08/31/08		1.0	7.89	5.13
										IVAX PHARMACEUTICALS, INC. TOTAL:	$5.13
JANSSEN PHARM. PRODS., L.P.											
50458030711	RX	37.5 MG	00001	KIT	RISPERDAL CONSTA	6JA929	05/31/08		1.0	447.40	290.81
										JANSSEN PHARM. PRODS., L.P. TOTAL:	$290.81

Order Number: EXP-9238-2008-5

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
LEDERLE LABS											
00206885416	RX	3.375 GM	00010	PDS	ZOSYN	B51220	04/30/08	3.0		19.65	38.32
00206885416	RX	3.375 GM	00010	PDS	ZOSYN	B54945	04/30/08	11.0		19.65	140.50
00206885416	RX	3.375 GM	00010	PDS	ZOSYN	B83187	11/30/08	1.0		19.65	12.77
									LEDERLE LABS TOTAL:		$191.59
MEDTRONIC NEUROLOGICAL											
58281056301	RX	2000 MCG/ML	00001	KIT	LIORESAL INTRATHECAL REFILL KIT	N092166	08/14/08		1.0	1,020.00	663.00
58281056301	RX	2000 MCG/ML	00001	KIT	LIORESAL INTRATHECAL REFILL KIT	N096758	09/05/08		1.0	1,020.00	663.00
									MEDTRONIC NEUROLOGICAL TOTAL:		$1,326.00
MYLAN PHARMACEUTICALS, INC.											
00378102077	RX	20 MG	00090	CAP	NICARDIPINE HCL	1N2032	09/30/08	78.0		0.46	23.21
									MYLAN PHARMACEUTICALS, INC. TOTAL:		$23.21
NOVARTIS OPHTHALMICS											
58768010005	RX	0.1%	00001	SOL	VOLTAREN	68292	08/31/08		1.0	82.06	53.34
									NOVARTIS OPHTHALMICS TOTAL:		$53.34
ORTHO-MCNEIL PHARMACEUTICAL CORPORA											
00045025414	RX	100 MG/ML	00005	SUS	HALDOL DECANOATE	7FB0J00	05/01/09	4.0		92.71	241.05
									ORTHO-MCNEIL PHARMACEUTICAL CORPORA TOTAL:		$241.05
PFIZER U.S. PHARMACEUTICALS GROUP											
00069580043	RX	0.125 MG	00040	CAP	TIKOSYN	6YR016F	10/01/08	28.0		2.71	49.37
									PFIZER U.S. PHARMACEUTICALS GROUP TOTAL:		$49.37
PHARMACIA CORPORATION											
00009307301	RX	40 MG/ML	00001	SUS	DEPO-MEDROL	02PHA	09/30/08		4.0	8.54	22.20
00009307301	RX	40 MG/ML	00001	SUS	DEPO-MEDROL	18PBT	07/31/08		1.0	8.54	5.55
00009307301	RX	40 MG/ML	00001	SUS	DEPO-MEDROL	28PKM	09/30/08		8.0	8.54	44.41
									PHARMACIA CORPORATION TOTAL:		$72.16
RANBAXY PHARMACEUTICALS, INC.											
63304094025	RX	1 GM	00025	PDS	CEFAZOLIN	05171.1	10/31/08	1.0		2.80	1.82
									RANBAXY PHARMACEUTICALS, INC. TOTAL:		$1.82
ROXANE LABORATORIES, INC.											
00054808425	RX	50 MG	00100	TAB	AZATHIOPRINE	558469A	02/28/08	4.0		1.44	3.75
00054808425	RX	50 MG	00100	TAB	AZATHIOPRINE	656865B	07/31/08	6.0		1.44	5.62
00054817525	RX	4 MG	00100	TAB	DEXAMETHASONE	657885A	10/31/08	6.0		0.62	2.42
00054852904	RX	300 MG/5 ML	00100	SYR	LITHIUM CITRATE	658149A	06/30/08	23.0		0.72	10.76
00054852904	RX	300 MG/5 ML	00100	SYR	LITHIUM CITRATE	658479A	09/30/08	10.0		0.72	4.68
									ROXANE LABORATORIES, INC. TOTAL:		$27.24

Order Number : EXP-9238-2008-5

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
SANOFI-SYNTHELABO INC.											
00024420010	RX	10 MG	00100	TER	UROXATRAL	25501	04/30/08	28.0		2.85	51.86
								SANOFI-SYNTHELABO INC. TOTAL:			$51.86
SCHERING PLOUGH CORPORATION											
00085113201	RX	0.09 MG/INH	00001	ARO	PROVENTIL HFA	FHH023A	08/31/08	2.0		43.96	57.15
00085113201	RX	0.09 MG/INH	00001	ARO	PROVENTIL HFA	GHI009A	09/30/08	1.0		43.96	28.57
								SCHERING PLOUGH CORPORATION TOTAL:			$85.72
SOLVAY PHARMACEUTICALS, INC.											
00032102601	RX	1.25 MG-2.5 MG	00100	TAB	ESTRATEST	510078	05/31/08	38.0		3.60	88.89
								SOLVAY PHARMACEUTICALS, INC. TOTAL:			$88.89
UDL LABORATORIES, INC.											
51079053120	RX	25 MG	00100	TAB	HYDROXYZINE HCL	7V191	10/31/09		1.0	42.40	27.56
51079097020	RX	300 MG	00100	CAP	URSODIOL	7H143	11/30/08		1.0	257.70	167.51
51079097020	RX	300 MG	00100	CAP	URSODIOL	8F664	10/31/09		1.0	257.70	167.51
								UDL LABORATORIES, INC. TOTAL:			$362.57
VISTAKON PHARMACEUTICALS, LLC											
68669052505	RX	0.5%	00001	SOL	BETIMOL	110401	09/30/08		1.0	30.38	19.75
								VISTAKON PHARMACEUTICALS, LLC TOTAL:			$19.75
WYETH PHARMACEUTICALS											
00008104110	RX	1 MG	00100	TAB	RAPAMUNE	B80987	11/30/08	84.0		9.57	522.25
								WYETH PHARMACEUTICALS TOTAL:			$522.25
								Grand Total:			$5,104.68

No. Of Manufacturers: 34

Returned Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/23/2008
Order#: EXP-9238-2008-5
Pickup Date: 10/07/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
00409117930	CII	75 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE	45565LL	09/01/08		1.0	13.60	8.84
00409126431	CII	15 MG/ML	00010	SOL	MORPHINE SULFATE	44590LL	08/01/08		4.0	12.0	31.20
00409176230	CII	2 MG/ML	00010	INJ	MORPHINE SULFATE	50675LL	08/01/08		1.0	11.30	7.35
										HOSPIRA, INC. TOTAL:	$47.39
MYLAN PHARMACEUTICALS, INC.											
00378963943	CIV	10 MG/ML	00001	SPR	BUTORPHANOL TARTRATE	LAL081	06/30/08		1.0	75.25	48.91
										MYLAN PHARMACEUTICALS, INC. TOTAL:	$48.91
										Grand Total:	$96.30

No. of Manufacturers: 2

EXP PHARMACEUTICAL SERVICES CORP.

"DIFFERENT & BETTER"

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 RCRA ID # CAR000149906 CA BOARD of PHARMACY # WLS 3593

Customer Name : CENTERPOINT MEDICAL CENTER
Address : 19600 E. 39TH STREET
City, State, Zip : INDEPENDENCE, MO 64050
Contact Name : SHAWN SMITH
Contact's Title : BUYER

Acct # : 9238
DEA # : BI8263232
Tel : 8166987030
Fax : 8168366662
Emai : n/a

Order No : 9238-2008-5
Date Processed : 10/23/2008

This certifies that on December 30, 2008, hazardous, non-schedule waste generated from processing your order, as listed above, was shipped for destruction in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by :	Title :	Date :
	Regulatory Compliance Supervisor	02/04/2009

MANAGER'S CERTIFICATION

Certification by :	Title :	Date :
	VP of Corporate Operations	02/04/2009

48021 Warm Springs Boulevard, Fremont, California 94539 Tel (510) 476-0909 Fax (510) 933-1470
http://www.expworld.com Office Locations Nationwide

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 ▪ RCRA ID # CAR000149906 ▪ CA BOARD of PHARMACY # WLS 3593

Customer Name	: CENTERPOINT MEDICAL CENTER	Acct #	: 9238
Address	: 19600 E. 39TH STREET	DEA #	: BI8263232
City, State, Zip	: INDEPENDENCE, MO 64050	Tel	: 8166987030
Contact Name	: SHAWN SMITH	Fax	: 8168366662
Contact's Title	: BUYER	Emai	: n/a

Order No : 9238-2008-5

Date Processed : 10/23/2008

This certifies that on November 11, 2008, EXP Pharmaceutical Services Corp. witnessed the incineration of non-hazardous, Schedule waste generated from processing your order, as listed above, in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by :	Title :	Date :
	Regulatory Compliance Supervisor	02/04/2009

MANAGER'S CERTIFICATION

Certification by :	Title :	Date :
	VP of Corporate Operations	02/04/2009

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EXP PHARMACEUTICAL SERVICES CORP.

"DIFFERENT & BETTER"

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 ▪ RCRA ID # CAR000149906 ▪ CA BOARD of PHARMACY # WLS 3593

Customer Name	: CENTERPOINT MEDICAL CENTER	Acct #	: 9238
Address	: 19600 E. 39TH STREET	DEA #	: BI8263232
City, State, Zip	: INDEPENDENCE, MO 64050	Tel	: 8166987030
Contact Name	: SHAWN SMITH	Fax	: 8168366662
Contact's Title	: BUYER	Emai	: n/a

Order No : 9238-2008-4

Date Processed : 10/08/2008

This certifies that on October 10, 2008, non-hazardous, non-schedule waste generated from processing your order, as listed above, was incinerated in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by :	Title :	Date :
	Regulatory Compliance Supervisor	02/04/2009

MANAGER'S CERTIFICATION

Certification by :	Title :	Date :
	VP of Corporate Operations	02/04/2009

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EXP PHARMACEUTICAL SERVICES CORP.

"DIFFERENT & BETTER"

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 · RCRA ID # CAR000149906 CA BOARD of PHARMACY # WLS 3593

Customer Name	: CENTERPOINT MEDICAL CENTER	Acct #	: 9238
Address	: 19600 E. 39TH STREET	DEA #	: BI8263232
City, State, Zip	: INDEPENDENCE, MO 64050	Tel	: 8166987030
Contact Name	: SHAWN SMITH	Fax	: 8168366662
Contact's Title	: BUYER	Emai	: n/a

Order No : 9238-2008-3

Date Processed : 07/21/2008

This certifies that on September 22, 2008, hazardous, non-schedule waste generated from processing your order, as listed above, was shipped for destruction in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by :	Title :	Date :
	Regulatory Compliance Supervisor	02/04/2009

MANAGER'S CERTIFICATION

Certification by :	Title :	Date :
	VP of Corporate Operations	02/04/2009

48021 Warm Springs Boulevard, Fremont, California 94539 Tel (510) 476-0909 Fax (510) 933-1470
http://www.expworld.com Office Locations Nationwide

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 RCRA ID # CAR000149906 CA BOARD of PHARMACY # WLS 3593

Customer Name	: CENTERPOINT MEDICAL CENTER	Acct #	: 9238
Address	: 19600 E. 39TH STREET	DEA #	: BI8263232
City, State, Zip	: INDEPENDENCE, MO 64050	Tel	: 8166987030
Contact Name	: SHAWN SMITH	Fax	: 8168366662
Contact's Title	: BUYER	Emai	: n/a

Order No : 9238-2008-3

Date Processed : 07/21/2008

This certifies that on August 12, 2008, EXP Pharmaceutical Services Corp. witnessed the incineration of non-hazardous, Schedule waste generated from processing your order, as listed above, in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by :	Title :	Date :
	Regulatory Compliance Supervisor	02/04/2009

MANAGER'S CERTIFICATION

Certification by :	Title :	Date :
	VP of Corporate Operations	02/04/2009

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EXP PHARMACEUTICAL SERVICES CORP.

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CERTIFICATE OF DESTRUCTION

DEA # RE0190188 RCRA ID # CAR000149906 CA BOARD of PHARMACY # WLS 3593

Customer Name	: CENTERPOINT MEDICAL CENTER	Acct #	: 9238
Address	: 19600 E. 39TH STREET	DEA #	: BI8263232
City, State, Zip	: INDEPENDENCE, MO 64050	Tel	: 8166987030
Contact Name	: SHAWN SMITH	Fax	: 8168366662
Contact's Title	: BUYER	Emai	: n/a

Order No : 9238-2008-3

Date Processed : 07/21/2008

This certifies that on July 25, 2008, non-hazardous, non-schedule waste generated from processing your order, as listed above, was incinerated in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by :	Title :	Date :
	Regulatory Compliance Supervisor	02/04/2009

MANAGER'S CERTIFICATION

Certification by :	Title :	Date :
	VP of Corporate Operations	02/04/2009

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EXP PHARMACEUTICAL SERVICES CORP.
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CERTIFICATE OF DESTRUCTION

DEA # RE0190188 RCRA ID # CAR000149906 CA BOARD of PHARMACY # WLS 3593

Customer Name	: CENTERPOINT MEDICAL CENTER	Acct #	: 9238
Address	: 19600 E. 39TH STREET	DEA #	: BI8263232
City, State, Zip	: INDEPENDENCE, MO 64050	Tel	: 8166987030
Contact Name	: SHAWN SMITH	Fax	: 8168366662
Contact's Title	: BUYER	Emai	: n/a

Order No : 9238-2008-2

Date Processed : 05/12/2008

This certifies that on June 24, 2008, EXP Pharmaceutical Services Corp. witnessed the incineration of non-hazardous, Schedule waste generated from processing your order, as listed above, in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by :	Title :	Date :
	Regulatory Compliance Supervisor	02/04/2009

MANAGER'S CERTIFICATION

Certification by :	Title :	Date :
	VP of Corporate Operations	02/04/2009

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http://www.expworld.com Office Locations Nationwide

EXP PHARMACEUTICAL SERVICES CORP.

"DIFFERENT & BETTER"

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 RCRA ID # CAR000149906 CA BOARD of PHARMACY # WLS 3593

Customer Name	: CENTERPOINT MEDICAL CENTER	Acct #	: 9238
Address	: 19600 E. 39TH STREET	DEA #	: BI8263232
City, State, Zip	: INDEPENDENCE, MO 64050	Tel	: 8166987030
Contact Name	: SHAWN SMITH	Fax	: 8168366662
Contact's Title	: BUYER	Emai	: n/a

Order No : 9238-2008-2

Date Processed : 05/12/2008

This certifies that on May 16, 2008, non-hazardous, non-schedule waste generated from processing your order, as listed above, was incinerated in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by :	Title :	Date :
	Regulatory Compliance Supervisor	02/04/2009

MANAGER'S CERTIFICATION

Certification by :	Title :	Date :
	VP of Corporate Operations	02/04/2009

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EXP PHARMACEUTICAL SERVICES CORP.

"DIFFERENT & BETTER"

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 RCRA ID # CAR000149906 CA BOARD of PHARMACY # WLS 3593

Customer Name	: CENTERPOINT MEDICAL CENTER	Acct #	: 9238
Address	: 19600 E. 39TH STREET	DEA #	: BI8263232
City, State, Zip	: INDEPENDENCE, MO 64050	Tel	: 8166987030
Contact Name	: SHAWN SMITH	Fax	: 8168366662
Contact's Title	: BUYER	Emai	: n/a

Order No : 9238-2008-2

Date Processed : 05/12/2008

This certifies that on June 25, 2008, hazardous, non-schedule waste generated from processing your order, as listed above, was shipped for destruction in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by :	Title :	Date :
	Regulatory Compliance Supervisor	02/04/2009

MANAGER'S CERTIFICATION

Certification by :	Title :	Date :
	VP of Corporate Operations	02/04/2009

48021 Warm Springs Boulevard, Fremont, California 94539 Tel (510) 476-0909 Fax (510) 933-1470
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EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 RCRA ID # CAR000149906 CA BOARD of PHARMACY # WLS 3593

Customer Name	: CENTERPOINT MEDICAL CENTER	Acct #	: 9238
Address	: 19600 E. 39TH STREET	DEA #	: BI8263232
City, State, Zip	: INDEPENDENCE, MO 64050	Tel	: 8166987030
Contact Name	: SHAWN SMITH	Fax	: 8168366662
Contact's Title	: BUYER	Emai	: n/a

Order No : 9238-2008-1

Date Processed : 01/16/2008

This certifies that on February 19, 2008, EXP Pharmaceutical Services Corp. witnessed the incineration of non-hazardous, Schedule waste generated from processing your order, as listed above, in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by :	Title :	Date :
	Regulatory Compliance Supervisor	02/04/2009

MANAGER'S CERTIFICATION

Certification by :	Title :	Date :
	VP of Corporate Operations	02/04/2009

48021 Warm Springs Boulevard, Fremont, California 94539 Tel (510) 476-0909 Fax (510) 933-1470
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EXP PHARMACEUTICAL SERVICES CORP.

"DIFFERENT & BETTER"

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 ▪ RCRA ID # CAR000149906 ▪ CA BOARD of PHARMACY # WLS 3593

Customer Name	: CENTERPOINT MEDICAL CENTER	Acct #	: 9238
Address	: 19600 E. 39TH STREET	DEA #	: BI8263232
City, State, Zip	: INDEPENDENCE, MO 64050	Tel	: 8166987030
Contact Name	: SHAWN SMITH	Fax	: 8168366662
Contact's Title	: BUYER	Emai	: n/a

Order No : 9238-2008-1

Date Processed : 01/16/2008

This certifies that on January 29, 2008, hazardous, non-schedule waste generated from processing your order, as listed above, was shipped for destruction in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by :	Title :	Date :
	Regulatory Compliance Supervisor	02/04/2009

MANAGER'S CERTIFICATION

Certification by :	Title :	Date :
	VP of Corporate Operations	02/04/2009

48021 Warm Springs Boulevard, Fremont, California 94539 Tel (510) 476-0909 Fax (510) 933-1470
http://www.expworld.com Office Locations Nationwide

EXP PHARMACEUTICAL SERVICES CORP.

"DIFFERENT & BETTER"

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 RCRA ID # CAR000149906 CA BOARD of PHARMACY # WLS 3593

Customer Name	: CENTERPOINT MEDICAL CENTER	Acct #	: 9238
Address	: 19600 E. 39TH STREET	DEA #	: BI8263232
City, State, Zip	: INDEPENDENCE, MO 64050	Tel	: 8166987030
Contact Name	: SHAWN SMITH	Fax	: 8168366662
Contact's Title	: BUYER	Emai	: n/a

Order No : 9238-2008-1

Date Processed : 01/16/2008

This certifies that on January 18, 2008, non-hazardous, non-schedule waste generated from processing your order, as listed above, was incinerated in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by :	Title :	Date :
	Regulatory Compliance Supervisor	02/04/2009

MANAGER'S CERTIFICATION

Certification by :	Title :	Date :
	VP of Corporate Operations	02/04/2009

48021 Warm Springs Boulevard, Fremont, California 94539 Tel (510) 476-0909 Fax (510) 933-1470
http://www.expworld.com Office Locations Nationwide

EXP PHARMACEUTICAL SERVICES CORP.

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 • RCRA ID # CAR000149906 • CA BOARD of PHARMACY # WLS 3593

Customer Name:	Centerpoint Medical Center	Acct #:	9238
Address:	19600 E. 39th Street	DEA #:	BI8263232
City, State, Zip:	Independence, MO 64050	Tel:	816-698-7030
Contact Name:	Shawn Smith	Fax:	816-836-6662
Contact's Title:	Buyer	Email:	shawn.smith@hcamidwest.com

Order No.: 9238-2007-5
Date Processed: December 11, 2007

This certifies that on December 14, 2007, non-hazardous, non-schedule waste generated from processing your order, as listed above, was incinerated in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by:	Title:	Date:
	Regulatory Compliance Supervisor	02/04/09

MANAGER'S CERTIFICATION

Certification by:	Title:	Date:
	VP of Corporate Operations	02/04/09

48021 Warm Springs Boulevard • Fremont • California 94539 • (510) 476-0909 • Fax (510) 933-1470
http://www.expworld.com Office Locations Nationwide

EXP PHARMACEUTICAL SERVICES CORP.

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 • RCRA ID # CAR000149906 • CA BOARD of PHARMACY # WLS 3593

Customer Name:	Centerpoint Medical Center	Acct #:	9238
Address:	19600 E. 39th Street	DEA #:	BI8263232
City, State, Zip:	Independence, MO 64050	Tel:	816-698-7030
Contact Name:	Shawn Smith	Fax:	816-836-6662
Contact's Title:	Buyer	Email:	shawn.smith@hcamidwest.com

Order No.: 9238-2007-4
Date Processed: October 10, 2007

This certifies that on November 15, 2007, hazardous, non-schedule waste generated from processing your order, as listed above, was shipped for destruction in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by:	Title:	Date:
	Regulatory Compliance Supervisor	02/04/09

MANAGER'S CERTIFICATION

Certification by:	Title:	Date:
	VP of Corporate Operations	02/04/09

48021 Warm Springs Boulevard • Fremont • California 94539 • (510) 476-0909 • Fax (510) 933-1470
http://www.expworld.com Office Locations Nationwide

EXP PHARMACEUTICAL SERVICES CORP.

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 • RCRA ID # CAR000149906 • CA BOARD of PHARMACY # WLS 3593

Customer Name:	Centerpoint Medical Center	Acct #:	9238
Address:	19600 E. 39th Street	DEA #:	BI8263232
City, State, Zip:	Independence, MO 64050	Tel:	816-698-7030
Contact Name:	Shawn Smith	Fax:	816-836-6662
Contact's Title:	Buyer	Email:	shawn.smith@hcamidwest.com

Order No.: 9238-2007-4
Date Processed: October 10, 2007

This certifies that on October 23, 2007, EXP Pharmaceutical Services Corp. witnessed the incineration of non-hazardous, Schedule waste generated from processing your order, as listed above, in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by:	Title:	Date:
	Regulatory Compliance Supervisor	02/04/09

MANAGER'S CERTIFICATION

Certification by:	Title:	Date:
	VP of Corporate Operations	02/04/09

48021 Warm Springs Boulevard • Fremont • California 94539 • (510) 476-0909 • Fax (510) 933-1470
http://www.expworld.com Office Locations Nationwide

EXP PHARMACEUTICAL SERVICES CORP.

CERTIFICATE OF DESTRUCTION

DEA # RE0190188 • RCRA ID # CAR000149906 • CA BOARD of PHARMACY # WLS 3593

Customer Name:	Centerpoint Medical Center	Acct #:	9238
Address:	19600 E. 39th Street	DEA #:	BI8263232
City, State, Zip:	Independence, MO 64050	Tel:	816-698-7030
Contact Name:	Shawn Smith	Fax:	816-836-6662
Contact's Title:	Buyer	Email:	shawn.smith@hcamidwest.com

Order No.: 9238-2007-4
Date Processed: October 10, 2007

This certifies that on October 12, 2007, non-hazardous, non-schedule waste generated from processing your order, as listed above, was incinerated in accordance with federal, state and local regulations.

SUPERVISOR'S CERTIFICATION

Certification by:	Title:	Date:
	Regulatory Compliance Supervisor	02/04/09

MANAGER'S CERTIFICATION

Certification by:	Title:	Date:
	VP of Corporate Operations	02/04/09

48021 Warm Springs Boulevard • Fremont • California 94539 • (510) 476-0909 • Fax (510) 933-1470
http://www.expworld.com Office Locations Nationwide

Processed Indates Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/08/2008
Order No: EXP-9238-2008-4
Pickup Date:
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

PRODUCTS FORMERLY INDATED, NOW QUALIFY FOR RETURN
PRODUCTS INCLUDED ON APPLICABLE REPORTS

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ALCON LABORATORIES, OPHTHALMIC DIV.											
00998061505	RX	0.1%	1	SUS	MAXIDEX	54583F	08/31/08		1.00	43.81	28.48
										ALCON LABORATORIES, OPHTHALMIC DIV. TOTAL:	$28.48
AMPHASTAR - IMS CRITICAL CARE											
00548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO04L6	11/30/08	17.00		5.03	55.58
00548103900	RX	0.1 MG/ML	25	SOL	ATROPINE SULFATE	ASO43A6	12/31/08	1.00		6.46	4.20
00548146900	RX	1 MG/ML	25	SOL	NALOXONE HCL	RL007L6	11/30/08	20.00		0.85	11.02
00548146900	RX	1 MG/ML	25	SOL	NALOXONE HCL	RL004K6	10/31/08	2.00		0.85	1.11
00548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO01K6	10/31/08	13.00		5.03	42.50
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	$114.41
APOTHECON PRODUCTS											
00003029320	RX	40 MG/ML	1	SUS	KENALOG-40	6G16360	06/30/08	1.00		40.41	26.27
00003029320	RX	40 MG/ML	1	SUS	KENALOG-40	6J16995	07/31/08	2.00		40.41	52.53
										APOTHECON PRODUCTS TOTAL:	$78.80
ASTRA ZENECA											
00310027110	RX	100 MG	100	TAB	SEROQUEL	LP0026	10/31/08	1.00		4.07	2.65
00310027110	RX	100 MG	100	TAB	SEROQUEL	LP0026	10/31/08	1.00		4.07	2.65
										ASTRA ZENECA TOTAL:	$5.29
BAXTER ANESTH. &CRITICAL CARE											
10019002803	CIV	1 MG/ML	25	SOL	MIDAZOLAM HCL	017031	01/31/09		1.00	18.75	12.19
										BAXTER ANESTH. &CRITICAL CARE TOTAL:	$12.19
BEDFORD LABORATORIES											
55390010110	RX	1 MG/ML	10	VIA	TERBUTALINE SULFATE	958834	08/31/08		1.00	137.50	89.38
55390000710	RX	100 MG/ML	10	SOL	VALPROATE SODIUM	958731	07/31/08		2.00	124.10	161.33
										BEDFORD LABORATORIES TOTAL:	$250.71
BRISTOL-MYERS SQUIBB U.S. MEDICINES											
59148001113	RX	30 MG	30	TAB	ABILIFY	5M02352	11/30/08	1.00		19.30	12.55
										BRISTOL-MYERS SQUIBB U.S. MEDICINES TOTAL:	$12.55
CERENEX PHARMACEUTICALS											
00173044202	RX	2 MG/ML	5	SOL	ZOFRAN	C22316	02/28/09	1.00		26.71	17.36
										CERENEX PHARMACEUTICALS TOTAL:	$17.36

Order Number : EXP-9238-2008-4

Processed Indates Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
FALCON PHARMACEUTICALS, LTD.											
61314062810	RX	10,000 U-1 M	1	SOL	POLYMYXIN B/TRIMETHOPRIM SULF	52538F	08/31/08		1.00	17.42	11.32
61314064175	RX	7.5 ML	1	SOL	HYDROCORTISONE/NEOMYCIN/POL	91880F	06/30/08		1.00	64.55	41.96
										FALCON PHARMACEUTICALS, LTD. TOTAL:	$53.28
FLEET, C. B., CO., INC.											
01320108150		900 MG-2400	1	LIQ	PHOSPHO-SODA	0517121	06/30/08		1.00	1.28	0.83
										FLEET, C. B., CO., INC. TOTAL:	$0.83
FUJISAWA HEALTHCARE, INC.											
00469823412	RX	2 ML	1	SOL	ADENOCARD	42-188-EV	12/01/08		3.00	40.94	79.83
										FUJISAWA HEALTHCARE, INC. TOTAL:	$79.83
IVAX PHARMACEUTICALS, INC.											
00182868889		200 MG	100	TAB	IBUPROFEN	1675518A	08/31/08		1.00	7.89	5.13
										IVAX PHARMACEUTICALS, INC. TOTAL:	$5.13
KEY PHARMACEUTICALS, INC.											
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	BD008A1	01/31/09		2.00	111.68	145.18
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	BD008A1	01/31/09		5.00	111.68	362.96
00085113601	RX	0.75 MG/ML	1	SOL	INTEGRILIN	BD006A1	01/31/09		2.00	349.51	454.36
										KEY PHARMACEUTICALS, INC. TOTAL:	$962.51
MERCK & CO., INC.											
00006351659	RX	500 MG-500 M	25	PDS	PRIMAXIN IV	3813F	08/31/08	4.00		40.81	106.11
00006351659	RX	500 MG-500 M	25	PDS	PRIMAXIN IV	3777F	08/31/08	5.00		40.81	132.63
										MERCK & CO., INC. TOTAL:	$238.74
MORTON GROVE PHARMACEUTICALS, INC.											
60432046400	RX	2%	1	SOL	LIDOCAINE HCL VISCOUS	28381A	07/31/08		11.00	14.20	101.53
										MORTON GROVE PHARMACEUTICALS, INC. TOTAL:	$101.53
ORTHO-MCNEIL PHARMACEUTICAL CORPORA											
00045006701	RX	5 MG/ML	1	SOL	LEVAQUIN	43-009-JT	07/01/08		5.00	22.83	74.20
00045006701	RX	5 MG/ML	1	SOL	LEVAQUIN	42-101-JT	06/01/08		2.00	22.83	29.68
00045006601	RX	5 MG/ML	1	SOL	LEVAQUIN	43-010-JT	07/01/08		1.00	60.59	39.38
00045006601	RX	5 MG/ML	1	SOL	LEVAQUIN	44-167-JT	08/01/08		2.00	60.59	78.77
00045006601	RX	5 MG/ML	1	SOL	LEVAQUIN	44-056-JT	08/01/08		1.00	60.59	39.38
										ORTHO-MCNEIL PHARMACEUTICAL CORPORA TOTAL:	$261.41
PFIZER U.S. PHARMACEUTICALS GROUP											
00049397041	RX	40 MG	80	CAP	GEODON	0267K05D	02/01/09	45.00		6.03	176.35
										PFIZER U.S. PHARMACEUTICALS GROUP TOTAL:	$176.35
PHARMACIA CORPORATION											
00009338201	RX	900 MG/50 M	1	SOL	CLEOCIN PHOSPHATE	NC038927	08/31/08		2.00	6.06	7.88
00009338201	RX	900 MG/50 M	1	SOL	CLEOCIN PHOSPHATE	NC038356	06/30/08		3.00	6.06	11.82
00009338201	RX	900 MG/50 M	1	SOL	CLEOCIN PHOSPHATE	NC038943	08/31/08		1.00	6.06	3.94
00009338201	RX	900 MG/50 M	1	SOL	CLEOCIN PHOSPHATE	NC038752	07/31/08		8.00	6.06	31.51

Order Number : EXP-9238-2008-4

Processed Indates Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
PHARMACIA CORPORATION											
										PHARMACIA CORPORATION TOTAL:	$55.15
PHARMELLE											
66500010304	RX	15%	1	CRE	AVC	34400	07/31/08		3.00	68.75	134.06
										PHARMELLE TOTAL:	$134.06
ROXANE LABORATORIES, INC.											
00054850016	RX	2%	40	SOL	LIDOCAINE HCL VISCOUS	658151A	07/31/08	1.00		1.26	0.82
00054881501	RX	15 GM/60 ML	1	NMA	SODIUM POLYSTYRENE SULFONAT	657050A	05/31/08		2.00	19.67	25.57
00054850016	RX	2%	40	SOL	LIDOCAINE HCL VISCOUS	658478A	07/31/08	8.00		1.26	6.55
										ROXANE LABORATORIES, INC. TOTAL:	$32.94
WATSON PHARMA, INC.											
00591037001	RX	10 MG	100	CAP	LOXAPINE SUCCINATE	37001M04	10/31/08	1.00		1.27	0.83
										WATSON PHARMA, INC. TOTAL:	$0.83
WYETH PHARMACEUTICALS											
00206885516	RX	4.5 GM	10	PDS	ZOSYN	B63165	07/31/08		1.00	248.90	161.79
00206885516	RX	4.5 GM	10	PDS	ZOSYN	B63168	07/31/08		1.00	248.90	161.79
										WYETH PHARMACEUTICALS TOTAL:	$323.57
WYETH-AYERST LABORATORIES											
00046047181	RX	80 MG	100	CER	INDERAL LA	B46459	08/31/08	50.00		1.80	58.46
00008092351	RX	40 MG	10	VIA	PROTONIX	17301A	07/31/08		5.00	150.00	487.50
00008092351	RX	40 MG	10	VIA	PROTONIX	17295A	07/31/08	6.00		15.00	58.50
00008092351	RX	40 MG	10	VIA	PROTONIX	17292A	07/31/08	9.00		15.00	87.75
00008092351	RX	40 MG	10	VIA	PROTONIX	17295A	07/31/08		4.00	150.00	390.00
										WYETH-AYERST LABORATORIES TOTAL:	$1,082.21
										Grand Total:	$4,028.14

Non-Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/08/2008
Order No: EXP-9238-2008-4
Pickup Date:
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BEDFORD LABORATORIES											
55390040320	RX	2%	00001	SOL	CHLOROPROCAINE HCL	951610	06/30/08		3.0	14.63	28.53

Manufacturer does not credit for products beyond this period past expiration

BEDFORD LABORATORIES TOTAL: $28.53

Grand Total: $28.53

Returned Drug Summary

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/08/2008
Order#: 9238-2008-4
Pickup Date:
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

Manufacturer		*Debit Memo#*	*Anticipated Return Value*	*Amount Received*
ALCON PHARMACEUTICAL DIVISION				
ALCON LABORATORIES, OPHTHALMIC DIV.	*CAP*		$28.48	
			$28.48	
AMPHASTAR - IMS CRITICAL CARE				
AMPHASTAR - IMS CRITICAL CARE	*CAP*		$114.41	
			$114.41	
ASTELLAS PHARMA, INC.				
FUJISAWA HEALTHCARE, INC.	*CAP*		$79.83	
			$79.83	
ASTRA ZENECA				
ASTRA ZENECA	*CAP*		$5.29	
			$5.29	
AZUR PHARMA, INC.				
PHARMELLE	*CAP*		$134.06	
			$134.06	
BAXTER ANESTHESIA & CRITICAL CARE		***EXPNC01036407***		
BAXTER ANESTH. &CRITICAL CARE			$12.19	
			$12.19	
BEDFORD LABORATORIES				
BEDFORD LABORATORIES	*CAP*		$250.71	
			$250.71	
Bristol-Myers Squibb Company		***EXPNC01036408***		
APOTHECON PRODUCTS			$78.80	
BRISTOL-MYERS SQUIBB U.S. MEDICINES			$12.55	
			$91.34	
CRI		***EXPNC01036406***		
ROXANE LABORATORIES, INC.			$32.94	
			$32.94	
FALCON PHARMACEUTICALS, LTD.				
FALCON PHARMACEUTICALS, LTD.	*CAP*		$53.28	
			$53.28	
FLEET, C. B., CO., INC.				
FLEET, C. B., CO., INC.	*CAP*		$0.83	
			$0.83	

Order Number : EXP-9238-2008-4

Returned Drug Summary

Manufacturer		Debit Memo#	Anticipated Return Value	Amount Received
GLAXO SMITHKLINE PHARMACEUTICALS		EXPNC01036409		
CERENEX PHARMACEUTICALS			$17.36	
			$17.36	
JOM Pharmaceutical Services				
ORTHO-MCNEIL PHARMACEUTICAL CORPORA	CAP		$261.41	
			$261.41	
MERCK & CO., INC.				
MERCK & CO., INC.	CAP		$238.74	
			$238.74	
MORTON GROVE PHARMACEUTICALS, INC.				
MORTON GROVE PHARMACEUTICALS, INC.	CAP		$101.53	
			$101.53	
PFIZER PHARMACEUTICALS				
PFIZER U.S. PHARMACEUTICALS GROUP	CAP		$176.35	
PHARMACIA CORPORATION	CAP		$86.18	
			$262.53	
SCHERING PLOUGH CORPORATION				
KEY PHARMACEUTICALS, INC.	CAP		$962.51	
			$962.51	
SPS - GA				
IVAX PHARMACEUTICALS, INC.	CAP		$10.26	
			$10.26	
WATSON PHARMA, INC.				
WATSON PHARMA, INC.	CAP		$0.83	
			$0.83	
WYETH PHARMACEUTICALS				
LEDERLE LABS	CAP		$383.18	
WYETH PHARMACEUTICALS	CAP		$323.57	
WYETH-AYERST LABORATORIES	CAP		$1,082.21	
			$1,788.96	
Grand Total			**$4,447.48**	

Total No. of Manufacturers: 24

Returned Non-Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/08/2008
Order#: EXP-9238-2008-4
Pickup Date:
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
ALCON LABORATORIES, OPHTHALMIC DIV.											
00998061505	RX	0.1%	00001	SUS	MAXIDEX	54583F	08/31/08		1.0	43.81	28.48
							ALCON LABORATORIES, OPHTHALMIC DIV. TOTAL:				$28.48
AMPHASTAR - IMS CRITICAL CARE											
00548103900	RX	0.1 MG/ML	00025	SOL	ATROPINE SULFATE	ASO43A6	12/31/08	1.0		6.46	4.20
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL	DEO01K6	10/31/08	13.0		5.03	42.50
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL	DEO04L6	11/30/08	17.0		5.03	55.58
00548146900	RX	1 MG/ML	00025	SOL	NALOXONE HCL	RL004K6	10/31/08	2.0		0.85	1.11
00548146900	RX	1 MG/ML	00025	SOL	NALOXONE HCL	RL007L6	11/30/08	20.0		0.85	11.02
							AMPHASTAR - IMS CRITICAL CARE TOTAL:				$114.41
APOTHECON PRODUCTS											
00003029320	RX	40 MG/ML	00001	SUS	KENALOG-40	6G16360	06/30/08	1.0		40.41	26.27
00003029320	RX	40 MG/ML	00001	SUS	KENALOG-40	6J16995	07/31/08	2.0		40.41	52.53
							APOTHECON PRODUCTS TOTAL:				$78.80
ASTRA ZENECA											
00310027110	RX	100 MG	00100	TAB	SEROQUEL	LP0026	10/31/08	2.0		4.07	5.29
							ASTRA ZENECA TOTAL:				$5.29
BEDFORD LABORATORIES											
55390000710	RX	100 MG/ML	00010	SOL	VALPROATE SODIUM	958731	07/31/08		2.0	124.10	161.33
55390010110	RX	1 MG/ML	00010	VIA	TERBUTALINE SULFATE	958834	08/31/08		1.0	137.50	89.38
							BEDFORD LABORATORIES TOTAL:				$250.71
BRISTOL-MYERS SQUIBB U.S. MEDICINES											
59148001113	RX	30 MG	00030	TAB	ABILIFY	5M02352	11/30/08	1.0		19.30	12.55
							BRISTOL-MYERS SQUIBB U.S. MEDICINES TOTAL:				$12.55
CERENEX PHARMACEUTICALS											
00173044202	RX	2 MG/ML	00005	SOL	ZOFRAN	C22316	02/28/09	1.0		26.71	17.36
							CERENEX PHARMACEUTICALS TOTAL:				$17.36

Order Number : EXP-9238-2008-4

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
FALCON PHARMACEUTICALS, LTD.											
61314062810	RX	10,000 U-1 MG/ML	00001	SOL	POLYMYXIN B/TRIMETHOPRIM SULFATE	52538F	08/31/08		1.0	17.42	11.32
61314064175	RX	7.5 ML	00001	SOL	HYDROCORTISONE/NEOMYCIN/ POLYMYXIN B	91880F	06/30/08		1.0	64.55	41.96
									FALCON PHARMACEUTICALS, LTD. TOTAL:		$53.28
FLEET, C. B., CO., INC.											
01320108150		900 MG-2400 MG/5 ML	00001	LIQ	PHOSPHO-SODA	0517121	06/30/08		1.0	1.28	0.83
									FLEET, C. B., CO., INC. TOTAL:		$0.83
FUJISAWA HEALTHCARE, INC.											
00469823412	RX	2 ML	00001	SOL	ADENOCARD	42-188-EV	12/01/08		3.0	40.94	79.83
									FUJISAWA HEALTHCARE, INC. TOTAL:		$79.83
IVAX PHARMACEUTICALS, INC.											
00182868889		200 MG	00100	TAB	IBUPROFEN	1675518A	08/31/08		2.0	7.89	10.26
									IVAX PHARMACEUTICALS, INC. TOTAL:		$10.26
KEY PHARMACEUTICALS, INC.											
00085113601	RX	0.75 MG/ML	00001	SOL	INTEGRILIN	BD006A1	01/31/09		2.0	349.51	454.36
00085117701	RX	2 MG/ML	00001	SOL	INTEGRILIN	BD008A1	01/31/09		7.0	111.68	508.14
									KEY PHARMACEUTICALS, INC. TOTAL:		$962.51
LEDERLE LABS											
00206885416	RX	3.375 GM	00010	PDS	ZOSYN	B75032	07/31/08		3.0	196.50	383.18
									LEDERLE LABS TOTAL:		$383.18
MERCK & CO., INC.											
00006351659	RX	500 MG-500 MG	00025	PDS	PRIMAXIN IV	3777F	08/31/08	5.0		40.81	132.63
00006351659	RX	500 MG-500 MG	00025	PDS	PRIMAXIN IV	3813F	08/31/08	4.0		40.81	106.11
									MERCK & CO., INC. TOTAL:		$238.74
MORTON GROVE PHARMACEUTICALS, INC.											
60432046400	RX	2%	00001	SOL	LIDOCAINE HCL VISCOUS	28381A	07/31/08		11.0	14.20	101.53
									MORTON GROVE PHARMACEUTICALS, INC. TOTAL:		$101.53
ORTHO-MCNEIL PHARMACEUTICAL CORPORA											
00045006601	RX	5 MG/ML	00001	SOL	LEVAQUIN	43-010-JT	07/01/08		1.0	60.59	39.38
00045006601	RX	5 MG/ML	00001	SOL	LEVAQUIN	44-056-JT	08/01/08		1.0	60.59	39.38
00045006601	RX	5 MG/ML	00001	SOL	LEVAQUIN	44-167-JT	08/01/08		2.0	60.59	78.77
00045006701	RX	5 MG/ML	00001	SOL	LEVAQUIN	42-101-JT	06/01/08		2.0	22.83	29.68
00045006701	RX	5 MG/ML	00001	SOL	LEVAQUIN	43-009-JT	07/01/08		5.0	22.83	74.20
									ORTHO-MCNEIL PHARMACEUTICAL CORPORA TOTAL:		$261.41

Order Number : EXP-9238-2008-4

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
PFIZER U.S. PHARMACEUTICALS GROUP											
00049397041	RX	40 MG	00080	CAP	GEODON	0267K05D	02/01/09	45.0		6.03	176.35
										PFIZER U.S. PHARMACEUTICALS GROUP TOTAL:	$176.35
PHARMACIA CORPORATION											
00009019009	RX	125 MG	00001	PDS	SOLU-MEDROL	38PAX	07/31/08		6.0	3.41	13.30
00009019009	RX	125 MG	00001	PDS	SOLU-MEDROL	51PFJ	07/31/08		3.0	3.41	6.65
00009019009	RX	125 MG	00001	PDS	SOLU-MEDROL	D4PBP	08/31/08		5.0	3.41	11.08
00009338201	RX	900 MG/50 ML	00001	SOL	CLEOCIN PHOSPHATE	NC038356	06/30/08		3.0	6.06	11.82
00009338201	RX	900 MG/50 ML	00001	SOL	CLEOCIN PHOSPHATE	NC038752	07/31/08		8.0	6.06	31.51
00009338201	RX	900 MG/50 ML	00001	SOL	CLEOCIN PHOSPHATE	NC038927	08/31/08		2.0	6.06	7.88
00009338201	RX	900 MG/50 ML	00001	SOL	CLEOCIN PHOSPHATE	NC038943	08/31/08		1.0	6.06	3.94
										PHARMACIA CORPORATION TOTAL:	$86.18
PHARMELLE											
66500010304	RX	15%	00001	CRE	AVC	34400	07/31/08		3.0	68.75	134.06
										PHARMELLE TOTAL:	$134.06
ROXANE LABORATORIES, INC.											
00054850016	RX	2%	00040	SOL	LIDOCAINE HCL VISCOUS	658151A	07/31/08	1.0		1.26	0.82
00054850016	RX	2%	00040	SOL	LIDOCAINE HCL VISCOUS	658478A	07/31/08	8.0		1.26	6.55
00054881501	RX	15 GM/60 ML	00001	NMA	SODIUM POLYSTYRENE SULFONATE	657050A	05/31/08		2.0	19.67	25.57
										ROXANE LABORATORIES, INC. TOTAL:	$32.94
WATSON PHARMA, INC.											
00591037001	RX	10 MG	00100	CAP	LOXAPINE SUCCINATE	37001M04	10/31/08	1.0		1.27	0.83
										WATSON PHARMA, INC. TOTAL:	$0.83
WYETH PHARMACEUTICALS											
00206885516	RX	4.5 GM	00010	PDS	ZOSYN	B63165	07/31/08		1.0	248.90	161.79
00206885516	RX	4.5 GM	00010	PDS	ZOSYN	B63168	07/31/08		1.0	248.90	161.79
										WYETH PHARMACEUTICALS TOTAL:	$323.57
WYETH-AYERST LABORATORIES											
00008092351	RX	40 MG	00010	VIA	PROTONIX	17292A	07/31/08	9.0		15.00	87.75
00008092351	RX	40 MG	00010	VIA	PROTONIX	17295A	07/31/08	6.0		15.00	58.50
00008092351	RX	40 MG	00010	VIA	PROTONIX	17295A	07/31/08		4.0	150.00	390.00
00008092351	RX	40 MG	00010	VIA	PROTONIX	17301A	07/31/08		5.0	150.00	487.50
00046047181	RX	80 MG	00100	CER	INDERAL LA	B46459	08/31/08	50.0		1.80	58.46
										WYETH-AYERST LABORATORIES TOTAL:	$1,082.21
										Grand Total:	$4,435.29

No. Of Manufacturers: 23

Returned Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 10/08/2008
Order#: EXP-9238-2008-4
Pickup Date:
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
BAXTER ANESTH. &CRITICAL CARE											
10019002803	CIV	1 MG/ML	00025	SOL	MIDAZOLAM HCL	017031	01/31/09		1.0	18.75	12.19
										BAXTER ANESTH. &CRITICAL CARE TOTAL:	$12.19
										Grand Total:	$12.19

No. of Manufacturers: 1

Processed Indates Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 07/21/2008
Order No: EXP-9238-2008-3
Pickup Date: 07/09/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

PRODUCTS FORMERLY INDATED, NOW QUALIFY FOR RETURN
PRODUCTS INCLUDED ON APPLICABLE REPORTS

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ALCON LABORATORIES, OPHTHALMIC DIV.											
00998031505	RX	5%	1	SOL	ISOPTO HOMATROPINE	60760F	05/31/08		2.00	28.88	37.54
										ALCON LABORATORIES, OPHTHALMIC DIV. TOTAL:	$37.54
ALCON LABORATORIES, SURGICAL DIV.											
00065041130	RX	5%	24	SOL	BETADINE	KEC008	03/31/08		1.00	277.44	180.34
										ALCON LABORATORIES, SURGICAL DIV. TOTAL:	$180.34
ASTRA ZENECA											
00186109205	RX	100 MG	100	TER	TOPROL XL	LM0028	06/30/08	1.00		1.51	0.98
00186108805	RX	25 MG	100	TER	TOPROL XL	LM0037	06/30/08	1.00		1.00	0.65
00186108805	RX	25 MG	100	TER	TOPROL XL	LN0011	06/30/08	1.00		1.00	0.65
00310020130	RX	1 MG	30	TAB	ARIMIDEX	LK0018	07/31/08	1.00		10.05	6.53
00310027110	RX	100 MG	100	TAB	SEROQUEL	LH0120	05/31/08	1.00		4.07	2.65
00310027110	RX	100 MG	100	TAB	SEROQUEL	LJ0133	04/30/08	1.00		4.07	2.65
00186109005	RX	50 MG	100	TER	TOPROL XL	LM0075	06/30/08	1.00		1.00	0.65
00310027510	RX	25 MG	100	TAB	SEROQUEL	LK0040	07/31/08	1.00		2.37	1.54
00310020130	RX	1 MG	30	TAB	ARIMIDEX	LK0072	08/31/08	1.00		10.05	6.53
00310027510	RX	25 MG	100	TAB	SEROQUEL	LM0091	07/31/08	1.00		2.37	1.54
00310075190	RX	10 MG	90	TAB	CRESTOR	102602	06/30/08	1.00		3.58	2.33
00186109005	RX	50 MG	100	TER	TOPROL XL	LM001	04/30/08	1.00		1.00	0.65
00310027510	RX	25 MG	100	TAB	SEROQUEL	LH0045	05/31/08	1.00		2.37	1.54
00310027510	RX	25 MG	100	TAB	SEROQUEL	LF0099	04/30/08	1.00		2.37	1.54
00310027110	RX	100 MG	100	TAB	SEROQUEL	LJ0133	04/30/08	1.00		4.07	2.65
00186108805	RX	25 MG	100	TER	TOPROL XL	LK0020	04/30/08	1.00		1.00	0.65
00310027110	RX	100 MG	100	TAB	SEROQUEL	LL0054	07/31/08	1.00		4.07	2.65
00310027110	RX	100 MG	100	TAB	SEROQUEL	LF0103	04/30/08	1.00		4.07	2.65
00310075190	RX	10 MG	90	TAB	CRESTOR	102829	04/30/08	1.00		3.58	2.33
00186109005	RX	50 MG	100	TER	TOPROL XL	LP0005	09/30/08	1.00		1.00	0.65
00310027110	RX	100 MG	100	TAB	SEROQUEL	LL0054	07/31/08	1.00		4.07	2.65
										ASTRA ZENECA TOTAL:	$44.64
AVENTIS PHARMACEUTICALS											
00088216030	RX	10 MG	30	TAB	ARAVA	125	03/31/08	1.00		19.80	12.87
00088222033	RX	100 U/ML	1	SOL	LANTUS	40B140	12/31/08		2.00	88.16	114.61
00039022210	RX	2 MG	100	TAB	AMARYL	1089336	07/31/08	1.00		0.86	0.56
00039022210	RX	2 MG	100	TAB	AMARYL	1089336	07/31/08	1.00		0.86	0.56
										AVENTIS PHARMACEUTICALS TOTAL:	$128.60
BAXTER ANESTHESIA & CRITICAL CARE											
10019006303	RX	6 MG/2 ML	10	INJ	ADENOSINE	904442	09/30/08		4.00	159.40	414.44
10019027010	RX	1 MG/ML	10	SOL	NEOSTIGMINE METHYLSULFATE	116080	05/31/08		2.00	18.60	24.18

Order Number : EXP-9238-2008-3

Processed Indates Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BAXTER ANESTHESIA & CRITICAL CARE											
										BAXTER ANESTHESIA & CRITICAL CARE TOTAL:	$438.62
BEDFORD LABORATORIES											
55390010710	RX	30 MG/ML	1	SOL	PAPAVERINE HYDROCHLORIDE	794040	04/30/08		2.00	7.19	9.35
55390061320	RX	1000 MG	10	PDS	ACYCLOVIR SODIUM	955089	05/31/08		2.00	200.00	260.00
55390012701	RX	30 MG	1	PDS	PAMIDRONATE DISODIUM	882043	05/31/08		1.00	91.25	59.31
55390003110	RX	25 MG/ML	10	SOL	METHOTREXATE SODIUM	978250	05/31/08		1.00	50.00	32.50
55390020401	RX	3 MG/ML	1	SOL	PAMIDRONATE DISODIUM	877925	05/31/08		2.00	91.25	118.63
										BEDFORD LABORATORIES TOTAL:	$479.78
BRECKENRIDGE PHARMACEUTICAL INC.											
51991002206		25 MG	60	TAB	DHEA	20078	12/31/08		1.00	5.95	3.87
										BRECKENRIDGE PHARMACEUTICAL INC. TOTAL:	$3.87
CERENEX PHARMACEUTICALS											
00173044202	RX	2 MG/ML	5	SOL	ZOFRAN	C177189	05/31/08	5.00		26.71	86.81
00173044202	RX	2 MG/ML	5	SOL	ZOFRAN	C180347	06/30/08	1.00		26.71	17.36
00173044700	RX	8 MG	30	TAB	ZOFRAN	4ZP5230	08/31/08	1.00		46.11	29.97
00173044202	RX	2 MG/ML	5	SOL	ZOFRAN	C185735	07/31/08	1.00		26.71	17.36
										CERENEX PHARMACEUTICALS TOTAL:	$151.50
CURA PHARMACEUTICAL COMPANY, INC.											
66860000203	RX	1 GM	25	PDS	CEFAZOLIN SODIUM	C026029	04/30/08		1.00	36.00	23.40
										CURA PHARMACEUTICAL COMPANY, INC. TOTAL:	$23.40
FALCON PHARMACEUTICALS, LTD.											
61314064610	RX	1%-0.35%-10	1	SOL	HC/NEOMYCIN/POLYMYXIN	115381F	05/31/08		2.00	30.80	40.04
										FALCON PHARMACEUTICALS, LTD. TOTAL:	$40.04
FUJISAWA HEALTHCARE, INC.											
00469823412	RX	2 ML	1	SOL	ADENOCARD	42-188-EV	12/01/08		1.00	40.94	26.61
										FUJISAWA HEALTHCARE, INC. TOTAL:	$26.61
GLAXO SMITHKLINE PHARMACEUTICALS											
00173093308	RX	500 MG	30	TAB	VALTREX	5ZP9145	07/31/08	1.00		6.52	4.24
00007413920	RX	3.125 MG	100	TAB	COREG	336V39	09/30/08	2.00		2.37	3.09
										GLAXO SMITHKLINE PHARMACEUTICALS TOTAL:	$7.33
HI-TECH PHARMACAL CO., INC.											
50383079516	RX	10 GM/15 ML	1	SOL	LACTULOSE	506795	03/31/08		1.00	36.50	23.73
50383079216	RX	250 MG/5 ML	1	SYR	VALPROIC ACID	509792	05/31/08		2.00	50.00	65.00
										HI-TECH PHARMACAL CO., INC. TOTAL:	$88.73
JANSSEN PHARMACEUTICA PRODUCTS, L.P											
50458030206	RX	0.5 MG	60	TAB	RISPERDAL	4LG553	04/30/08	1.00		4.45	2.89
										JANSSEN PHARMACEUTICA PRODUCTS, L.P TOTAL:	$2.89

Order Number : EXP-9238-2008-3

Processed Indates Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
KEY PHARMACEUTICALS, INC.											
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	AD133A1	11/30/08		1.00	111.68	72.59
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	AD133A1	11/30/08		1.00	111.68	72.59
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	AD134A1	12/31/08		4.00	111.68	290.37
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	AD080A1	09/30/08		1.00	111.68	72.59
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	AD081A1	10/31/08		6.00	111.68	435.55
00085113601	RX	0.75 MG/ML	1	SOL	INTEGRILIN	AD102A1	12/31/08		1.00	349.51	227.18
										KEY PHARMACEUTICALS, INC. TOTAL:	**$1,170.88**
LEDERLE LABS											
00206885418		3 GM-0.375 G	10	PDS	ZOSYN	B74993	06/30/08	1.00		20.04	13.03
00206885418		3 GM-0.375 G	10	PDS	ZOSYN	B62669	05/31/08	1.00		20.04	13.03
00206885418		3 GM-0.375 G	10	PDS	ZOSYN	B42319	04/30/08	2.00		20.04	26.05
00206885418		3 GM-0.375 G	10	PDS	ZOSYN	B74950	06/30/08	1.00		20.04	13.03
00206885418		3 GM-0.375 G	10	PDS	ZOSYN	B62652	05/31/08	2.00		20.04	26.05
00206885418		3 GM-0.375 G	10	PDS	ZOSYN	B73889	05/31/08	4.00		20.04	52.10
00206885418		3 GM-0.375 G	10	PDS	ZOSYN	B75037	07/31/08	1.00		20.04	13.03
00206885418		3 GM-0.375 G	10	PDS	ZOSYN	B75018	06/30/08	1.00		20.04	13.03
00206885418		3 GM-0.375 G	10	PDS	ZOSYN	B60000	05/31/08	1.00		20.04	13.03
00206885218		2 GM-0.25 G	10	PDS	ZOSYN	B49859	05/31/08	6.00		13.48	52.57
00206885418		3 GM-0.375 G	10	PDS	ZOSYN	B75006	06/30/08	6.00		20.04	78.16
00206885418		3 GM-0.375 G	10	PDS	ZOSYN	B61062	05/31/08	17.00		20.04	221.44
										LEDERLE LABS TOTAL:	**$534.53**
MERCK & CO., INC.											
00006095228	RX	50 MG	100	TAB	COZAAR	R2325	05/31/08	4.00		2.06	5.36
										MERCK & CO., INC. TOTAL:	**$5.36**
MORTON GROVE PHARMACEUTICALS, INC.											
60432000916	RX		1	ELI	ANTISPASMODIC	28181A	04/30/08		2.00	14.18	18.43
										MORTON GROVE PHARMACEUTICALS, INC. TOTAL:	**$18.43**
NOVARTIS PHARMACEUTICALS CORPORATIO											
00078032544	RX	4.5 MG	60	CAP	EXELON	F0002	06/30/08	1.00		3.52	2.29
00078032705	RX	200 MG	100	TAB	COMTAN	F0149	05/31/08	1.00		2.78	1.81
00083006130	RX	100 MG	100	TER	TEGRETOL-XR	F4100	07/31/08	1.00		0.43	0.28
00078040505	RX	5 MG-10 MG	100	CAP	LOTREL	F0185	06/30/08	1.00		3.01	1.96
										NOVARTIS PHARMACEUTICALS CORPORATIO TOTAL:	**$6.33**
ORTHO-MCNEIL PHARMACEUTICAL CORPORA											
00045152550	RX	500 MG	50	TAB	LEVAQUIN	5HG175	05/31/08	1.00		12.76	8.29
										ORTHO-MCNEIL PHARMACEUTICAL CORPORA TOTAL:	**$8.29**
PFIZER U.S. PHARMACEUTICALS GROUP											
00071015623	RX	20 MG	90	TAB	LIPITOR	0563105	09/30/08	1.00		4.33	2.81
00071015523	RX	10 MG	90	TAB	LIPITOR	16095V	09/01/08	1.00		3.03	1.97
00049399041	RX	80 MG	80	CAP	GEODON	1067K04D	12/01/08	98.00		7.32	466.07
00071015523	RX	10 MG	90	TAB	LIPITOR	08855V	06/01/08	1.00		3.03	1.97
00071015523	RX	10 MG	90	TAB	LIPITOR	16075V	09/30/08	1.00		3.03	1.97
00069306030	RX	250 MG	30	TAB	ZITHROMAX	5HP051A	07/01/08	1.00		10.10	6.57

Order Number: EXP-9238-2008-3

Processed Indates Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
PFIZER U.S. PHARMACEUTICALS GROUP											
						PFIZER U.S. PHARMACEUTICALS GROUP TOTAL:					$481.36
PHARMACIA CORPORATION											
00009454102	RX	1 MG	60	TAB	DETROL	07MWY	05/01/08	1.00		2.26	1.47
00009045003	RX	1 GM	120	TAB	COLESTID	44PCA	06/01/08	1.00		0.77	0.50
						PHARMACIA CORPORATION TOTAL:					$1.97
ROXANE LABORATORIES, INC.											
00054417925	RX	0.5 MG	100	TAB	DEXAMETHASONE	557062A	06/30/08	1.00		0.19	0.12
00054830125	RX	80 MG	100	TAB	FUROSEMIDE	657738A	09/30/08	71.00		0.52	24.20
00054417925	RX	0.5 MG	100	TAB	DEXAMETHASONE	557476A	08/31/08	1.00		0.19	0.12
00054252625	RX	150 MG	100	CAP	LITHIUM CARBONATE	557555A	09/30/08	1.00		0.14	0.09
						ROXANE LABORATORIES, INC. TOTAL:					$24.54
RUGBY LABORATORIES, INC.											
00536718706		1000 MG-1 I	50	SGL	SEA OMEGA 50	1601 4030	04/30/08	20.00		0.14	1.84
00536480101		1000 IU	100	SGL	VITAMIN E	0831 4030	04/30/08	60.00		0.13	4.95
						RUGBY LABORATORIES, INC. TOTAL:					$6.79
TAKEDA PHARMACEUTICALS AMERICA, INC											
64764030114	RX	30 MG	30	TAB	ACTOS	A11470	08/31/08	1.00		6.90	4.49
64764045124	RX	45 MG	30	TAB	ACTOS	A11275	05/31/08	1.00		7.48	4.86
64764030114	RX	30 MG	30	TAB	ACTOS	A11468	08/31/08	1.00		6.90	4.49
						TAKEDA PHARMACEUTICALS AMERICA, INC TOTAL:					$13.83
TARO PHARMACEUTICALS U.S.A., INC.											
51672125401	RX	0.05%	1	CRE	FLUOCINONIDE E	4E245	05/31/08		1.00	19.40	12.61
						TARO PHARMACEUTICALS U.S.A., INC. TOTAL:					$12.61
WARRICK PHARMACEUTICALS											
59930156001	RX	0.09 MG/INH	1	ARO	ALBUTEROL	6 BBS 559	05/31/08		1.00	21.41	13.92
						WARRICK PHARMACEUTICALS TOTAL:					$13.92
WATSON PHARMACEUTICALS, INC.											
00591355369	RX	10 U/ML	25	SOL	OXYTOCIN	36597	08/31/08		2.00	117.25	152.43
						WATSON PHARMACEUTICALS, INC. TOTAL:					$152.43
WYETH PHARMACEUTICALS											
00206885216	RX	2 GM-0.25 G	10	PDS	ZOSYN	B49859	05/31/08		3.00	131.00	255.45
						WYETH PHARMACEUTICALS TOTAL:					$255.45
WYETH-AYERST LABORATORIES											
00008078101	RX	37.5 MG	100	TAB	EFFEXOR	B01269	03/31/08	1.00		2.11	1.37
00046087293	RX	0.625 MG/G	1	CRE	PREMARIN VAGINAL	B78872	05/31/08		1.00	95.53	62.09
00008070401	RX	75 MG	100	TAB	EFFEXOR	B05426	04/30/08	1.00		2.30	1.50
00008092351	RX	40 MG	10	VIA	PROTONIX	46250A	05/31/08	1.00		15.00	9.75
						WYETH-AYERST LABORATORIES TOTAL:					$74.71

Order Number : EXP-9238-2008-3

Processed Indates Report

Grand Total: **$4,435.31**

Indate Report

Product(s) being held until qualified for Returns

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 07/21/2008
Order No: EXP-9238-2008-3
Pickup Date: 07/09/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ALLEN & HANBURYS											
00173038879	RX	0.042 MG/IN	1	SPR	BECONASE AQ	6F004	06/30/09		1.00	124.51	80.93
										ALLEN & HANBURYS TOTAL:	$80.93
AMPHASTAR - IMS CRITICAL CARE											
00548119000	RX	2%	25	SOL	LIDOCAINE HCL	DE008B7	01/31/09	1.00		5.03	3.27
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	$3.27
KEY PHARMACEUTICALS, INC.											
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	100345	05/31/09		2.00	111.68	145.18
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	100344	02/28/09		1.00	111.68	72.59
										KEY PHARMACEUTICALS, INC. TOTAL:	$217.78
										Grand Total:	$301.98

Hazardous Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 07/21/2008
Order No: EXP-9238-2008-3
Pickup Date: 07/09/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA # : BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
A-A SPECTRUM HEALTHCARE PRODUCTS											
49452004201	RX		00001	SOL	ACETIC ACID 3%			1.0		12.10	7.87
Manufacturer does not accept returns											
										A-A SPECTRUM HEALTHCARE PRODUCTS TOTAL:	$7.87
HUMCO											
00395121316	RX		00001	TIN	IODINE TR			4.0		12.85	33.41
Manufacturer does not accept returns											
										HUMCO TOTAL:	$33.41
NOVARTIS VACCINES											
66521011010	RX		00001	SOL	FLUVIRIN	79241			39.0	148.22	3,757.38
Product is not returnable											
66521011010	RX		00001	SOL	FLUVIRIN	80432			27.0	148.22	2,601.26
Product is not returnable											
66521011010	RX		00001	SOL	FLUVIRIN	80822			21.0	148.22	2,023.20
Product is not returnable											
										NOVARTIS VACCINES TOTAL:	$8,381.84
VINTAGE PHARMACEUTICALS, INC.											
00254906858	CIV	500 MG/5 ML	00001	SYR	CHLORAL HYDRATE	REPACK		0.09		9.41	0.55
Manufacturer does not credit for partial package quantities											
										VINTAGE PHARMACEUTICALS, INC. TOTAL:	$0.55

Grand Total: $8,423.67

Non-Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 07/21/2008
Order No: EXP-9238-2008-3
Pickup Date: 07/09/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ABBOTT PHARMACEUTICAL											
00074438010	RX	2 MG/ML	00010	SOL	NIMBEX				7.0	23.93	108.88
Manufacturer does not credit for partial package quantities											
									ABBOTT PHARMACEUTICAL TOTAL:		**$108.88**
ABRAXIS PHARMACEUTICAL PRODUCTS											
00186011512	RX	1:100,000-	00005	SOL	XYLOCAINE W/EPINEPHRINE				2.0	15.55	20.22
Manufacturer does not accept returns											
00186016001	RX	1:100,000-	00001	SOL	XYLOCAINE W/EPINEPHRINE				2.0	7.39	9.61
Manufacturer does not accept returns											
									ABRAXIS PHARMACEUTICAL PRODUCTS TOTAL:		**$29.82**
ALCON LABORATORIES, OPHTHALMIC DIV.											
00065035902	RX	0.2%-1% 2	00012	SOL	CYCLOMYDRIL			6.0		1.41	5.51
Manufacturer does not credit for partial package quantities											
00065064725	RX	0.1%-0.3%	00012	SUS	TOBRADEX			1.0		38.00	24.70
Manufacturer does not credit for partial package quantities											
									ALCON LABORATORIES, OPHTHALMIC DIV. TOTAL:		**$30.21**
AMERICAN REGENT LABORATORIES, INC.											
00517040125	RX	0.4 MG/M	00025	SOL	ATROPINE SULFATE			12.0		0.44	3.43
Manufacturer does not accept returns											
00517090125	RX	20 MG/ML	00025	SOL	HYDRALAZINE HYDROCHLORIDE	7597	07/31/08	6.0		18.75	73.13
Manufacturer does not accept returns											
									AMERICAN REGENT LABORATORIES, INC. TOTAL:		**$76.56**
AMERICAN REGENT, INC.											
00517113005	RX	1 MG/ML	00005	SOL	EPINEPHRINE HCL			2.0		9.25	12.03
Manufacturer does not accept returns											
00517760425	RX	20%	00025	SOL	ACETYLCYSTEINE			2.0		6.56	8.53
Manufacturer does not accept returns											
									AMERICAN REGENT, INC. TOTAL:		**$20.55**
AMPHASTAR - IMS CRITICAL CARE											
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL	DEO83F6	05/31/08	11.0		5.03	35.96
Manufacturer does not credit for products beyond this period past expiration											
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL	DEO89H6	06/30/08	1.0		5.03	3.27
Manufacturer does not credit for expired products											

Order Number : EXP-9238-2008-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMPHASTAR - IMS CRITICAL CARE											
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL		03/31/08	1.0		5.03	3.27
Manufacturer does not credit for products beyond this period past expiration											
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL		05/31/08	3.0		5.03	9.81
Manufacturer does not credit for expired products											
00548146900	RX	1 MG/ML	00025	SOL	NALOXONE HCL	RL096E6	04/30/08	1.0		0.85	0.55
Manufacturer does not credit for products beyond this period past expiration											
00548331500	RX	25%	00010	SOL	DEXTROSE		02/28/08	3.0		5.00	9.75
Manufacturer does not credit for expired products											
00548336600	RX	0.4 MG/M	00010	SOL	NALOXONE HCL	KG013F6	05/31/08	1.0		3.13	2.03
Manufacturer does not credit for products beyond this period past expiration											
00548336600	RX	0.4 MG/M	00010	SOL	NALOXONE HCL		05/31/08	16.0		3.13	32.55
Manufacturer does not credit for expired products											
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	**$97.20**
AMPHASTAR PHARMACEUTICALS (IMS)											
00548301300	RX	2%	00025	GEL	LIDOCAINE HCL			10.0		0.32	2.08
Manufacturer does not credit for partial package quantities											
										AMPHASTAR PHARMACEUTICALS (IMS) TOTAL:	**$2.08**
APP (AMERICAN PHARMACEUTICAL PARTNE											
63323006402	RX	500 MG/M	00025	SOL	MAGNESIUM SULFATE			6.0		1.06	4.13
Manufacturer does not accept returns											
63323023401	RX	0.4 MG/M	00001	SOL	ATROPINE SULFATE			1.0		45.00	29.25
Manufacturer does not accept returns											
63323031110	RX	100 MG/M	00001	SOL	CALCIUM GLUCONATE			3.0		34.00	66.30
Manufacturer does not accept returns											
63323061401	RX	20 MG/ML	00025	SOL	HYDRALAZINE HCL			7.0		15.00	68.25
Manufacturer does not accept returns											
63323061401	RX	20 MG/ML	00025	SOL	HYDRALAZINE HCL				1.0	375.00	243.75
Manufacturer does not accept returns											
										APP (AMERICAN PHARMACEUTICAL PARTNE TOTAL:	**$411.68**
ATON PHARMA, INC											
00006006568	RX	25 MG	00100	TAB	EDECRIN	R6024	06/30/08	1.0		0.94	0.61
Manufacturer does not credit for partial package quantities											
										ATON PHARMA, INC TOTAL:	**$0.61**
AVENTIS PASTEUR INC.											
49281082010	RX	5 Lf U/0.5 I	00010	SUS	TETANUS TOXOID ADSORBED			1.0		26.53	17.24
Manufacturer does not credit for partial package quantities											
										AVENTIS PASTEUR INC. TOTAL:	**$17.24**

Order Number : EXP-9238-2008-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
B. BRAUN MEDICAL INC.											
00264780010	RX	0.9%	00024	SOL	SODIUM CHLORIDE				1.0	2.35	1.53
Manufacturer does not credit for partial package quantities											
									B. BRAUN MEDICAL INC. TOTAL:		**$1.53**
BAXTER ANESTH. &CRITICAL CARE											
00641049125	RX	5 MG/ML	00025	SOL	PROCHLORPERAZINE EDISYLATE				46.0	3.13	93.59
Manufacturer does not credit for partial package quantities											
00641092925	RX	50 MG/ML	00025	SOL	PROMETHAZINE HCL				38.0	2.31	57.06
Manufacturer does not credit for partial package quantities											
10019014501	RX	1 MG/ML	00010	SOL	INDERAL				4.0	7.50	19.50
Manufacturer does not credit for partial package quantities											
									BAXTER ANESTH. &CRITICAL CARE TOTAL:		**$170.14**
BAXTER ANESTHESIA & CRITICAL CARE											
10019002518	RX	250 MG/M	00010	SOL	BREVIBLOC				7.0	137.58	625.99
Manufacturer does not credit for partial package quantities											
10019003003	RX	30 MG/ML	00025	SOL	KETOROLAC TROMETHAMINE				44.0	1.56	44.62
Manufacturer does not credit for partial package quantities											
10019004501	RX	10 MG/ML	00010	SOL	FAMOTIDINE				20.0	1.07	13.91
Manufacturer does not credit for partial package quantities											
10019013301	RX	50 MG/ML	00010	SOL	AMIODARONE HCL				2.0	5.31	6.90
Manufacturer does not credit for partial package quantities											
10019025012	RX	0.4 MG/M	00025	SOL	ATROPINE SULFATE				37.0	0.85	20.44
Manufacturer does not credit for partial package quantities											
10019025112	RX	1 MG/ML	00025	SOL	ATROPINE SULFATE				6.0	2.01	7.84
Manufacturer does not credit for partial package quantities											
10019027010	RX	1 MG/ML	00010	SOL	NEOSTIGMINE METHYLSULFATE				3.0	1.86	3.63
Manufacturer does not credit for partial package quantities											
10019051001	RX	5 MG/ML	00010	SOL	DILTIAZEM HCL				6.0	3.13	12.21
Manufacturer does not credit for partial package quantities											
10019090501	RX	2 MG/ML	00025	SOL	ONDANSETRON				4.0	1.40	3.64
Manufacturer does not credit for partial package quantities											
									BAXTER ANESTHESIA & CRITICAL CARE TOTAL:		**$739.17**
BAXTER HEALTHCARE BIOSCIENCE DIV											
00944296703	RX	1500 IU	00001	SOL	WINRHO SDF				1.0	367.99	239.19
Manufacturer does not accept returns											
									BAXTER HEALTHCARE BIOSCIENCE DIV TOTAL:		**$239.19**
BAXTER HEALTHCARE CORP.											
00338001748	RX	5%	00096	SOL	DEXTROSE				2.0	9.67	12.57
Manufacturer does not accept returns											

Order Number : EXP-9238-2008-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BAXTER HEALTHCARE CORP.											
00338004904	RX	0.9%	00014	SOL	SODIUM CHLORIDE				1.0	0.52	0.34
Manufacturer does not accept returns											
00338004918	RX	0.9%	00096	SOL	SODIUM CHLORIDE				1.0	9.67	6.29
Manufacturer does not accept returns											
00338027003	RX	10%-0.9%	00024	SOL	GENTRAN 40 W/SODIUM CHLORID				2.0	4.14	5.39
Manufacturer does not accept returns											
00338041102	RX	5%-0.8%	00024	SOL	DEXTROSE/LIDOCAINE HCL				3.0	0.95	1.85
Manufacturer does not accept returns											
00338043103	RX	200 U/100	00018	SOL	HEPARIN SODIUM/SODIUM CHLOR				2.0	0.38	0.49
Manufacturer does not accept returns											
00338050741	RX	1.2 MG/ML	00024	SOL	GENTAMICIN SULFATE				6.0	0.39	1.51
Manufacturer does not accept returns											
00338055002	RX	250 ML	00024	SOL	DEXTROSE/HEPARIN SODIUM				4.0	9.94	25.84
Manufacturer does not accept returns											
00338070348	RX	40 MEQ/1(	00024	SOL	POTASSIUM CHLORIDE				5.0	0.61	1.98
Manufacturer does not accept returns											
00338070541	RX	10 MEQ/5(	00024	SOL	POTASSIUM CHLORIDE				4.0	0.61	1.59
Manufacturer does not accept returns											
00338102341	RX	2 MILLION	00024	SOL	PENICILLIN G POTASSIUM				5.0	0.56	1.83
Manufacturer does not accept returns											
00338104902	RX	5%-20 MG	00012	SOL	DEXTROSE/NITROGLYCERIN				6.0	1.36	5.31
Manufacturer does not accept returns											
00338107302	RX	5%-100 M(	00018	SOL	DEXTROSE/DOBUTAMINE				19.0	2.76	34.11
Manufacturer does not accept returns											
										BAXTER HEALTHCARE CORP. TOTAL:	**$99.10**
BECTON DICKINSON CONSUMER PRODUCTS											
08290036005	RX	10 U/ML	00030	SOL	HEPARIN LOCK FLUSH				6.0	0.11	0.44
Manufacturer does not accept returns											
										BECTON DICKINSON CONSUMER PRODUCTS TOTAL:	**$0.44**
BEDFORD LABORATORIES											
55390003710	RX	10 MG	00010	PDS	VECURONIUM BROMIDE				1.0	7.75	5.04
Manufacturer does not credit for partial package quantities											
55390011301	RX	5 MG	00001	PDS	PHENTOLAMINE MESYLATE				12.0	38.75	302.25
Manufacturer does not credit for partial package quantities											
55390076320	RX	2 MG/ML	00010	SOL	ETOMIDATE				2.0	26.88	34.94
Manufacturer does not credit for partial package quantities											
										BEDFORD LABORATORIES TOTAL:	**$342.23**

Order Number : EXP-9238-2008-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
FOREST PHARMACEUTICALS, INC.											
00456321063	RX	10MG	00100	TAB	NAMENDA	110646		1.0		2.87	1.87
Manufacturer does not credit for partials less than 25%											
										FOREST PHARMACEUTICALS, INC. TOTAL:	**$1.87**
FOUGERA											
00168035755	RX	2.5%/2.5%	00005	CRM	LIDOCAINE/PRILOCAINE			8.0		8.00	41.60
Manufacturer does not credit for partial package quantities											
										FOUGERA TOTAL:	**$41.60**
GENSIA SICOR PHARM., INC.											
00703133501	RX	50 MG/ML	00001	SOL	AMIODARONE HCL			4.0		5.31	13.81
Manufacturer does not credit for partial package quantities											
										GENSIA SICOR PHARM., INC. TOTAL:	**$13.81**
GLAXO SMITHKLINE PHARM.											
19515088407	RX		00010	SOL	FLULAVAL 2007-2008			89.0	89.0	1.25	72.31
Product is not returnable											
										GLAXO SMITHKLINE PHARM. TOTAL:	**$72.31**
GLAXO SMITHKLINE PHARMACEUTICALS											
58160084146	RX	0.5 ML	00005	SUS	PEDIARIX		05/26/07	3.0		88.40	172.38
Manufacturer does not credit for products beyond this period past expiration											
										GLAXO SMITHKLINE PHARMACEUTICALS TOTAL:	**$172.38**
GLAXO WELLCOME INC.											
00173052000	RX	0.046 MG/I	00028	DSK	SEREVENT DISKUS	R304332	11/30/08	28.0		3.25	59.07
Product is not returnable											
										GLAXO WELLCOME INC. TOTAL:	**$59.07**
HOSPIRA, INC											
00409116201	RX	0.5%	00025	SOL	BUPIVACAINE HCL			1.0		2.44	1.59
Manufacturer does not credit for partial package quantities											
00409155910	RX	0.25%	00010	SOL	MARCAINE HCL			4.0		2.49	6.47
Manufacturer does not credit for partial package quantities											
00409311831	RX	500 MG/M	00050	SOL	CENOLATE			16.0		1.44	14.98
Manufacturer does not credit for partial package quantities											
										HOSPIRA, INC TOTAL:	**$23.04**
HOSPIRA, INC.											
00074302401	RX	50 MG	00100	PDS	NITROPRESS			2.0		0.10	0.14
Manufacturer does not credit for partial package quantities											
00074464601	RX	1 MG/ML	00025	SOL	PANCURONIUM BROMIDE			3.0		3.33	6.49
Manufacturer does not credit for partial package quantities											
00074610204	RX	10 MG/ML	00025	SOL	FUROSEMIDE			3.0		0.63	1.23
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
00409114401	RX	2.5 MG/M	00005	SOL	VERAPAMIL HCL				56.0	1.03	37.49
Manufacturer does not credit for partial package quantities											
00409115902	RX	0.25%	00025	SOL	BUPIVACAINE HCL				3.0	2.36	4.60
Manufacturer does not credit for partial package quantities											
00409121201	RX	0.4 MG/M	00010	SOL	NALOXONE HCL				6.0	1.51	5.89
Manufacturer does not credit for partial package quantities											
00409141005	RX	0.2 MG/M	00010	SOL	ISUPREL				12.0	7.50	58.50
Manufacturer does not credit for partial package quantities											
00409190301	RX	500 MG/M	00025	SOL	PROCAINAMIDE HCL				5.0	3.94	12.81
Manufacturer does not credit for partial package quantities											
00409317801	RX	1:100000-1	00025	SOL	EPINEPHRINE/LIDOCAINE HCL				47.0	1.69	51.63
Manufacturer does not credit for partial package quantities											
00409361301	RX	0.25%	00010	SOL	BUPIVACAINE SPINAL AMPUL				2.0	2.39	3.11
Manufacturer does not credit for partial package quantities											
00409490234	RX	50%	00010	SOL	DEXTROSE				12.0	5.03	39.23
Manufacturer does not credit for partial package quantities											
00409491134	RX	0.1 MG/M	00010	SOL	ATROPINE SULFATE				1.0	3.94	2.56
Manufacturer does not credit for partial package quantities											
00409492134	RX	0.1 MG/M	00010	SOL	EPINEPHRINE HCL				9.0	2.86	16.73
Manufacturer does not credit for partial package quantities											
00409568502	RX	125 MG	00010	PDS	A-METHAPRED				1.0	4.33	2.81
Manufacturer does not credit for partial package quantities											
00409592201	RX	25 MG/ML	00025	SOL	AMINOPHYLLINE				20.0	0.99	12.87
Manufacturer does not credit for partial package quantities											
00409610210	RX	10 MG/ML	00025	SOL	FUROSEMIDE				5.0	0.66	2.15
Manufacturer does not credit for partial package quantities											
00409662902	RX	10 ML	00025	SOL	QUELICIN				5.0	2.98	9.69
Manufacturer does not credit for partial package quantities											
00409663734	RX	8.4%	00010	SOL	SODIUM BICARBONATE				1.0	3.46	2.25
Manufacturer does not credit for partial package quantities											
00409724101	RX	1 MG/ML	00025	SOL	EPINEPHRINE HCL				3.0	1.31	2.55
Manufacturer does not credit for partial package quantities											
00409963005	RX	0.05 MG/M	00010	SOL	ATROPINE SULFATE				2.0	7.94	10.32
Manufacturer does not credit for partial package quantities											
										HOSPIRA, INC. TOTAL:	**$283.04**
HUMCO											
00395266116	RX		00001	SYR	SIMPLE SYRUP				1.0	11.46	7.45
Manufacturer does not accept returns											
00395291612	RX		00001	POW	TANNIC ACID				1.0	95.25	61.91
Manufacturer does not accept returns											

Order Number : EXP-9238-2008-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HUMCO											
									HUMCO TOTAL:		$69.36
IVAX PHARMACEUTICALS, INC.											
00182044889		325 MG	00100	ECT	ASPIRIN				120.0	0.07	5.23
Manufacturer does not credit for partial package quantities											
00182070289	RX	2.5 MG	00100	CER	NITROGLYCERIN				180.0	0.18	20.94
Manufacturer does not credit for partial package quantities											
00182070389	RX	6.5 MG	00100	CER	NITROGLYCERIN				110.0	0.22	15.77
Manufacturer does not credit for partial package quantities											
00182113289	RX	4 MG	00100	TAB	CYPROHEPTADINE HCL				10.0	0.43	2.78
Manufacturer does not credit for partial package quantities											
00182853489		5 MG	00100	ECT	BISACODYL				10.0	0.05	0.33
Manufacturer does not credit for partial package quantities											
									IVAX PHARMACEUTICALS, INC. TOTAL:		$45.04
MAJOR PHARMACEUTICALS											
00904110231		10%	00001	OIN	POVIDONE-IODINE				1.0	3.12	2.03
Manufacturer does not accept returns											
00904572615		10 MG-24C	00010	T24	CLEAR-ATADINE D				7.0	1.89	8.60
Manufacturer does not accept returns											
									MAJOR PHARMACEUTICALS TOTAL:		$10.63
MEDIMMUNE, INC.											
60574411401	RX	100 MG/M	00001	SOL	SYNAGIS				1.0	965.09	627.31
Product is not returnable											
									MEDIMMUNE, INC. TOTAL:		$627.31
MERCK & CO., INC.											
00006458400	RX	20,000 TCI	00010	PDS	MUMPSVAX		06/29/07	12.0		26.58	207.35
Manufacturer does not credit for products beyond this period past expiration											
									MERCK & CO., INC. TOTAL:		$207.35
MONARCH PHARMACEUTICALS											
61570054002	RX	100 MG/M	00010	SOL	TIGAN				1.0	7.40	4.81
Manufacturer does not credit for partial package quantities											
									MONARCH PHARMACEUTICALS TOTAL:		$4.81
NOVARTIS VACCINES											
66521011001	RX	45MCG/.5M	00010	SRN	FLUVIRIN				7.0	18.49	84.13
Product is not returnable											
66521011001	RX	45MCG/.5M	00010	SRN	FLUVIRIN				1.0	184.90	120.19
Product is not returnable											

Order Number : EXP-9238-2008-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
NOVARTIS VACCINES											
									NOVARTIS VACCINES TOTAL:		$204.31
NOVO NORDISK PHARMACEUTICALS, INC.											
00169750111	RX	100 U/ML	00001	SOL	NOVOLOG				1.0	95.71	62.21
Manufacturer does not credit for partial package quantities											
									NOVO NORDISK PHARMACEUTICALS, INC. TOTAL:		$62.21
ORGANON PHARMACEUTICALS											
00052045015	RX	10 MG/ML	00010	SOL	ZEMURON	575372			1.0	18.06	11.74
Manufacturer does not credit for partials less than 25%											
00052045015	RX	10 MG/ML	00010	SOL	ZEMURON	599125			1.0	18.06	11.74
Manufacturer does not credit for partials less than 25%											
00052045016	RX	10 MG/ML	00010	SOL	ZEMURON	904852			2.0	34.68	45.08
Manufacturer does not credit for partials less than 25%											
									ORGANON PHARMACEUTICALS TOTAL:		$68.56
PADDOCK LABORATORIES, INC.											
00574006930		40%	00003	GEL	GLUTOSE 15				2.0	3.34	4.34
Manufacturer does not credit for partial package quantities											
									PADDOCK LABORATORIES, INC. TOTAL:		$4.34
PHARMACEUTICAL ASSOCIATES, INC.											
00121065711		160 MG/5 I	00100	ELI	ACETAMINOPHEN				1.0	0.60	0.39
Manufacturer does not accept returns											
00121174415	RX	300 MG/ 1!	00100	SYR	GUAIFENESIN				24.0	0.59	9.20
Manufacturer does not accept returns											
00121176230		2400 MG/2	00100	SOL	MAG-AL PLUS XS				28.0	0.81	14.74
Manufacturer does not accept returns											
00121457730	RX	30 ML	00040	SOL	LACTULOSE				7.0	2.98	13.56
Manufacturer does not accept returns											
									PHARMACEUTICAL ASSOCIATES, INC. TOTAL:		$37.90
PRECISION DOSE											
68094059961	RX	100000 U/I	00100	SUS	NYSTATIN				1.0	0.83	0.54
Manufacturer does not credit for partial package quantities											
									PRECISION DOSE TOTAL:		$0.54
PROCTER & GAMBLE PHARMACEUTICALS IN											
00149073402	RX	20 MG	00001	PDS	DANTRIUM INTRAVENOUS				6.0	110.80	432.12
Product is not returnable											
									PROCTER & GAMBLE PHARMACEUTICALS IN TOTAL:		$432.12

Order Number : EXP-9238-2008-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ROSS PRODUCTS DIVISION, PHARMACEUTI											
00074104004	RX	25 MG/ML	00001	SUS	SURVANTA				1.0	454.81	295.63
Product is not returnable											
									ROSS PRODUCTS DIVISION, PHARMACEUTI TOTAL:		$295.63
ROXANE LABORATORIES, INC.											
00054005746	RX	0.05 MG/M	00001	ELI	DIGOXIN	USE/OPEN		0.70		33.78	15.37
Product is not returnable											
									ROXANE LABORATORIES, INC. TOTAL:		$15.37
SANDOZ											
00781300395	RX	0.1 MG/M	00010	SOL	FLUMAZENIL			5.0		148.31	482.01
Manufacturer does not credit for partial package quantities											
									SANDOZ TOTAL:		$482.01
SKY PHARM. PACKAGING, INC.											
63739031815	RX	100 MG	01500	TAB	BUPROPION HCL			10.0		0.12	0.78
Manufacturer does not accept returns											
									SKY PHARM. PACKAGING, INC. TOTAL:		$0.78
UDL LABORATORIES, INC.											
51079005820	RX	25 MG	00100	TAB	CHLORTHALIDONE			130.0		0.23	19.77
Manufacturer does not credit for partial package quantities											
51079025520	RX	25 MG	00100	TAB	METOPROLOL TARTRATE			10.0		0.24	1.58
Manufacturer does not credit for partial package quantities											
51079027820	RX	20 MG	00100	TAB	PROPRANOLOL HCL			90.0		0.27	15.85
Manufacturer does not credit for partial package quantities											
51079048120	RX	100 MG	00100	SGL	AMANTADINE HCL	7B824	08/31/08	2.0		0.60	0.78
Manufacturer does not credit for partial package quantities											
51079060020	RX	250 MG	00100	CAP	AMOXICILLIN			170.0		0.26	28.84
Manufacturer does not credit for partial package quantities											
51079069020	RX	2 MG	00100	CAP	LOPERAMIDE HCL			10.0		0.70	4.57
Manufacturer does not credit for partial package quantities											
51079080220	RX	100 MG	00100	TAB	METOPROLOL TARTRATE			90.0		0.83	48.26
Manufacturer does not credit for partial package quantities											
51079081220	RX	20 MG	00100	TAB	NADOLOL			90.0		0.92	54.11
Manufacturer does not credit for partial package quantities											
51079081320	RX	40 MG	00100	TAB	NADOLOL			60.0		1.08	42.18
Manufacturer does not credit for partial package quantities											
									UDL LABORATORIES, INC. TOTAL:		$215.94

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
UPSHER-SMITH LABS, INC.											
00245086070	RX	0.75%	00001	GEL	VANDAZOLE		05/31/07		1.0	73.22	47.59
Manufacturer does not credit for products beyond this period past expiration											
										UPSHER-SMITH LABS, INC. TOTAL:	**$47.59**
WATSON PHARMA, INC.											
00591341601	RX	50 MG-325	00100	TAB	APAP/BUTALBITAL/CAFFEINE	REPACK			41.0	0.62	16.52
Product is not returnable											
										WATSON PHARMA, INC. TOTAL:	**$16.52**
WYETH PHARMACEUTICALS											
00005197050	RX	16 MCG/0.	00010	SUS	PREVNAR		03/31/07		9.0	97.86	572.48
Manufacturer does not credit for products beyond this period past expiration											
										WYETH PHARMACEUTICALS TOTAL:	**$572.48**
										Grand Total:	**$6,474.56**

Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
'DIFFERENT & BETTER'
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 07/21/2008
Order No: EXP-9238-2008-3
Pickup Date: 07/09/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ALAVEN PHARMACEUTICAL LLC											
00051863333	CIII	50 MG	00100	TAB	ANADROL-50	REPACK		9.0		23.51	137.51
Product is not returnable											
										ALAVEN PHARMACEUTICAL LLC TOTAL:	$137.51
BAXTER ANESTHESIA & CRITICAL CARE											
10019010201	CIV	2 MG/ML	00025	SOL	ATIVAN (LORAZEPAM)			54.0		1.44	50.54
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTHESIA & CRITICAL CARE TOTAL:	$50.54
BEDFORD LABORATORIES - CONTROLS											
55390018401	CIV	2 MG/ML	00010	SOL	BUTORPHANOL TARTRATE			37.0		7.25	174.36
Manufacturer does not credit for partial package quantities											
										BEDFORD LABORATORIES - CONTROLS TOTAL:	$174.36
CELLTECH PHARMACEUTICALS, INC.											
53014053007	CII	10 MG	00100	TAB	METHYLPHENIDATE HCL	REPACK		13.0		0.35	2.98
Product is not returnable											
53014053107	CII	5 MG	00100	TAB	METHYLPHENIDATE HCL	REPACK		30.0		0.25	4.91
Product is not returnable											
53014054867	CIII	8 MG-10 M	00001	SER	TUSSIONEX PENNKINETIC	REPACK		0.04		265.55	6.90
Product is not returnable											
										CELLTECH PHARMACEUTICALS, INC. TOTAL:	$14.79
CEPHALON, INC											
63459010101	CIV	100 MG	00100	TAB	PROVIGIL	REPACK		17.0		6.83	75.42
Product is not returnable											
										CEPHALON, INC TOTAL:	$75.42
ENDO GENERIC PRODUCTS											
60951065270	CII	15 MG	00100	TER	MORPHINE SULFATE	REPACK		15.0		0.89	8.69
Product is not returnable											
60951065570	CII	60 MG	00100	TER	MORPHINE SULFATE	REPACK		1.0		3.31	2.15
Product is not returnable											
										ENDO GENERIC PRODUCTS TOTAL:	$10.84
ETHEX CORPORATION											
58177062011	CII	2 MG	00100	TAB	HYDROMORPHONE HYDROCHLOR	REPACK		1.0		0.41	0.27
Manufacturer does not credit for partial package quantities											
58177087707	CIII	2 MG-2.5 M	00001	SYR	HISTINEX HC	REPACK		0.32		27.95	5.81
Manufacturer does not credit for partial package quantities											
										ETHEX CORPORATION TOTAL:	$6.08
GENEVA PHARMACEUTICALS, INC.											

Order Number : EXP-9238-2008-3

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
GENEVA PHARMACEUTICALS, INC.											
00781126213	CV	0.025 MG-:	00100	TAB	LONOX			18.0		0.51	5.93
Manufacturer does not credit for partial package quantities											
00781884001	CII	5 MG	00100	TAB	METHYLPHENIDATE HCL	REPACK		10.0		0.35	2.27
Manufacturer does not credit for partial package quantities											
										GENEVA PHARMACEUTICALS, INC. TOTAL:	**$8.20**
HOSPIRA, INC											
00409603004	CII	10 MG/ML	00010	SOL	MEPERIDINE HCL			8.0		10.25	53.30
Manufacturer does not credit for partial package quantities											
										HOSPIRA, INC TOTAL:	**$53.30**
HOSPIRA, INC.											
00409109732	CII	15 MG/ML	00010	SOL	CODEINE PHOSPHATE		04/01/08		1.0	27.00	17.55
Manufacturer does not credit for products beyond this period past expiration											
00409110232	CII	30 MG/ML	00010	SOL	CODEINE PHOSPHATE			17.0		2.91	32.16
Manufacturer does not credit for partial package quantities											
00409117930	CII	75 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE			22.0		1.36	19.45
Manufacturer does not credit for partial package quantities											
00409118069	CII	100 MG/M	00010	INJ	DEMEROL HYDROCHLORIDE			39.0		1.40	35.49
Manufacturer does not credit for partial package quantities											
00409125830	CII	4 MG/ML	00010	SOL	MORPHINE SULFATE			9.0		1.16	6.79
Manufacturer does not credit for partial package quantities											
00409127332	CIV	5 MG/ML	00010	SOL	DIAZEPAM			24.0		4.85	75.66
Manufacturer does not credit for partial package quantities											
00409677802	CIV	2 MG/ML	00010	SOL	LORAZEPAM			13.0		1.40	11.83
Manufacturer does not credit for partial package quantities											
										HOSPIRA, INC. TOTAL:	**$198.92**
MALLINCKRODT PHARM DIVISION											
00406831562	CII	15 MG	00100	TER	MORPHINE SULFATE			9.0		0.89	5.23
Manufacturer does not credit for partial package quantities											
										MALLINCKRODT PHARM DIVISION TOTAL:	**$5.23**
MALLINCKRODT PHARMACEUTICAL DIVISIO											
00406035862	CIII	500 MG/7.!	00100	TAB	APAP/HYDROCODONE BITARTRAT			20.0		0.51	6.57
Manufacturer does not credit for partial package quantities											
00406036162	CIII	650 MG-1C	00100	TAB	APAP/HYDROCODONE BITARTRAT			29.0		1.16	21.78
Manufacturer does not credit for partial package quantities											
00406052710	CII	10 MG/ML	00001	SOL	METHADOSE	REPACK		0.16		104.59	10.87
Manufacturer does not credit for partial package quantities											
00406055262	CII	5 MG	00100	TAB	OXYCODONE HCL	REPACK		1.0		0.41	0.27
Manufacturer does not credit for partial package quantities											
00406145101	CII	20 MG	00100	TER	METHYLIN ER	REPACK		17.0		1.12	12.37
Manufacturer does not credit for partial package quantities											
00406324301	CII	2 MG	00100	TAB	HYDROMORPHONE HCL	REPACK		2.0		0.37	0.48
Manufacturer does not credit for partial package quantities											
00406324401	CII	4 MG	00100	TAB	HYDROMORPHONE HCL	REPACK		8.0		0.61	3.17
Manufacturer does not credit for partial package quantities											
										MALLINCKRODT PHARMACEUTICAL DIVISIO TOTAL:	**$55.51**
MCKESSON PACKAGING SERVICES											

Order Number : EXP-9238-2008-3

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
MCKESSON PACKAGING SERVICES											
63739013015	CIII	500 MG-5	00150	TAB	APAP/HYDROCODONE BITARTRAT				1.0	0.52	0.34
Manufacturer does not accept returns											
										MCKESSON PACKAGING SERVICES TOTAL:	**$0.34**
MONARCH PHARM - CONTROLS											
60793014501	CIV	5 MG	00100	CAP	SONATA	REPACK			44.0	3.76	107.50
Manufacturer does not credit for partial package quantities											
										MONARCH PHARM - CONTROLS TOTAL:	**$107.50**
PADDOCK LABORATORIES, INC.											
00574704012	CII	16.2 MG-6	00012	SUP	BELLADONNA/OPIUM				4.0	3.64	9.47
Manufacturer does not credit for partial package quantities											
										PADDOCK LABORATORIES, INC. TOTAL:	**$9.47**
PFIZER PHARMACEUTICALS - CONTROLS											
00071101268	CV	25 MG	00090	CAP	LYRICA	REPACK			11.0	2.19	15.63
Product is not returnable											
00071101468	CV	75 MG	00090	CAP	LYRICA	REPACK			2.0	2.19	2.84
Product is not returnable											
00071101568	CV	100 MG	00090	CAP	LYRICA	REPACK			41.0	2.19	58.27
Product is not returnable											
										PFIZER PHARMACEUTICALS - CONTROLS TOTAL:	**$76.74**
PHARMACEUTICAL ASSOCIATES, INC.											
00121050415	CV	120 MG-12	00100	SOL	ACETAMINOPHEN/CODEINE				23.0	0.89	13.31
Manufacturer does not accept returns											
00121054705	CV	10 MG-6.2	00100	SYR	CODEINE/PROMETHAZINE	REPACK			2.0	1.10	1.43
Manufacturer does not accept returns											
00121054705	CV	10 MG-6.2	00100	SYR	CODEINE/PROMETHAZINE				7.0	1.10	5.01
Manufacturer does not accept returns											
00121465505	CIII	2.5 MG/16	00040	SOL	APAP/HYDROCODONE BITARTRAT				7.0	3.07	13.97
Manufacturer does not accept returns											
										PHARMACEUTICAL ASSOCIATES, INC. TOTAL:	**$33.71**
PHARMEDIUM HEALTHCARE CORPORATION											
61553012348	CII	2 MCG/ML	00005	SOL	BUPIV/FENTANYL CITR/SOD CL	REPACK			36.0	6.27	146.81
Manufacturer does not accept returns											
61553070268	CII	0.2MG/ML	00010	SOL	HYDROMORPHONE HCL/SODIUM C	REPACK			62.0	4.84	195.21
Manufacturer does not accept returns											
61553079268	CII	20 MCG/M	00010	INJ	FENTANYL CITRATE	REPACK			94.0	5.16	315.03
Manufacturer does not accept returns											
										PHARMEDIUM HEALTHCARE CORPORATION TOTAL:	**$657.05**
PUREPAC PHARMACEUTICAL CO.											
00228206910	CIV	15 MG	00100	CAP	OXAZEPAM	REPACK			5.0	1.09	3.54
Manufacturer does not credit for partial package quantities											
										PUREPAC PHARMACEUTICAL CO. TOTAL:	**$3.54**
ROXANE LABORATORIES, INC.											
00054353244	CIV	2 MG/ML	00001	SOL	LORAZEPAM INTENSOL	REPACK			0.32	46.63	9.70
Product is not returnable											

Order Number : EXP-9238-2008-3

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ROXANE LABORATORIES, INC.											
00054355563	CII	5 MG/5 M	00001	SOL	METHADONE HCL	REPACK		0.20		38.72	5.03
Product is not returnable											
00054457025	CII	5 MG	00100	TAB	METHADONE HCL	REPACK		17.0		0.09	0.98
Product is not returnable											
00054485906	CIV	0.25 MG	00100	TAB	TRIAZOLAM	REPACK		11.0		0.63	4.51
Product is not returnable											
										ROXANE LABORATORIES, INC. TOTAL:	**$20.22**
SEPRACOR, INC. - CONTROLS											
63402019110	CIV	2 MG	00100	TAB	LUNESTA	REPACK		30.0		4.80	93.60
Product is not returnable											
63402019310	CIV	3 MG	00100	TAB	LUNESTA	REPACK		11.0		4.80	34.32
Product is not returnable											
										SEPRACOR, INC. - CONTROLS TOTAL:	**$127.92**
UDL LABORATORIES, INC.											
51079006720	CV	0.025 MG-:	00100	TAB	ATROPINE SULFATE/DIPHENOXYL			18.0		0.48	5.59
Manufacturer does not credit for partial package quantities											
51079014120	CIV	25 MG	00100	CAP	CHLORDIAZEPOXIDE HCL			16.0		0.23	2.42
Manufacturer does not credit for partial package quantities											
51079028620	CIV	10 MG	00100	TAB	DIAZEPAM			9.0		0.43	2.49
Manufacturer does not credit for partial package quantities											
51079037420	CIV	5 MG	00100	CAP	CHLORDIAZEPOXIDE HCL			25.0		0.19	3.12
Manufacturer does not credit for partial package quantities											
										UDL LABORATORIES, INC. TOTAL:	**$13.62**
UNIMED PHARMACEUTICALS, INC											
00051002121	CIII	2.5 MG	00060	CAP	MARINOL	REPACK		19.0		6.55	80.87
Product is not returnable											
										UNIMED PHARMACEUTICALS, INC TOTAL:	**$80.87**
XANODYNE PHARMACEUTICALS, INC.											
66591091332	CII	5 MG/5 M	00040	SOL	ROXICODONE	656365A	05/31/08	14.0		1.89	17.20
Product is not returnable											
										XANODYNE PHARMACEUTICALS, INC. TOTAL:	**$17.20**
										Grand Total:	**$1,938.88**

Returned Drug Summary

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 07/21/2008
Order#: 9238-2008-3
Pickup Date: 07/09/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#:BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

Manufacturer		*Debit Memo#*	*Anticipated Return Value*	*Amount Received*
AKORN, INC.				
AKORN, INC.	*CAP*		$16.71	
			$16.71	
ALCON LABORATORIES, SURGICAL DIV.				
ALCON LABORATORIES, SURGICAL DIV.	*CAP*		$180.34	
			$180.34	
ALCON PHARMACEUTICAL DIVISION				
ALCON LABORATORIES, OPHTHALMIC DIV.	*CAP*		$37.54	
			$37.54	
ASTELLAS PHARMA, INC.				
FUJISAWA HEALTHCARE, INC.	*CAP*		$53.22	
			$53.22	
ASTRA ZENECA				
ASTRA ZENECA	*CAP*		$88.06	
			$88.06	
BAUSCH & LOMB PHARMACEUTICALS, INC.				
BAUSCH & LOMB PHARMACEUTICALS, INC.	*CAP*		$48.39	
			$48.39	
BAXTER ANESTHESIA & CRITICAL CARE		***EXPNC00968604***		
BAXTER ANESTHESIA & CRITICAL CARE			$466.25	
			$466.25	
BEDFORD LABORATORIES				
BEDFORD LABORATORIES	*CAP*		$504.97	
			$504.97	
BIONICHE PHARMA USA				
BIONICHE PHARMA USA	*CAP*		$39.00	
			$39.00	
BRECKENRIDGE PHARMACEUTICAL INC.				
BRECKENRIDGE PHARMACEUTICAL INC.	*CAP*		$3.87	
			$3.87	
Bristol-Myers Squibb Company		***EXPNC00968602***		
APOTHECON PRODUCTS			$41.79	
BRISTOL-MYERS SQUIBB US MD GRP			$1,462.50	
			$1,504.29	

Order Number : EXP-9238-2008-3

Returned Drug Summary

Manufacturer			Debit Memo#	Anticipated Return Value	Amount Received
CRI			EXPNC00968600		
ROXANE LABORATORIES, INC.				$85.14	
				$85.14	
CRI					
AVENTIS PASTEUR INC.	CAP			$172.45	
AVENTIS PHARMACEUTICALS	CAP			$128.60	
BAYER CORP., PHARMACEUTICAL DIVISIO	CAP			$1,729.79	
FOREST PHARMACEUTICALS, INC.	CAP			$175.64	
SANOFI-SYNTHELABO INC.	CAP			$15.30	
				$2,221.77	
CURA PHARMACEUTICAL COMPANY, INC.					
CURA PHARMACEUTICAL COMPANY, INC.	CAP			$23.40	
				$23.40	
DEY, L.P.					
DEY	CAP			$1,173.71	
				$1,173.71	
FALCON PHARMACEUTICALS, LTD.					
FALCON PHARMACEUTICALS, LTD.	CAP			$111.05	
				$111.05	
GENENTECH, INC.					
GENENTECH, INC.	CAP			$59.04	
				$59.04	
GLAXO SMITHKLINE PHARMACEUTICALS			EXPNC00968598		
CERENEX PHARMACEUTICALS				$151.50	
GLAXO SMITHKLINE PHARMACEUTICALS				$160.71	
				$312.21	
HI-TECH PHARMACAL CO., INC.					
HI-TECH PHARMACAL CO., INC.	CAP			$88.73	
				$88.73	
HOSPIRA, INC.			EXPNC00968597		
HOSPIRA, INC.				$38.22	
				$38.22	
HOSPIRA, INC.	CII		EXPNC00970191		
HOSPIRA, INC.				$8.84	
				$8.84	
JOM Pharmaceutical		RECALL	EXPNC00968601		
ORTHO BIOTECH				$1,627.60	
				$1,627.60	
JOM Pharmaceutical		RECALL	EXPNC00968603		
ORTHO BIOTECH				$405.15	
				$405.15	

Order Number : EXP-9238-2008-3

Returned Drug Summary

Manufacturer		Debit Memo#	Anticipated Return Value	Amount Received
JOM Pharmaceutical Services				
JANSSEN PHARMACEUTICA PRODUCTS, L.P	CAP		$2.89	
ORTHO-MCNEIL PHARMACEUTICAL CORPORA	CAP		$8.29	
			$11.19	
MERCK & CO., INC.				
MERCK & CO., INC.	CAP		$47.54	
			$47.54	
MORTON GROVE PHARMACEUTICALS, INC.				
MORTON GROVE PHARMACEUTICALS, INC.	CAP		$18.43	
			$18.43	
NOVARTIS PHARMACEUTICALS CORPORATIO		EXPNC00968599		
NOVARTIS PHARMACEUTICALS CORPORATIO			$6.33	
			$6.33	
NOVO NORDISK PHARMACEUTICALS, INC.				
NOVO NORDISK PHARMACEUTICALS, INC.	CAP		$41.74	
			$41.74	
PADDOCK LABORATORIES, INC.				
PADDOCK LABORATORIES, INC.	CAP		$4.68	
			$4.68	
PFIZER PHARMACEUTICALS				
PFIZER U.S. PHARMACEUTICALS GROUP	CAP		$834.24	
PHARMACIA CORPORATION	CAP		$66.00	
			$900.24	
SCHERING PLOUGH CORPORATION				
KEY PHARMACEUTICALS, INC.	CAP		$1,388.65	
ORGANON PHARMACEUTICALS	CAP		$225.42	
			$1,614.07	
TAKEDA PHARMACEUTICALS AMERICA, INC				
TAKEDA PHARMACEUTICALS AMERICA, INC	CAP		$13.83	
			$13.83	
TARO PHARMACEUTICALS U.S.A., INC.				
TARO PHARMACEUTICALS U.S.A., INC.	CAP		$18.21	
			$18.21	
WARRICK PHARMACEUTICALS				
WARRICK PHARMACEUTICALS	CAP		$13.92	
			$13.92	
WATSON PHARMA, INC.				
RUGBY LABORATORIES, INC.	CAP		$6.79	
WATSON PHARMACEUTICALS, INC.	CAP		$152.43	
			$159.21	

Order Number : EXP-9238-2008-3

Returned Drug Summary

Manufacturer		*Debit Memo#*	*Anticipated Return Value*	*Amount Received*
WYETH PHARMACEUTICALS				
LEDERLE LABS	*CAP*		$572.85	
WYETH PHARMACEUTICALS	*CAP*		$891.54	
WYETH-AYERST LABORATORIES	*CAP*		$280.23	
			$1,744.62	
X-GEN PHARMACEUTICALS INC.				
PHARMA-TEK, INC.	*CAP*		$31.85	
			$31.85	
Grand Total			***$13,723.35***	

Total No. of Manufacturers: 49

Processed Recall Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 07/21/2008
Order No: EXP-9238-2008-3
Pickup Date: 07/09/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

RECALLED PRODUCTS BEING RETURNED
PRODUCTS INCLUDED ON APPLICABLE REPORTS

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ORTHO BIOTECH											
59676032004	RX	20000 U/ML	4	VIA	PROCRIT	P113612	09/30/10		1.00	623.31	405.15
59676034001	RX	40,000 U/ML	4	SOL	PROCRIT	P106803	06/30/10		1.00	2,504.00	1,627.60
										ORTHO BIOTECH TOTAL:	**$2,032.75**
										Grand Total:	**$2,032.75**

Returned Non-Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 07/21/2008
Order#: EXP-9238-2008-3
Pickup Date: 07/09/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
AKORN, INC.											
17478023835	RX	500 U-10,000 U/GM	00001	OIN	AK-POLY-BAC	5D68A	03/31/08		1.0	25.70	16.71
									AKORN, INC. TOTAL:		$16.71
ALCON LABORATORIES, OPHTHALMIC DIV.											
00998031505	RX	5%	00001	SOL	ISOPTO HOMATROPINE	60760F	05/31/08		2.0	28.88	37.54
									ALCON LABORATORIES, OPHTHALMIC DIV. TOTAL:		$37.54
ALCON LABORATORIES, SURGICAL DIV.											
00065041130	RX	5%	00024	SOL	BETADINE	KEC008	03/31/08		1.0	277.44	180.34
									ALCON LABORATORIES, SURGICAL DIV. TOTAL:		$180.34
APOTHECON PRODUCTS											
00003029305	RX	40 MG/ML	00001	SUS	KENALOG-40	6H12575	07/31/08		2.0	7.96	10.35
00003029305	RX	40 MG/ML	00001	SUS	KENALOG-40	6L17132	10/31/08		1.0	7.96	5.17
00003029320	RX	40 MG/ML	00001	SUS	KENALOG-40	6M15037	12/31/08		1.0	40.41	26.27
									APOTHECON PRODUCTS TOTAL:		$41.79
ASTRA ZENECA											
00186108805	RX	25 MG	00100	TER	TOPROL XL	LK0020	04/30/08	1.0		1.00	0.65
00186108805	RX	25 MG	00100	TER	TOPROL XL	LM0037	06/30/08	1.0		1.00	0.65
00186108805	RX	25 MG	00100	TER	TOPROL XL	LN0011	06/30/08	1.0		1.00	0.65
00186109005	RX	50 MG	00100	TER	TOPROL XL	LM001	04/30/08	1.0		1.00	0.65
00186109005	RX	50 MG	00100	TER	TOPROL XL	LM0075	06/30/08	1.0		1.00	0.65
00186109005	RX	50 MG	00100	TER	TOPROL XL	LP0005	09/30/08	1.0		1.00	0.65
00186109205	RX	100 MG	00100	TER	TOPROL XL	LM0028	06/30/08	1.0		1.51	0.98
00186198904	RX	0.5 MG/2 ML	00030	SUS	PULMICORT RESPULES	MH0041	05/31/08	10.0		6.68	43.42
00310020130	RX	1 MG	00030	TAB	ARIMIDEX	LK0018	07/31/08	1.0		10.05	6.53
00310020130	RX	1 MG	00030	TAB	ARIMIDEX	LK0072	08/31/08	1.0		10.05	6.53
00310027110	RX	100 MG	00100	TAB	SEROQUEL	LF0103	04/30/08	1.0		4.07	2.65
00310027110	RX	100 MG	00100	TAB	SEROQUEL	LH0120	05/31/08	1.0		4.07	2.65
00310027110	RX	100 MG	00100	TAB	SEROQUEL	LJ0133	04/30/08	2.0		4.07	5.29
00310027110	RX	100 MG	00100	TAB	SEROQUEL	LL0054	07/31/08	2.0		4.07	5.29
00310027510	RX	25 MG	00100	TAB	SEROQUEL	LF0099	04/30/08	1.0		2.37	1.54
00310027510	RX	25 MG	00100	TAB	SEROQUEL	LH0045	05/31/08	1.0		2.37	1.54
00310027510	RX	25 MG	00100	TAB	SEROQUEL	LK0040	07/31/08	1.0		2.37	1.54
00310027510	RX	25 MG	00100	TAB	SEROQUEL	LM0091	07/31/08	1.0		2.37	1.54

Order Number : EXP-9238-2008-3

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
ASTRA ZENECA											
00310075190	RX	10 MG	00090	TAB	CRESTOR	102602	06/30/08	1.0		3.58	2.33
00310075190	RX	10 MG	00090	TAB	CRESTOR	102829	04/30/08	1.0		3.58	2.33
									ASTRA ZENECA TOTAL:		$88.06
AVENTIS PASTEUR INC.											
49281082010	RX	5 Lf U/0.5 ML	00010	SUS	TETANUS TOXOID ADSORBED	U1715AB	06/12/08		1.0	265.30	172.45
									AVENTIS PASTEUR INC. TOTAL:		$172.45
AVENTIS PHARMACEUTICALS											
00039022210	RX	2 MG	00100	TAB	AMARYL	1089336	07/31/08	2.0		0.86	1.12
00088216030	RX	10 MG	00030	TAB	ARAVA	125	03/31/08	1.0		19.80	12.87
00088222033	RX	100 U/ML	00001	SOL	LANTUS	40B140	12/31/08		2.0	88.16	114.61
									AVENTIS PHARMACEUTICALS TOTAL:		$128.60
BAUSCH & LOMB PHARMACEUTICALS, INC.											
24208031425	RX	0.03%	00001	SOL	FLURBIPROFEN SODIUM	158031	05/31/08		1.0	8.73	5.67
24208031705	RX	0.25%-10%	00001	SOL	PREDNISOLONE SOD PHOS/SULFACET SOD	107681	03/31/08		2.0	17.84	23.19
24208079062	RX		00001	SOL	GRAMICIDIN/NEOMYCIN/POLYMYXIN B	077171	06/30/08		1.0	30.03	19.52
									BAUSCH & LOMB PHARMACEUTICALS, INC. TOTAL:		$48.39
BAXTER ANESTHESIA & CRITICAL CARE											
10019006303	RX	6 MG/2 ML	00010	INJ	ADENOSINE	904442	09/30/08		4.0	159.40	414.44
10019025012	RX	0.4 MG/ML	00025	SOL	ATROPINE SULFATE	106068	10/31/08		2.0	21.25	27.63
10019027010	RX	1 MG/ML	00010	SOL	NEOSTIGMINE METHYLSULFATE	116080	05/31/08		2.0	18.60	24.18
									BAXTER ANESTHESIA & CRITICAL CARE TOTAL:		$466.25
BAYER CORP., PHARMACEUTICAL DIVISIO											
00026819636	RX	10,000 KIU/ML	00001	SOL	TRASYLOL	BXBUKE1	01/31/09		4.0	339.53	882.78
00026819636	RX	10,000 KIU/ML	00001	SOL	TRASYLOL	BXBVLU2	09/30/09		2.0	339.53	441.39
00026819763	RX	10,000 KIU/ML	00001	SOL	TRASYLOL	BXBUKF3	01/31/09		1.0	624.03	405.62
									BAYER CORP., PHARMACEUTICAL DIVISIO TOTAL:		$1,729.79
BEDFORD LABORATORIES											
55390003110	RX	25 MG/ML	00010	SOL	METHOTREXATE SODIUM	978250	05/31/08		1.0	50.00	32.50
55390010710	RX	30 MG/ML	00001	SOL	PAPAVERINE HYDROCHLORIDE	794040	04/30/08		2.0	7.19	9.35
55390011301	RX	5 MG	00001	PDS	PHENTOLAMINE MESYLATE	940985	05/31/08		1.0	38.75	25.19
55390012701	RX	30 MG	00001	PDS	PAMIDRONATE DISODIUM	882043	05/31/08		1.0	91.25	59.31
55390020401	RX	3 MG/ML	00001	SOL	PAMIDRONATE DISODIUM	877925	05/31/08		2.0	91.25	118.63
55390061320	RX	1000 MG	00010	PDS	ACYCLOVIR SODIUM	955089	05/31/08		2.0	200.00	260.00
									BEDFORD LABORATORIES TOTAL:		$504.97

Order Number: EXP-9238-2008-3

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
BIONICHE PHARMA USA											
00433043305	RX	50%	00001	SOL	RIMSO-50	626696	01/31/08		1.0	60.00	39.00
									BIONICHE PHARMA USA TOTAL:		$39.00
BRECKENRIDGE PHARMACEUTICAL INC.											
51991002206		25 MG	00060	TAB	DHEA	20078	12/31/08		1.0	5.95	3.87
									BRECKENRIDGE PHARMACEUTICAL INC. TOTAL:		$3.87
BRISTOL-MYERS SQUIBB US MD GRP											
00003218710	RX	250 MG	00001	PDS	ORENCIA	MUE522A	04/30/08		4.0	562.50	1,462.50
									BRISTOL-MYERS SQUIBB US MD GRP TOTAL:		$1,462.50
CERENEX PHARMACEUTICALS											
00173044202	RX	2 MG/ML	00005	SOL	ZOFRAN	C177189	05/31/08	5.0		26.71	86.81
00173044202	RX	2 MG/ML	00005	SOL	ZOFRAN	C180347	06/30/08	1.0		26.71	17.36
00173044202	RX	2 MG/ML	00005	SOL	ZOFRAN	C185735	07/31/08	1.0		26.71	17.36
00173044700	RX	8 MG	00030	TAB	ZOFRAN	4ZP5230	08/31/08	1.0		46.11	29.97
									CERENEX PHARMACEUTICALS TOTAL:		$151.50
CURA PHARMACEUTICAL COMPANY, INC.											
66860000203	RX	1 GM	00025	PDS	CEFAZOLIN SODIUM	C026029	04/30/08		1.0	36.00	23.40
									CURA PHARMACEUTICAL COMPANY, INC. TOTAL:		$23.40
DEY											
49502018001	RX	80 MG/ML	00001	SUS	CUROSURF	069190	04/01/08		1.0	361.14	234.74
49502018001	RX	80 MG/ML	00001	SUS	CUROSURF	069643	04/01/08		4.0	361.14	938.96
									DEY TOTAL:		$1,173.71
FALCON PHARMACEUTICALS, LTD.											
61314022905	RX	0.5%	00001	SOL	LEVOBUNOLOL HCL	87670F	03/31/08		1.0	16.60	10.79
61314029705	RX	10% & 0.25%	00001	SOL	SULFACETAMIDE SODIUM AND PREDNISOLONE SODIUM PHOSP	115373F	05/31/08		3.0	17.95	35.00
61314063006	RX	1 MG-3.5 MG-10,000 U/ML	00001	SUS	DEXAMETHASONE/NEOMYCIN/POLYMYXIN	54701F	03/31/08		1.0	8.00	5.20
61314064610	RX	1%-0.35%-10000 U/ML	00001	SOL	HC/NEOMYCIN/POLYMYXIN	115381F	05/31/08		3.0	30.80	60.06
									FALCON PHARMACEUTICALS, LTD. TOTAL:		$111.05
FOREST PHARMACEUTICALS, INC.											
00456320563	RX	5 MG	00100	TAB	NAMENDA	110608	06/30/08	94.0		2.87	175.64
									FOREST PHARMACEUTICALS, INC. TOTAL:		$175.64
FUJISAWA HEALTHCARE, INC.											
00469823412	RX	2 ML	00001	SOL	ADENOCARD	38-167-EV	08/01/08		1.0	40.94	26.61
00469823412	RX	2 ML	00001	SOL	ADENOCARD	42-188-EV	12/01/08		1.0	40.94	26.61
									FUJISAWA HEALTHCARE, INC. TOTAL:		$53.22

Order Number : EXP-9238-2008-3

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
GENENTECH, INC.											
50242004164	RX	2 MG	00001	PDS	CATHFLO ACTIVASE	N51630	05/31/08		1.0	90.83	59.04
									GENENTECH, INC. TOTAL:		$59.04
GLAXO SMITHKLINE PHARMACEUTICALS											
00007413920	RX	3.125 MG	00100	TAB	COREG	336V39	09/30/08	2.0		2.37	3.09
00029152611	RX	2%	00010	OIN	BACTROBAN	XEAX-A	05/31/08	27.0		8.74	153.39
00173093308	RX	500 MG	00030	TAB	VALTREX	5ZP9145	07/31/08	1.0		6.52	4.24
									GLAXO SMITHKLINE PHARMACEUTICALS TOTAL:		$160.71
HI-TECH PHARMACAL CO., INC.											
50383079216	RX	250 MG/5 ML	00001	SYR	VALPROIC ACID	509792	05/31/08		2.0	50.00	65.00
50383079516	RX	10 GM/15 ML	00001	SOL	LACTULOSE	506795	03/31/08		1.0	36.50	23.73
									HI-TECH PHARMACAL CO., INC. TOTAL:		$88.73
HOSPIRA, INC.											
00409114401	RX	2.5 MG/ML	00005	SOL	VERAPAMIL HCL	42-152-DK	06/01/08		2.0	5.15	6.70
									HOSPIRA, INC. TOTAL:		$6.70
JANSSEN PHARMACEUTICA PRODUCTS, L.P											
50458030206	RX	0.5 MG	00060	TAB	RISPERDAL	4LG553	04/30/08	1.0		4.45	2.89
									JANSSEN PHARMACEUTICA PRODUCTS, L.P TOTAL:		$2.89
KEY PHARMACEUTICALS, INC.											
00085113601	RX	0.75 MG/ML	00001	SOL	INTEGRILIN	AD102A1	12/31/08		1.0	349.51	227.18
00085117701	RX	2 MG/ML	00001	SOL	INTEGRILIN	AD080A1	09/30/08		1.0	111.68	72.59
00085117701	RX	2 MG/ML	00001	SOL	INTEGRILIN	AD081A1	10/31/08		6.0	111.68	435.55
00085117701	RX	2 MG/ML	00001	SOL	INTEGRILIN	AD133A1	11/30/08		2.0	111.68	145.18
00085117701	RX	2 MG/ML	00001	SOL	INTEGRILIN	AD134A1	12/31/08		4.0	111.68	290.37
00085117701	RX	2 MG/ML	00001	SOL	INTEGRILIN	BD009A1	01/31/09		3.0	111.68	217.78
									KEY PHARMACEUTICALS, INC. TOTAL:		$1,388.65
LEDERLE LABS											
00206885218		2 GM-0.25 GM	00010	PDS	ZOSYN	B49859	05/31/08	6.0		13.48	52.57
00206885416	RX	3.375 GM	00010	PDS	ZOSYN	B75012	06/30/08	1.0		19.65	12.77
00206885416	RX	3.375 GM	00010	PDS	ZOSYN	B75032	07/31/08	2.0		19.65	25.55
00206885418		3 GM-0.375 GM	00010	PDS	ZOSYN	B42319	04/30/08	2.0		20.04	26.05
00206885418		3 GM-0.375 GM	00010	PDS	ZOSYN	B60000	05/31/08	1.0		20.04	13.03
00206885418		3 GM-0.375 GM	00010	PDS	ZOSYN	B61062	05/31/08	17.0		20.04	221.44
00206885418		3 GM-0.375 GM	00010	PDS	ZOSYN	B62652	05/31/08	2.0		20.04	26.05
00206885418		3 GM-0.375 GM	00010	PDS	ZOSYN	B62669	05/31/08	1.0		20.04	13.03
00206885418		3 GM-0.375 GM	00010	PDS	ZOSYN	B73889	05/31/08	4.0		20.04	52.10
00206885418		3 GM-0.375 GM	00010	PDS	ZOSYN	B74950	06/30/08	1.0		20.04	13.03
00206885418		3 GM-0.375 GM	00010	PDS	ZOSYN	B74993	06/30/08	1.0		20.04	13.03
00206885418		3 GM-0.375 GM	00010	PDS	ZOSYN	B75006	06/30/08	6.0		20.04	78.16

Order Number : EXP-9238-2008-3

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
LEDERLE LABS											
00206885418		3 GM-0.375 GM	00010	PDS	ZOSYN	B75018	06/30/08	1.0		20.04	13.03
00206885418		3 GM-0.375 GM	00010	PDS	ZOSYN	B75037	07/31/08	1.0		20.04	13.03
									LEDERLE LABS TOTAL:		$572.85
MERCK & CO., INC.											
00006073528	RX	10 MG	00100	TAB	ZOCOR	R5328	03/31/08	3.0		3.13	6.11
00006095228	RX	50 MG	00100	TAB	COZAAR	R2325	05/31/08	4.0		2.06	5.36
00006468100	RX		00010	PDS	M-M-R II	0280U	02/02/09	1.0		55.49	36.07
									MERCK & CO., INC. TOTAL:		$47.54
MORTON GROVE PHARMACEUTICALS, INC.											
60432000916	RX		00001	ELI	ANTISPASMODIC	28181A	04/30/08		2.0	14.18	18.43
									MORTON GROVE PHARMACEUTICALS, INC. TOTAL:		$18.43
NOVARTIS PHARMACEUTICALS CORPORATIO											
00078032544	RX	4.5 MG	00060	CAP	EXELON	F0002	06/30/08	1.0		3.52	2.29
00078032705	RX	200 MG	00100	TAB	COMTAN	F0149	05/31/08	1.0		2.78	1.81
00078040505	RX	5 MG-10 MG	00100	CAP	LOTREL	F0185	06/30/08	1.0		3.01	1.96
00083006130	RX	100 MG	00100	TER	TEGRETOL-XR	F4100	07/31/08	1.0		0.43	0.28
									NOVARTIS PHARMACEUTICALS CORPORATIO TOTAL:		$6.33
NOVO NORDISK PHARMACEUTICALS, INC.											
00169008481	RX	2 MG	00100	TAB	PRANDIN	4023981	01/31/09	42.0		1.53	41.74
									NOVO NORDISK PHARMACEUTICALS, INC. TOTAL:		$41.74
ORGANON PHARMACEUTICALS											
00052045016	RX	10 MG/ML	00010	SOL	ZEMURON	904852	11/30/08	10.0		34.68	225.42
									ORGANON PHARMACEUTICALS TOTAL:		$225.42
ORTHO BIOTECH											
59676032004	RX	20000 U/ML	00004	VIA	PROCRIT	P113612	09/30/10		1.0	623.31	405.15
59676034001	RX	40,000 U/ML	00004	SOL	PROCRIT	P106803	06/30/10		1.0	2,504.00	1,627.60
									ORTHO BIOTECH TOTAL:		$2,032.75
ORTHO-MCNEIL PHARMACEUTICAL CORPORA											
00045152550	RX	500 MG	00050	TAB	LEVAQUIN	5HG175	05/31/08	1.0		12.76	8.29
									ORTHO-MCNEIL PHARMACEUTICAL CORPORA TOTAL:		$8.29
PADDOCK LABORATORIES, INC.											
00574001201		7 MG/5 ML	00001	SYR	IPECAC SYRUP	3208339	04/30/08		4.0	1.80	4.68
									PADDOCK LABORATORIES, INC. TOTAL:		$4.68
PFIZER U.S. PHARMACEUTICALS GROUP											
00049399041	RX	80 MG	00080	CAP	GEODON	1067K04D	12/01/08	98.0		7.32	466.07
00069306030	RX	250 MG	00030	TAB	ZITHROMAX	5HP051A	07/01/08	1.0		10.10	6.57

Order Number : EXP-9238-2008-3

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
PFIZER U.S. PHARMACEUTICALS GROUP											
00071015523	RX	10 MG	00090	TAB	LIPITOR	08855V	06/01/08	1.0		3.03	1.97
00071015523	RX	10 MG	00090	TAB	LIPITOR	16075V	09/30/08	1.0		3.03	1.97
00071015523	RX	10 MG	00090	TAB	LIPITOR	16095V	09/01/08	1.0		3.03	1.97
00071015623	RX	20 MG	00090	TAB	LIPITOR	0563105	09/30/08	1.0		4.33	2.81
00071036240	RX	100 MG	00100	CER	DILANTIN KAPSEALS	04396F	01/31/08	1.0		0.45	0.29
00071400705	RX	50 MG/ML	00025	SOL	CEREBYX	42043A	07/31/08	19.0		28.55	352.59
							PFIZER U.S. PHARMACEUTICALS GROUP TOTAL:				**$834.24**
PHARMA-TEK, INC.											
39822105505	RX	50 MG	00001	PDS	AMPHOTERICIN B	ZD4AB	06/30/08		2.0	24.50	31.85
							PHARMA-TEK, INC. TOTAL:				**$31.85**
PHARMACIA CORPORATION											
00009045003	RX	1 GM	00120	TAB	COLESTID	44PCA	06/01/08	1.0		0.77	0.50
00009090908	RX	250 MG	00001	PDS	SOLU-CORTEF	68KAP	05/31/08		2.0	5.18	6.73
00009090908	RX	250 MG	00001	PDS	SOLU-CORTEF	86KCX	07/31/08		1.0	5.18	3.37
00009092003	RX	1 GM	00001	PDS	SOLU-CORTEF	20KAH	05/31/08		2.0	21.54	28.00
00009307301	RX	40 MG/ML	00001	SUS	DEPO-MEDROL	28PKM	09/30/08		1.0	8.54	5.55
00009337501	RX	600 MG/50 ML	00001	SOL	CLEOCIN PHOSPHATE	NC038927	08/31/08		1.0	7.55	4.91
00009337501	RX	600 MG/50 ML	00001	SOL	CLEOCIN PHOSPHATE	NC039529	09/30/08		1.0	7.55	4.91
00009454102	RX	1 MG	00060	TAB	DETROL	07MWY	05/01/08	1.0		2.26	1.47
00009519104	RX	4 MG	00100	CER	DETROL LA	C060350	12/31/07	4.0		4.06	10.56
							PHARMACIA CORPORATION TOTAL:				**$66.00**
ROXANE LABORATORIES, INC.											
00054005746	RX	0.05 MG/ML	00001	ELI	DIGOXIN	756560A	05/31/08		1.0	33.78	21.96
00054252625	RX	150 MG	00100	CAP	LITHIUM CARBONATE	557555A	09/30/08	1.0		0.14	0.09
00054417925	RX	0.5 MG	00100	TAB	DEXAMETHASONE	557062A	06/30/08	1.0		0.19	0.12
00054417925	RX	0.5 MG	00100	TAB	DEXAMETHASONE	557476A	08/31/08	1.0		0.19	0.12
00054817525	RX	4 MG	00100	TAB	DEXAMETHASONE	656810A	05/31/08	3.0		0.62	1.21
00054830125	RX	80 MG	00100	TAB	FUROSEMIDE	657738A	09/30/08	71.0		0.52	24.20
00054852904	RX	300 MG/5 ML	00100	SYR	LITHIUM CITRATE	658149A	06/30/08	80.0		0.72	37.44
							ROXANE LABORATORIES, INC. TOTAL:				**$85.14**
RUGBY LABORATORIES, INC.											
00536480101		1000 IU	00100	SGL	VITAMIN E	0831 4030	04/30/08	60.0		0.13	4.95
00536718706		1000 MG-1 IU	00050	SGL	SEA OMEGA 50	1601 4030	04/30/08	20.0		0.14	1.84
							RUGBY LABORATORIES, INC. TOTAL:				**$6.79**
SANOFI-SYNTHELABO INC.											
00024153502	RX	3%	00001	LIQ	PHISOHEX	205085C	03/31/08		1.0	23.54	15.30
							SANOFI-SYNTHELABO INC. TOTAL:				**$15.30**

Order Number : EXP-9238-2008-3

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
TAKEDA PHARMACEUTICALS AMERICA, INC											
64764030114	RX	30 MG	00030	TAB	ACTOS	A11468	08/31/08	1.0		6.90	4.49
64764030114	RX	30 MG	00030	TAB	ACTOS	A11470	08/31/08	1.0		6.90	4.49
64764045124	RX	45 MG	00030	TAB	ACTOS	A11275	05/31/08	1.0		7.48	4.86
							TAKEDA PHARMACEUTICALS AMERICA, INC TOTAL:				$13.83
TARO PHARMACEUTICALS U.S.A., INC.											
51672125401	RX	0.05%	00001	CRE	FLUOCINONIDE E	4E245	05/31/08		1.0	19.40	12.61
51672127201	RX	100,000 U/GM-0.1%	00001	OIN	NYSTATIN/TRIAMCINOLONE ACETONIDE	5E081	05/31/08		2.0	4.31	5.60
							TARO PHARMACEUTICALS U.S.A., INC. TOTAL:				$18.21
WARRICK PHARMACEUTICALS											
59930156001	RX	0.09 MG/INH	00001	ARO	ALBUTEROL	6 BBS 559	05/31/08		1.0	21.41	13.92
							WARRICK PHARMACEUTICALS TOTAL:				$13.92
WATSON PHARMACEUTICALS, INC.											
00591355369	RX	10 U/ML	00025	SOL	OXYTOCIN	36597	08/31/08		2.0	117.25	152.43
							WATSON PHARMACEUTICALS, INC. TOTAL:				$152.43
WYETH PHARMACEUTICALS											
00005197050	RX	16 MCG/0.5 ML	00010	SUS	PREVNAR	B08682H	03/31/08		1.0	978.60	636.09
00206885216	RX	2 GM-0.25 GM	00010	PDS	ZOSYN	B49859	05/31/08		3.0	131.00	255.45
							WYETH PHARMACEUTICALS TOTAL:				$891.54
WYETH-AYERST LABORATORIES											
00008070401	RX	75 MG	00100	TAB	EFFEXOR	B05426	04/30/08	1.0		2.30	1.50
00008078101	RX	37.5 MG	00100	TAB	EFFEXOR	B01269	03/31/08	1.0		2.11	1.37
00008092351	RX	40 MG	00010	VIA	PROTONIX	17303A	07/31/08	2.0		15.00	19.50
00008092351	RX	40 MG	00010	VIA	PROTONIX	46250A	05/31/08	1.0		15.00	9.75
00046074905	RX	25 MG	00001	PDS	PREMARIN INTRAVENOUS	05PR003	04/30/08		2.0	85.81	111.55
00046087293	RX	0.625 MG/GM	00001	CRE	PREMARIN VAGINAL	B78872	05/31/08		1.0	95.53	62.09
00046110481	RX	1.25 MG	00100	TAB	PREMARIN	B58522	06/30/08	74.0		1.55	74.46
							WYETH-AYERST LABORATORIES TOTAL:				$280.23
									Grand Total:		$13,682.99

No. Of Manufacturers: 47

Returned Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 07/21/2008
Order#: EXP-9238-2008-3
Pickup Date: 07/09/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
00409117930	CII	75 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE	42650LL	06/01/08		1.0	13.60	8.84
00409127332	CIV	5 MG/ML	00010	SOL	DIAZEPAM	49515LL	07/01/08		1.0	48.50	31.53
										HOSPIRA, INC. TOTAL:	$40.37
										Grand Total:	$40.37

No. of Manufacturers: 1

Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 05/12/2008
Order No: EXP-9238-2008-2
Pickup Date: 04/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ABBOTT HOSPITAL PRODUCTS											
00074120120	CII	100 MG/M	00001	SOL	DEMEROL HYDROCHLORIDE		10/01/07		7.0	30.19	137.36
Product is not returnable											
									ABBOTT HOSPITAL PRODUCTS	TOTAL:	$137.36
ABBOTT PHARMACEUTICAL											
00074450405	CII	2 MG	00010	PDS	ULTIVA			12.0		29.68	231.50
Manufacturer does not credit for partial package quantities											
									ABBOTT PHARMACEUTICAL	TOTAL:	$231.50
BAXTER ANESTH. &CRITICAL CARE											
00641047721	CIV	130 MG/M	00001	SOL	PHENOBARBITAL SODIUM			6.0		1.94	7.57
Manufacturer does not credit for partial package quantities											
00641234141	CII	2 MG/ML	00001	SOL	HYDROMORPHONE HCL			0.25		7.50	1.22
Manufacturer does not credit for partial package quantities											
60977011201	CIV	2 MG/ML	00025	SOL	ATIVAN			17.0		2.16	23.87
Manufacturer does not credit for partial package quantities											
									BAXTER ANESTH. &CRITICAL CARE	TOTAL:	$32.66
BAXTER ANESTHESIA & CRITICAL CARE											
10019010201	CIV	2 MG/ML	00025	SOL	ATIVAN (LORAZEPAM)			131.0		1.44	122.62
Manufacturer does not credit for partial package quantities											
60977011401	CII	10 MG/ML	00001	SOL	INFUMORPH 200	124106		1.0		81.25	52.81
Product is not returnable											
									BAXTER ANESTHESIA & CRITICAL CARE	TOTAL:	$175.43
BRIGHTON PHARMACEUTICALS, INC											
10914098004	CIII	100 MG/5 I	00001	SOL	HYDROCODONE BITARTRATE-GUA	REPACK		0.59		29.04	11.13
Product is not returnable											
									BRIGHTON PHARMACEUTICALS, INC	TOTAL:	$11.13
CELLTECH PHARMACEUTICALS, INC.											
53014053007	CII	10 MG	00100	TAB	METHYLPHENIDATE HCL	REPACK		2.0		0.35	0.46
Product is not returnable											
53014053107	CII	5 MG	00100	TAB	METHYLPHENIDATE HCL	REPACK		8.0		0.25	1.31
Product is not returnable											
53014054867	CIII	8 MG-10 M	00001	SER	TUSSIONEX PENNKINETIC	REPACK		0.23		265.55	39.70
Product is not returnable											
									CELLTECH PHARMACEUTICALS, INC.	TOTAL:	$41.46
CEPHALON, INC											
63459010101	CIV	100 MG	00100	TAB	PROVIGIL	REPACK		80.0		6.83	354.91
Product is not returnable											

Order Number : EXP-9238-2008-2

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
CEPHALON, INC											
								CEPHALON, INC		TOTAL:	$354.91
ENDO GENERIC PRODUCTS											
60951065270	CII	15 MG	00100	TER	MORPHINE SULFATE	REPACK		32.0		0.89	18.54
Product is not returnable											
							ENDO GENERIC PRODUCTS			TOTAL:	$18.54
ETHEX CORPORATION											
58177062011	CII	2 MG	00100	TAB	HYDROMORPHONE HYDROCHLOR			2.0		0.41	0.53
Manufacturer does not credit for partial package quantities											
58177087707	CIII	2 MG-2.5 M	00001	SYR	HISTINEX HC	REPACK		0.23		27.95	4.18
Product is not returnable											
							ETHEX CORPORATION			TOTAL:	$4.71
EXCELLIUM PHARMACEUTICALS, INC.											
64125090201	CIV	60 MG	00100	TAB	PHENOBARBITAL			76.0		0.06	2.84
Manufacturer does not accept returns											
							EXCELLIUM PHARMACEUTICALS, INC.			TOTAL:	$2.84
HOSPIRA, INC											
00409603004	CII	10 MG/ML	00010	SOL	MEPERIDINE HCL			40.0		10.25	266.50
Manufacturer does not credit for partial package quantities											
								HOSPIRA, INC		TOTAL:	$266.50
HOSPIRA, INC.											
00074113502	CII	25 MG/ML	00001	SOL	MORPHINE SULFATE		11/01/07		6.0	5.90	23.01
Product is not returnable											
00409109732	CII	15 MG/ML	00010	SOL	CODEINE PHOSPHATE			53.0		2.70	93.02
Manufacturer does not credit for partial package quantities											
00409110232	CII	30 MG/ML	00010	SOL	CODEINE PHOSPHATE			94.0		2.91	177.80
Manufacturer does not credit for partial package quantities											
00409113403	CII	50 MG/ML	00001	SOL	MORPHINE SULFATE		09/01/07		2.0	10.79	14.03
Product is not returnable											
00409117630	CII	25 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE	38560LL	02/01/08	10.0		1.36	8.84
Product is not returnable											
00409117930	CII	75 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE			5.0		1.36	4.42
Manufacturer does not credit for partial package quantities											
00409118069	CII	100 MG/M	00010	INJ	DEMEROL HYDROCHLORIDE			10.0		1.40	9.10
Manufacturer does not credit for partial package quantities											
00409118069	CII	100 MG/M	00010	INJ	DEMEROL HYDROCHLORIDE			15.0		1.40	13.65
Product is not returnable											
00409176230	CII	2 MG/ML	00010	INJ	MORPHINE SULFATE			5.0		1.13	3.67
Manufacturer does not credit for partial package quantities											
00409202902	CII	1 MG/ML	00010	SOL	MORPHINE SULFATE			1.0		10.56	6.86
Manufacturer does not credit for partial package quantities											
00409335301	CIII	500 MG	00025	PDS	PENTOTHAL			14.0		15.45	140.60
Manufacturer does not credit for partial package quantities											
								HOSPIRA, INC.		TOTAL:	$494.99
IVAX PHARMACEUTICALS, INC.											
00172480460	CIV	10 MG	00100	CAP	OXAZEPAM			81.0		0.87	45.80
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-2

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
IVAX PHARMACEUTICALS, INC.											
00172480560	CIV	15 MG	00100	CAP	OXAZEPAM			112.0		1.09	79.35
Manufacturer does not credit for partial package quantities											
00182823789	CIV	0.5 MG	00100	TAB	LORAZEPAM			41.0		0.70	18.53
Manufacturer does not credit for partial package quantities											
									IVAX PHARMACEUTICALS, INC.	TOTAL:	$143.67
JHP PHARMACEUTICALS											
61570009501	CIV	500 MG	00001	PDI	BREVITAL SODIUM		05/31/06		1.0	48.23	31.35
Product is not returnable											
									JHP PHARMACEUTICALS	TOTAL:	$31.35
LANNETT COMPANY INC.											
00527131201	CIII	325 MG-5C	00100	CAP	ASPIRIN/BUTALBITAL/CAFFEINE/C(			100.0		1.38	89.70
Manufacturer does not credit for partial package quantities											
									LANNETT COMPANY INC.	TOTAL:	$89.70
MALLINCKRODT PHARM DIVISION											
00406831562	CII	15 MG	00100	TER	MORPHINE SULFATE			68.0		0.89	39.50
Manufacturer does not credit for partial package quantities											
00406833062	CII	30 MG	00100	TER	MORPHINE SULFATE			15.0		1.70	16.56
Manufacturer does not credit for partial package quantities											
00406839062	CII	100 MG	00100	TER	MORPHINE SULFATE	LOOSE		2.0		4.91	6.38
Product is not returnable											
00406839062	CII	100 MG	00100	TER	MORPHINE SULFATE			15.0		4.91	47.84
Manufacturer does not credit for partial package quantities											
									MALLINCKRODT PHARM DIVISION	TOTAL:	$110.28
MALLINCKRODT PHARMACEUTICAL DIVISIO											
00406036101	CIII	650 MG-1C	00100	TAB	APAP/HYDROCODONE BITARTRAT			7.0		0.53	2.42
Manufacturer does not credit for partial package quantities											
00406036162	CIII	650 MG-1C	00100	TAB	APAP/HYDROCODONE BITARTRAT			26.0		1.16	19.53
Manufacturer does not credit for partial package quantities											
00406052710	CII	10 MG/ML	00001	SOL	METHADOSE	REPACK		0.27		104.59	18.36
Product is not returnable											
00406324301	CII	2 MG	00100	TAB	HYDROMORPHONE HCL			14.0		0.37	3.36
Manufacturer does not credit for partial package quantities											
00406697434	CII	5 MG	00100	TAB	METHADOSE			2.0		0.09	0.11
Manufacturer does not credit for partial package quantities											
00406833001	CII	30 MG	00100	TER	MORPHINE SULFATE			5.0		1.70	5.52
Manufacturer does not credit for partial package quantities											
00406991501	CIV	7.5 MG	00100	CAP	RESTORIL			58.0		5.13	193.24
Manufacturer does not credit for partial package quantities											
									MALLINCKRODT PHARMACEUTICAL DIVISIO	TOTAL:	$242.53
MCKESSON PACKAGING SERVICES											
63739000415	CIII	300 MG-3C	00150	TAB	ACETAMINOPHEN/CODEINE			19.0		0.36	4.39
Manufacturer does not accept returns											
63739013115	CIII	750 MG-7.!	00150	TAB	APAP/HYDROCODONE BITARTRATLOOSE			100.0		0.49	31.80
Product is not returnable											
63739013115	CIII	750 MG-7.!	00150	TAB	APAP/HYDROCODONE BITARTRAT			94.0		0.49	29.89
Manufacturer does not accept returns											

Order Number : EXP-9238-2008-2

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
MCKESSON PACKAGING SERVICES											
63739014115	CIII	500 MG-7.!	00150	TAB	APAP/HYDROCODONE BITARTRAT				9.0	0.47	2.72
Manufacturer does not accept returns											
										MCKESSON PACKAGING SERVICES TOTAL:	**$68.80**
MONARCH PHARM - CONTROLS											
60793014501	CIV	5 MG	00100	CAP	SONATA				41.0	3.76	100.18
Manufacturer does not credit for partial package quantities											
										MONARCH PHARM - CONTROLS TOTAL:	**$100.18**
PADDOCK LABORATORIES, INC.											
00574704512	CII	16.2 MG-3!	00012	SUP	BELLADONNA/OPIUM				4.0	3.38	8.79
Manufacturer does not credit for partial package quantities											
										PADDOCK LABORATORIES, INC. TOTAL:	**$8.79**
PFIZER PHARMACEUTICALS - CONTROLS											
00071101268	CV	25 MG	00090	CAP	LYRICA	REPACK			1.0	2.19	1.42
Product is not returnable											
										PFIZER PHARMACEUTICALS - CONTROLS TOTAL:	**$1.42**
PHARM. ASSOCIATES, INC.											
00121177505	CV	10 MG/5 M	00100	SOL	GUAIFENESIN AND CODEINE PHO!				83.0	0.53	28.59
Manufacturer does not accept returns											
00121465510	CIII	5 MG/334 I	00040	SOL	APAP/HYDROCODONE BITARTRAT				90.0	3.47	203.00
Manufacturer does not accept returns											
										PHARM. ASSOCIATES, INC. TOTAL:	**$231.59**
PHARMACEUTICAL ASSOCIATES, INC.											
00121050415	CV	120 MG-12	00100	SOL	ACETAMINOPHEN/CODEINE				12.0	0.89	6.94
Manufacturer does not accept returns											
00121054705	CV	10 MG-6.2!	00100	SYR	CODEINE/PROMETHAZINE				8.0	1.10	5.72
Manufacturer does not accept returns											
00121465505	CIII	2.5 MG/16:	00040	SOL	APAP/HYDROCODONE BITARTRAT				34.0	3.07	67.85
Manufacturer does not accept returns											
00121465515	CIII	500 MG/15	00040	SOL	APAP/HYDROCODONE BITARTRAT				5.0	3.88	12.61
Manufacturer does not accept returns											
										PHARMACEUTICAL ASSOCIATES, INC. TOTAL:	**$93.12**
PHARMEDIUM HEALTHCARE CORPORATION											
61553012348	CII	2 MCG/ML	00005	SOL	BUPIV/FENTANYL CITR/SOD CL				33.0	6.27	134.58
Manufacturer does not accept returns											
61553070268	CII	0.2MG/ML	00010	SOL	HYDROMORPHONE HCL/SODIUM C				10.0	4.84	31.49
Manufacturer does not accept returns											
61553079268	CII	20 MCG/M	00010	INJ	FENTANYL CITRATE	REPACK			49.0	5.16	164.22
Manufacturer does not accept returns											
										PHARMEDIUM HEALTHCARE CORPORATION TOTAL:	**$330.28**
PURDUE PHARMA L.P.											
59011010010	CII	10 MG	00100	TER	OXYCONTIN	REPACK			1.0	1.80	1.17
Product is not returnable											
										PURDUE PHARMA L.P. TOTAL:	**$1.17**

QUALITEST PRODUCTS, INC.

Order Number : EXP-9238-2008-2

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
QUALITEST PRODUCTS, INC.											
00603545921	CIV	65 MG	00100	CAP	PROPOXYPHENE HCL			38.0		0.33	8.22
Manufacturer does not credit for partial package quantities											
									QUALITEST PRODUCTS, INC.	TOTAL:	$8.22
RANBAXY PHARMACEUTICALS INC.											
63304055201	CIV	3.75 MG	00100	TAB	CLORAZEPATE DIPOTASSIUM	REPACK		86.0		1.28	71.81
Product is not returnable											
									RANBAXY PHARMACEUTICALS INC.	TOTAL:	$71.81
ROXANE LABORATORIES, INC.											
00054353244	CIV	2 MG/ML	00001	SOL	LORAZEPAM INTENSOL	REPACK		0.55		46.63	16.67
Product is not returnable											
00054353244	CIV	2 MG/ML	00001	SOL	LORAZEPAM INTENSOL		01/31/09	0.47		46.63	14.25
Product is not returnable											
00054355563	CII	5 MG/5 M	00001	SOL	METHADONE HCL		11/30/06	0.85		38.72	21.39
Product is not returnable											
00054457025	CII	5 MG	00100	TAB	METHADONE HCL	REPACK		28.0		0.09	1.61
Product is not returnable											
00054485806	CIV	0.125 MG	00100	TAB	TRIAZOLAM	REPACK		33.0		0.65	13.92
Product is not returnable											
									ROXANE LABORATORIES, INC.	TOTAL:	$67.85
SANOFI-SYNTHELABO INC.											
00024542131	CIV	10MG	00100	TAB	AMBIEN	REPACK		4.0		5.14	13.36
Product is not returnable											
									SANOFI-SYNTHELABO INC.	TOTAL:	$13.36
SEPRACOR, INC. - CONTROLS											
63402019010	CIV	1 MG	00100	TAB	LUNESTA	REPACK		100.0		4.80	312.00
Product is not returnable											
									SEPRACOR, INC. - CONTROLS	TOTAL:	$312.00
SKY PHARM. PACKAGING, INC.											
63739020115	CIV	32.4 MG	00150	TAB	PHENOBARBITAL	LOOSE			1.0	11.78	7.66
Product is not returnable											
									SKY PHARM. PACKAGING, INC.	TOTAL:	$7.66
UDL LABORATORIES, INC.											
51079028420	CIV	2 MG	00100	TAB	DIAZEPAM			104.0		0.24	16.37
Manufacturer does not credit for partial package quantities											
51079028520	CIV	5 MG	00100	TAB	DIAZEPAM			13.0		0.32	2.72
Manufacturer does not credit for partial package quantities											
51079028620	CIV	10 MG	00100	TAB	DIAZEPAM			2.0		0.43	0.55
Manufacturer does not credit for partial package quantities											
51079037420	CIV	5 MG	00100	CAP	CHLORDIAZEPOXIDE HCL			3.0		0.19	0.38
Manufacturer does not credit for partial package quantities											
51079038620	CIV	1 MG	00100	TAB	LORAZEPAM			8.0		0.91	4.71
Manufacturer does not credit for partial package quantities											
51079038720	CIV	2 MG	00100	TAB	LORAZEPAM			86.0		1.32	73.81
Manufacturer does not credit for partial package quantities											
51079041720	CIV	0.5 MG	00100	TAB	LORAZEPAM			1.0		0.70	0.46
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-2

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
UDL LABORATORIES, INC.											
51079041920	CIV	30 MG	00100	CAP	TEMAZEPAM			101.0		0.83	54.70
Manufacturer does not credit for partial package quantities											
51079079020	CIV	1 MG	00100	TAB	ALPRAZOLAM		01/31/10	10.0		1.01	6.59
Product is not returnable											
51079088120	CIV	0.5 MG	00100	TAB	CLONAZEPAM			13.0		0.80	6.74
Manufacturer does not credit for partial package quantities											
51079088220	CIV	1 MG	00100	TAB	CLONAZEPAM			109.0		0.91	64.15
Manufacturer does not credit for partial package quantities											
										UDL LABORATORIES, INC. TOTAL:	**$231.18**
UNIMED PHARMACEUTICALS, INC											
00051002121	CIII	2.5 MG	00060	CAP	MARINOL			8.0		6.55	34.05
Manufacturer does not credit for partials less than 25%											
00051002221	CIII	5 MG	00060	SGL	MARINOL	REPACK		75.0		13.63	664.35
Product is not returnable											
										UNIMED PHARMACEUTICALS, INC TOTAL:	**$698.40**
WATSON PHARMA, INC.											
00591350201	CII	20 MG	00100	TAB	OXYCODONE HCL	REPACK		9.0		2.64	15.42
Product is not returnable											
00591350301	CII	40 MG	00100	TAB	OXYCODONE HCL	REPACK		1.0		4.68	3.04
Product is not returnable											
										WATSON PHARMA, INC. TOTAL:	**$18.46**
										Grand Total:	**$4,653.86**

Returned Drug Summary

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 05/12/2008
Order#: 9238-2008-2
Pickup Date: 04/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#:BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

Manufacturer			*Debit Memo#*	*Anticipated Return Value*	*Amount Received*
AKORN, INC.					
AKORN, INC.	*CAP*			$25.40	
				$25.40	
AMPHASTAR - IMS CRITICAL CARE		*RECALL*	*EXPNC00909651*		
AMPHASTAR - IMS CRITICAL CARE				$104.98	
				$104.98	
ASTELLAS PHARMA, INC.					
ASTELLAS PHARMA, INC.	*CAP*			$609.38	
				$609.38	
ATON PHARMA, INC					
ATON PHARMA, INC	*CAP*			$1,929.69	
				$1,929.69	
BAUSCH & LOMB PHARMACEUTICALS, INC.					
BAUSCH & LOMB PHARMACEUTICALS, INC.	*CAP*			$14.16	
				$14.16	
BAXTER ANESTHESIA & CRITICAL CARE		*RECALL*	*EXPNC00909632*		
BAXTER ANESTH. &CRITICAL CARE				$30.55	
				$30.55	
BAXTER ANESTHESIA & CRITICAL CARE		*RECALL*	*EXPNC00909633*		
BAXTER ANESTH. &CRITICAL CARE				$78.00	
				$78.00	
BAXTER ANESTHESIA & CRITICAL CARE	*CII*		*EXPNC00909635*		
BAXTER ANESTH. &CRITICAL CARE				$178.75	
BAXTER ANESTHESIA & CRITICAL CARE				$105.63	
				$284.38	
BAXTER ANESTHESIA & CRITICAL CARE		*RECALL*	*EXPNC00909637*		
BAXTER ANESTH. &CRITICAL CARE				$13.65	
				$13.65	
BAXTER ANESTHESIA & CRITICAL CARE			*EXPNC00909639*		
BAXTER ANESTH. &CRITICAL CARE				$755.82	
BAXTER ANESTHESIA & CRITICAL CARE				$78.81	
				$834.63	
BAXTER ANESTHESIA & CRITICAL CARE		*RECALL*	*EXPNC00909640*		
BAXTER ANESTH. &CRITICAL CARE				$12.68	
				$12.68	

Order Number : EXP-9238-2008-2

Returned Drug Summary

Manufacturer			Debit Memo#	Anticipated Return Value	Amount Received
BAXTER ANESTHESIA & CRITICAL CARE		RECALL	EXPNC00909645		
BAXTER ANESTH. &CRITICAL CARE				$81.25	
				$81.25	
BAXTER ANESTHESIA & CRITICAL CARE		RECALL	EXPNC00909647		
BAXTER ANESTH. &CRITICAL CARE				$50.86	
				$50.86	
BAXTER ANESTHESIA & CRITICAL CARE		RECALL	EXPNC00909648		
BAXTER ANESTH. &CRITICAL CARE				$36.56	
				$36.56	
BAYER HEALTHCARE PHARMACEUTICALS		RECALL	EXPNC00909643		
BERLEX LABORATORIES, INC.				$2,426.84	
				$2,426.84	
BEDFORD LABORATORIES					
BEDFORD LABORATORIES	CAP			$173.06	
				$173.06	
Bristol-Myers Squibb Company			EXPNC00909644		
APOTHECON PRODUCTS				$5.17	
DU PONT PHARMACEUTICALS COMPANY				$28.31	
				$33.49	
CEPHALON, INC	CII				
CEPHALON, INC	CAP			$49.84	
				$49.84	
CRI			EXPNC00909631		
ROXANE LABORATORIES, INC.				$312.08	
				$312.08	
CRI					
AVENTIS PHARMACEUTICALS	CAP			$229.45	
BAYER CORP., PHARMACEUTICAL DIVISIO	CAP			$401.15	
PROCTER & GAMBLE PHARMACEUTICALS IN	CAP			$61.91	
				$692.51	
DEY, L.P.					
DEY	CAP			$469.48	
				$469.48	
FALCON PHARMACEUTICALS, LTD.					
FALCON PHARMACEUTICALS, LTD.	CAP			$11.86	
				$11.86	
FOUGERA E. & CO.		RECALL	EXPNC00909634		
FOUGERA E. & CO.				$11.96	
				$11.96	
FOUGERA E. & CO.		RECALL	EXPNC00909642		
FOUGERA E. & CO.				$27.65	
				$27.65	

Order Number : EXP-9238-2008-2

Returned Drug Summary

Manufacturer			Debit Memo#	Anticipated Return Value	Amount Received
FOUGERA E. & CO.		RECALL			
FOUGERA E. & CO.				$9.26	
				$9.26	
GENENTECH, INC.					
GENENTECH, INC.	CAP			$118.08	
				$118.08	
Genzyme Renal Division					
GENZYME RENAL DIVISION	CAP			$495.27	
				$495.27	
HI-TECH PHARMACAL CO., INC.					
HI-TECH PHARMACAL CO., INC.	CAP			$31.59	
				$31.59	
HOSPIRA, INC.			EXPNC00909641		
HOSPIRA, INC.				$48.75	
				$48.75	
HOSPIRA, INC.	CII	RECALL	EXPNC00909650		
HOSPIRA, INC.				$131.72	
				$131.72	
JOM Pharmaceutical Services					
JANSSEN PHARM. PRODS., L.P.	CAP			$142.55	
ORTHO-MCNEIL PHARMACEUTICAL CORPORA	CAP			$120.52	
				$263.07	
LILLY, ELI & CO.			EXPNC00909636		
LILLY, ELI & CO.				$850.20	
				$850.20	
NOVARTIS PHARMACEUTICALS CORPORATIO			EXPNC00909646		
NOVARTIS PHARMACEUTICALS CORPORATIO				$0.91	
				$0.91	
PAR PHARMACEUTICAL, INC.					
PAR PHARMACEUTICAL, INC.	CAP			$79.88	
				$79.88	
PERRIGO PHARMACEUTICALS COMPANY					
CLAY-PARK LABORATORIES, INC.	CAP			$1.68	
				$1.68	
PFIZER PHARMACEUTICALS					
PFIZER U.S. PHARMACEUTICALS GROUP	CAP			$313.92	
PHARMACIA CORPORATION	CAP			$30.95	
				$344.87	
RANBAXY PHARMACEUTICALS, INC.	CII				
RANBAXY PHARMACEUTICALS INC.	CAP			$72.38	
				$72.38	

Order Number : EXP-9238-2008-2

Returned Drug Summary

Manufacturer			Debit Memo#	Anticipated Return Value	Amount Received
ROXANE LABORATORIES, INC.	CII		EXPNC00909652		
ROXANE LABORATORIES, INC.				$114.53	
				$114.53	
SANDOZ, INC.	CII	RECALL	EXPNC00909638		
SANDOZ, INC.				$272.08	
				$272.08	
SCHERING PLOUGH CORPORATION					
KEY PHARMACEUTICALS, INC.	CAP			$299.77	
				$299.77	
SCIELE PHARMA, INC.					
ALLIANT PHARMACEUTICALS	CAP			$84.65	
				$84.65	
SPS - GA					
IVAX PHARMACEUTICALS, INC.	CAP			$63.96	
UDL LABORATORIES, INC.	CAP			$85.83	
				$149.79	
TAP PHARMACEUTICALS INC.					
TAP PHARMACEUTICALS INC.	CAP			$368.36	
				$368.36	
TARO PHARMACEUTICALS U.S.A., INC.					
TARO PHARMACEUTICALS U.S.A., INC.	CAP			$17.47	
				$17.47	
WARNER CHILCOTT LABORATORIES					
WARNER CHILCOTT, GEN PRODS DIV	CAP			$143.10	
WARNER CHILCOTT, INC.	CAP			$143.09	
				$286.20	
WATSON PHARMA, INC.					
WATSON PHARMA, INC.	CAP			$125.98	
				$125.98	
WYETH PHARMACEUTICALS					
LEDERLE LABS	CAP			$52.10	
WYETH-AYERST LABORATORIES	CAP			$33.29	
				$85.40	
XANODYNE PHARMACEUTICALS, INC.	CII				
XANODYNE PHARMACAL, INC.	CAP			$111.14	
XANODYNE PHARMACAL, INC.	CAP			$195.52	
				$306.66	
Grand Total				**$12,873.46**	

Total No. of Manufacturers: 59

Processed Recall Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 05/12/2008
Order No: EXP-9238-2008-2
Pickup Date: 04/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

RECALLED PRODUCTS BEING RETURNED
PRODUCTS INCLUDED ON APPLICABLE REPORTS

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMPHASTAR - IMS CRITICAL CARE											
00548103900	RX	0.1 MG/ML	25	SOL	ATROPINE SULFATE	AS028E5	04/30/08		1.00	161.50	104.98
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	$104.98
BAXTER ANESTH. &CRITICAL CARE											
00641243845	RX	10 U/ML	25	SOL	HEP-LOCK	106093	04/30/08		1.00	47.00	30.55
00641244045	RX	1000 U/ML	25	SOL	HEPARIN SODIUM	066031	12/31/07		1.00	31.25	20.31
00641243645	RX	100 U/ML	25	SOL	HEP-LOCK	076034	01/31/08		1.00	21.00	13.65
00641244045	RX	1000 U/ML	25	SOL	HEPARIN SODIUM	067103	12/31/08		1.00	31.25	20.31
00641244045	RX	1000 U/ML	25	SOL	HEPARIN SODIUM	087095	08/31/09		1.00	31.25	20.31
00641039225	RX	10 U/ML	25	SOL	HEP-LOCK	076009	01/31/08		1.00	19.50	12.68
00641245045	RX	1000 U/ML	25	SOL	HEPARIN SODIUM	027113	08/31/08		1.00	56.25	36.56
00641246045	RX	5000 U/ML	25	SOL	HEPARIN SODIUM	107021	10/31/09		1.00	78.25	50.86
00641040025	RX	5000 U/ML	25	SOL	HEPARIN SODIUM	096083	03/31/08		1.00	24.00	15.60
00641040025	RX	5000 U/ML	25	SOL	HEPARIN SODIUM	096026	03/31/08		1.00	24.00	15.60
00641244045	RX	1000 U/ML	25	SOL	HEPARIN SODIUM	027016	08/31/08		1.00	31.25	20.31
00641040025	RX	5000 U/ML	25	SOL	HEPARIN SODIUM	027052	08/31/08		1.00	24.00	15.60
00641040025	RX	5000 U/ML	25	SOL	HEPARIN SODIUM	087123	08/31/09		1.00	24.00	15.60
00641040025	RX	5000 U/ML	25	SOL	HEPARIN SODIUM	086148	02/28/08		1.00	24.00	15.60
										BAXTER ANESTH. &CRITICAL CARE TOTAL:	$303.55
BERLEX LABORATORIES, INC.											
50419059505	RX	500 MCG/ML	5	SOL	LEUKINE	B09857	02/28/08		1.00	1,866.80	1,213.42
50419059505	RX	500 MCG/ML	5	SOL	LEUKINE	B11090	09/30/09		1.00	1,866.80	1,213.42
										BERLEX LABORATORIES, INC. TOTAL:	$2,426.84
FOUGERA E. & CO.											
00168000730	RX	100,000 U/G	1	OIN	NYSTATIN	Y542	04/30/10		2.00	7.12	9.26
00168008115	RX	100,000 U/GM	1	CRE	NYSTATIN/TRIAMCINOLONE ACETON	W633	09/30/08		4.00	4.60	11.96
00168008130	RX	100,000 U/GM	1	CRE	NYSTATIN/TRIAMCINOLONE ACETON	U640	03/31/08		6.00	7.09	27.65
										FOUGERA E. & CO. TOTAL:	$48.87
HOSPIRA, INC.											
00409117630	CII	25 MG/ML	10	SOL	DEMEROL HYDROCHLORIDE	54565LL	06/01/09	149.00		1.36	131.72
										HOSPIRA, INC. TOTAL:	$131.72
SANDOZ, INC.											
00781711155	CII	25 MCG/H	5	TDM	FENTANYL	0716454	07/31/09	8.00		14.43	75.06
00781711155	CII	25 MCG/H	5	TDM	FENTANYL	0716452	06/30/09	16.00		14.43	150.11

Order Number : EXP-9238-2008-2

Processed Recall Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
SANDOZ, INC.											
00781711155	CII	25 MCG/H	5	TDM	FENTANYL	0711801	06/30/09	3.00		14.43	28.15
00781711155	CII	25 MCG/H	5	TDM	FENTANYL	0711794	05/31/09	2.00		14.43	18.77
										SANDOZ, INC. TOTAL:	$272.08
										Grand Total:	$3,288.03

Returned Non-Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 05/12/2008
Order#: EXP-9238-2008-2
Pickup Date: 04/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
AKORN, INC.											
17478023535	RX	400 U-3.5 MG-10,000 U/GM	00001	OIN	AK-SPORE	6E85A	04/30/08		1.0	9.50	6.18
17478028435	RX	3 MG/GM	00001	OIN	GENTAK	6D61A	03/31/08		1.0	19.67	12.79
17478042020		5 MG/ML	00001	SOL	LABETALOL HCL	31436	03/31/08		2.0	4.95	6.44
										AKORN, INC. TOTAL:	$25.40
ALLIANT PHARMACEUTICALS											
68188093590	RX	1%	00001	LOT	LINDANE	2B150A	04/30/08		1.0	130.23	84.65
										ALLIANT PHARMACEUTICALS TOTAL:	$84.65
AMPHASTAR - IMS CRITICAL CARE											
00548103900	RX	0.1 MG/ML	00025	SOL	ATROPINE SULFATE	AS028E5	04/30/08		1.0	161.50	104.98
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	$104.98
APOTHECON PRODUCTS											
00003029305	RX	40 MG/ML	00001	SUS	KENALOG-40	6D13639	03/31/08		1.0	7.96	5.17
										APOTHECON PRODUCTS TOTAL:	$5.17
ASTELLAS PHARMA, INC.											
00469160104	RX	20 MG/4 ML	00010	SOL	VAPRISOL	W002Y01	03/31/08	2.0		468.75	609.38
										ASTELLAS PHARMA, INC. TOTAL:	$609.38
ATON PHARMA, INC											
00006362050	RX	50 MG	00001	PDS	EDECRIN SODIUM	0069U	02/28/08		23.0	118.75	1,775.31
00006362050	RX	50 MG	00001	PDS	EDECRIN SODIUM	1083F	01/31/08		2.0	118.75	154.38
										ATON PHARMA, INC TOTAL:	$1,929.69
AVENTIS PHARMACEUTICALS											
00075245101	RX	4 MCG/ML	00010	SOL	DDAVP	AA0049A	02/28/08		1.0	353.00	229.45
										AVENTIS PHARMACEUTICALS TOTAL:	$229.45
BAUSCH & LOMB PHARMACEUTICALS, INC.											
24208031425	RX	0.03%	00001	SOL	FLURBIPROFEN SODIUM	137051	03/31/08		1.0	8.73	5.67
24208082115	RX	6%	00001	SOL	PILOCARPINE HYDROCHLORIDE	865441	01/31/08		1.0	13.05	8.48
										BAUSCH & LOMB PHARMACEUTICALS, INC. TOTAL:	$14.16
BAXTER ANESTH. &CRITICAL CARE											
00641039225	RX	10 U/ML	00025	SOL	HEP-LOCK	076009	01/31/08		1.0	19.50	12.68

Order Number: EXP-9238-2008-2

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
BAXTER ANESTH. &CRITICAL CARE											
00641040025	RX	5000 U/ML	00025	SOL	HEPARIN SODIUM	027052	08/31/08		1.0	24.00	15.60
00641040025	RX	5000 U/ML	00025	SOL	HEPARIN SODIUM	086148	02/28/08		1.0	24.00	15.60
00641040025	RX	5000 U/ML	00025	SOL	HEPARIN SODIUM	087123	08/31/09		1.0	24.00	15.60
00641040025	RX	5000 U/ML	00025	SOL	HEPARIN SODIUM	096026	03/31/08		1.0	24.00	15.60
00641040025	RX	5000 U/ML	00025	SOL	HEPARIN SODIUM	096083	03/31/08		1.0	24.00	15.60
00641243645	RX	100 U/ML	00025	SOL	HEP-LOCK	076034	01/31/08		1.0	21.00	13.65
00641243845	RX	10 U/ML	00025	SOL	HEP-LOCK	106093	04/30/08		1.0	47.00	30.55
00641244045	RX	1000 U/ML	00025	SOL	HEPARIN SODIUM	027016	08/31/08		1.0	31.25	20.31
00641244045	RX	1000 U/ML	00025	SOL	HEPARIN SODIUM	066031	12/31/07		1.0	31.25	20.31
00641244045	RX	1000 U/ML	00025	SOL	HEPARIN SODIUM	067103	12/31/08		1.0	31.25	20.31
00641244045	RX	1000 U/ML	00025	SOL	HEPARIN SODIUM	087095	08/31/09		1.0	31.25	20.31
00641245045	RX	1000 U/ML	00025	SOL	HEPARIN SODIUM	027113	08/31/08		1.0	56.25	36.56
00641246045	RX	5000 U/ML	00025	SOL	HEPARIN SODIUM	107021	10/31/09		1.0	78.25	50.86
10019032101	RX	0.1 MG/ML	00010	SOL	FLUMAZENIL	096073	03/31/08		6.0	193.80	755.82
							BAXTER ANESTH. &CRITICAL CARE TOTAL:				**$1,059.37**
BAXTER ANESTHESIA & CRITICAL CARE											
10019029102	RX	10 USP UNITS /ML	00025	SOL	OXYTOCIN	JV701X	04/30/08		1.0	121.25	78.81
							BAXTER ANESTHESIA & CRITICAL CARE TOTAL:				**$78.81**
BAYER CORP., PHARMACEUTICAL DIVISIO											
00026285548	RX	30 MG	00100	SGL	NIMOTOP	2500LP5	03/31/08	60.0		10.29	401.15
							BAYER CORP., PHARMACEUTICAL DIVISIO TOTAL:				**$401.15**
BEDFORD LABORATORIES											
55390011301	RX	5 MG	00001	PDS	PHENTOLAMINE MESYLATE	940985	05/31/08		1.0	38.75	25.19
55390025201	RX	20 MG	00001	PDS	MITOMYCIN	894591	02/28/08		1.0	227.50	147.88
							BEDFORD LABORATORIES TOTAL:				**$173.06**
BERLEX LABORATORIES, INC.											
50419059505	RX	500 MCG/ML	00005	SOL	LEUKINE	B09857	02/28/08		1.0	1,866.80	1,213.42
50419059505	RX	500 MCG/ML	00005	SOL	LEUKINE	B11090	09/30/09		1.0	1,866.80	1,213.42
							BERLEX LABORATORIES, INC. TOTAL:				**$2,426.84**
CLAY-PARK LABORATORIES, INC.											
81642005255		10%	00001	SOL	POVIDONE-IODINE	ZPI101	10/31/07		1.0	2.59	1.68
							CLAY-PARK LABORATORIES, INC. TOTAL:				**$1.68**
DEY											
49502018001	RX	80 MG/ML	00001	SUS	CUROSURF	066372	01/01/08		1.0	361.14	234.74
49502018001	RX	80 MG/ML	00001	SUS	CUROSURF	067743	01/01/08		1.0	361.14	234.74
							DEY TOTAL:				**$469.48**

Order Number : EXP-9238-2008-2

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
DU PONT PHARMACEUTICALS COMPANY											
00056016975	RX	1 MG	00100	TAB	COUMADIN	ES0524A	01/31/08	41.0		0.91	24.19
00056016975	RX	1 MG	00100	TAB	COUMADIN	ETC172B	04/30/08	7.0		0.91	4.13
									DU PONT PHARMACEUTICALS COMPANY TOTAL:		$28.31
FALCON PHARMACEUTICALS, LTD.											
61314020815	RX	6%	00001	SOL	PILOCARPINE	50273F	11/30/07		1.0	13.20	8.58
61314070101	RX	15 ML	00001	SOL	SULFACETAMIDE SODIUM	97401F	03/31/08		1.0	5.05	3.28
									FALCON PHARMACEUTICALS, LTD. TOTAL:		$11.86
FOUGERA E. & CO.											
00168000730	RX	100,000 U/GM	00001	OIN	NYSTATIN	Y542	04/30/10		2.0	7.12	9.26
00168008115	RX	100,000 U/GM-0.1%	00001	CRE	NYSTATIN/TRIAMCINOLONE ACETONIDE	W633	09/30/08		4.0	4.60	11.96
00168008130	RX	100,000 U/GM-0.1%	00001	CRE	NYSTATIN/TRIAMCINOLONE ACETONIDE	U640	03/31/08		6.0	7.09	27.65
									FOUGERA E. & CO. TOTAL:		$48.87
GENENTECH, INC.											
50242004164	RX	2 MG	00001	PDS	CATHFLO ACTIVASE	N35077	02/28/08		1.0	90.83	59.04
50242004164	RX	2 MG	00001	PDS	CATHFLO ACTIVASE	N78821	04/30/08		1.0	90.83	59.04
									GENENTECH, INC. TOTAL:		$118.08
GENZYME RENAL DIVISION											
58468002001	RX	400 MG	00360	TAB	RENAGEL	54481A	02/28/08	360.0		1.07	249.37
58468002001	RX	400 MG	00360	TAB	RENAGEL	59770	01/31/08	355.0		1.07	245.90
									GENZYME RENAL DIVISION TOTAL:		$495.27
HI-TECH PHARMACAL CO., INC.											
50383057630	RX	1 MG/ML-4 MG/ML-15 MG/ML	00001	LIQ	CARBOFED DM	602576	02/28/08		1.0	26.50	17.23
50383061604			00001	SOL	NAUSEA CONTROL	601616	01/31/08		2.0	3.00	3.90
50383061804		1 MG/5 ML	00001	LIQ	LOPERAMIDE HCL	508618	12/31/07		1.0	5.60	3.64
50383072016	RX	0.12%	00001	LIQ	CHLORHEXIDINE GLUCONATE	603720	01/31/08		1.0	10.50	6.83
									HI-TECH PHARMACAL CO., INC. TOTAL:		$31.59
HOSPIRA, INC.											
00409141005	RX	0.2 MG/ML	00010	SOL	ISUPREL	45440DD	03/01/08		1.0	75.00	48.75
									HOSPIRA, INC. TOTAL:		$48.75
IVAX PHARMACEUTICALS, INC.											
00172640649	RX	10 MG/ML	00060	SOL	CROMOLYN SODIUM	W16631	02/28/08		2.0	49.20	63.96
									IVAX PHARMACEUTICALS, INC. TOTAL:		$63.96
JANSSEN PHARM. PRODS., L.P.											
50458031528	RX	1 MG	00028	ODT	RISPERDAL M-TAB	6GG057	05/31/08	1.0		5.43	3.53
50458039528	RX	0.5 MG	00028	ODT	RISPERDAL M-TAB	6DG888	04/30/08	2.0		4.65	6.05

Order Number : EXP-9238-2008-2

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
JANSSEN PHARM. PRODS., L.P.											
50458039528	RX	0.5 MG	00028	ODT	RISPERDAL M-TAB	6EG007	04/30/08	44.0		4.65	132.98
										JANSSEN PHARM. PRODS., L.P. TOTAL:	$142.55
KEY PHARMACEUTICALS, INC.											
00085113601	RX	0.75 MG/ML	00001	SOL	INTEGRILIN	AD027A1	01/31/08		1.0	349.51	227.18
00085117701	RX	2 MG/ML	00001	SOL	INTEGRILIN	AD080A1	09/30/08		1.0	111.68	72.59
										KEY PHARMACEUTICALS, INC. TOTAL:	$299.77
LEDERLE LABS											
00206885418		3 GM-0.375 GM	00010	PDS	ZOSYN	B95971	01/31/08	4.0		20.04	52.10
										LEDERLE LABS TOTAL:	$52.10
LILLY, ELI & CO.											
00002755901	RX	5 MG	00001	PDS	XIGRIS	A10241	02/28/08		4.0	327.00	850.20
										LILLY, ELI & CO. TOTAL:	$850.20
NOVARTIS PHARMACEUTICALS CORPORATIO											
00078035805	RX	80 MG	00100	TAB	DIOVAN	F0255	07/31/08	1.0		1.40	0.91
										NOVARTIS PHARMACEUTICALS CORPORATIO TOTAL:	$0.91
ORTHO-MCNEIL PHARMACEUTICAL CORPORA											
00045025414	RX	100 MG/ML	00005	SUS	HALDOL DECANOATE	6BBBD00	01/31/08	2.0		92.71	120.52
										ORTHO-MCNEIL PHARMACEUTICAL CORPORA TOTAL:	$120.52
PAR PHARMACEUTICAL, INC.											
49884058701	RX	200 MG	00100	CAP	ACEBUTOLOL HCL	50699301	03/31/08		1.0	122.89	79.88
										PAR PHARMACEUTICAL, INC. TOTAL:	$79.88
PFIZER U.S. PHARMACEUTICALS GROUP											
00049398041	RX	60 MG	00080	CAP	GEODON	1086K03A	05/01/08	61.0		7.32	290.10
00071000740	RX	50 MG	00100	CTB	DILANTIN INFATABS	01116VA	02/28/08	71.0		0.52	23.82
										PFIZER U.S. PHARMACEUTICALS GROUP TOTAL:	$313.92
PHARMACIA CORPORATION											
00009027101	RX	5 MG/ML	00001	OIL	DEPO-ESTRADIOL	13JRY	02/28/08		1.0	37.26	24.22
00009090908	RX	250 MG	00001	PDS	SOLU-CORTEF	68KAP	05/31/08		2.0	5.18	6.73
										PHARMACIA CORPORATION TOTAL:	$30.95
PROCTER & GAMBLE PHARMACEUTICALS IN											
00149047101	RX	5 MG	00030	TAB	ACTONEL	429055	02/28/08		1.0	95.25	61.91
										PROCTER & GAMBLE PHARMACEUTICALS IN TOTAL:	$61.91
ROXANE LABORATORIES, INC.											
00054000285	RX	10 MG/ML	00001	PDR	FLUCONAZOLE	558133A	01/31/08	1.0		36.00	23.40
00054016563	RX	15 GM/60 ML	00001	SUS	SODIUM POLYSTYRENE SULFONATE	557006V	01/31/08		1.0	47.86	31.11

Order Number: EXP-9238-2008-2

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
ROXANE LABORATORIES, INC.											
00054829816	RX	40 MG/5 ML	00040	SOL	FUROSEMIDE	657278A	01/31/08	31.0		1.62	32.64
00054873925	RX	1 MG	00100	TAB	PREDNISONE	557768B	09/30/07	8.0		0.23	1.22
00054881501	RX	15 GM/60 ML	00001	NMA	SODIUM POLYSTYRENE SULFONATE	657050A	05/31/08		1.0	19.67	12.79
							ROXANE LABORATORIES, INC. TOTAL:				$101.15
TAP PHARMACEUTICALS INC.											
00300304613	RX	30 MG	00100	ECC	PREVACID	328802E80	02/01/08		1.0	566.71	368.36
							TAP PHARMACEUTICALS INC. TOTAL:				$368.36
TARO PHARMACEUTICALS U.S.A., INC.											
51672125402	RX	0.05%	00001	CRE	FLUOCINONIDE E	4B243	02/28/08		1.0	26.88	17.47
							TARO PHARMACEUTICALS U.S.A., INC. TOTAL:				$17.47
WARNER CHILCOTT, GEN PRODS DIV											
00430054414	RX	1 MG/5 MCG	00140	TAB	FEMHRT 1/5	05186F	03/31/08	112.0		1.97	143.10
							WARNER CHILCOTT, GEN PRODS DIV TOTAL:				$143.10
WARNER CHILCOTT, INC.											
00430301015	RX	0.005%	00001	OIN	DOVONEX	12667	12/31/07		1.0	220.14	143.09
							WARNER CHILCOTT, INC. TOTAL:				$143.09
WYETH-AYERST LABORATORIES											
00046086881	RX	0.3 MG	00100	TAB	PREMARIN	B09042	01/31/08	40.0		1.28	33.29
							WYETH-AYERST LABORATORIES TOTAL:				$33.29
XANODYNE PHARMACAL, INC.											
66479002182	RX	500 MG	00100	TAB	AMICAR	B060058A	02/02/08		1.0	300.80	195.52
							XANODYNE PHARMACAL, INC. TOTAL:				$195.52
							Grand Total:				$11,414.67

No. Of Manufacturers: 40

Returned Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 05/12/2008
Order#: EXP-9238-2008-2
Pickup Date: 04/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
BAXTER ANESTH. &CRITICAL CARE											
60977011501	CII	25 MG/ML, 20 ML	00001	AMP	INFUMORPH 500	075049	01/31/08		2.0	137.50	178.75
										BAXTER ANESTH. &CRITICAL CARE TOTAL:	$178.75
BAXTER ANESTHESIA & CRITICAL CARE											
60977011401	CII	10 MG/ML	00001	SOL	INFUMORPH 200	025034	08/31/07		1.0	81.25	52.81
60977011401	CII	10 MG/ML	00001	SOL	INFUMORPH 200	124106	06/30/07		1.0	81.25	52.81
										BAXTER ANESTHESIA & CRITICAL CARE TOTAL:	$105.63
CEPHALON, INC											
63459050801	CII	0.8 MG	00030	LOZ	ACTIQ	P63885	03/31/08	5.0		15.33	49.84
										CEPHALON, INC TOTAL:	$49.84
HOSPIRA, INC.											
00409117630	CII	25 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE	54565LL	06/01/09	149.0		1.36	131.72
										HOSPIRA, INC. TOTAL:	$131.72
RANBAXY PHARMACEUTICALS INC.											
63304020301	CII	10%	00001	TIN	OPIUM	1619006	02/28/08		1.0	111.36	72.38
										RANBAXY PHARMACEUTICALS INC. TOTAL:	$72.38
ROXANE LABORATORIES, INC.											
00054485806	CIV	0.125 MG	00100	TAB	TRIAZOLAM	557945B	10/31/07		5.0	64.90	210.93
00054816402	CII	10%	00001	SOL	COCAINE HCL	657786A	11/30/07		4.0	43.01	111.83
00054859511	CII	50 MG	00025	TAB	MEPERIDINE HCL	556395A	03/31/08	6.0		0.69	2.70
										ROXANE LABORATORIES, INC. TOTAL:	$325.46
SANDOZ, INC.											
00781711155	CII	25 MCG/H	00005	TDM	FENTANYL	0711794	05/31/09	2.0		14.43	18.77
00781711155	CII	25 MCG/H	00005	TDM	FENTANYL	0711801	06/30/09	3.0		14.43	28.15
00781711155	CII	25 MCG/H	00005	TDM	FENTANYL	0716452	06/30/09	16.0		14.43	150.11
00781711155	CII	25 MCG/H	00005	TDM	FENTANYL	0716454	07/31/09	8.0		14.43	75.06
										SANDOZ, INC. TOTAL:	$272.08
UDL LABORATORIES, INC.											
51079038720	CIV	2 MG	00100	TAB	LORAZEPAM	6V511	03/31/08		1.0	132.05	85.83
										UDL LABORATORIES, INC. TOTAL:	$85.83
WATSON PHARMA, INC.											
52544047030	CIII	5 MG/24 HRS	00030	TDM	ANDRODERM	91341439	07/31/07	24.0		8.08	125.98
										WATSON PHARMA, INC. TOTAL:	$125.98

Order Number : EXP-9238-2008-2

Returned Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
XANODYNE PHARMACAL, INC.											
66591081551	CII	10 MG/ML (20 ML)	00001	SOL	METHADONE HCL	M05K041	06/30/07		2.0	85.49	111.14
										XANODYNE PHARMACAL, INC. TOTAL:	**$111.14**
										Grand Total:	**$1,458.79**

No. of Manufacturers: **10**

Return Through Wholesaler Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 05/12/08
Order No: EXP-9238-2008-2
Pickup Date: 04/29/08

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

PLEASE OBTAIN MRA FROM YOUR WHOLESALER FOR THE FOLLOWING PRODUCTS
UPON RECEIPT OF MRA FROM YOUR WHOLESALER, PLEASE SEND MRA TO EXP IMMEDIATELY

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full
BAXTER ANESTH. &CRITICAL CARE									
00641039225	RX	10 U/ML	00025	SOL	HEP-LOCK	076009	01/31/08		1.00
00641040025	RX	5000 U/ML	00025	SOL	HEPARIN SODIUM	027052	08/31/08		1.00
00641040025	RX	5000 U/ML	00025	SOL	HEPARIN SODIUM	086148	02/28/08		1.00
00641040025	RX	5000 U/ML	00025	SOL	HEPARIN SODIUM	087123	08/31/09		1.00
00641040025	RX	5000 U/ML	00025	SOL	HEPARIN SODIUM	096026	03/31/08		1.00
00641040025	RX	5000 U/ML	00025	SOL	HEPARIN SODIUM	096083	03/31/08		1.00
00641243645	RX	100 U/ML	00025	SOL	HEP-LOCK	076034	01/31/08		1.00
00641243845	RX	10 U/ML	00025	SOL	HEP-LOCK	106093	04/30/08		1.00
00641244045	RX	1000 U/ML	00025	SOL	HEPARIN SODIUM	027016	08/31/08		1.00
00641244045	RX	1000 U/ML	00025	SOL	HEPARIN SODIUM	066031	12/31/07		1.00
00641244045	RX	1000 U/ML	00025	SOL	HEPARIN SODIUM	067103	12/31/08		1.00
00641244045	RX	1000 U/ML	00025	SOL	HEPARIN SODIUM	087095	08/31/09		1.00
00641245045	RX	1000 U/ML	00025	SOL	HEPARIN SODIUM	027113	08/31/08		1.00
00641246045	RX	5000 U/ML	00025	SOL	HEPARIN SODIUM	107021	10/31/09		1.00

Processed Indates Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 05/12/2008
Order No: EXP-9238-2008-2
Pickup Date: 04/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

PRODUCTS FORMERLY INDATED, NOW QUALIFY FOR RETURN
PRODUCTS INCLUDED ON APPLICABLE REPORTS

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BEDFORD LABORATORIES											
55390025201	RX	20 MG	1	PDS	MITOMYCIN	894591	02/28/08		1.00	227.50	147.88
										BEDFORD LABORATORIES TOTAL:	$147.88
HI-TECH PHARMACAL CO., INC.											
50383072016	RX	0.12%	1	LIQ	CHLORHEXIDINE GLUCONATE	603720	01/31/08		1.00	10.50	6.83
50383061804		1 MG/5 ML	1	LIQ	LOPERAMIDE HCL	508618	12/31/07		1.00	5.60	3.64
50383061604			1	SOL	NAUSEA CONTROL	601616	01/31/08		2.00	3.00	3.90
50383057630	RX	1 MG/ML-4 M	1	LIQ	CARBOFED DM	602576	02/28/08		1.00	26.50	17.23
										HI-TECH PHARMACAL CO., INC. TOTAL:	$31.59

Grand Total: $179.47

Indate Report

Product(s) being held until qualified for Returns

EXP PHARMACEUTICAL SERVICES CORP.
'DIFFERENT & BETTER'
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 05/12/2008
Order No: EXP-9238-2008-2
Pickup Date: 04/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMPHASTAR - IMS CRITICAL CARE											
00548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO08B7	01/31/09	24.00		5.03	78.47
00548105200	RX	8.4%	25	SOL	SODIUM BICARBONATE	AA075A7	06/30/09	1.00		7.74	5.03
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	$83.50
APOTHECON PRODUCTS											
00003049420	RX	10 MG/ML	1	SUS	KENALOG-10	7G21563	06/30/09		1.00	10.29	6.69
										APOTHECON PRODUCTS TOTAL:	$6.69
BERTEK PHARMACEUTICALS INC											
62794050293	RX	20 GM/PACKI	30	PDR	KRISTALOSE	0743A	10/31/08		1.00	60.90	39.59
										BERTEK PHARMACEUTICALS INC TOTAL:	$39.59
ELAN PHARMA											
51479005430	RX	1 GM	10	PDS	MAXIPIME	7E31259	05/31/10	1.00		22.60	14.69
										ELAN PHARMA TOTAL:	$14.69
FALCON PHARMACEUTICALS, LTD.											
61314004475	RX	1%	1	SOL	TRIFLURIDINE	123968F	07/31/09		1.00	116.02	75.41
										FALCON PHARMACEUTICALS, LTD. TOTAL:	$75.41
FOUGERA E. & CO.											
00168002638	RX	500 U/GM	1	OIN	BACITRACIN	P57	07/31/09		1.00	4.75	3.09
										FOUGERA E. & CO. TOTAL:	$3.09
FUJISAWA HEALTHCARE, INC.											
00469823412	RX	2 ML	1	SOL	ADENOCARD	42-188-EV	12/01/08		1.00	40.94	26.61
										FUJISAWA HEALTHCARE, INC. TOTAL:	$26.61
GENENTECH, INC.											
50242004164	RX	2 MG	1	PDS	CATHFLO ACTIVASE	N65349	07/31/08		1.00	90.83	59.04
50242004164	RX	2 MG	1	PDS	CATHFLO ACTIVASE	701302	01/31/09		1.00	90.83	59.04
										GENENTECH, INC. TOTAL:	$118.08
GENSIA SICOR PHARMACEUTICALS, INC.											
00703505401	RX	4 MCG/ML	1	SOL	DESMOPRESSIN ACETATE	07K113	08/31/09		1.00	145.20	94.38
										GENSIA SICOR PHARMACEUTICALS, INC. TOTAL:	$94.38
GLAXO WELLCOME INC.											
00173052000	RX	0.046 MG/IN	28	DSK	SEREVENT DISKUS	R304332	11/30/08	28.00		3.25	59.07
										GLAXO WELLCOME INC. TOTAL:	$59.07
KEY PHARMACEUTICALS, INC.											
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	AD133A1	11/30/08		1.00	111.68	72.59

Order Number : EXP-9238-2008-2

Indate Report

Product(s) being held until qualified for Returns

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
KEY PHARMACEUTICALS, INC.											
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	AD134A1	12/31/08		4.00	111.68	290.37
00085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	BD008A1	01/31/09		5.00	111.68	362.96
										KEY PHARMACEUTICALS, INC. TOTAL:	$725.92
ORGANON PHARMACEUTICALS											
00052045016	RX	10 MG/ML	10	SOL	ZEMURON	907386	09/30/09	4.00		34.68	90.17
00052045016	RX	10 MG/ML	10	SOL	ZEMURON	907495	09/30/09	3.00		34.68	67.63
										ORGANON PHARMACEUTICALS TOTAL:	$157.79
PFIZER U.S. PHARMACEUTICALS GROUP											
00049397041	RX	40 MG	80	CAP	GEODON	0267K05D	02/01/09	45.00		6.03	176.35
00049399041	RX	80 MG	80	CAP	GEODON	1067K04D	12/01/08	98.00		7.32	466.07
										PFIZER U.S. PHARMACEUTICALS GROUP TOTAL:	$642.42
WYETH-AYERST LABORATORIES											
00008084199	RX	40 MG	100	ECT	PROTONIX	B51691	12/31/09	50.00		4.55	147.76
										WYETH-AYERST LABORATORIES TOTAL:	$147.76
										Grand Total:	$2,195.00

Hazardous Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
'DIFFERENT & BETTER'
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 05/12/2008
Order No: EXP-9238-2008-2
Pickup Date: 04/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA # : BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BOEHRINGER INGELHEIM PHARMACEUTICAL											
00597008717	RX	12.9 GM	00001	SOL	ATROVENT HFA	COUNT WAST			1.0	94.30	61.30
Product is not returnable											
										BOEHRINGER INGELHEIM PHARMACEUTICAL TOTAL:	$61.30
IVAX LABORATORIES, INC.											
59310057920	RX	8.5 GM	00001	ARO	ALBUTEROL SULFATE HFA				1.0	36.72	23.87
Manufacturer does not credit for partial package quantities											
										IVAX LABORATORIES, INC. TOTAL:	$23.87
										Grand Total:	$85.16

Non-Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 05/12/2008
Order No: EXP-9238-2008-2
Pickup Date: 04/29/2008
Price Code: AWP

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ABBOTT PHARMACEUTICAL											
00074227811	RX	1 MG	00100	TAB	MAVIK			40.0		1.38	35.80
Product is not returnable											
										ABBOTT PHARMACEUTICAL TOTAL:	$35.80
ABRAXIS PHARMACEUTICAL PRODUCTS											
00186026503	RX	1:200,000-	00010	SOL	XYLOCAINE-MPF W/EPINEPHRINE				1.0	30.30	19.70
Manufacturer does not accept returns											
00186027847	RX	1%	00005	SOL	XYLOCAINE-MPF			8.0		5.61	29.19
Manufacturer does not accept returns											
										ABRAXIS PHARMACEUTICAL PRODUCTS TOTAL:	$48.88
AKORN, INC.											
17478071110	RX	2%	00010	GEL	LIDOCAINE HCL			18.0		7.80	91.26
Manufacturer does not credit for partial package quantities											
										AKORN, INC. TOTAL:	$91.26
ALCON LABORATORIES, SURGICAL DIV.											
00065002315	RX	0.01%	00012	SOL	MIOSTAT			8.0		30.63	159.28
Manufacturer does not credit for partial package quantities											
00065074112	RX	0.5%	00012	SOL	TETRACAINE HCL			9.0		6.88	40.25
Manufacturer does not credit for partial package quantities											
00065075212	RX	2%	00012	SOL	PILOCARPINE HCL			7.0		5.44	24.75
Manufacturer does not credit for partial package quantities											
										ALCON LABORATORIES, SURGICAL DIV. TOTAL:	$224.28
AMERICAN PHARM PARTNERS, INC.											
63323030602	RX	40 MG/ML	00025	SOL	TOBRAMYCIN SULFATE			25.0		4.24	68.90
Manufacturer does not accept returns											
										AMERICAN PHARM PARTNERS, INC. TOTAL:	$68.90
AMERICAN REGENT LABORATORIES, INC.											
00517003325	RX	1 MG/ML	00025	SOL	NEOSTIGMINE METHYLSULFATE			11.0		5.00	35.75
Manufacturer does not accept returns											
00517040125	RX	0.4 MG/M	00025	SOL	ATROPINE SULFATE			20.0		0.44	5.72
Manufacturer does not accept returns											
00517090125	RX	20 MG/ML	00025	SOL	HYDRALAZINE HYDROCHLORIDE		02/28/08	5.0		18.75	60.94
Product is not returnable											

Order Number : EXP-9238-2008-2

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMERICAN REGENT LABORATORIES, INC.											
00517102025	RX	20 U/ML	00025	SOL	VASOPRESSIN				24.0	5.40	84.24
Manufacturer does not accept returns											
00517420125	RX	25 MG/ML	00025	SOL	HYDROXYZINE HCL				20.0	0.74	9.62
Manufacturer does not accept returns											
										AMERICAN REGENT LABORATORIES, INC. TOTAL:	**$196.27**
AMPHASTAR - IMS CRITICAL CARE											
00548331500	RX	25%	00010	SOL	DEXTROSE		12/31/07		5.0	5.00	16.25
Product is not returnable											
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	**$16.25**
AMPHASTAR PHARMACEUTICALS INC.											
00548909000	RX	100 UNITS	00025	INJ	AMPHADASE				24.0	25.00	390.00
Manufacturer does not credit for partial package quantities											
										AMPHASTAR PHARMACEUTICALS INC. TOTAL:	**$390.00**
APP (AMERICAN PHARMACEUTICAL PARTNE											
63323001201	RX	10 U/ML	00025	SOL	OXYTOCIN				26.0	4.69	79.26
Manufacturer does not accept returns											
63323006402	RX	500 MG/M	00025	SOL	MAGNESIUM SULFATE				12.0	1.06	8.27
Manufacturer does not accept returns											
63323016505	RX	4 MG/ML	00025	SOL	DEXAMETHASONE SODIUM PHOSI				11.0	3.25	23.24
Manufacturer does not accept returns											
63323017302	RX	10 MG/ML	00025	SOL	GENTAMICIN SULFATE PEDIATRI				23.0	4.99	74.60
Manufacturer does not accept returns											
63323018001	RX	100 MG/M	00025	SOL	PYRIDOXINE HCL				19.0	5.55	68.54
Manufacturer does not accept returns											
63323022905	RX	10 MG/ML	00025	SOL	PROTAMINE SULFATE				25.0	6.66	108.23
Manufacturer does not accept returns											
63323061401	RX	20 MG/ML	00025	SOL	HYDRALAZINE HCL				19.0	15.00	185.25
Manufacturer does not accept returns											
										APP (AMERICAN PHARMACEUTICAL PARTNE TOTAL:	**$547.38**
AVENTIS PHARMACEUTICALS											
00075062040	RX	40 MG/0.4	00010	SOL	LOVENOX				1.0	32.46	21.10
Product must be in original package											
00075062160	RX	60 MG/0.6	00010	SOL	LOVENOX				1.0	48.76	31.69
Product must be in original package											
										AVENTIS PHARMACEUTICALS TOTAL:	**$52.79**
BAXTER ANESTH. &CRITICAL CARE											
00641049125	RX	5 MG/ML	00025	SOL	PROCHLORPERAZINE EDISYLATE				18.0	3.13	36.62
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-2

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BAXTER ANESTH. &CRITICAL CARE											
00641092825	RX	25 MG/ML	00025	VIA	PROMETHAZINE HCL				20.0	1.75	22.75
Manufacturer does not credit for partial package quantities											
10019004502	RX	10 MG/ML	00025	SOL	FAMOTIDINE				13.0	0.80	6.76
Manufacturer does not credit for partial package quantities											
10019014501	RX	1 MG/ML	00010	SOL	INDERAL				11.0	7.50	53.63
Manufacturer does not credit for partial package quantities											
10019032102	RX	0.1 MG/M	00010	SOL	FLUMAZENIL				43.0	33.13	925.98
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTH. &CRITICAL CARE TOTAL:	**$1,045.74**
BAXTER ANESTHESIA & CRITICAL CARE											
10019002518	RX	250 MG/M	00010	SOL	BREVIBLOC				7.0	137.58	625.99
Manufacturer does not credit for partial package quantities											
10019003003	RX	30 MG/ML	00025	SOL	KETOROLAC TROMETHAMINE				19.0	1.56	19.27
Manufacturer does not credit for partial package quantities											
10019013302	RX	50 MG/ML	00001	SOL	AMIODARONE HCL				24.0	9.38	146.33
Manufacturer does not credit for partial package quantities											
10019025012	RX	0.4 MG/M	00025	SOL	ATROPINE SULFATE				11.0	0.85	6.08
Manufacturer does not credit for partial package quantities											
10019025112	RX	1 MG/ML	00025	SOL	ATROPINE SULFATE				18.0	2.01	23.52
Manufacturer does not credit for partial package quantities											
10019027010	RX	1 MG/ML	00010	SOL	NEOSTIGMINE METHYLSULFATE				8.0	1.86	9.67
Manufacturer does not credit for partial package quantities											
10019029102	RX	10 USP UI	00025	SOL	OXYTOCIN				18.0	4.85	56.75
Manufacturer does not credit for partial package quantities											
10019045002	RX	5 MG/ML	00025	SOL	METOCLOPRAMIDE HCL				16.0	0.56	5.82
Manufacturer does not credit for partial package quantities											
10019051002	RX	5 MG/ML	00010	SOL	DILTIAZEM HCL				12.0	6.25	48.75
Manufacturer does not credit for partial package quantities											
10019087315	RX	10 MG/ML	00010	SOL	ENLON				7.0	10.75	48.91
Manufacturer does not credit for partial package quantities											
10019090501	RX	2 MG/ML	00025	SOL	ONDANSETRON				11.0	1.40	10.01
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTHESIA & CRITICAL CARE TOTAL:	**$1,001.09**
BAXTER HEALTHCARE CORP.											
00338001702	RX	5%	00036	SOL	DEXTROSE				2.0	0.26	0.33
Manufacturer does not accept returns											
00338041102	RX	5%-0.8%	00024	SOL	DEXTROSE/LIDOCAINE HCL				4.0	0.95	2.46
Manufacturer does not accept returns											
00338055002	RX	250 ML	00024	SOL	DEXTROSE/HEPARIN SODIUM				5.0	9.94	32.31
Manufacturer does not accept returns											

Order Number : EXP-9238-2008-2

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BAXTER HEALTHCARE CORP.											
00338070541	RX	10 MEQ/5(	00024	SOL	POTASSIUM CHLORIDE			3.0		0.61	1.19
Manufacturer does not accept returns											
00338100702	RX	5%-160 M(	00018	SOL	DEXTROSE/DOPAMINE HCL			5.0		1.58	5.12
Manufacturer does not accept returns											
00338107302	RX	5%-100 M(	00018	SOL	DEXTROSE/DOBUTAMINE			5.0		2.76	8.98
Manufacturer does not accept returns											
					BAXTER HEALTHCARE CORP. TOTAL:						**$50.39**
BAYER CORP., PHARMACEUTICAL DIVISIO											
00026285548	RX	30 MG	00100	SGL	NIMOTOP	2500LNV	10/31/07	12.0		10.29	80.23
Product is not returnable											
					BAYER CORP., PHARMACEUTICAL DIVISIO TOTAL:						**$80.23**
BECTON DICKINSON CONSUMER PRODUCTS											
08290036005	RX	10 U/ML	00030	SOL	HEPARIN LOCK FLUSH			24.0		0.11	1.75
Manufacturer does not accept returns											
					BECTON DICKINSON CONSUMER PRODUCTS TOTAL:						**$1.75**
BEDFORD LABORATORIES											
55390005710	RX	150 MG/3 I	00010	INJ	AMIODARONE HCL			14.0		2.50	22.75
Manufacturer does not credit for partial package quantities											
55390010601	RX	500 MG	00001	PDS	ALLOPURINOL SODIUM			2.0		607.44	789.67
Manufacturer does not credit for partial package quantities											
55390014710	RX	5 MG/ML	00010	SOL	HALOPERIDOL LACTATE			7.0		7.49	34.08
Manufacturer does not credit for partial package quantities											
55390015501	RX	10 MG/ML	00001	SOL	CARBOPLATIN		01/31/08		1.0	225.00	146.25
Product is not returnable											
55390060502	RX	0.5 MG/M	00010	SOL	COLCHICINE			14.0		7.75	70.53
Manufacturer does not credit for partial package quantities											
55390076320	RX	2 MG/ML	00010	SOL	ETOMIDATE			5.0		26.88	87.36
Manufacturer does not credit for partial package quantities											
					BEDFORD LABORATORIES TOTAL:						**$1,150.64**
BEUTLICH LP											
00283087131		20%	00001	GEL	HURRICAINE		09/12/05		1.0	8.50	5.53
Product is not returnable											
					BEUTLICH LP TOTAL:						**$5.53**
BRACCO DIAGNOSTICS INC.											
00270141125	RX	41%	00010	SOL	ISOVUE-M 200				2.0	852.60	1,108.38
Manufacturer does not accept returns											
					BRACCO DIAGNOSTICS INC. TOTAL:						**$1,108.38**

Order Number : EXP-9238-2008-2

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
CURA PHARMACEUTICAL COMPANY, INC.											
66860000203	RX	1 GM	00025	PDS	CEFAZOLIN SODIUM				12.0	2.80	21.84
Manufacturer does not credit for partial package quantities											
										CURA PHARMACEUTICAL COMPANY, INC. TOTAL:	$21.84
ESP PHARMA, INC.											
67286081203	RX	2.5 MG/M	00010	SOL	CARDENE IV				4.0	152.45	396.37
Manufacturer does not credit for partial package quantities											
										ESP PHARMA, INC. TOTAL:	$396.37
ETHEX CORPORATION											
58177000404	RX	2.5 MG	00100	CER	NITROGLYCERIN				60.0	0.17	6.80
Manufacturer does not credit for partial package quantities											
58177000504	RX	6.5 MG	00100	CER	NITROGLYCERIN				100.0	0.19	12.57
Manufacturer does not credit for partial package quantities											
										ETHEX CORPORATION TOTAL:	$19.37
FIRST HORIZON PHARMACEUTICAL CORPOR											
59630030020	RX	0.4 MG/SP	00001	SPR	NITROLINGUAL				2.0	154.96	201.45
Product is not returnable											
										FIRST HORIZON PHARMACEUTICAL CORPOR TOTAL:	$201.45
FOREST PHARMACEUTICALS, INC.											
00456210108	RX	5 MG/5 M	00001	SOL	LEXAPRO				1.0	141.90	92.24
Product is not returnable											
00456321063	RX	10MG	00100	TAB	NAMENDA				5.0	2.87	9.34
Manufacturer does not credit for partials less than 25%											
										FOREST PHARMACEUTICALS, INC. TOTAL:	$101.58
FOUGERA E. & CO.											
00168016230	RX	0.05%	00001	OIN	CLOBETASOL PROPIONATE				1.0	35.86	23.31
Manufacturer does not credit for partial package quantities											
										FOUGERA E. & CO. TOTAL:	$23.31
GENEVA PHARMACEUTICALS, INC.											
00781139613	RX	5 MG	00100	TAB	HALOPERIDOL				40.0	0.97	25.35
Manufacturer does not credit for partial package quantities											
										GENEVA PHARMACEUTICALS, INC. TOTAL:	$25.35
GERITREX CORPORATION											
54162018525			00001	OIL	MINERAL OIL LIGHT		05/31/07		2.0	1.86	2.42
Product is not returnable											
										GERITREX CORPORATION TOTAL:	$2.42

Order Number : EXP-9238-2008-2

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
GLENMARK PHARMACEUTICALS INC., USA											
68462013001	RX	100 MG	00100	CAP	ZONISAMIDE			40.0		2.19	57.06
Manufacturer does not credit for partial package quantities											
										GLENMARK PHARMACEUTICALS INC., USA TOTAL:	**$57.06**
HEALTHPOINT											
00064341007	RX	0.5%-10%-	00012	OIN	PANAFIL			5.0		142.38	462.74
Manufacturer does not credit for partial package quantities											
										HEALTHPOINT TOTAL:	**$462.74**
HOSPIRA, INC											
00409116201	RX	0.5%	00025	SOL	BUPIVACAINE HCL			3.0		2.44	4.76
Manufacturer does not credit for partial package quantities											
00409155910	RX	0.25%	00010	SOL	MARCAINE HCL	38085DD	02/01/08		1.0	24.90	16.19
Product is not returnable											
00409174610	RX	0.25%-1:2(	00010	SOL	MARCAINE HCL/EPINEPHRINE	44375DD	02/01/08		2.0	30.60	39.78
Product is not returnable											
00409318202	RX	1:100000-2	00025	SOL	EPINEPHRINE/LIDOCAINE HCL			24.0		2.69	41.96
Manufacturer does not credit for partial package quantities											
										HOSPIRA, INC TOTAL:	**$102.69**
HOSPIRA, INC.											
00074464601	RX	1 MG/ML	00025	SOL	PANCURONIUM BROMIDE			18.0		3.33	38.90
Manufacturer does not credit for partial package quantities											
00409114401	RX	2.5 MG/M	00005	SOL	VERAPAMIL HCL	37-134-DK	01/01/08		1.0	5.15	3.35
Product is not returnable											
00409114401	RX	2.5 MG/M	00005	SOL	VERAPAMIL HCL			14.0		1.03	9.37
Manufacturer does not credit for partial package quantities											
00409115270	RX	100 U/ML	00025	SOL	HEPARIN LOCK FLUSH			27.0		0.55	9.65
Manufacturer does not credit for partial package quantities											
00409121201	RX	0.4 MG/M	00010	SOL	NALOXONE HCL			14.0		1.51	13.74
Manufacturer does not credit for partial package quantities											
00409141005	RX	0.2 MG/M	00010	SOL	ISUPREL			20.0		7.50	97.50
Manufacturer does not credit for partial package quantities											
00409174910	RX	0.5%-1:20(	00010	SOL	MARCAINE HCL/EPINEPHRINE	43140DD	01/01/08		2.0	31.40	40.82
Product is not returnable											
00409190201	RX	100 MG/M	00025	SOL	PROCAINAMIDE HYDROCHLORID			20.0		3.94	51.22
Manufacturer does not credit for partial package quantities											
00409228505	RX	1 MG/ML	00012	SOL	METOPROLOL TARTRATE			12.0		2.40	18.72
Manufacturer does not credit for partial package quantities											
00409317801	RX	1:100000-1	00025	SOL	EPINEPHRINE/LIDOCAINE HCL			24.0		1.69	26.36
Manufacturer does not credit for partial package quantities											
00409317802	RX	1:100,000-	00025	SOL	EPINEPHRINE/LIDOCAINE HCL			31.0		3.18	64.08
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-2

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
00409318201	RX	1:100000-2	00025	SOL	EPINEPHRINE/LIDOCAINE HCL				24.0	2.46	38.38
Manufacturer does not credit for partial package quantities											
00409397703	RX		00025	SOL	WATER FOR INJECTION BACTERIC				19.0	0.51	6.30
Manufacturer does not credit for partial package quantities											
00409428301	RX	4%	00025	SOL	LIDOCAINE HCL				14.0	2.60	23.66
Manufacturer does not credit for partial package quantities											
00409488710	RX		00025	SOL	WATER FOR INJECTION				14.0	0.44	4.00
Manufacturer does not credit for partial package quantities											
00409490334	RX	2%	00010	SOL	LIDOCAINE HCL				2.0	3.65	4.75
Manufacturer does not credit for partial package quantities											
00409491134	RX	0.1 MG/M	00010	SOL	ATROPINE SULFATE				4.0	3.94	10.24
Manufacturer does not credit for partial package quantities											
00409492134	RX	0.1 MG/M	00010	SOL	EPINEPHRINE HCL				10.0	2.86	18.59
Manufacturer does not credit for partial package quantities											
00409492834	RX	100 MG/M	00010	SOL	CALCIUM CHLORIDE				2.0	3.90	5.07
Manufacturer does not credit for partial package quantities											
00409592201	RX	25 MG/ML	00025	SOL	AMINOPHYLLINE				14.0	0.99	9.01
Manufacturer does not credit for partial package quantities											
00409610210	RX	10 MG/ML	00025	SOL	FUROSEMIDE				20.0	0.66	8.58
Manufacturer does not credit for partial package quantities											
00409662902	RX	10 ML	00025	SOL	QUELICIN				14.0	2.98	27.12
Manufacturer does not credit for partial package quantities											
00409663734	RX	8.4%	00010	SOL	SODIUM BICARBONATE				5.0	3.46	11.25
Manufacturer does not credit for partial package quantities											
00409724101	RX	1 MG/ML	00025	SOL	EPINEPHRINE HCL				13.0	1.31	11.07
Manufacturer does not credit for partial package quantities											
										HOSPIRA, INC. TOTAL:	**$551.73**
IVAX PHARMACEUTICALS, INC.											
00172640649	RX	10 MG/ML	00060	SOL	CROMOLYN SODIUM	W16511			40.0	0.82	21.32
Product is not returnable											
00172640649	RX	10 MG/ML	00060	SOL	CROMOLYN SODIUM	W16631			60.0	0.82	31.98
Product is not returnable											
00182008301		1000 IU	00100	SGL	VITAMIN E				80.0	0.16	8.31
Manufacturer does not credit for partial package quantities											
00182019501		50 MG	00100	TAB	DIMENHYDRINATE				90.0	0.03	1.87
Manufacturer does not credit for partial package quantities											
00182044889		325 MG	00100	ECT	ASPIRIN				60.0	0.07	2.61
Manufacturer does not credit for partial package quantities											
00182123389	RX	200 MG	00100	TAB	CARBAMAZEPINE				70.0	0.46	20.92
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-2

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
IVAX PHARMACEUTICALS, INC.											
00182822189		240 MG	00100	SGL	DOCUSATE CALCIUM				60.0	0.14	5.45
Manufacturer does not credit for partial package quantities											
00182822289	RX	25 MG	00100	TAB	PROMETHAZINE HCL				30.0	0.56	10.85
Manufacturer does not credit for partial package quantities											
									IVAX PHARMACEUTICALS, INC. TOTAL:		**$103.32**
JDS PHARMACEUTICALS, LLC											
68968449201	RX	300 MG	00100	TER	LITHOBID				100.0	1.76	114.53
Manufacturer does not credit for partial package quantities											
									JDS PHARMACEUTICALS, LLC TOTAL:		**$114.53**
KREMERS URBAN											
62175010701	RX	20 MG	00100	TAB	ISOSORBIDE MONONITRATE				70.0	0.81	36.97
Manufacturer does not credit for partial package quantities											
									KREMERS URBAN TOTAL:		**$36.97**
MAJOR PHARMACEUTICALS											
00904215061	RX	5 MG	00100	TAB	ISOSORBIDE DINITRATE				80.0	0.14	7.41
Manufacturer does not accept returns											
00904539561		150 MG	00100	CAP	FERREX 150				100.0	0.25	16.25
Manufacturer does not accept returns											
									MAJOR PHARMACEUTICALS TOTAL:		**$23.66**
MONARCH PHARMACEUTICALS											
61570054002	RX	100 MG/M	00010	SOL	TIGAN				14.0	7.40	67.34
Manufacturer does not credit for partial package quantities											
									MONARCH PHARMACEUTICALS TOTAL:		**$67.34**
MYLAN PHARMACEUTICALS, INC.											
00378910493	RX	0.2 MG/H	00030	TDM	NITROGLYCERIN TRANSDERMAL S				8.0	1.62	8.40
Manufacturer does not credit for partials less than 25%											
00378911693	RX	0.6 MG/H	00030	TDM	NITROGLYCERIN TRANSDERMAL S				23.0	2.04	30.45
Product must be in original package											
									MYLAN PHARMACEUTICALS, INC. TOTAL:		**$38.85**
ORGANON PHARMACEUTICALS											
00052045016	RX	10 MG/ML	00010	SOL	ZEMURON	575338			2.0	34.68	45.08
Manufacturer does not credit for partials less than 25%											
00052045016	RX	10 MG/ML	00010	SOL	ZEMURON	906032			1.0	34.68	22.54
Manufacturer does not credit for partials less than 25%											
00052045016	RX	10 MG/ML	00010	SOL	ZEMURON	907266			1.0	34.68	22.54
Manufacturer does not credit for partials less than 25%											
00052045016	RX	10 MG/ML	00010	SOL	ZEMURON	907394			1.0	34.68	22.54
Manufacturer does not credit for partials less than 25%											

Order Number : EXP-9238-2008-2

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ORGANON PHARMACEUTICALS											
00052045016	RX	10 MG/ML	00010	SOL	ZEMURON	907736			1.0	34.68	22.54
Manufacturer does not credit for partials less than 25%											
00052045016	RX	10 MG/ML	00010	SOL	ZEMURON	908152			1.0	34.68	22.54
Manufacturer does not credit for partials less than 25%											
						ORGANON PHARMACEUTICALS TOTAL:					**$157.79**
PADDOCK LABORATORIES, INC.											
00574006930		40%	00003	GEL	GLUTOSE 15				4.0	3.34	8.68
Manufacturer does not credit for partial package quantities											
00574085005	RX	1 MG/ML	00005	SOL	DIHYDROERGOTAMINE MESYLAT				11.0	38.00	271.70
Manufacturer does not credit for partial package quantities											
						PADDOCK LABORATORIES, INC. TOTAL:					**$280.38**
PAR PHARMACEUTICAL, INC.											
00172740310	RX	500MG-12!	00100	TAB	AMOXICILLIN/CLAVULANATE POTA				70.0	4.39	199.68
Manufacturer does not credit for partial package quantities											
						PAR PHARMACEUTICAL, INC. TOTAL:					**$199.68**
PARENTA PHARMACEUTICALS,INC.											
66758001601	RX	10 MG/ML	00001	SOL	PHENYLEPHRINE HCL				11.0	4.38	31.32
Manufacturer does not credit for partial package quantities											
						PARENTA PHARMACEUTICALS,INC. TOTAL:					**$31.32**
PHARMACEUTICAL ASSOCIATES, INC.											
00121059515	RX	334 MG-5C	00100	SOL	CITRIC ACID/SODIUM CITRATE				12.0	0.51	3.98
Manufacturer does not accept returns											
00121063805		10 MG-10C	00100	SYR	DEXTROMETHORPHAN/GUAIFENE				10.0	0.42	2.73
Manufacturer does not accept returns											
00121174415	RX	300 MG/ 1!	00100	SYR	GUAIFENESIN				14.0	0.59	5.37
Manufacturer does not accept returns											
						PHARMACEUTICAL ASSOCIATES, INC. TOTAL:					**$12.08**
QUALITEST PRODUCTS, INC.											
00603059950		10%	00001	OIN	POVIDONE-IODINE				1.0	6.40	4.16
Manufacturer does not credit for partial package quantities											
						QUALITEST PRODUCTS, INC. TOTAL:					**$4.16**
RUGBY LABORATORIES, INC.											
00536009185		320 MG/5 !	00001	SUS	ALUMINUM HYDROXIDE GEL				1.0	5.60	3.64
Product is not returnable											
						RUGBY LABORATORIES, INC. TOTAL:					**$3.64**

Order Number : EXP-9238-2008-2

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
SANDOZ											
00781300395	RX	0.1 MG/M	00010	SOL	FLUMAZENIL				5.0	148.31	482.01
Manufacturer does not credit for partial package quantities											
00781303295	RX	1 GM-0.5 (	00010	PDS	AMPICILLIN AND SULBACTAM				3.0	8.14	15.87
Manufacturer does not credit for partial package quantities											
									SANDOZ TOTAL:		**$497.88**
SICOR PHARM., INC.											
00703285604	RX	10 MG/ML	00025	VIA	PROPOFOL				14.0	4.75	43.23
Manufacturer does not credit for partial package quantities											
									SICOR PHARM., INC. TOTAL:		**$43.23**
SICOR PHARMACEUTICALS, INC.											
00703731104	RX	1 MCG/ML	00025	VIA	CALCITRIOL				14.0	13.09	119.12
Manufacturer does not credit for partial package quantities											
									SICOR PHARMACEUTICALS, INC. TOTAL:		**$119.12**
SKY PHARMACEUTICALS PACKAGING, INC.											
63739028015	RX	10MG	00150	TAB	LOVASTATIN				90.0	1.68	98.35
Manufacturer does not accept returns											
									SKY PHARMACEUTICALS PACKAGING, INC. TOTAL:		**$98.35**
SPECIALTY PHARMACEUTICAL DIST											
55154004805	RX	150MG-30(	00001	KIT	ACCESSPAK HIV PEP	M968530			1.0	180.00	117.00
Product is not returnable											
55154004905	RX		00001	KIT	ACCESSPAK	M968540			1.0	2.99	1.94
Manufacturer does not accept returns											
									SPECIALTY PHARMACEUTICAL DIST TOTAL:		**$118.94**
STADA PHARMACEUTICALS, INC.											
67253046010	RX	1.5 MG	00100	TAB	GLYBURIDE				60.0	0.38	14.74
Manufacturer does not credit for partial package quantities											
									STADA PHARMACEUTICALS, INC. TOTAL:		**$14.74**
TEVA PHARMACEUTICALS USA											
00093065701	RX	0.25 MCG	00100	SGL	CALCITRIOL				100.0	1.21	78.62
Manufacturer does not credit for partial package quantities											
									TEVA PHARMACEUTICALS USA TOTAL:		**$78.62**
UDL LABORATORIES, INC.											
51079001520	RX	500 MG	00100	TAB	NEOMYCIN SULFATE				90.0	1.98	115.54
Manufacturer does not credit for partial package quantities											
51079001620	RX	250 MG	00100	TAB	CEFUROXIME AXETIL				40.0	4.38	113.88
Manufacturer does not credit for partial package quantities											
51079002520	RX	10 MG	00100	TAB	TORSEMIDE				60.0	0.75	29.26
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-2

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
UDL LABORATORIES, INC.											
51079019020	RX	25 MG	00100	CAP	INDOMETHACIN				50.0	0.40	13.06
Manufacturer does not credit for partial package quantities											
51079022120	RX	1 MG	00100	TAB	BENZTROPINE MESYLATE				50.0	0.26	8.37
Manufacturer does not credit for partial package quantities											
51079027720	RX	10 MG	00100	TAB	PROPRANOLOL HCL				70.0	0.20	9.23
Manufacturer does not credit for partial package quantities											
51079027920	RX	40 MG	00100	TAB	PROPRANOLOL HCL				60.0	0.41	15.98
Manufacturer does not credit for partial package quantities											
51079029820	RX	250 MG	00100	SGL	VALPROIC ACID				60.0	0.79	30.97
Manufacturer does not credit for partial package quantities											
51079043520	RX	40 MG	00100	TAB	MEGESTROL ACETATE				80.0	1.07	55.61
Manufacturer does not credit for partial package quantities											
51079043820	RX	50 MG	00100	CAP	DOXEPIN HCL				70.0	0.57	25.87
Manufacturer does not credit for partial package quantities											
51079051920	RX	25 MG	00100	TAB	CHLORPROMAZINE HCL				70.0	0.28	12.86
Manufacturer does not credit for partial package quantities											
51079054120	RX	5 MG	00100	TAB	PROCHLORPERAZINE MALEATE				80.0	0.61	31.87
Manufacturer does not credit for partial package quantities											
51079056620	RX	25 MG	00100	TAB	THIORIDAZINE HCL				80.0	0.48	25.01
Manufacturer does not credit for partial package quantities											
51079057220	RX	1 MG	00100	TAB	TRIFLUOPERAZINE HCL				170.0	0.60	66.36
Manufacturer does not credit for partial package quantities											
51079057420	RX	5 MG	00100	TAB	TRIFLUOPERAZINE HCL				40.0	1.11	28.98
Manufacturer does not credit for partial package quantities											
51079063020	RX	1 MG	00100	CAP	PRAZOSIN HCL				90.0	0.29	17.17
Manufacturer does not credit for partial package quantities											
51079074220	RX	10 MG	00100	CAP	PIROXICAM				60.0	1.45	56.56
Manufacturer does not credit for partial package quantities											
51079075520	RX	10 MG-100	00100	TAB	CARBIDOPA/LEVODOPA				90.0	0.72	42.18
Manufacturer does not credit for partial package quantities											
51079079420	RX	375 MG	00100	TAB	NAPROXEN				70.0	1.10	49.86
Manufacturer does not credit for partial package quantities											
51079080520	RX	50 MG	00100	CAP	NORTRIPTYLINE HCL				90.0	1.67	97.79
Manufacturer does not credit for partial package quantities											
51079086320	RX	12.5 MG	00100	TAB	CAPTOPRIL				150.0	0.73	70.97
Manufacturer does not credit for partial package quantities											
51079089020	RX	300 MG	00100	CAP	RIFAMPIN				40.0	1.97	51.34
Manufacturer does not credit for partial package quantities											
51079093620	RX	1 MG	00100	CAP	TERAZOSIN HCL				110.0	1.61	114.80
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-2

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
UDL LABORATORIES, INC.											
51079094420	RX	100 MG	00100	TAB	BUPROPION HCL				90.0	0.97	56.75
Manufacturer does not credit for partial package quantities											
51079095420	RX	2.5 MG-6.2	00100	TAB	BISOPROLOL/HCTZ				70.0	1.14	51.87
Manufacturer does not credit for partial package quantities											
51079097920	RX	50 MG	00100	TAB	SPIRONOLACTONE				90.0	0.88	51.55
Manufacturer does not credit for partial package quantities											
51079099720	RX	10 MG	00100	CAP	FLUOXETINE HCL				80.0	2.60	135.12
Manufacturer does not credit for partial package quantities											
										UDL LABORATORIES, INC. TOTAL:	**$1,378.80**
UNITED RESEARCH LABORATORIES, INC.											
00677167810	RX	1 MG	01000	CTB	SODIUM FLUORIDE				900.0	0.07	38.86
Manufacturer does not credit for partial package quantities											
										UNITED RESEARCH LABORATORIES, INC. TOTAL:	**$38.86**
UPSHER-SMITH LABS, INC.											
00245086070	RX	0.75%	00001	GEL	VANDAZOLE				1.0	73.22	47.59
Product is not returnable											
										UPSHER-SMITH LABS, INC. TOTAL:	**$47.59**
										Grand Total:	**$11,591.29**

Processed Indates Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/16/2008
Order No: EXP-9238-2008-1
Pickup Date: 01/10/2008
Price Code: RedBook

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,O'FALLON,MO,63366

PRODUCTS FORMERLY INDATED, NOW QUALIFY FOR RETURN
PRODUCTS INCLUDED ON APPLICABLE REPORTS

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ASTRA ZENECA											
00186109005	RX	50 MG	100	TER	TOPROL XL	LH0086	03/31/08		1.00	0.65	0.46
00186109005	RX	50 MG	100	TER	TOPROL XL	LH0085	03/31/08		1.00	0.65	0.46
										ASTRA ZENECA TOTAL:	$0.91
NOVARTIS PHARMACEUTICALS CORPORATIO											
00078032606	RX	6 MG	100	CAP	EXELON	F4071	11/30/07		60.00	2.24	93.90
										NOVARTIS PHARMACEUTICALS CORPORATIO TOTAL:	$93.90
ORTHO-MCNEIL PHARMACEUTICAL CORPORA											
00045065060	RX	325 MG-37.5	100	TAB	ULTRACET	5DG914	02/28/08		1.00	0.85	0.60
										ORTHO-MCNEIL PHARMACEUTICAL CORPORA TOTAL:	$0.60
PHARMACIA CORPORATION											
00025152531	RX	200 MG	100	CAP	CELEBREX	C050410	01/01/08		1.00	2.64	1.85
										PHARMACIA CORPORATION TOTAL:	$1.85
RUGBY LABORATORIES, INC.											
00536440601		25 MG	100	TAB	VITAMIN B6	0661 5010	02/28/08		1.00	0.03	0.02
										RUGBY LABORATORIES, INC. TOTAL:	$0.02
TAKEDA PHARMACEUTICALS AMERICA, INC											
64764045124	RX	45 MG	30	TAB	ACTOS	A11028	03/31/08		1.00	5.34	3.74
										TAKEDA PHARMACEUTICALS AMERICA, INC TOTAL:	$3.74
WYETH-AYERST LABORATORIES											
00008084199	RX	40 MG	100	ECT	PROTONIX	A91589	01/31/08		25.00	3.13	54.81
00008084199	RX	40 MG	100	ECT	PROTONIX	B08358	02/28/08		74.00	3.13	162.24
										WYETH-AYERST LABORATORIES TOTAL:	$217.05
										Grand Total:	$318.06

Indate Report

Product(s) being held until qualified for Returns

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/16/2008
Order No: EXP-9238-2008-1
Pickup Date: 01/10/2008
Price Code: RedBook

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMPHASTAR - IMS CRITICAL CARE											
00548105200	RX	8.4%	25	SOL	SODIUM BICARBONATE	AA075A7	06/30/09	2.00		8.23	11.52
00548119000	RX	2%	25	SOL	LIDOCAINE HCL	DE008B7	01/31/09	10.00		5.35	37.45
00548105200	RX	8.4%	25	SOL	SODIUM BICARBONATE	AA084C7	08/31/09	25.00		8.23	144.03
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	$193.00
AVENTIS PHARMACEUTICALS											
0088222033	RX	100 U/ML	1	SOL	LANTUS	40B140	12/31/08		2.00	43.51	60.91
										AVENTIS PHARMACEUTICALS TOTAL:	$60.91
FOREST PHARMACEUTICALS, INC.											
00456412363	RX	0.3 MG/HR	1	ICR	CERVIDIL	MA07F03B	07/31/10		1.00	194.63	136.24
										FOREST PHARMACEUTICALS, INC. TOTAL:	$136.24
KEY PHARMACEUTICALS, INC.											
0085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	AD081A1	10/31/08		6.00	60.00	252.00
0085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	BD008A1	01/31/09		2.00	60.00	84.00
0085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	AD133A1	11/30/08		1.00	60.00	42.00
0085117701	RX	2 MG/ML	1	SOL	INTEGRILIN	AD080A1	09/30/08		1.00	60.00	42.00
0085113601	RX	0.75 MG/ML	1	SOL	INTEGRILIN	AD102A1	12/31/08		1.00	187.50	131.25
0085113601	RX	0.75 MG/ML	1	SOL	INTEGRILIN	BD006A1	01/31/09		2.00	187.50	262.50
										KEY PHARMACEUTICALS, INC. TOTAL:	$813.75
NOVARTIS PHARMACEUTICALS CORPORATIO											
00078024015	RX	25 MG	30	SGL	SANDIMMUNE	F0014	07/31/09	31.00		1.74	37.68
00078024015	RX	25 MG	30	SGL	SANDIMMUNE	F0013	05/31/09	22.00		1.74	26.74
00078024115	RX	100 MG	30	SGL	SANDIMMUNE	F4092	05/31/09	20.00		6.93	97.06
										NOVARTIS PHARMACEUTICALS CORPORATIO TOTAL:	$161.48
NOVO NORDISK PHARMACEUTICALS, INC.											
0169183311		100 U/ML	1	SOL	NOVOLIN R	TZF0295	09/30/09		1.00	25.30	17.71
0169183311		100 U/ML	1	SOL	NOVOLIN R	TZF0294	09/30/09		1.00	25.30	17.71
										NOVO NORDISK PHARMACEUTICALS, INC. TOTAL:	$35.42
ORGANON PHARMACEUTICALS											
00052045015	RX	10 MG/ML	10	SOL	ZEMURON	570487	07/31/09	5.00		20.43	71.50
00052045015	RX	10 MG/ML	10	SOL	ZEMURON	906699	06/30/09	4.00		20.43	57.20
00052045015	RX	10 MG/ML	10	SOL	ZEMURON	907266	07/31/09	3.00		20.43	42.90
00052045015	RX	10 MG/ML	10	SOL	ZEMURON	907315	08/31/09	4.00		20.43	57.20
00052045015	RX	10 MG/ML	10	SOL	ZEMURON	906541	05/31/09	3.00		20.43	42.90
										ORGANON PHARMACEUTICALS TOTAL:	$271.68

Order Number : EXP-9238-2008-1

Indate Report

Product(s) being held until qualified for Returns

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ROXANE LABORATORIES, INC.											
00054001720	RX	10 MG (UD)	100	TAB	PREDNISONE	756519A	04/30/09	36.00		0.13	3.35
										ROXANE LABORATORIES, INC. TOTAL:	$3.35
SUPPOSITORIA LABORATORIES, INC.											
45802073032		650 MG	50	SUP	ACETAMINOPHEN	7CT0116	03/31/10		1.00	20.95	14.67
4580273033		650 MG	100	SUP	ACETAMINOPHEN	6MT0094	12/31/09		1.00	37.58	26.31
										SUPPOSITORIA LABORATORIES, INC. TOTAL:	$40.97

Grand Total: $1,716.81

Hazardous Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
'DIFFERENT & BETTER'
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/16/2008
Order No: EXP-9238-2008-1
Pickup Date: 01/10/2008
Price Code: RedBook

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA # : BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
GEBAUER COMPANY											
0386000103	RX	100%	00001	SPR	GEBAUER'S ETHYL CHLORIDE				1.0	14.10	9.87
Manufacturer does not credit for partial package quantities											
										GEBAUER COMPANY TOTAL:	$9.87
TAYLOR PHARMACEUTICALS											
11098051002	RX	1 MG/ML	00010	SOL	PHYSOSTIGMINE SALICYLATE				13.0	3.19	29.03
Product is not returnable											
										TAYLOR PHARMACEUTICALS TOTAL:	$29.03

Grand Total: $38.90

Non-Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/16/2008
Order No: EXP-9238-2008-1
Pickup Date: 01/10/2008
Price Code: RedBook

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ABBOTT HOSPITAL PRODUCTS											
00074180001	RX	10 MG/ML	00025	SOL	NEO-SYNEPHRINE HCL				1.0	4.38	3.07
Manufacturer does not credit for partial package quantities											
00074196607	RX	0.9%	00025	SOL	SODIUM CHLORIDE BACTERIOSTA				20.0	0.93	12.97
Manufacturer does not credit for partial package quantities											
										ABBOTT HOSPITAL PRODUCTS TOTAL:	**$16.04**
AMERICAN PHARM PARTNERS, INC.											
63323042410	RX	0.1 MG/M	00001	SOL	FLUMAZENIL	201530			2.0	78.00	109.20
Manufacturer does not accept returns											
										AMERICAN PHARM PARTNERS, INC. TOTAL:	**$109.20**
AMERICAN REGENT LABORATORIES, INC.											
00517102025	RX	20 U/ML	00025	SOL	VASOPRESSIN				6.0	5.40	22.68
Manufacturer does not accept returns											
00517190525	RX	80 MG/ML	00025	SOL	DOPAMINE HCL				3.0	4.09	8.58
Manufacturer does not accept returns											
00517391025	RX	100 MG/M	00025	SOL	CALCIUM GLUCONATE				3.0	0.89	1.86
Manufacturer does not accept returns											
										AMERICAN REGENT LABORATORIES, INC. TOTAL:	**$33.12**
AMPHASTAR - IMS CRITICAL CARE											
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL		09/30/07		3.0	5.35	11.24
Manufacturer does not credit for expired products											
00548331500	RX	25%	00010	SOL	DEXTROSE		12/31/07		2.0	5.32	7.45
Manufacturer does not credit for expired products											
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	**$18.68**
APOTEX CORP.											
60505075905	RX	1 GM	00025	PDS	CEFOXITIN				1.0	11.23	7.86
Manufacturer does not credit for partial package quantities											
										APOTEX CORP. TOTAL:	**$7.86**
APP (AMERICAN PHARMACEUTICAL PARTNE											
63323017302	RX	10 MG/ML	00025	SOL	GENTAMICIN SULFATE PEDIATRI				3.0	1.46	3.07
Manufacturer does not accept returns											
63323022905	RX	10 MG/ML	00025	SOL	PROTAMINE SULFATE				3.0	5.32	11.17
Manufacturer does not accept returns											

Order Number : EXP-9238-2008-1

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
APP (AMERICAN PHARMACEUTICAL PARTNE											
63323031110	RX	100 MG/M	00001	SOL	CALCIUM GLUCONATE				3.0	1.52	3.19
Manufacturer does not accept returns											
63323061401	RX	20 MG/ML	00025	SOL	HYDRALAZINE HCL				5.0	8.70	30.45
Manufacturer does not accept returns											
										APP (AMERICAN PHARMACEUTICAL PARTNE TOTAL:	$47.88
AVENTIS PHARMACEUTICALS											
0088222033	RX	100 U/ML	00001	SOL	LANTUS				4.0	43.51	121.83
Product is not returnable											
										AVENTIS PHARMACEUTICALS TOTAL:	$121.83
BARR LABORATORIES, INC.											
0555030204	RX	50 MG	00500	CAP	HYDROXYZINE PAMOATE				350.0	0.20	47.81
Manufacturer does not credit for partial package quantities											
										BARR LABORATORIES, INC. TOTAL:	$47.81
BAUSCH & LOMB PHARMACEUTICALS, INC.											
2420834720	RX	0.5%	00001	SOL	ALBUTEROL SULFATE				1.0	17.00	11.90
Manufacturer does not credit for partial package quantities											
										BAUSCH & LOMB PHARMACEUTICALS, INC. TOTAL:	$11.90
BAXTER ANESTH. &CRITICAL CARE											
00641038925	RX	100 U/ML	00025	SOL	HEP-LOCK				8.0	0.62	3.47
Manufacturer does not credit for partial package quantities											
00641040025	RX	5000 U/M	00025	SOL	HEPARIN SODIUM				3.0	0.97	2.03
Manufacturer does not credit for partial package quantities											
00641243645	RX	100 U/ML	00025	SOL	HEP-LOCK				8.0	0.74	4.17
Manufacturer does not credit for partial package quantities											
00641243845	RX	10 U/ML	00025	SOL	HEP-LOCK				3.0	0.69	1.46
Manufacturer does not credit for partial package quantities											
10019001602	RX	0.2 MG/M	00010	SOL	GLYCOPYRROLATE				4.0	2.48	6.96
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTH. &CRITICAL CARE TOTAL:	$18.08
BAXTER ANESTHESIA & CRITICAL CARE											
10019004501	RX	10 MG/ML	00010	SOL	FAMOTIDINE				19.0	1.07	14.23
Manufacturer does not credit for partial package quantities											
10019013301	RX	50 MG/ML	00010	SOL	AMIODARONE HCL				5.0	7.20	25.20
Manufacturer does not credit for partial package quantities											
10019025012	RX	0.4 MG/M	00025	SOL	ATROPINE SULFATE				4.0	0.68	1.90
Manufacturer does not credit for partial package quantities											
10019050602	RX	0.25 MG/M	00010	SOL	BUMETANIDE				3.0	1.28	2.69
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-1

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BAXTER ANESTHESIA & CRITICAL CARE											
10019051001	RX	5 MG/ML	00010	SOL	DILTIAZEM HCL				3.0	4.80	10.08
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTHESIA & CRITICAL CARE TOTAL:	**$54.10**
BAXTER HEALTHCARE CORP.											
00338001748	RX	5%	00096	SOL	DEXTROSE				1.0	9.67	6.77
Manufacturer does not accept returns											
00338027003	RX	10%-0.9%	00024	SOL	GENTRAN 40 W/SODIUM CHLORID				1.0	99.43	69.60
Manufacturer does not accept returns											
00338041102	RX	5%-0.8%	00024	SOL	DEXTROSE/LIDOCAINE HCL				3.0	22.74	47.75
Manufacturer does not accept returns											
00338055002	RX	250 ML	00024	SOL	DEXTROSE/HEPARIN SODIUM				3.0	6.49	13.63
Manufacturer does not accept returns											
00338070541	RX	10 MEQ/5(	00024	SOL	POTASSIUM CHLORIDE				3.0	14.63	30.72
Manufacturer does not accept returns											
00338070748	RX	30 MEQ/1(	00024	SOL	POTASSIUM CHLORIDE				44.0	14.63	450.60
Manufacturer does not accept returns											
00338107302	RX	5%-100 M(	00018	SOL	DEXTROSE/DOBUTAMINE				3.0	49.72	104.41
Manufacturer does not accept returns											
										BAXTER HEALTHCARE CORP. TOTAL:	**$723.49**
BAXTER HEALTHCARE CORP. HYLAND/IMMU											
00944300650	RX		00001	KIT	TISSEEL VH				2.0	660.00	924.00
Manufacturer does not accept returns											
0944300650	RX		00001	KIT	TISSEEL VH				2.0	660.00	924.00
Manufacturer does not accept returns											
										BAXTER HEALTHCARE CORP. HYLAND/IMMU TOTAL:	**$1,848.00**
BECTON DICKINSON CONSUMER PRODUCTS											
08290036005	RX	10 U/ML	00030	SOL	HEPARIN LOCK FLUSH				34.0	3.36	79.97
Manufacturer does not accept returns											
										BECTON DICKINSON CONSUMER PRODUCTS TOTAL:	**$79.97**
BEDFORD LABORATORIES											
55390001310	RX	1 MG/ML	00010	SOL	DIHYDROERGOTAMINE MESYLAT				3.0	33.60	70.56
Manufacturer does not credit for partial package quantities											
5539000410	RX	1 MG	00010	PDS	GLUCAGEN				1.0	71.39	49.97
Manufacturer does not credit for partial package quantities											
5539005710	RX	150 MG/3 I	00010	INJ	AMIODARONE HCL				4.0	2.40	6.72
Manufacturer does not credit for partial package quantities											
55390076320	RX	2 MG/ML	00010	SOL	ETOMIDATE				1.0	25.80	18.06
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-1

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BEDFORD LABORATORIES											
5539009310	RX	1 MG/10 M	00010	SOL	FLUMAZENIL				3.0	156.94	329.57
Manufacturer does not credit for partial package quantities											
5539011301	RX	5 MG	00001	PDS	PHENTOLAMINE MESYLATE				1.0	33.60	23.52
Manufacturer does not credit for partial package quantities											
5539046001	RX	500 MG	00001	PDS	ACETAZOLAMIDE SODIUM				1.0	31.20	21.84
Manufacturer does not credit for partial package quantities											
										BEDFORD LABORATORIES TOTAL:	**$520.25**
BERTEK PHARMACEUTICALS INC											
62794050293	RX	20 GM/PA(	00030	PDR	KRISTALOSE				12.0	1.56	13.15
Manufacturer does not credit for partial package quantities											
										BERTEK PHARMACEUTICALS INC TOTAL:	**$13.15**
COOPER SURGICAL, INC.											
59365023101	RX	32%-10%	00012	SOL	HYSKON				3.0	31.23	65.59
Manufacturer does not accept returns											
										COOPER SURGICAL, INC. TOTAL:	**$65.59**
ESPRIT PHARMA											
15456098004	RX	20 MG	00060	TAB	SANCTURA				20.0	1.92	26.87
Manufacturer does not accept returns											
										ESPRIT PHARMA TOTAL:	**$26.87**
GENEVA PHARMACEUTICALS, INC.											
00781139613	RX	5 MG	00100	TAB	HALOPERIDOL				40.0	0.95	26.68
Manufacturer does not credit for partial package quantities											
										GENEVA PHARMACEUTICALS, INC. TOTAL:	**$26.68**
GENSIA SICOR PHARM., INC.											
00703133501	RX	50 MG/ML	00001	SOL	AMIODARONE HCL				3.0	18.75	39.38
Manufacturer does not credit for partial package quantities											
										GENSIA SICOR PHARM., INC. TOTAL:	**$39.38**
GENSIA SICOR PHARMACEUTICALS, INC.											
00703005104	RX	80 MG/ML	00025	SOL	METHYLPREDNISOLONE ACETAT	06E709			18.0	11.94	150.42
Manufacturer does not credit for partial package quantities											
00703150102	RX	0.5 MG/M	00005	SOL	ALPROSTADIL				9.0	187.50	1,181.25
Manufacturer does not credit for partial package quantities											
										GENSIA SICOR PHARMACEUTICALS, INC. TOTAL:	**$1,331.67**
HEALTHPOINT											
00064100007	RX		00012	OIN	ACCUZYME				16.0	14.64	163.97
Manufacturer does not credit for partial package quantities											
										HEALTHPOINT TOTAL:	**$163.97**

Order Number : EXP-9238-2008-1

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC											
00409116201	RX	0.5%	00025	SOL	BUPIVACAINE HCL				1.0	2.23	1.56
Manufacturer does not credit for partial package quantities											
00409174610	RX	0.25%-1:20(	00010	SOL	MARCAINE HCL/EPINEPHRINE				6.0	2.84	11.94
Manufacturer does not credit for partial package quantities											
									HOSPIRA, INC TOTAL:		**$13.50**
HOSPIRA, INC.											
00409114401	RX	235 MG/M	00005	SOL	VERAPAMIL HCL				6.0	1.21	5.09
Manufacturer does not credit for partial package quantities											
00409140231	RX	5000 U/M	00010	SOL	HEPARIN SODIUM				6.0	1.19	4.99
Manufacturer does not credit for partial package quantities											
00409146301	RX	10 MG/ML	00010	SOL	NALBUPHINE HCL				28.0	0.59	11.52
Manufacturer does not credit for partial package quantities											
00409174910	RX	0.5%-1:20(	00010	SOL	MARCAINE HCL/EPINEPHRINE				7.0	2.84	13.94
Manufacturer does not credit for partial package quantities											
00409190301	RX	500 MG/M	00025	SOL	PROCAINAMIDE HCL				7.0	1.84	9.02
Manufacturer does not credit for partial package quantities											
00409464601	RX	1 MG/ML	00025	SOL	PANCURONIUM BROMIDE				4.0	3.33	9.31
Manufacturer does not credit for partial package quantities											
00409488810	RX	0.9%	00025	SOL	SODIUM CHLORIDE				5.0	0.32	1.13
Manufacturer does not credit for partial package quantities											
00409490234	RX	50%	00010	SOL	DEXTROSE				1.0	4.39	3.07
Manufacturer does not credit for partial package quantities											
00409491134	RX	0.1 MG/M	00010	SOL	ATROPINE SULFATE				3.0	3.43	7.21
Manufacturer does not credit for partial package quantities											
00409492134	RX	0.1 MG/M	00010	SOL	EPINEPHRINE HCL				8.0	2.42	13.57
Manufacturer does not credit for partial package quantities											
00409592201	RX	25 MG/ML	00025	SOL	AMINOPHYLLINE				6.0	1.05	4.39
Manufacturer does not credit for partial package quantities											
00409662902	RX	10 ML	00025	SOL	QUELICIN				9.0	2.91	18.32
Manufacturer does not credit for partial package quantities											
00409724101	RX	1 MG/ML	00025	SOL	EPINEPHRINE HCL				6.0	0.64	2.70
Manufacturer does not credit for partial package quantities											
00409910420	RX	40 MG/ML	00025	SOL	DOPAMINE HCL				1.0	1.57	1.10
Manufacturer does not credit for partial package quantities											
									HOSPIRA, INC. TOTAL:		**$105.36**
IVAX PHARMACEUTICALS, INC.											
00182086889	RX	20 MG	00100	TAB	ISOSORBIDE DINITRATE				30.0	0.22	4.72
Manufacturer does not credit for partial package quantities											
00182822189		240 MG	00100	SGL	DOCUSATE CALCIUM				40.0	0.14	3.92
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2008-1

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
IVAX PHARMACEUTICALS, INC.											
0182402901		325 MG	00100	TAB	FERROUS SULFATE				100.0	0.03	2.37
Manufacturer does not credit for partial package quantities											
										IVAX PHARMACEUTICALS, INC. TOTAL:	**$11.01**
MAJOR PHARMACEUTICALS											
00904759161		325 MG	00100	TAB	FERROUS SULFATE				100.0	0.07	4.70
Manufacturer does not accept returns											
										MAJOR PHARMACEUTICALS TOTAL:	**$4.70**
MONARCH PHARMACEUTICALS											
61570014610	RX	600,000 U/	00010	SUS	BICILLIN L-A				15.0	14.75	154.87
Manufacturer does not credit for partial package quantities											
61570014810	RX	600,000 U/	00010	SUS	BICILLIN L-A				7.0	63.31	310.23
Manufacturer does not credit for partial package quantities											
										MONARCH PHARMACEUTICALS TOTAL:	**$465.09**
NOVO NORDISK PHARMACEUTICALS, INC.											
00169183311		100 U/ML	00001	SOL	NOVOLIN R				2.0	25.30	35.42
Manufacturer does not credit for partial package quantities											
00169183411		100 U/ML	00001	SUS	NOVOLIN N				2.0	25.30	35.42
Manufacturer does not credit for partial package quantities											
00169706001	RX	1.2 MG	00001	PDS	NOVOSEVEN				7.0	1.65	8.09
Product is not returnable											
										NOVO NORDISK PHARMACEUTICALS, INC. TOTAL:	**$78.93**
ORGANON PHARMACEUTICALS											
00052045015	RX	10 MG/ML	00010	SOL	ZEMURON	558906			1.0	20.43	14.30
Manufacturer does not credit for partial package quantities											
00052045015	RX	10 MG/ML	00010	SOL	ZEMURON	905719			2.0	20.43	28.60
Manufacturer does not credit for partial package quantities											
00052045015	RX	10 MG/ML	00010	SOL	ZEMURON	907394			2.0	20.43	28.60
Manufacturer does not credit for partial package quantities											
										ORGANON PHARMACEUTICALS TOTAL:	**$71.49**
PADDOCK LABORATORIES, INC.											
00574006930		40%	00003	GEL	GLUTOSE 15				2.0	2.80	3.92
Manufacturer does not credit for partial package quantities											
00574085005	RX	1 MG/ML	00005	SOL	DIHYDROERGOTAMINE MESYLAT				2.0	38.00	53.20
Manufacturer does not credit for partial package quantities											
										PADDOCK LABORATORIES, INC. TOTAL:	**$57.12**

Order Number : EXP-9238-2008-1

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
PHARM. ASSOCIATES, INC.											
00121174405		100 MG/5 I	00100	SOL	GUAIFENESIN				80.0	0.43	24.27
Manufacturer does not accept returns											
									PHARM. ASSOCIATES, INC. TOTAL:		$24.27
PHARMACEUTICAL ASSOCIATES, INC.											
00121046230			00100	OIL	MINERAL OIL				80.0	0.41	23.09
Manufacturer does not accept returns											
00121057616	RX	5 MG/5 M	00001	SYR	METOCLOPRAMIDE				1.0	19.27	13.49
Manufacturer does not accept returns											
00121063805		10 MG-10C	00100	SYR	DEXTROMETHORPHAN/GUAIFENE				100.0	0.34	23.89
Manufacturer does not accept returns											
									PHARMACEUTICAL ASSOCIATES, INC. TOTAL:		$60.47
PROCTER & GAMBLE PHARMACEUTICALS IN											
00149073402	RX	20 MG	00001	PDS	DANTRIUM INTRAVENOUS				6.0	75.46	316.93
Product is not returnable											
									PROCTER & GAMBLE PHARMACEUTICALS IN TOTAL:		$316.93
SANDOZ											
00781304095	RX	5 MG/ML	00010	SOL	REGONOL				10.0	22.67	158.70
Manufacturer does not credit for partial package quantities											
									SANDOZ TOTAL:		$158.70
SAVAGE LABORATORIES - DIGIFAB											
0281036510	RX	40 MG	00001	PDS	DIGIFAB		09/30/07		2.0	400.00	560.00
Manufacturer does not credit for products beyond this period past expiration											
									SAVAGE LABORATORIES - DIGIFAB TOTAL:		$560.00
SICOR PHARM., INC.											
00703285604	RX	10 MG/ML	00025	VIA	PROPOFOL				1.0	4.75	3.33
Manufacturer does not credit for partial package quantities											
									SICOR PHARM., INC. TOTAL:		$3.33
SICOR PHARMACEUTICALS, INC.											
00703731104	RX	1 MCG/ML	00025	VIA	CALCITRIOL				18.0	3.83	48.29
Manufacturer does not credit for partial package quantities											
									SICOR PHARMACEUTICALS, INC. TOTAL:		$48.29
SKY PHARMACEUTICALS PACKAGING, INC.											
63739000213		325 MG	01500	TAB	ACETAMINOPHEN				1,200.0	0.03	27.52
Manufacturer does not accept returns											
									SKY PHARMACEUTICALS PACKAGING, INC. TOTAL:		$27.52

Order Number : EXP-9238-2008-1

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
SUPPOSITORIA LABORATORIES, INC.											
45802073032		650 MG	00050	SUP	ACETAMINOPHEN		01/31/07	40.0		0.42	11.73
Manufacturer does not credit for products beyond this period past expiration											
						SUPPOSITORIA LABORATORIES, INC. TOTAL:					**$11.73**
UDL LABORATORIES, INC.											
51079001520	RX	500 MG	00100	TAB	NEOMYCIN SULFATE			50.0		1.98	69.13
Manufacturer does not credit for partial package quantities											
51079013020	RX	50 MG	00100	TAB	CHLORPROMAZINE HCL			70.0		0.30	14.50
Manufacturer does not credit for partial package quantities											
51079014620	RX	20 MG	00100	TAB	BENAZEPRIL HYDROCHLORIDE			70.0		0.95	46.65
Manufacturer does not credit for partial package quantities											
51079028120	RX	400 MG	00100	TAB	IBUPROFEN			60.0		0.22	9.28
Manufacturer does not credit for partial package quantities											
51079048120	RX	100 MG	00100	SGL	AMANTADINE HCL	6M161		5.0		0.60	2.09
Manufacturer does not credit for partial package quantities											
5107905020		648 MG	00100	TAB	ACETAMINOPHEN			30.0		0.07	1.50
Manufacturer does not credit for partial package quantities											
51079058620	RX	1 MG	00100	CAP	THIOTHIXENE			50.0		0.24	8.30
Manufacturer does not credit for partial package quantities											
51079065820	RX	4 MG	00100	TAB	ALBUTEROL SULFATE			30.0		0.47	9.90
Manufacturer does not credit for partial package quantities											
51079086820	RX	2.5 MG	00100	TAB	INDAPAMIDE			40.0		0.85	23.88
Manufacturer does not credit for partial package quantities											
51079090220	RX	25 MG	00100	CAP	LOXAPINE			30.0		2.42	50.83
Manufacturer does not credit for partial package quantities											
51079094708	RX	120 MG	00080	C24	DILTIAZEM HCL			30.0		1.03	21.53
Manufacturer does not credit for partial package quantities											
51079095520	RX	5 MG-6.25	00100	TAB	BISOPROLOL/HCTZ			20.0		1.14	15.96
Manufacturer does not credit for partial package quantities											
51079095820	RX	2 MG	00100	TAB	DOXAZOSIN MESYLATE			80.0		0.92	51.72
Manufacturer does not credit for partial package quantities											
51079098620	RX	10 MG	00100	TAB	BUSPIRONE HCL			30.0		1.35	28.25
Manufacturer does not credit for partial package quantities											
						UDL LABORATORIES, INC. TOTAL:					**$353.49**
UPSHER-SMITH LABORATORIES, INC.											
00245004001	RX	8 MEQ	00100	TER	KLOR-CON 8			40.0		0.22	6.12
Manufacturer does not credit for partial package quantities											
00245010801		325 MG E/	00100	ECT	FERROUS SULFATE			100.0		0.07	5.23
Manufacturer does not credit for partial package quantities											
						UPSHER-SMITH LABORATORIES, INC. TOTAL:					**$11.35**

Order Number : EXP-9238-2008-1

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
WATSON PHARMA, INC.											
52544092226	RX	62.5 MG	00010	INJ	FERRLECIT	BROKEN			5.0	43.00	150.50
Damaged Package											
									WATSON PHARMA, INC. TOTAL:		$150.50
WHITEHALL-ROBINS HEALTHCARE											
00031867727			00001	SYR	ROBITUSSIN				1.0	7.91	5.54
Manufacturer does not accept returns											
									WHITEHALL-ROBINS HEALTHCARE TOTAL:		$5.54
WOCKHARDT USA											
64679098302	RX	1 GM	00010	PDS	CEFTRIAXONE				1.0	44.47	31.13
Manufacturer does not credit for partial package quantities											
									WOCKHARDT USA TOTAL:		$31.13
X-GEN PHARMACEUTICALS											
6885001202	RX	400MG	00100	TAB	MYAMBUTOL				40.0	1.30	36.40
Manufacturer does not credit for partial package quantities											
									X-GEN PHARMACEUTICALS TOTAL:		$36.40
									Grand Total:		$7,932.36

Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/16/2008
Order No: EXP-9238-2008-1
Pickup Date: 01/10/2008
Price Code: RedBook

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ABBOTT HOSPITAL PRODUCTS											
00024072622	CII	1 MG/ML	00010	SOL	HYDROMORPHONE HCL	REPACK		12.0		1.18	9.88
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										ABBOTT HOSPITAL PRODUCTS TOTAL:	$9.88
BAXTER ANESTHESIA & CRITICAL CARE											
10019010201	CIV	2 MG/ML	00025	SOL	ATIVAN (LORAZEPAM)	LOOSE		4.0		3.30	9.24
Manufacturer does not credit for partial package quantities											
10019010201	CIV	2 MG/ML	00025	SOL	ATIVAN (LORAZEPAM)			125.0		3.30	288.75
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTHESIA & CRITICAL CARE TOTAL:	$297.99
BEDFORD LABORATORIES - CONTROLS											
55390047510	CIII	50 MG/ML	00010	SOL	KETAMINE HYDROCHLORIDE			12.0		15.60	131.04
Manufacturer does not credit for partial package quantities											
										BEDFORD LABORATORIES - CONTROLS TOTAL:	$131.04
CELLTECH PHARMACEUTICALS, INC.											
53014053107	CII	5 MG	00100	TAB	METHYLPHENIDATE HCL	REPACK		50.0		0.27	9.52
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										CELLTECH PHARMACEUTICALS, INC. TOTAL:	$9.52
ENDO GENERIC PRODUCTS											
60951065270	CII	15 MG	00100	TER	MORPHINE SULFATE	REPACK		1.0		0.89	0.62
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										ENDO GENERIC PRODUCTS TOTAL:	$0.62
ETHEX CORPORATION											
58177029811	CII	2 MG	00100	TAB	HYDROMORPHONE HCL			53.0		0.47	17.50
Manufacturer does not credit for partial package quantities											
58177087707	CIII	2 MG-2.5 M	00001	SYR	HISTINEX HC	REPACK		0.21		27.95	4.11
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										ETHEX CORPORATION TOTAL:	$21.61
HI-TECH PHARMACAL CO., INC.											
50383080416	CV	10 MG-6.2	00001	SYR	CODEINE/PROMETHAZINE	LOOSE		0.80		23.50	13.16
Manufacturer does not credit for partial package quantities											
										HI-TECH PHARMACAL CO., INC. TOTAL:	$13.16
HOSPIRA, INC.											
00409109732	CII	15 MG/ML	00010	SOL	CODEINE PHOSPHATE		09/01/07		5.0	19.92	69.72
Manufacturer does not credit for products beyond this period past expiration											

Order Number : EXP-9238-2008-1

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
00409109732	CII	15 MG/ML	00010	SOL	CODEINE PHOSPHATE			17.0		1.99	23.70
Manufacturer does not credit for partial package quantities											
00409117930	CII	75 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE			1.0		1.07	0.75
Manufacturer does not credit for partial package quantities											
00409118069	CII	100 MG/M	00010	INJ	DEMEROL HYDROCHLORIDE			13.0		0.95	8.65
Manufacturer does not credit for partial package quantities											
00409127332	CIV	5 MG/ML	00010	SOL	DIAZEPAM			2.0		2.53	3.54
Manufacturer does not credit for partial package quantities											
										HOSPIRA, INC. TOTAL:	**$106.36**
IVAX PHARMACEUTICALS, INC.											
0182822889	CIV	0.5 MG	00100	TAB	CLONAZEPAM			18.0		0.80	10.05
Manufacturer does not credit for partial package quantities											
										IVAX PHARMACEUTICALS, INC. TOTAL:	**$10.05**
MALLINCKRODT PHARM DIVISION											
00406831562	CII	15 MG	00100	TER	MORPHINE SULFATE			16.0		0.89	10.01
Manufacturer does not credit for partial package quantities											
00406839062	CII	100 MG	00100	TER	MORPHINE SULFATE			80.0		4.91	274.76
Manufacturer does not credit for partial package quantities											
										MALLINCKRODT PHARM DIVISION TOTAL:	**$284.77**
MALLINCKRODT PHARMACEUTICAL DIVISIO											
00406991501	CIV	7.5 MG	00100	CAP	RESTORIL	REPACK		29.0		1.57	31.88
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										MALLINCKRODT PHARMACEUTICAL DIVISIO TOTAL:	**$31:88**
MONARCH PHARM - CONTROLS											
60793014501	CIV	5 MG	00100	CAP	SONATA	REPACK		1.0		3.31	2.32
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										MONARCH PHARM - CONTROLS TOTAL:	**$2.32**
PADDOCK LABORATORIES, INC.											
00574704012	CII	16.2 MG-6	00012	SUP	BELLADONNA/OPIUM			1.0		2.95	2.07
Manufacturer does not credit for partial package quantities											
00574704512	CII	16.2 MG-3	00012	SUP	BELLADONNA/OPIUM			2.0		2.65	3.71
Manufacturer does not credit for partial package quantities											
										PADDOCK LABORATORIES, INC. TOTAL:	**$5.78**
PFIZER PHARMACEUTICALS - CONTROLS											
00071101268	CV	25 MG	00090	CAP	LYRICA	LESS $500	03/31/10	8.0		1.98	11.09
Manufacturer does not credit for value less than $25											
00071101568	CV	100 MG	00090	CAP	LYRICA	REPACK		2.0		1.98	2.77
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										PFIZER PHARMACEUTICALS - CONTROLS TOTAL:	**$13.86**
PHARMACEUTICAL ASSOCIATES, INC.											
00121050405	CV	120 MG-12	00100	SOL	ACETAMINOPHEN/CODEINE			13.0		0.46	4.16
Manufacturer does not accept returns											
00121465515	CIII	500 MG/15	00040	SOL	APAP/HYDROCODONE BITARTRATLOOSE			3.0		3.10	6.51
Manufacturer does not accept returns											

Order Number : EXP-9238-2008-1

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
PHARMACEUTICAL ASSOCIATES, INC.											
00121465515	CIII	500 MG/15	00040	SOL	APAP/HYDROCODONE BITARTRAT			10.0		3.10	21.70
Manufacturer does not accept returns											
										PHARMACEUTICAL ASSOCIATES, INC. TOTAL:	$32.37
PHARMEDIUM HEALTHCARE CORPORATION											
61553012348	CII	2 MCG/ML	00005	SOL	BUPIV/FENTANYL CITR/SOD CL			26.0		10.56	192.19
Manufacturer does not accept returns											
61553070268	CII	0.2MG/ML	00010	SOL	HYDROMORPHONE HCL/SODIUM C			121.0		16.50	1,397.55
Manufacturer does not accept returns											
61553079268	CII	20 MCG/M	00010	INJ	FENTANYL CITRATE			72.0		17.50	882.00
Manufacturer does not accept returns											
										PHARMEDIUM HEALTHCARE CORPORATION TOTAL:	$2,471.74
POLYMEDICA PHARMACEUTICALS (USA), I											
61451501507	CII	16.2 MG-3(	00012	SUP	B & O SUPPRETTES 15A			1.0		2.95	2.07
Manufacturer does not credit for partial package quantities											
										POLYMEDICA PHARMACEUTICALS (USA), I TOTAL:	$2.07
QUALITEST PRODUCTS, INC.											
00603388721	CIII	325 MG-1C	00100	TAB	APAP/HYDROCODONE BITARTRAT	REPACK		11.0		0.70	5.38
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00603545921	CIV	65 MG	00100	CAP	PROPOXYPHENE HCL	REPACK		8.0		0.33	1.82
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										QUALITEST PRODUCTS, INC. TOTAL:	$7.20
RANBAXY PHARMACEUTICALS INC.											
63304020301	CII	10%	00001	TIN	OPIUM	REPACK		0.11		58.30	4.49
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										RANBAXY PHARMACEUTICALS INC. TOTAL:	$4.49
RANBAXY PHARMACEUTICALS, INC.											
6330490801	CII	5 MG	00100	TAB	AMPHETAMINE SALT COMBO	REPACK		1.0		1.43	1.00
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										RANBAXY PHARMACEUTICALS, INC. TOTAL:	$1.00
ROXANE LABORATORIES, INC.											
00054353244	CIV	2 MG/ML	00001	SOL	LORAZEPAM INTENSOL	REPACK		0.50		40.22	14.08
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00054355367	CII	10 MG/ML	00001	SOL	METHADONE HCL	REPACK		0.18		79.88	10.07
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00054415625	CII	30 MG	00100	TAB	CODEINE SULFATE	REPACK		16.0		0.40	4.51
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00054458225	CII	15 MG	00100	TAB	MORPHINE SULFATE	REPACK		132.0		0.18	16.93
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00054816402	CII	10%	00001	SOL	COCAINE HCL	REPACK		2.50		43.01	75.27
PRODUCT MUST BE IN ORIGINAL PACKAGE											
0054355563	CII	5 MG/5 M	00001	SOL	METHADONE HCL	REPACK		0.31		30.85	6.69
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										ROXANE LABORATORIES, INC. TOTAL:	$127.54

SHIRE US INC.

Order Number : EXP-9238-2008-1

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
SHIRE US INC.											
54092037601	CII	20 MG	00100	TAB	ADDERALL	REPACK			38.0	1.70	45.18
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										SHIRE US INC. TOTAL:	**$45.18**
TEVA PHARMACEUTICALS USA											
00093516101	CIII	7.5 MG-20	00100	TAB	HYDROCODONE BITARTRATE/IBU	REPACK			56.0	1.15	44.94
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										TEVA PHARMACEUTICALS USA TOTAL:	**$44.94**
UDL LABORATORIES, INC.											
51079006720	CV	0.025 MG-	00100	TAB	ATROPINE SULFATE/DIPHENOXYL				10.0	0.48	3.35
Manufacturer does not credit for partial package quantities											
51079014120	CIV	25 MG	00100	CAP	CHLORDIAZEPOXIDE HCL				1.0	0.23	0.16
Manufacturer does not credit for partial package quantities											
51079028620	CIV	10 MG	00100	TAB	DIAZEPAM				31.0	0.43	9.23
Manufacturer does not credit for partial package quantities											
51079030220	CIV	15 MG	00100	CAP	FLURAZEPAM HCL				90.0	0.29	18.49
Manufacturer does not credit for partial package quantities											
51079037520	CIV	10 MG	00100	CAP	CHLORDIAZEPOXIDE HCL				49.0	0.22	7.60
Manufacturer does not credit for partial package quantities											
										UDL LABORATORIES, INC. TOTAL:	**$38.82**
UNIMED PHARMACEUTICALS, INC											
00051002121	CIII	2.5 MG	00060	CAP	MARINOL	REPACK			8.0	4.17	23.32
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										UNIMED PHARMACEUTICALS, INC TOTAL:	**$23.32**
WATSON PHARMA, INC.											
00591072601	CII	50 MG	00100	TAB	MEPERIDINE HCL	REPACK			21.0	0.68	10.03
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00591321901	CIII		00100	CAP	ASPIRIN/BUTALBITAL/CAFFEINE	REPACK			64.0	0.89	39.87
PRODUCT MUST BE IN ORIGINAL PACKAGE											
00591350301	CII	40 MG	00100	TAB	OXYCODONE HCL	REPACK			11.0	4.68	36.00
PRODUCT MUST BE IN ORIGINAL PACKAGE											
										WATSON PHARMA, INC. TOTAL:	**$85.90**
										Grand Total:	**$3,823.41**

Returned Drug Summary

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/16/2008
Order#: 9238-2008-1
Pickup Date: 01/10/2008
Price Code: RedBook

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#:BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

Manufacturer		*Debit Memo#*	*Anticipated Return Value*	*Amount Received*
AKORN, INC.				
AKORN, INC.	*CAP*		$4.69	
			$4.69	
ALCON PHARMACEUTICAL DIVISION				
ALCON LABORATORIES, OPHTHALMIC DIV.	*CAP*		$28.14	
			$28.14	
AMPHASTAR - IMS CRITICAL CARE				
AMPHASTAR - IMS CRITICAL CARE	*CAP*		$29.86	
			$29.86	
ASTELLAS PHARMA, INC.				
FUJISAWA HEALTHCARE, INC.	*CAP*		$83.35	
			$83.35	
ASTRA ZENECA				
ASTRA ZENECA	*CAP*		$0.91	
			$0.91	
BAUSCH & LOMB PHARMACEUTICALS, INC.				
BAUSCH & LOMB PHARMACEUTICALS, INC.	*CAP*		$2.90	
			$2.90	
Bristol-Myers Squibb Company		*EXPNC00810005*		
DU PONT PHARMACEUTICALS COMPANY			$121.38	
			$121.38	
CRI		*EXPNC00810004*		
ROXANE LABORATORIES, INC.			$79.11	
			$79.11	
CRI				
AVENTIS PHARMACEUTICALS	*CAP*		$756.00	
BERLEX LABORATORIES, INC.	*CAP*		$10.33	
SANDOZ	*CAP*		$317.39	
			$1,083.72	
DEY, L.P.				
DEY	*CAP*		$666.93	
			$666.93	
GLAXO SMITHKLINE PHARMACEUTICALS				
GLAXO WELLCOME INC.	*CAP*		$1.62	
			$1.62	

Order Number : EXP-9238-2008-1

Returned Drug Summary

Manufacturer			Debit Memo#	Anticipated Return Value	Amount Received
HOSPIRA, INC.		RECALL	EXPNC00810002		
HOSPIRA, INC.				$57.39	
				$57.39	
JOM Pharmaceutical Services					
ORTHO-MCNEIL PHARMACEUTICAL CORPORA	CAP			$0.60	
				$0.60	
MORTON GROVE PHARMACEUTICALS, INC.					
MORTON GROVE PHARMACEUTICALS, INC.	CAP			$3.35	
				$3.35	
NOVARTIS PHARMACEUTICALS CORPORATIO			EXPNC00810003		
NOVARTIS PHARM				$401.52	
NOVARTIS PHARMACEUTICALS CORPORATIO				$97.03	
				$498.55	
OVATION PHARMACEUTICALS, INC.					
OVATION PHARMACEUTICALS, INC.	CAP			$136.09	
				$136.09	
PFIZER INC. CONSUMER HEALTH CARE GR					
PHARMACIA CONSUMER HEALTHCARE	CAP			$8.72	
				$8.72	
PFIZER PHARMACEUTICALS					
PFIZER U.S. PHARMACEUTICALS GROUP	CAP			$530.99	
PHARMACIA CORPORATION	CAP			$179.17	
				$710.15	
SALIX PHARMACEUTICALS INC.					
SALIX PHARMACEUTICALS INC.	CAP			$70.00	
				$70.00	
SCHERING PLOUGH CORPORATION					
KEY PHARMACEUTICALS, INC.	CAP			$168.00	
				$168.00	
SEPRACOR, INC.					
SEPRACOR, INC.	CAP			$56.70	
				$56.70	
SPS - GA					
GENSIA SICOR PHARMACEUTICALS, INC.	CAP			$93.16	
NOVO NORDISK PHARMACEUTICALS, INC.	CAP			$35.42	
				$128.58	
TAKEDA PHARMACEUTICALS AMERICA, INC					
TAKEDA PHARMACEUTICALS AMERICA, INC	CAP			$3.74	
				$3.74	
WATSON PHARMA, INC.					
RUGBY LABORATORIES, INC.	CAP			$4.39	
				$4.39	

Order Number : EXP-9238-2008-1

Returned Drug Summary

Manufacturer		Debit Memo#	Anticipated Return Value	Amount Received
WYETH PHARMACEUTICALS				
WYETH-AYERST LABORATORIES	CAP		$217.05	
			$217.05	
X-GEN PHARMACEUTICALS INC.				
PHARMA-TEK, INC.	CAP		$9.80	
			$9.80	
Grand Total			**$4,175.69**	

Total No. of Manufacturers: 31

Processed Recall Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/16/2008
Order No: EXP-9238-2008-1
Pickup Date: 01/10/2008
Price Code: RedBook

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

RECALLED PRODUCTS BEING RETURNED
PRODUCTS INCLUDED ON APPLICABLE REPORTS

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
00409321805	RX	125 MG	10	PDR	A-METHAPED	47005DD	05/01/08		1.00	40.99	28.69
00409321805	RX	125 MG	10	PDR	A-METHAPED	48490DD	06/01/08		1.00	40.99	28.69
										HOSPIRA, INC. TOTAL:	$57.39
										Grand Total:	$57.39

Returned Non-Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/16/2008
Order#: EXP-9238-2008-1
Pickup Date: 01/10/2008
Price Code: RedBook

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
AKORN, INC.											
1747820510	RX	10%	00001	SOL	AK-DILATE	111195	11/30/07		1.0	6.70	4.69
									AKORN, INC. TOTAL:		$4.69
ALCON LABORATORIES, OPHTHALMIC DIV.											
00065064435	RX	0.3%	00001	OIN	TOBREX	05A25E	12/31/07		1.0	40.20	28.14
									ALCON LABORATORIES, OPHTHALMIC DIV. TOTAL:		$28.14
AMPHASTAR - IMS CRITICAL CARE											
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL	DE073D6	03/31/08	3.0		5.35	11.24
00548331500	RX	25%	00010	SOL	DEXTROSE	BC074C5	02/28/08	5.0		5.32	18.62
									AMPHASTAR - IMS CRITICAL CARE TOTAL:		$29.86
ASTRA ZENECA											
00186109005	RX	50 MG	00100	TER	TOPROL XL	LH0085	03/31/08	1.0		0.65	0.46
00186109005	RX	50 MG	00100	TER	TOPROL XL	LH0086	03/31/08	1.0		0.65	0.46
									ASTRA ZENECA TOTAL:		$0.91
AVENTIS PHARMACEUTICALS											
0075245153	RX	4 MCG/ML	00001	SOL	DDAVP	GL 9257A	11/30/07		1.0	270.00	189.00
0075245153	RX	4 MCG/ML	00001	SOL	DDAVP	GM 9289A	12/31/07		3.0	270.00	567.00
									AVENTIS PHARMACEUTICALS TOTAL:		$756.00
BAUSCH & LOMB PHARMACEUTICALS, INC.											
2420874002	RX	2.5%	00001	SOL	PHENYLEPHRINE HYDROCHLORIDE	945571	09/30/07		1.0	4.14	2.90
									BAUSCH & LOMB PHARMACEUTICALS, INC. TOTAL:		$2.90
BERLEX LABORATORIES, INC.											
50419045104	RX	0.05 MG/24 HRS	00004	TDM	CLIMARA	050242	09/30/07	2.0		7.38	10.33
									BERLEX LABORATORIES, INC. TOTAL:		$10.33
DEY											
49502067624	RX	0.6% 2.5 ML	00025	SOL	METAPROTERENOL SULFATE	KC63	10/01/07		1.0	30.75	21.53
49502068961	RX	10MG/ML	00060	SOL	CROMOLYN SODIUM	L891	11/01/07		1.0	42.00	29.40
4950218001	RX	80 MG/ML	00001	SUS	CUROSURF	065627	11/01/07		1.0	440.00	308.00
4950218001	RX	80 MG/ML	00001	SUS	CUROSURF	069643	04/01/08		1.0	440.00	308.00
									DEY TOTAL:		$666.93

Order Number : EXP-9238-2008-1

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NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
DU PONT PHARMACEUTICALS COMPANY											
00590032435	RX	5 MG	00006	PDS	COUMADIN	MS0561A	12/31/07	2.0		21.68	30.35
00590032435	RX	5 MG	00006	PDS	COUMADIN	MSJ529A	08/31/07	6.0		21.68	91.04
									DU PONT PHARMACEUTICALS COMPANY TOTAL:		$121.38
FUJISAWA HEALTHCARE, INC.											
00469823412	RX	2 ML	00001	SOL	ADENOCARD	27-241-EV	09/01/07		3.0	39.69	83.35
									FUJISAWA HEALTHCARE, INC. TOTAL:		$83.35
GENSIA SICOR PHARMACEUTICALS, INC.											
00703003104	RX	40 MG/ML	00025	SOL	METHYLPREDNISOLONE ACETATE	06H705	12/31/07		1.0	133.08	93.16
									GENSIA SICOR PHARMACEUTICALS, INC. TOTAL:		$93.16
GLAXO WELLCOME INC.											
00173063302	RX	25 MG	00100	TAB	LAMICTAL	5ZP1392	03/31/08	1.0		2.31	1.62
									GLAXO WELLCOME INC. TOTAL:		$1.62
HOSPIRA, INC.											
00409321805	RX	125 MG	00010	PDR	A-METHAPED	47005DD	05/01/08		1.0	40.99	28.69
00409321805	RX	125 MG	00010	PDR	A-METHAPED	48490DD	06/01/08		1.0	40.99	28.69
									HOSPIRA, INC. TOTAL:		$57.39
KEY PHARMACEUTICALS, INC.											
0085117701	RX	2 MG/ML	00001	SOL	INTEGRILIN	AD040A1	03/31/08		2.0	60.00	84.00
0085117701	RX	2 MG/ML	00001	SOL	INTEGRILIN	AD079A1	07/31/08		2.0	60.00	84.00
									KEY PHARMACEUTICALS, INC. TOTAL:		$168.00
MORTON GROVE PHARMACEUTICALS, INC.											
60432060404	RX	15 MG-6.25 MG/5 ML	00001	SYR	DEXTROMETHORPHAN/PROMETHAZINE	27748A	10/31/07		1.0	4.79	3.35
									MORTON GROVE PHARMACEUTICALS, INC. TOTAL:		$3.35
NOVARTIS PHARM											
53905006504	RX	60 MG/ML	00004	SOL	TOBI	11K4D	10/31/07		2.0	286.80	401.52
									NOVARTIS PHARM TOTAL:		$401.52
NOVARTIS PHARMACEUTICALS CORPORATIO											
00078032606	RX	6 MG	00100	CAP	EXELON	F4070	05/31/07	2.0		2.24	3.13
00078032606	RX	6 MG	00100	CAP	EXELON	F4071	11/30/07	60.0		2.24	93.90
									NOVARTIS PHARMACEUTICALS CORPORATIO TOTAL:		$97.03
NOVO NORDISK PHARMACEUTICALS, INC.											
0169183411		100 U/ML	00001	SUS	NOVOLIN N	RZF0195	10/31/07		1.0	25.30	17.71
0169183711		70 U-30 U/ML	00001	SUS	NOVOLIN 70/30	RZF0172	09/30/07		1.0	25.30	17.71
									NOVO NORDISK PHARMACEUTICALS, INC. TOTAL:		$35.42

Order Number : EXP-9238-2008-1

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NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
ORTHO-MCNEIL PHARMACEUTICAL CORPORA											
00045065060	RX	325 MG-37.5 MG	00100	TAB	ULTRACET	5DG914	02/28/08	1.0		0.85	0.60
						ORTHO-MCNEIL PHARMACEUTICAL CORPORA TOTAL:					$0.60
OVATION PHARMACEUTICALS, INC.											
0006340617	RX	1 MG	00003	PDS	INDOCIN	0437R	11/30/07		2.0	97.21	136.09
						OVATION PHARMACEUTICALS, INC. TOTAL:					$136.09
PFIZER U.S. PHARMACEUTICALS GROUP											
00049392083	RX	20 MG	00010	PDS	GEODON	AA0HJ	10/31/07	11.0		35.00	269.50
00049396041	RX	20 MG	00080	CAP	GEODON	0286K03A	10/01/07	46.0		4.06	130.82
00071400705	RX	50 MG/ML	00025	SOL	CEREBYX	41802A	09/30/07	4.0		20.11	56.29
0049319028	RX	200 MG	00001	PDS	VFEND I.V.	A05274	08/31/07		1.0	106.25	74.38
						PFIZER U.S. PHARMACEUTICALS GROUP TOTAL:					$530.99
PHARMA-TEK, INC.											
3982210555	RX	50 MG	00001	PDS	AMPHOTERICIN B	ZF3AB	06/30/07		1.0	14.00	9.80
						PHARMA-TEK, INC. TOTAL:					$9.80
PHARMACIA CONSUMER HEALTHCARE											
0009757401			00001	SOL	EMETROL	21PDK	10/31/07		2.0	6.23	8.72
						PHARMACIA CONSUMER HEALTHCARE TOTAL:					$8.72
PHARMACIA CORPORATION											
00025152531	RX	200 MG	00100	CAP	CELEBREX	C050410	01/01/08	1.0		2.64	1.85
0009379401	RX	0.1 MG/ML	00001	SOL	CORVERT	20MKF	08/31/07		1.0	253.31	177.32
						PHARMACIA CORPORATION TOTAL:					$179.17
ROXANE LABORATORIES, INC.											
00054372263	RX	5 MG/5 ML	00001	SOL	PREDNISONE	657102A	12/31/07	0.30		74.97	15.74
00054817425	RX	1 MG	00100	TAB	DEXAMETHASONE	557228B	07/31/07	2.0		0.31	0.43
00054817425	RX	1 MG	00100	TAB	DEXAMETHASONE	656441A	03/31/08	2.0		0.31	0.43
00054817525	RX	4 MG	00100	TAB	DEXAMETHASONE	558186A	11/30/07	5.0		0.62	2.17
00054817625	RX	2 MG	00100	TAB	DEXAMETHASONE	558211A	11/30/07	36.0		0.59	14.87
00054817625	RX	2 MG	00100	TAB	DEXAMETHASONE	657220A	07/31/08	92.0		0.59	38.00
00054852825	RX	300 MG	00100	TAB	LITHIUM CARBONATE	558308A	12/31/07	19.0		0.23	3.07
						ROXANE LABORATORIES, INC. TOTAL:					$74.71
RUGBY LABORATORIES, INC.											
00536440601		25 MG	00100	TAB	VITAMIN B6	0661 5010	02/28/08	1.0		0.03	0.02
0536430611		625 MG	00090	TAB	FIBER-LAX	0253 4021	05/01/08	50.0		0.12	4.37
						RUGBY LABORATORIES, INC. TOTAL:					$4.39
SALIX PHARMACEUTICALS INC.											
65649010102	RX	750 MG	00280	CAP	COLAZAL	314943	12/31/07	100.0		1.00	70.00
						SALIX PHARMACEUTICALS INC. TOTAL:					$70.00

Order Number : EXP-9238-2008-1

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SANDOZ											
00781304095	RX	5 MG/ML	00010	SOL	REGONOL	131487	10/31/07		1.0	226.71	158.70
00781304095	RX	5 MG/ML	00010	SOL	REGONOL	132155	11/30/07		1.0	226.71	158.70
									SANDOZ TOTAL:		$317.39
SEPRACOR, INC.											
63402051530	RX	0.5 ML	00030	SOL	XOPENEX	S6B095	08/31/07		1.0	81.00	56.70
									SEPRACOR, INC. TOTAL:		$56.70
TAKEDA PHARMACEUTICALS AMERICA, INC											
64764045124	RX	45 MG	00030	TAB	ACTOS	A11028	03/31/08	1.0		5.34	3.74
									TAKEDA PHARMACEUTICALS AMERICA, INC TOTAL:		$3.74
WYETH-AYERST LABORATORIES											
00008084199	RX	40 MG	00100	ECT	PROTONIX	A91589	01/31/08	25.0		3.13	54.81
00008084199	RX	40 MG	00100	ECT	PROTONIX	B08358	02/28/08	74.0		3.13	162.24
									WYETH-AYERST LABORATORIES TOTAL:		$217.05
									Grand Total:		$4,171.29

No. Of Manufacturers: 31

Returned Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 01/16/2008
Order#: EXP-9238-2008-1
Pickup Date: 01/10/2008
Price Code: RedBook

Customer: CENTERPOINT MEDICAL CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS), O'FALLON
#1 COMMERCE DR.,,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
ROXANE LABORATORIES, INC.											
00054319446	CV	0.025 MG-2.5 MG/5 ML	00001	SOL	ATROPINE SULFATE/DIPHENOXYLATE HCL	556727V	10/31/07		1.0	6.28	4.40
										ROXANE LABORATORIES, INC. TOTAL:	$4.40
										Grand Total:	$4.40

No. of Manufacturers: 1

Processed Indates Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 08/16/2007
Order No: EXP-9238-2007-3
Pickup Date: 08/03/2007
Price Code:

Customer: INDEPENDENCE REGIONAL HEALTH CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS)
#1 COMMERCE DR.,O'FALLON,MO,63366

PRODUCTS FORMERLY INDATED, NOW QUALIFY FOR RETURN
PRODUCTS INCLUDED ON APPLICABLE REPORTS

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMGEN USA INC.											
55513007330	RX	30 MG	30	TAB	SENSIPAR	D034191	07/31/07		1.00	9.72	6.80
										AMGEN USA INC. TOTAL:	$6.80
ASTRA ZENECA											
00310027539	RX	25 MG	100	TAB	SEROQUEL	KN0065	08/31/07		20.00	1.47	20.62
										ASTRA ZENECA TOTAL:	$20.62
BAYER CORP., PHARMACEUTICAL DIVISIO											
00026286151	RX	50 MG	100	TAB	PRECOSE	5400K4K	07/31/07		1.00	0.58	0.41
										BAYER CORP., PHARMACEUTICAL DIVISIO TOTAL:	$0.41
BERLEX LABORATORIES, INC.											
50419010510	RX	80 MG	100	TAB	BETAPACE	W30004	02/28/07		1.00	2.96	2.07
										BERLEX LABORATORIES, INC. TOTAL:	$2.07
BOEHRINGER INGELHEIM PHARMACEUTICAL											
00597008490	RX	0.25 MG	90	TAB	MIRAPEX	69PBW	02/28/07		1.00	1.26	0.88
										BOEHRINGER INGELHEIM PHARMACEUTICAL TOTAL:	$0.88
EISAI INC.											
62856024630	RX	10 MG	30	TAB	ARICEPT	003116	08/01/07		1.00	4.48	3.14
62856024590	RX	5 MG	90	TAB	ARICEPT	003117	02/01/07		1.00	4.48	3.14
										EISAI INC. TOTAL:	$6.27
FOREST PHARMACEUTICALS, INC.											
00456202063	RX	20 MG	100	TAB	LEXAPRO	120427	08/31/07		44.00	2.36	72.78
										FOREST PHARMACEUTICALS, INC. TOTAL:	$72.78
GLAXO SMITHKLINE PHARMACEUTICALS											
00007414120	RX	12.5 MG	100	TAB	COREG	Y465 5V41	08/31/07		1.00	1.61	1.13
00007414020	RX	6.25 MG	100	TAB	COREG	2285V40	07/31/07		1.00	1.61	1.13
00007414020	RX	6.25 MG	100	TAB	COREG	2465V40	09/30/07		1.00	1.61	1.13
00029316013	RX	8 MG	30	TAB	AVANDIA	5ZP3031	08/31/07		1.00	4.74	3.32
00007414120	RX	12.5 MG	100	TAB	COREG	469 5V41	09/30/07		1.00	1.61	1.13
00007414120	RX	12.5 MG	100	TAB	COREG	Y4465V41	08/31/07		1.00	1.61	1.13
00007414120	RX	12.5 MG	100	TAB	COREG	4735V41	09/30/07		1.00	1.61	1.13
00007413920	RX	3.125 MG	100	TAB	COREG	145V39	08/31/07		1.00	1.61	1.13
00007414120	RX	12.5 MG	100	TAB	COREG	Y4465V41	08/31/07		1.00	1.61	1.13
										GLAXO SMITHKLINE PHARMACEUTICALS TOTAL:	$12.33

Order Number : EXP-9238-2007-3

Processed Indates Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
JANSSEN PHARMACEUTICA PRODUCTS, L.P											
50458030006	RX	1 MG	60	TAB	RISPERDAL	5KG327	08/31/07	2.00		2.79	3.91
										JANSSEN PHARMACEUTICA PRODUCTS, L.P TOTAL:	$3.91
LILLY, ELI & CO.											
00002416530	RX	60 MG	30	TAB	EVISTA	A124031	07/01/07	1.00		2.32	1.62
00002411530	RX	5 MG	30	TAB	ZYPREXA	A152700	08/01/07	1.00		7.33	5.13
										LILLY, ELI & CO. TOTAL:	$6.76
MERCK & CO., INC.											
00006092531	RX	5 MG	30	TAB	FOSAMAX	R3216	08/31/07	1.00		2.22	1.55
										MERCK & CO., INC. TOTAL:	$1.55
NOVARTIS PHARMACEUTICALS CORPORATIO											
00078042620	RX	6 MG	60	TAB	ZELNORM	F0046	08/31/07	1.00		2.82	1.97
00078033706	RX	300 MG	100	TAB	TRILEPTAL	F0116	08/31/07	28.00		1.78	34.80
										NOVARTIS PHARMACEUTICALS CORPORATIO TOTAL:	$36.78
ORTHO BIOTECH											
59676031001	RX	10,000 U/ML	6	SOL	PROCRIT	P028277	03/30/07	1.00		133.56	93.49
										ORTHO BIOTECH TOTAL:	$93.49
PFIZER U.S. PHARMACEUTICALS GROUP											
00069551066	RX	10 MG	100	TAB	ZYRTEC	5TU021A	07/01/07	1.00		1.98	1.39
00071036224	RX	100 MG	100	CER	DILANTIN KAPSEALS	05625	09/30/07	1.00		0.29	0.20
00071015623	RX	20 MG	90	TAB	LIPITOR	0468085	07/31/07	2.00		3.28	4.59
										PFIZER U.S. PHARMACEUTICALS GROUP TOTAL:	$6.17
PHARMACIA CORPORATION											
00009454102	RX	1 MG	60	TAB	DETROL	34MDU	07/01/07	1.00		1.48	1.04
00009045003	RX	1 GM	120	TAB	COLESTID	67MPM	08/01/07	1.00		0.48	0.34
										PHARMACIA CORPORATION TOTAL:	$1.37
RANBAXY PHARMACEUTICALS INC.											
63304052120	RX	200 MG	20	TAB	CEFPODOXIME PROXETIL	1551354	07/31/07	1.00		5.50	3.85
										RANBAXY PHARMACEUTICALS INC. TOTAL:	$3.85
TARO PHARMACEUTICALS U.S.A., INC.											
51672126301	RX	100,000 U/GM	1	CRE	NYSTATIN/TRIAMCINOLONE ACETON	4G045	07/31/07		2.00	17.99	25.19
										TARO PHARMACEUTICALS U.S.A., INC. TOTAL:	$25.19
WATSON PHARMA, INC.											
00591319101	RX	60 MG	100	TAB	PYRIDOSTIGMINE BROMIDE	417092	09/30/07	1.00		0.60	0.42
00591083960	RX	150 MG	60	TAB	BUPROPION HCL	5ZP5659	09/30/07	1.00		1.94	1.36
00591319401	RX	60 MG	100	TER	AFEDITAB CR	AF0084	07/31/07	1.00		2.24	1.57
										WATSON PHARMA, INC. TOTAL:	$3.35
										Grand Total:	$304.58

Indate Report

Product(s) being held until qualified for Returns

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#1 COMMERCE DR.,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMPHASTAR - IMS CRITICAL CARE											
0548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO83F6	05/31/08	11.00		5.35	41.20
0548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO08B7	01/31/09	74.00		5.35	277.13
0548146900	RX	1 MG/ML	25	SOL	NALOXONE HCL	RL093C6	02/28/08	1.00		22.54	15.78
0548146900	RX	1 MG/ML	25	SOL	NALOXONE HCL	RL007L6	11/30/08	20.00		22.54	315.56
0548146900	RX	1 MG/ML	25	SOL	NALOXONE HCL	RL004K6	10/31/08	2.00		22.54	31.56
0548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO66B6	01/31/08	3.00		5.35	11.24
0548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO89H6	07/31/08	1.00		5.35	3.75
00548103900	RX	0.1 MG/ML	25	SOL	ATROPINE SULFATE	ASO43A6	12/31/08	1.00		6.88	4.82
0548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO63L5	11/30/07	1.00		5.35	3.75
0548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO10B7	01/31/09	14.00		5.35	52.43
0548146900	RX	1 MG/ML	25	SOL	NALOXONE HCL	RL096E6	04/30/08	1.00		22.54	15.78
0548330400	RX	100 MG/ML	10	SOL	CALCIUM CHLORIDE	BA030B7	01/31/10	2.00		3.99	5.59
0548330400	RX	100 MG/ML	10	SOL	CALCIUM CHLORIDE	BA013D6	03/31/09	5.00		3.99	13.97
0548336600	RX	0.4 MG/ML	10	SOL	NALOXONE HCL	KG013F6	05/31/08	1.00		3.33	2.33
0548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO73D6	03/31/08	4.00		5.35	14.98
0548330400	RX	100 MG/ML	10	SOL	CALCIUM CHLORIDE	BA014G6	06/30/09	1.00		3.99	2.79
0548330400	RX	100 MG/ML	10	SOL	CALCIUM CHLORIDE	BA005D6	03/31/09	1.00		3.99	2.79
0548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO12D7	03/31/09	6.00		5.35	22.47
0548105200	RX	8.4%	25	SOL	SODIUM BICARBONATE	AA054H6	01/31/09	2.00		8.23	11.52
0548105200	RX	8.4%	25	SOL	SODIUM BICARBONATE	AA075A7	06/30/09	9.00		8.23	51.85
0548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO04L6	11/30/08	17.00		5.35	63.67
0548119000	RX	2%	25	SOL	LIDOCAINE HCL	DEO01K6	10/31/08	13.00		5.35	48.69
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	**$1,013.61**
APOTHECON PRODUCTS											
0003029320	RX	40 MG/ML	1	SUS	KENALOG-40	6H11827	06/30/08		1.00	31.48	22.04
										APOTHECON PRODUCTS TOTAL:	**$22.04**
BAXTER ANESTHESIA & CRITICAL CARE											
1001906303	RX	6 MG/2 ML	10	INJ	ADENOSINE	904442	09/30/08		4.00	353.76	990.53
										BAXTER ANESTHESIA & CRITICAL CARE TOTAL:	**$990.53**
BRECKENRIDGE PHARMACEUTICAL INC.											
51991002206		25 MG	60	TAB	DHEA	20078	12/31/08		1.00	4.95	3.47
										BRECKENRIDGE PHARMACEUTICAL INC. TOTAL:	**$3.47**
BRISTOL-MYERS SQUIBB U.S. MEDICINES											
6365311713	RX	75 MG	100	TAB	PLAVIX	6D19474A	04/30/09	5.00		3.55	12.44
										BRISTOL-MYERS SQUIBB U.S. MEDICINES TOTAL:	**$12.44**

Order Number : EXP-9238-2007-3

Indate Report

Product(s) being held until qualified for Returns

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
CERENEX PHARMACEUTICALS											
0173044202	RX	2 MG/ML	5	SOL	ZOFRAN	C22316	02/28/09	1.00		25.65	17.96
									CERENEX PHARMACEUTICALS TOTAL:		$17.96
EON LABS MANUFACTURING, INC.											
0185002210	RX	100 MG	1000	TER	ORPHENADRINE CITRATE	060391	06/30/09		1.00	2,075.00	1,452.50
									EON LABS MANUFACTURING, INC. TOTAL:		$1,452.50
FUJISAWA HEALTHCARE, INC.											
0469823412	RX	2 ML	1	SOL	ADENOCARD	43-158-EV	01/01/09		1.00	39.69	27.78
0469823412	RX	2 ML	1	SOL	ADENOCARD	42-188-EV	12/01/08		3.00	39.69	83.35
0469823412	RX	2 ML	1	SOL	ADENOCARD	47-363-EV	05/01/09		3.00	39.69	83.35
									FUJISAWA HEALTHCARE, INC. TOTAL:		$194.48
GLAXO SMITHKLINE PHARMACEUTICALS											
0007323411		7.5 MG/0.6 M	10	SOL	ARIXTRA	77	08/31/09	1.00		102.00	71.40
0007413920	RX	3.125 MG	100	TAB	COREG	336V39	09/30/08	2.00		1.61	2.25
									GLAXO SMITHKLINE PHARMACEUTICALS TOTAL:		$73.65
GLAXO WELLCOME INC.											
0173066101	RX	300 MG	60	TAB	ZIAGEN	6ZP5539	07/31/09	58.00		6.41	260.26
									GLAXO WELLCOME INC. TOTAL:		$260.26
IVAX PHARMACEUTICALS, INC.											
0182415101		200 MG	100	TAB	CALCIUM CITRATE	87408032	11/30/08		1.00	5.99	4.19
0182041801		250 MG-125 I	100	TAB	OYST-CAL-D	87407006	01/31/08		1.00	2.69	1.88
									IVAX PHARMACEUTICALS, INC. TOTAL:		$6.08
MONARCH PHARMACEUTICALS											
6157012001	RX	10 MG	100	CAP	ALTACE	40744	01/31/10		1.00	141.96	99.37
									MONARCH PHARMACEUTICALS TOTAL:		$99.37
NOVARTIS PHARMACEUTICALS CORPORATIO											
0078035580	RX	2 MG	60	TAB	ZELNORM	F0127	09/30/10		1.00	147.60	103.32
									NOVARTIS PHARMACEUTICALS CORPORATIO TOTAL:		$103.32
ORGANON PHARMACEUTICALS											
0052045016	RX	10 MG/ML	10	SOL	ZEMURON	906032	03/31/09	8.00		39.22	219.63
0052045016	RX	10 MG/ML	10	SOL	ZEMURON	904852	11/30/08	12.00		39.22	329.45
									ORGANON PHARMACEUTICALS TOTAL:		$549.08
RANBAXY PHARMACEUTICALS INC.											
6330469301	RX	300 MG	100	CAP	CLINDAMYCIN HCL	1704843	10/31/09	50.00		3.72	130.10
									RANBAXY PHARMACEUTICALS INC. TOTAL:		$130.10
RUGBY LABORATORIES, INC.											
0536718706		1000 MG-1 I	50	SGL	SEA OMEGA 50	1601 4030	04/30/08	20.00		0.14	1.98
									RUGBY LABORATORIES, INC. TOTAL:		$1.98
WATSON PHARMACEUTICALS, INC.											
0591355369	RX	10 U/ML	25	SOL	OXYTOCIN	36597	08/31/08		2.00	117.19	164.07
									WATSON PHARMACEUTICALS, INC. TOTAL:		$164.07

Indate Report

Product(s) being held until qualified for Returns

Grand Total: $5,094.92

Hazardous Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 08/16/2007
Order No: EXP-9238-2007-3
Pickup Date: 08/03/2007
Price Code:

Customer: INDEPENDENCE REGIONAL HEALTH CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA # : BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS)
#1 COMMERCE DR.,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMERICAN REGENT LABORATORIES, INC.											
0517857510	RX	99.5%	00010	SOL	ALCOHOL DEHYDRATED			2.0		36.88	51.63
Manufacturer does not accept returns											
										AMERICAN REGENT LABORATORIES, INC. TOTAL:	**$51.63**
ARMSTRONG PHARMACEUTICALS, INC.											
1727072101	RX	17 G	00001	INH	ALBUTEROL				5.0	29.00	101.50
Manufacturer does not accept returns											
										ARMSTRONG PHARMACEUTICALS, INC. TOTAL:	**$101.50**
BOEHRINGER INGELHEIM PHARMACEUTICAL											
00597001314	RX	0.09 MG-0.01	00001	ARO	COMBIVENT	COUNT WAST		1.0		44.87	31.41
Product is not returnable											
										BOEHRINGER INGELHEIM PHARMACEUTICAL TOTAL:	**$31.41**
GLAXO SMITHKLINE PHARM.											
5816087346	RX	45 MCG/0.5 M	00005	SOL	FLUARIX				36.0	78.75	1,984.50
Product is not returnable											
										GLAXO SMITHKLINE PHARM. TOTAL:	**$1,984.50**
MORTON GROVE PHARMACEUTICALS, INC.											
60432053316	CIV	500 MG/5 ML	00001	SYR	CHLORAL HYDRATE			0.99		13.79	9.56
Manufacturer does not credit for partial package quantities											
										MORTON GROVE PHARMACEUTICALS, INC. TOTAL:	**$9.56**
PHARMA-TEK, INC.											
39822995002	RX		00012	SOL	AMYL NITRITE			10.0		0.52	3.65
Manufacturer does not credit for partial package quantities											
										PHARMA-TEK, INC. TOTAL:	**$3.65**
TAYLOR PHARMACEUTICALS											
11098050701	RX		00001	KIT	CYANIDE ANTIDOTE				1.0	274.56	192.19
Product is not returnable											
										TAYLOR PHARMACEUTICALS TOTAL:	**$192.19**
WARRICK PHARMACEUTICALS											

Order Number : EXP-9238-2007-3

Hazardous Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
WARRICK PHARMACEUTICALS											
59930156001	RX	0.09 MG/INH	00001	ARO	ALBUTEROL	COUNT WAST		1.0		21.41	14.99
Product is not returnable											
										WARRICK PHARMACEUTICALS TOTAL:	**$14.99**
										Grand Total:	**$2,389.42**

Non-Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 08/16/2007
Order No: EXP-9238-2007-3
Pickup Date: 08/03/2007
Price Code:

Customer: INDEPENDENCE REGIONAL HEALTH CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS)
#1 COMMERCE DR.,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
3M PHARMACEUTICALS											
00089130130	RX	0.1 MG/H	00030	TDM	NITROGLYCERIN TRANSDERMAL S			1.0		1.62	1.13
Manufacturer does not credit for partials less than 25%											
									3M PHARMACEUTICALS TOTAL:		$1.13
A-A SPECTRUM HEALTHCARE PRODUCTS											
49452004201	RX		00001	SOL	ACETIC ACID 3%				1.0	12.10	8.47
Manufacturer does not accept returns											
49452004201	RX		00001	SOL	ACETIC ACID 3%			1.0		12.10	8.47
Manufacturer does not accept returns											
									A-A SPECTRUM HEALTHCARE PRODUCTS TOTAL:		$16.94
ABBOTT HOSPITAL PRODUCTS											
00074144304	RX	1 MG/ML	00010	SOL	LEVOPHED BITARTRATE			1.0		12.08	8.46
Manufacturer does not credit for partial package quantities											
00074180001	RX	10 MG/ML	00025	SOL	NEO-SYNEPHRINE HCL			3.0		4.38	9.21
Manufacturer does not credit for partial package quantities											
00074184602	RX	1%	00025	SOL	PONTOCAINE HCL			10.0		5.84	40.89
Manufacturer does not credit for partial package quantities											
00074228505	RX	1 MG/ML	00012	SOL	METOPROLOL TARTRATE			3.0		3.14	6.59
Manufacturer does not credit for partial package quantities											
0039001710	RX	500 MG	00010	PDS	CLAFORAN			7.0		8.62	42.25
Manufacturer does not credit for partial package quantities											
0074176102	RX	0.75%	00010	SOL	MARCAINE SPINAL			4.0		4.63	12.96
Manufacturer does not credit for partial package quantities											
0074212201	RX	1.25 MG/M	00001	SOL	ENALAPRILAT		06/01/06		10.0	3.84	26.88
Manufacturer does not credit for products beyond this period past expiration											
0074230401	RX	10 MG/ML	00001	SOL	CORLOPAM			1.0		237.50	166.25
Manufacturer does not credit for partial package quantities											
0074233610		500 MG	00004	VIA	DEFEROXAMINE MESYLATE			8.0		18.09	101.30
Manufacturer does not credit for partial package quantities											
0074471332	RX	1%	00050	SOL	LIDOCAINE HCL			6.0		0.40	1.69
Manufacturer does not credit for partial package quantities											
0074492134	RX	0.1 MG/M	00010	SOL	EPINEPHRINE HCL			16.0		2.71	30.33
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2007-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ABBOTT HOSPITAL PRODUCTS											
0074492834	RX	100 MG/M	00010	SOL	CALCIUM CHLORIDE			11.0		2.93	22.58
Manufacturer does not credit for partial package quantities											
										ABBOTT HOSPITAL PRODUCTS TOTAL:	**$469.39**
ABRAXIS PHARMACEUTICAL PRODUCTS											
00186025002	RX	1:200,000-	00005	SOL	XYLOCAINE-MPF W/EPINEPHRINE	LH2161		2.0		12.80	17.93
Manufacturer does not accept returns											
00186026002	RX	1:200,000-	00005	SOL	XYLOCAINE-MPF W/EPINEPHRINE	LH2343		4.0		10.98	30.75
Manufacturer does not accept returns											
00186042201	RX	2%	00001	SOL	POLOCAINE-MPF				3.0	7.87	16.53
Manufacturer does not accept returns											
0186042201	RX	2%	00001	SOL	POLOCAINE-MPF				2.0	7.87	11.02
Manufacturer does not accept returns											
										ABRAXIS PHARMACEUTICAL PRODUCTS TOTAL:	**$76.22**
ALAVEN PHARMACEUTICAL LLC											
00032192482	RX	4 GM/60 M	00007	NMA	ROWASA		05/31/06	1.0		14.23	9.96
Manufacturer does not credit for products beyond this period past expiration											
										ALAVEN PHARMACEUTICAL LLC TOTAL:	**$9.96**
ALCON LABORATORIES, OPHTHALMIC DIV.											
00065009205	RX	10% 5 ML	00012	SOL	FLUORESCITE			9.0		16.45	103.64
Manufacturer does not credit for partial package quantities											
00065064705	RX	0.1%-0.3%	00001	SUS	TOBRADEX	54200F		1.0		43.44	30.41
Manufacturer does not credit for partial package quantities											
										ALCON LABORATORIES, OPHTHALMIC DIV. TOTAL:	**$134.04**
ALCON LABORATORIES, SURGICAL DIV.											
0065074112	RX	0.5%	00012	SOL	TETRACAINE HCL			3.0		5.04	10.58
Manufacturer does not credit for partial package quantities											
0065079515	RX		00036	SOL	BSS			8.0		5.70	31.92
Manufacturer does not credit for partial package quantities											
8065183055	RX	10 MG/ML	00001	LIQ	PROVISC	04K23B			5.0	118.80	415.80
Product is not returnable											
8065183055	RX	10 MG/ML	00001	LIQ	PROVISC	05E09L			4.0	118.80	332.64
Product is not returnable											
										ALCON LABORATORIES, SURGICAL DIV. TOTAL:	**$790.94**
ALPHARMA USPD											
0472008216	RX	200 MG/5 I	00001	SUS	ACYCLOVIR			1.0		100.19	70.13
Manufacturer does not credit for partial package quantities											
										ALPHARMA USPD TOTAL:	**$70.13**

Order Number : EXP-9238-2007-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
AMERICAN HEALTH PACKAGING											
6258423601	RX	500 MG	00100	CAP	CEPHALEXIN				85.0	0.40	23.58
Manufacturer does not credit for partial package quantities											
										AMERICAN HEALTH PACKAGING TOTAL:	**$23.58**
AMERICAN REGENT LABORATORIES, INC.											
00517102025	RX	20 U/ML	00025	SOL	VASOPRESSIN				15.0	5.40	56.70
Manufacturer does not accept returns											
00517493025	RX	4 MG/ML	00025	SOL	DEXAMETHASONE SODIUM PHOSI				18.0	7.84	98.76
Manufacturer does not accept returns											
00517560225	RX	50 MG/ML	00025	SOL	HYDROXYZINE HCL				21.0	1.29	18.93
Manufacturer does not accept returns											
00517821025	RX		00025	SOL	MULTITRACE-5 CONCENTRATE				16.0	5.63	63.00
Manufacturer does not accept returns											
0517030110	RX	10 MG/ML	00010	SOL	METHYLENE BLUE				12.0	7.81	65.63
Manufacturer does not accept returns											
0517063925	RX	7.5%	00025	SOL	SODIUM BICARBONATE				11.0	2.19	16.84
Manufacturer does not accept returns											
0517090125	RX	20 MG/ML	00025	SOL	HYDRALAZINE HYDROCHLORIDE	6819			3.0	18.75	39.38
Manufacturer does not accept returns											
0517560125	RX	50 MG/ML	00025	SOL	HYDROXYZINE HCL				20.0	0.89	12.43
Manufacturer does not accept returns											
0517820125	RX		00025	SOL	MULTITRACE-5 CONCENTRATE				1.0	164.06	114.84
Manufacturer does not accept returns											
										AMERICAN REGENT LABORATORIES, INC. TOTAL:	**$486.50**
AMPHASTAR - IMS CRITICAL CARE											
00548119000	RX	2%	00025	SOL	LIDOCAINE HCL		07/31/07		1.0	5.35	3.75
Manufacturer does not credit for expired products											
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	**$3.75**
AMPHASTAR PHARMACEUTICALS (IMS)											
00548630000	RX	4%	00025	KIT	LARYNG-O-JET				10.0	9.41	65.87
Manufacturer does not credit for partial package quantities											
										AMPHASTAR PHARMACEUTICALS (IMS) TOTAL:	**$65.87**
APOTEX CORP.											
6050501651	RX	50 MG	00100	TAB	FLUVOXAMINE MALEATE				65.0	2.57	117.03
Manufacturer does not credit for partial package quantities											
										APOTEX CORP. TOTAL:	**$117.03**

Order Number : EXP-9238-2007-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
APP (AMERICAN PHARMACEUTICAL PARTNE											
6332300110	RX		00001	DEV	EMPTY STERILIZED VIAL				11.0	0.97	7.47
Manufacturer does not accept returns											
6332301201	RX	10 U/ML	00025	SOL	OXYTOCIN			11.0		1.22	9.39
Manufacturer does not accept returns											
63323024930	RX		00001	SOL	STERILE WATER BACTERIOSTATI				7.0	1.32	6.47
Manufacturer does not accept returns											
63323030201	RX	20 U/ML	00001	SOL	VASOPRESSIN			11.0		8.50	65.45
Manufacturer does not accept returns											
6332306402	RX	500 MG/M	00025	SOL	MAGNESIUM SULFATE			16.0		1.18	13.22
Manufacturer does not accept returns											
6332306620	RX	2 MEQ/ML	00001	SOL	SODIUM ACETATE				31.0	1.90	41.23
Manufacturer does not accept returns											
6332316501	RX	4 MG/ML	00025	SOL	DEXAMETHASONE SODIUM PHOSI			13.0		1.32	12.01
Manufacturer does not accept returns											
6332317302	RX	10 MG/ML	00025	SOL	GENTAMICIN SULFATE PEDIATRI			16.0		1.46	16.35
Manufacturer does not accept returns											
6332324601	RX	1 MG/ML	00001	SOL	ATROPINE SULFATE				14.0	1.12	10.98
Manufacturer does not accept returns											
6332334120	RX	1 GM	00025	PDS	CEFOXITIN SODIUM	400288		1.0		11.23	7.86
Manufacturer does not accept returns											
6332334120	RX	1 GM	00025	PDS	CEFOXITIN SODIUM	402810		12.0		11.23	94.33
Manufacturer does not accept returns											
										APP (AMERICAN PHARMACEUTICAL PARTNE TOTAL:	**$284.76**
BAUSCH & LOMB PHARMACEUTICALS, INC.											
2420879062	RX		00001	SOL	GRAMICIDIN/NEOMYCIN/POLYMYX	805831	07/30/06		1.0	26.48	18.54
Manufacturer does not credit for products beyond this period past expiration											
2420879062	RX		00001	SOL	GRAMICIDIN/NEOMYCIN/POLYMYX		07/31/05		1.0	26.48	18.54
Manufacturer does not credit for products beyond this period past expiration											
										BAUSCH & LOMB PHARMACEUTICALS, INC. TOTAL:	**$37.07**
BAXTER ANESTH. &CRITICAL CARE											
00641139835	RX	25 MG/ML	00025	SOL	CHLORPROMAZINE HCL			5.0		4.63	16.20
Manufacturer does not credit for partial package quantities											
00641141035	RX	0.25 MG/M	00025	SOL	DIGOXIN			10.0		1.88	13.13
Manufacturer does not credit for partial package quantities											
00641255545	RX	50 MG/ML	00025	SOL	PHENYTOIN SODIUM			7.0		4.46	21.88
Manufacturer does not credit for partial package quantities											
0641037625	RX	50 MG/ML	00025	SOL	DIPHENHYDRAMINE HCL			16.0		1.20	13.49
Manufacturer does not credit for partial package quantities											
0641039225	RX	10 U/ML	00025	SOL	HEP-LOCK			18.0		0.62	7.81
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2007-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BAXTER ANESTH. &CRITICAL CARE											
0641243845	RX	10 U/ML	00025	SOL	HEP-LOCK			12.0		0.69	5.82
Manufacturer does not credit for partial package quantities											
0641244041	RX	1000 U/M	00001	SOL	HEPARIN SODIUM			7.0		2.70	13.23
Manufacturer does not credit for partial package quantities											
0641296541	RX	10 MG/ML	00001	SOL	ESMOLOL HCL			7.0		22.07	108.14
Manufacturer does not credit for partial package quantities											
10019014501	RX	1 MG/ML	00010	SOL	INDERAL			6.0		18.56	77.94
Manufacturer does not credit for partial package quantities											
1001901602	RX	0.2 MG/M	00010	SOL	GLYCOPYRROLATE			12.0		2.48	20.87
Manufacturer does not credit for partial package quantities											
1001904502	RX	10 MG/ML	00025	SOL	FAMOTIDINE			17.0		1.07	12.71
Manufacturer does not credit for partial package quantities											
1001906307	RX	3 MG/ML	00001	SOL	ADENOSINE				13.0	37.33	339.70
Product is not returnable											
1001951003	RX	5 ML	00001	SOL	DILTIAZEM HCL			15.0		22.80	239.40
Manufacturer does not credit for partial package quantities											
60977014402	RX	20 MG/ML	00006	SOL	DOPRAM			1.0		77.90	54.53
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTH. &CRITICAL CARE TOTAL:	**$944.85**
BAXTER ANESTHESIA & CRITICAL CARE											
10019008202	RX	25 MG/ML	00001	SOL	SODIUM NITROPRUSSIDE		10/31/03		1.0	1.80	1.26
Manufacturer does not credit for products beyond this period past expiration											
1001902518	RX	250 MG/M	00010	SOL	BREVIBLOC			6.0		96.71	406.18
Manufacturer does not credit for partial package quantities											
1001906303	RX	6 MG/2 M	00010	INJ	ADENOSINE			7.0		35.38	173.34
Manufacturer does not credit for partial package quantities											
1001913302	RX	50 MG/ML	00001	SOL	AMIODARONE HCL			26.0		26.40	480.48
Manufacturer does not credit for partial package quantities											
1001916312	RX	10 MG/ML	00025	SOL	PHENYLEPHRINE HCL			18.0		0.72	9.07
Manufacturer does not credit for partial package quantities											
1001925012	RX	0.4 MG/M	00025	SOL	ATROPINE SULFATE			16.0		0.68	7.62
Manufacturer does not credit for partial package quantities											
1001925112	RX	1 MG/ML	00025	SOL	ATROPINE SULFATE			19.0		0.68	9.04
Manufacturer does not credit for partial package quantities											
1001929102	RX	10 USP UI	00025	SOL	OXYTOCIN			16.0		4.54	50.84
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTHESIA & CRITICAL CARE TOTAL:	**$1,137.84**

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BAXTER HEALTHCARE CORP.											
00338041102	RX	5%-0.8%	00024	SOL	DEXTROSE/LIDOCAINE HCL				4.0	22.74	63.67
Manufacturer does not accept returns											
00338105548	RX	500 MG/10	00024	SOL	METRONIDAZOLE				1.0	15.34	10.74
Manufacturer does not accept returns											
0338107302	RX	5%-100 M(	00018	SOL	DEXTROSE/DOBUTAMINE				3.0	49.72	104.41
Manufacturer does not accept returns											
										BAXTER HEALTHCARE CORP. TOTAL:	**$178.82**
BAYER CORP., CONSUMER CARE DIVISION											
16500002324			00012	PDR	DOMEBORO	202165A			4.0	0.64	1.78
Manufacturer does not credit for partial package quantities											
16500002324			00012	PDR	DOMEBORO	213395J			4.0	0.64	1.78
Manufacturer does not credit for partial package quantities											
16500002324			00012	PDR	DOMEBORO	224866D			2.0	0.64	0.89
Manufacturer does not credit for partial package quantities											
16500002324			00012	PDR	DOMEBORO	239987A			24.0	0.64	10.68
Manufacturer does not credit for partial package quantities											
										BAYER CORP., CONSUMER CARE DIVISION TOTAL:	**$15.13**
BEDFORD LABORATORIES											
55390007310	RX	5 MG/ML	00010	INJ	METOPROLOL TARTRATE				4.0	4.58	12.82
Manufacturer does not credit for partial package quantities											
5539001310	RX	1 MG/ML	00010	SOL	DIHYDROERGOTAMINE MESYLAT				13.0	33.60	305.76
Manufacturer does not credit for partial package quantities											
55390040320	RX	2%	00001	SOL	CHLOROPROCAINE HCL				3.0	21.00	44.10
Manufacturer does not credit for partial package quantities											
5539005710	RX	150 MG/3 I	00010	INJ	AMIODARONE HCL				5.0	2.40	8.40
Manufacturer does not credit for partial package quantities											
5539015001	RX	50 MG	00001	PDS	CARBOPLATIN		03/31/07		1.0	23.70	16.59
Manufacturer does not credit for products beyond this period past expiration											
5539015101	RX	150 MG	00001	PDS	CARBOPLATIN		03/31/07		1.0	70.62	49.43
Manufacturer does not credit for products beyond this period past expiration											
5539040420	RX	3%	00001	SOL	CHLOROPROCAINE HCL		04/30/07		1.0	22.05	15.44
Manufacturer does not credit for products beyond this period past expiration											
5539040420	RX	3%	00001	SOL	CHLOROPROCAINE HCL		06/30/07		1.0	22.05	15.44
Damaged Package											
5539046001	RX	500 MG	00001	PDS	ACETAZOLAMIDE SODIUM				8.0	31.20	174.72
Manufacturer does not credit for partial package quantities											
5539061610	RX	25 MG/ML	00010	SOL	RANITIDINE				16.0	4.03	45.16
Manufacturer does not credit for partial package quantities											
										BEDFORD LABORATORIES TOTAL:	**$687.86**

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
BERGEN BRUNSWIG DRUG COMPANY											
24385021416			00001	LIQ	WITCH HAZEL				1.0	2.15	1.51
Manufacturer does not credit for expired products											
										BERGEN BRUNSWIG DRUG COMPANY TOTAL:	$1.51
CLAY-PARK LABORATORIES, INC.											
45802017365		10%	00001	SOL	ANTISEPTIC CLEANSER FOR MOU			1.0		3.78	2.65
Damaged Package											
8164205255		10%	00001	SOL	POVIDONE-IODINE			2.0		2.59	3.63
Damaged Package											
										CLAY-PARK LABORATORIES, INC. TOTAL:	$6.27
CYPRESS PHARMACEUTICAL INC.											
6025844901	RX		00100	TER	BELLAHIST-D LA			60.0		0.86	36.10
Manufacturer does not credit for partial package quantities											
										CYPRESS PHARMACEUTICAL INC. TOTAL:	$36.10
DISTA PROD. CO.											
0777512058	RX	20 MG/5 M	00001	SOL	PROZAC		04/01/05	1.0		131.65	92.16
Manufacturer does not credit for products beyond this period past expiration											
										DISTA PROD. CO. TOTAL:	$92.16
EON LABS MANUFACTURING, INC.											
00185072101	RX	50 MG	00100	TAB	DESIPRAMINE HCL			30.0		0.59	12.47
Manufacturer does not credit for partial package quantities											
										EON LABS MANUFACTURING, INC. TOTAL:	$12.47
ETHEX CORPORATION											
58177032404	RX	0.4 MG	00100	TAB	NITROQUICK			235.0		0.08	13.77
Manufacturer does not credit for partial package quantities											
										ETHEX CORPORATION TOTAL:	$13.77
FOREST PHARMACEUTICALS, INC.											
00456070901	RX		00100	CAP	CEBOCAP			15.0		0.35	3.66
Manufacturer does not credit for partials less than 25%											
0456320212	RX	2 MG/ML	00001	SOL	NAMENDA			1.0		312.24	218.57
Product is not returnable											
										FOREST PHARMACEUTICALS, INC. TOTAL:	$222.23
FOUGERA E. & CO.											
00168001231		400 U-3.5 I	00001	OIN	BACITRACIN-NEO-POLY			4.0		2.60	7.28
Manufacturer does not credit for partial package quantities											
00168020502			00012	GEL	SURGILUBE			2.0		1.25	1.75
Manufacturer does not credit for partial package quantities											
0168002738	RX	400 U-3.5 I	00001	OIN	BACITRACIN-NEO-POLY		06/30/06		3.0	5.16	10.84
Manufacturer does not credit for products beyond this period past expiration											

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
FOUGERA E. & CO.											
									FOUGERA E. & CO. TOTAL:		$19.87
FUJISAWA HEALTHCARE, INC.											
00469087202	RX	3 MG/ML	00001	SOL	ADENOCARD		07/01/04		2.0	37.50	52.50
Manufacturer does not credit for products beyond this period past expiration											
									FUJISAWA HEALTHCARE, INC. TOTAL:		$52.50
GENEVA PHARMACEUTICALS, INC.											
00781613595	RX	5 MILLION	00010	VIA	PENICILLIN G POTASSIUM			9.0		31.00	195.27
Manufacturer does not credit for partial package quantities											
0781139613	RX	5 MG	00100	TAB	HALOPERIDOL			68.0		0.95	45.36
Manufacturer does not credit for partial package quantities											
									GENEVA PHARMACEUTICALS, INC. TOTAL:		$240.63
GERITREX CORPORATION											
54162050001			00001	OIN	HYDROPHOR			2.0		11.22	15.71
Manufacturer does not credit for partial package quantities											
									GERITREX CORPORATION TOTAL:		$15.71
GLAXO SMITHKLINE CONSUMER HEALTHCAR											
00766074152		500 MG	00150	CTB	TUMS			80.0		0.03	1.49
Manufacturer does not accept returns											
									GLAXO SMITHKLINE CONSUMER HEALTHCAR TOTAL:		$1.49
HERCON LABORATORIES CORPORATION											
49730011130	RX	0.2 MG/H	00030	TDM	NITROGLYCERIN TRANSDERMAL S			1.0		1.65	1.16
Manufacturer does not accept returns											
									HERCON LABORATORIES CORPORATION TOTAL:		$1.16
HOSPIRA, INC											
0409174610	RX	0.25%-1:20	00010	SOL	MARCAINE HCL/EPINEPHRINE			5.0		2.84	9.95
Manufacturer does not credit for partial package quantities											
0409195232	RX	100 MG/M	00010	SOL	TRIMETHOBENZAMIDE HCL		09/01/06		1.0	27.32	19.12
Manufacturer does not credit for products beyond this period past expiration											
0409195232	RX	100 MG/M	00010	SOL	TRIMETHOBENZAMIDE HCL			8.0		2.73	15.30
Manufacturer does not credit for partial package quantities											
0409318202	RX	1:100000-2	00025	SOL	EPINEPHRINE/LIDOCAINE HCL			26.0		2.09	38.00
Manufacturer does not credit for partial package quantities											
									HOSPIRA, INC TOTAL:		$82.38

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
00409146301	RX	10 MG/ML	00010	SOL	NALBUPHINE HCL				6.0	0.59	2.47
Manufacturer does not credit for partial package quantities											
00409146501	RX	20 MG/ML	00010	SOL	NALBUPHINE HCL				9.0	1.46	9.21
Manufacturer does not credit for partial package quantities											
00409190301	RX	500 MG/M	00025	SOL	PROCAINAMIDE HCL				36.0	1.84	46.38
Manufacturer does not credit for partial package quantities											
00409490234	RX	50%	00010	SOL	DEXTROSE				5.0	4.39	15.38
Manufacturer does not credit for partial package quantities											
00409664802	RX	50%	00025	SOL	DEXTROSE				6.0	1.20	5.04
Manufacturer does not credit for partial package quantities											
0074724101	RX	1 MG/ML	00025	SOL	EPINEPHRINE HCL				3.0	0.64	1.34
Manufacturer does not credit for partial package quantities											
0409114402	RX	2.5 MG/M	00005	SOL	VERAPAMIL HCL				11.0	1.27	9.77
Manufacturer does not credit for partial package quantities											
0409196607	RX	30 ML	00025	SOL	SODIUM CHLORIDE BACTERIOSTA				9.0	0.43	2.71
Manufacturer does not credit for partial package quantities											
0409228505	RX	1 MG/ML	00012	SOL	METOPROLOL TARTRATE				2.0	2.30	3.23
Manufacturer does not credit for partial package quantities											
0409234402	RX	12.5 MG/M	00010	SOL	DOBUTAMINE				4.0	9.24	25.87
Manufacturer does not credit for partial package quantities											
0409318301	RX	1:200000-2	00005	SOL	EPINEPHRINE/LIDOCAINE HCL				16.0	7.99	89.51
Manufacturer does not credit for partial package quantities											
0409321805	RX	125 MG	00010	PDR	A-METHAPED				4.0	4.10	11.48
Product is not returnable											
0409427601	RX	1%	00025	SOL	LIDOCAINE HCL				9.0	0.82	5.16
Manufacturer does not credit for partial package quantities											
0409427701	RX	2%	00025	SOL	LIDOCAINE HCL				8.0	1.25	6.98
Manufacturer does not credit for partial package quantities											
0409488810	RX	0.9%	00025	SOL	SODIUM CHLORIDE				23.0	0.32	5.22
Manufacturer does not credit for partial package quantities											
0409490334	RX	2%	00010	SOL	LIDOCAINE HCL				10.0	3.50	24.53
Manufacturer does not credit for partial package quantities											
0409491134	RX	0.1 MG/M	00010	SOL	ATROPINE SULFATE				4.0	3.43	9.61
Manufacturer does not credit for partial package quantities											
0409610202	RX	10 MG/ML	00025	SOL	FUROSEMIDE				16.0	0.75	8.38
Manufacturer does not credit for partial package quantities											
0409610204	RX	10 MG/ML	00025	SOL	FUROSEMIDE				16.0	0.89	9.98
Manufacturer does not credit for partial package quantities											
0409662902	RX	10 ML	00025	SOL	QUELICIN				12.0	2.91	24.43
Manufacturer does not credit for partial package quantities											

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
0409663734	RX	8.4%	00010	SOL	SODIUM BICARBONATE				6.0	3.01	12.65
Manufacturer does not credit for partial package quantities											
0409744401	RX	150 MG/M	00010	SOL	CIMETIDINE HCL				12.0	2.52	21.17
Manufacturer does not credit for partial package quantities											
0409915801	RX	10 MG/ML	00025	SOL	VITAMIN K1				7.0	6.23	30.52
Manufacturer does not credit for partial package quantities											
										HOSPIRA, INC. TOTAL:	**$381.00**
IVAX PHARMACEUTICALS, INC.											
0172436010	RX	100 MG	00100	TAB	CLOZAPINE				73.0	3.43	175.16
Manufacturer does not credit for partial package quantities											
0182041801		250 MG-12	00100	TAB	OYST-CAL-D				100.0	0.03	1.88
Manufacturer does not credit for partial package quantities											
0182047101		4 MG	00100	TAB	CHLORPHENIRAMINE MALEATE				80.0	0.02	1.32
Manufacturer does not credit for partial package quantities											
0182070289	RX	2.5 MG	00100	CER	NITROGLYCERIN				98.0	0.17	11.45
Manufacturer does not credit for partial package quantities											
0182070389	RX	6.5 MG	00100	CER	NITROGLYCERIN				65.0	0.19	8.51
Manufacturer does not credit for partial package quantities											
0182086889	RX	20 MG	00100	TAB	ISOSORBIDE DINITRATE				1.0	0.22	0.15
Manufacturer does not credit for partial package quantities											
0182090589	RX	10 MG	00100	TAB	HYDRALAZINE HCL				93.0	0.06	3.79
Manufacturer does not credit for partial package quantities											
0182108689	RX	20 MG	00100	TAB	PREDNISONE				64.0	0.12	5.29
Manufacturer does not credit for partial package quantities											
0182113289	RX	4 MG	00100	TAB	CYPROHEPTADINE HCL				60.0	0.43	17.93
Manufacturer does not credit for partial package quantities											
0182123389	RX	200 MG	00100	TAB	CARBAMAZEPINE				80.0	0.44	24.64
Manufacturer does not credit for partial package quantities											
0182126089	RX	100 MG	00100	TAB	TRAZODONE HCL				69.0	0.74	35.55
Manufacturer does not credit for partial package quantities											
0182147340		160 MG/5 I	00001	LIQ	ACETAMINOPHEN	4B10			1.0	5.25	3.68
Manufacturer does not credit for partial package quantities											
0182147340		160 MG/5 I	00001	LIQ	ACETAMINOPHEN	4F18			1.0	5.25	3.68
Manufacturer does not credit for partial package quantities											
0575620030	RX	50 MG/ML	00001	SUS	PROGLYCEM				1.0	154.70	108.29
Manufacturer does not credit for partial package quantities											
										IVAX PHARMACEUTICALS, INC. TOTAL:	**$401.31**

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
JOHNSON & JOHNSON MEDICAL, INC.											
56091001981	RX		00001	PAD	INSTAT COLLAGEN ABSORBABLE			1.0		17.56	12.29
Manufacturer does not credit for partial package quantities											
										JOHNSON & JOHNSON MEDICAL, INC. TOTAL:	$12.29
MAJOR PHARMACEUTICALS											
00904079335	RX	54 MG-14	00001	SOL	AURODEX				1.0	2.65	1.86
Manufacturer does not accept returns											
0904020261	RX	50 MG	00100	TAB	AMITRIPTYLINE HCL			81.0		0.20	11.38
Manufacturer does not accept returns											
0904027760		1000 IU	00100	SGL	VITAMIN E			90.0		0.12	7.56
Manufacturer does not accept returns											
0904161061	RX	100 MG	00100	T12	THEO-TIME			98.0		0.19	12.81
Manufacturer does not accept returns											
0904188261		250 MG-12	00100	TAB	OYSTER SHELL CALCIUM/VITAMIN			81.0		0.08	4.36
Manufacturer does not accept returns											
0904188361		500 MG	00100	TAB	OYSTER SHELL CALCIUM			250.0		0.11	18.97
Manufacturer does not accept returns											
0904323261		650 MG	00100	CTB	CALCIUM CARBONATE			220.0		0.11	16.86
Manufacturer does not accept returns											
0904323261		650 MG	00100	CTB	CALCIUM CARBONATE				1.0	10.95	7.67
Manufacturer does not accept returns											
0904421713		1000 MCG	00130	TAB	VITAMIN B12			60.0		0.06	2.51
Manufacturer does not accept returns											
0904570916		262 MG/15	00001	SUS	KAO-TIN				1.0	6.79	4.75
Manufacturer does not accept returns											
0904570916		262 MG/15	00001	SUS	KAO-TIN			1.0		6.79	4.75
Manufacturer does not accept returns											
										MAJOR PHARMACEUTICALS TOTAL:	$93.48
MCKESSON PACKAGING SERVICES											
6373904815	RX	25 MG-25C	00150	TAB	CARBIDOPA/LEVODOPA			93.0		1.61	105.11
Manufacturer does not accept returns											
										MCKESSON PACKAGING SERVICES TOTAL:	$105.11
MEDTRONIC NEUROLOGICAL											
58281056201	RX	0.05 MG/M	00001	KIT	LIORESAL INTRATHECAL SCREEN		01/31/06		1.0	84.00	58.80
Manufacturer does not credit for products beyond this period past expiration											
										MEDTRONIC NEUROLOGICAL TOTAL:	$58.80
MERCK & CO., INC.											
00006380109	RX	10 MG	00009	ODT	MAXALT-MLT		04/30/06	2.0		18.68	26.15
Manufacturer does not credit for products beyond this period past expiration											
										MERCK & CO., INC. TOTAL:	$26.15

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Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
MONARCH PHARMACEUTICALS											
6157014410	RX	1,200,000	100010	SUS	BICILLIN C-R 900/300 PEDIATRIC				2.0	276.86	387.60
Product is not returnable											
										MONARCH PHARMACEUTICALS TOTAL:	**$387.60**
MYLAN PHARMACEUTICALS, INC.											
00378910293	RX	0.1 MG/H	00030	TDM	NITROGLYCERIN TRANSDERMAL S				3.0	1.58	3.32
Manufacturer does not credit for partials less than 25%											
00378910293	RX	0.1 MG/H	00030	TDM	NITROGLYCERIN TRANSDERMAL S				13.0	1.58	14.38
Product is not returnable											
0378241001	RX	10 MG	00100	TAB	TRIFLUOPERAZINE HCL		05/31/06		1.0	163.10	114.17
Manufacturer does not credit for products beyond this period past expiration											
										MYLAN PHARMACEUTICALS, INC. TOTAL:	**$131.87**
NEPHRON PHARMACEUTICALS CORP.											
0487980101	RX	0.02% (0.5	00030	SOL	IPRATROPIUM BROMIDE				3.0	1.32	2.77
Manufacturer does not accept returns											
										NEPHRON PHARMACEUTICALS CORP. TOTAL:	**$2.77**
NOVO NORDISK PHARM., INC.											
0169517303	RX	25 MCG	00008	TAB	VAGIFEM				4.0	3.18	8.90
Manufacturer does not credit for partial package quantities											
										NOVO NORDISK PHARM., INC. TOTAL:	**$8.90**
NOVO NORDISK PHARMACEUTICALS, INC.											
0169369619	RX	30 U-70 U/	00005	SUS	NOVOLOG MIX 70/30				5.0	21.77	76.20
Manufacturer does not credit for partial package quantities											
										NOVO NORDISK PHARMACEUTICALS, INC. TOTAL:	**$76.20**
ORGANON PHARMACEUTICALS											
00052045016	RX	10 MG/ML	00010	SOL	ZEMURON	905719			1.0	39.22	27.45
Manufacturer does not credit for partials less than 25%											
00052045016	RX	10 MG/ML	00010	SOL	ZEMURON	906541			1.0	39.22	27.45
Manufacturer does not credit for partials less than 25%											
0052045016	RX	10 MG/ML	00010	SOL	ZEMURON	387898			1.0	39.22	27.45
Manufacturer does not credit for partials less than 25%											
0052045016	RX	10 MG/ML	00010	SOL	ZEMURON	503297			1.0	39.22	27.45
Manufacturer does not credit for partials less than 25%											
0052045016	RX	10 MG/ML	00010	SOL	ZEMURON	901172			1.0	39.22	27.45
Manufacturer does not credit for partials less than 25%											
0052045016	RX	10 MG/ML	00010	SOL	ZEMURON	903995			2.0	39.22	54.91
Manufacturer does not credit for partials less than 25%											
0052045016	RX	10 MG/ML	00010	SOL	ZEMURON	904597			1.0	39.22	27.45
Manufacturer does not credit for partials less than 25%											

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ORGANON PHARMACEUTICALS											
0052045016	RX	10 MG/ML	00010	SOL	ZEMURON	904854		2.0		39.22	54.91
Manufacturer does not credit for partials less than 25%											
0052045016	RX	10 MG/ML	00010	SOL	ZEMURON	905230		1.0		39.22	27.45
Manufacturer does not credit for partials less than 25%											
0052045016	RX	10 MG/ML	00010	SOL	ZEMURON	906475		1.0		39.22	27.45
Manufacturer does not credit for partials less than 25%											
										ORGANON PHARMACEUTICALS TOTAL:	**$329.45**
ORTHO-NEUTROGENA											
00062546002	RX	1%	00001	CRE	SPECTAZOLE		02/28/06	1.0		16.25	11.38
Manufacturer does not credit for products beyond this period past expiration											
										ORTHO-NEUTROGENA TOTAL:	**$11.38**
PADDOCK LABORATORIES, INC.											
0574030716	RX		00001	LIQ	SUSPENDOL-S			1.0		10.55	7.39
Manufacturer does not credit for partial package quantities											
0574042125	RX		00001	POW	HYDROCORTISONE ACETATE			1.0		74.03	51.82
Manufacturer does not credit for partial package quantities											
										PADDOCK LABORATORIES, INC. TOTAL:	**$59.21**
PHARM. ASSOCIATES, INC.											
0121068705	RX	15 MG/5 M	00040	SYR	PREDNISOLONE			30.0		3.00	63.00
Manufacturer does not accept returns											
										PHARM. ASSOCIATES, INC. TOTAL:	**$63.00**
PHARMA-TEK, INC.											
3982203001	RX		00001	POW	NEO-RX			1.0		16.25	11.38
Manufacturer does not credit for partial package quantities											
										PHARMA-TEK, INC. TOTAL:	**$11.38**
PHARMACEUTICAL ASSOCIATES, INC.											
0121059516	RX	334 MG-5C	00001	SOL	CITRIC ACID/SODIUM CITRATE				1.0	7.55	5.29
Manufacturer does not accept returns											
0121174410	RX	200 MG /1(	00100	SYR	GUAIFENESIN			70.0		0.24	11.96
Manufacturer does not accept returns											
0121176030	RX	30 ML	00100	LIQ	MAG-AL LIQUID			50.0		0.71	24.70
Manufacturer does not accept returns											
										PHARMACEUTICAL ASSOCIATES, INC. TOTAL:	**$41.94**
PRECISION DOSE											
68094021462	RX	200 MG/10	00030	SUS	CARBAMAZEPINE			31.0		2.25	48.83
Manufacturer does not credit for partial package quantities											
										PRECISION DOSE TOTAL:	**$48.83**

Order Number : EXP-9238-2007-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
PROCTER & GAMBLE PHARMACEUTICALS IN											
0149073402	RX	20 MG	00001	PDS	DANTRIUM INTRAVENOUS				6.0	75.46	316.93
Product is not returnable											
					PROCTER & GAMBLE PHARMACEUTICALS IN TOTAL:						**$316.93**
QUALITEST PRODUCTS, INC.											
00603241821	RX		00100	TAB	BELLADONNA ALKALOIDS/PHENOIREPACK			1.0		0.06	0.04
Product is not returnable											
00603271421	RX	5 MG-2.5 M	00100	CAP	CHLORDIAZEPOXIDE/CLIDINIUM BREPACK			3.0		0.19	0.41
Product is not returnable											
					QUALITEST PRODUCTS, INC. TOTAL:						**$0.45**
ROSS PRODUCTS DIVISION, PHARMACEUTI											
00074104004	RX	25 MG/ML	00001	SUS	SURVANTA				1.0	459.60	321.72
Product is not returnable											
00074231660	RX	30 GM	00001	OIN	SANTYL			1.0		58.64	41.05
Product is not returnable											
					ROSS PRODUCTS DIVISION, PHARMACEUTI TOTAL:						**$362.77**
RUGBY LABORATORIES, INC.											
0536009185		320 MG/5 I	00001	SUS	ALUMINUM HYDROXIDE GEL			1.0		5.60	3.92
Damaged Package											
					RUGBY LABORATORIES, INC. TOTAL:						**$3.92**
SANGSTAT											
0074647932	RX	100 MG	00030	SGL	GENGRAF	45569AF22		15.0		5.50	57.72
Manufacturer does not credit for partial package quantities											
					SANGSTAT TOTAL:						**$57.72**
SANOFI PASTEUR											
4928100610	RX	45 MCG/0.	00010	SOL	FLUZONE			10.0		17.45	122.12
Product is not returnable											
4928100610	RX	45 MCG/0.	00010	SOL	FLUZONE				1.0	174.46	122.12
Product is not returnable											
					SANOFI PASTEUR TOTAL:						**$244.24**
SAVAGE LABORATORIES - DIGIFAB											
0281036510	RX	40 MG	00001	PDS	DIGIFAB		04/30/07		6.0	400.00	1,680.00
Manufacturer does not credit for products beyond this period past expiration											
					SAVAGE LABORATORIES - DIGIFAB TOTAL:						**$1,680.00**
SKY PHARM. PACKAGING, INC.											
6373928615	RX	300 MG	00150	C24	DILTIAZEM CD			98.0		3.32	227.91
Manufacturer does not accept returns											
					SKY PHARM. PACKAGING, INC. TOTAL:						**$227.91**

Order Number : EXP-9238-2007-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
SKY PHARMACEUTICALS PACKAGING, INC.											
6373912101	RX	1 MG	00750	TAB	HALOPERIDOL				79.0	0.38	21.09
Manufacturer does not accept returns											
										SKY PHARMACEUTICALS PACKAGING, INC. TOTAL:	**$21.09**
TAYLOR PHARMACEUTICALS											
1109850410	RX	10 MG/ML	00010	SOL	METHYLENE BLUE				3.0	6.03	12.66
Manufacturer does not credit for partial package quantities											
										TAYLOR PHARMACEUTICALS TOTAL:	**$12.66**
TEVA PHARMACEUTICALS USA											
0093008801	RX	400 MG-8C	00100	TAB	SMZ-TMP				100.0	0.66	46.48
Manufacturer does not credit for partial package quantities											
0093731601	RX	0.1 MG	00100	TAB	DESMOPRESSIN ACETATE				70.0	3.02	148.00
Manufacturer does not credit for partial package quantities											
										TEVA PHARMACEUTICALS USA TOTAL:	**$194.48**
THE PURDUE FREDERICK COMPANY											
00034210089		10%	00001	SOL	BETADINE		03/31/06		1.0	1.89	1.32
Manufacturer does not credit for products beyond this period past expiration											
0034210080		10%	00001	SOL	BETADINE		07/31/06		1.0	10.86	7.60
Manufacturer does not credit for products beyond this period past expiration											
										THE PURDUE FREDERICK COMPANY TOTAL:	**$8.93**
UDL LABORATORIES, INC.											
5107902620	RX	20 MG	00100	TAB	TORSEMIDE				81.0	0.88	49.70
Manufacturer does not credit for partial package quantities											
5107902720	RX	324 MG	00100	TER	QUINIDINE GLUCONATE				75.0	0.51	26.68
Manufacturer does not credit for partial package quantities											
5107911820	RX	10 MG	00100	CAP	DICYCLOMINE HCL				73.0	0.27	13.59
Manufacturer does not credit for partial package quantities											
5107922120	RX	1 MG	00100	TAB	BENZTROPINE MESYLATE				94.0	0.26	16.94
Manufacturer does not credit for partial package quantities											
5107930120	RX	0.3 MG	00100	TAB	CLONIDINE HCL				69.0	0.48	23.04
Manufacturer does not credit for partial package quantities											
5107943620	RX	10 MG	00100	CAP	DOXEPIN HCL				76.0	0.32	17.26
Manufacturer does not credit for partial package quantities											
5107948120	RX	100 MG	00100	SGL	AMANTADINE HCL				20.0	0.60	8.37
Product is not returnable											
5107948520	RX	1 MG	00100	TAB	FLUPHENAZINE HCL				89.0	0.62	38.88
Manufacturer does not credit for partial package quantities											
5107948720	RX	5 MG	00100	TAB	FLUPHENAZINE HCL				50.0	1.33	46.46
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2007-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
UDL LABORATORIES, INC.											
5107952720	RX	80 MG	00100	TAB	FUROSEMIDE				98.0	0.45	30.88
Manufacturer does not credit for partial package quantities											
5107956320	RX	100 MG	00100	TAB	AMITRIPTYLINE HCL				149.0	1.11	116.03
Manufacturer does not credit for partial package quantities											
5107956620	RX	25 MG	00100	TAB	THIORIDAZINE HCL				64.0	0.48	21.55
Manufacturer does not credit for partial package quantities											
5107974620	RX	60 MG	00100	TAB	DILTIAZEM HCL				83.0	0.70	40.85
Manufacturer does not credit for partial package quantities											
5107979520	RX	500 MG	00100	TAB	NAPROXEN				75.0	1.34	70.25
Manufacturer does not credit for partial package quantities											
5107986420	RX	25 MG	00100	TAB	CAPTOPRIL				74.0	0.78	40.40
Manufacturer does not credit for partial package quantities											
5107987020	RX	100 MG	00100	CTB	CARBAMAZEPINE				73.0	0.29	15.06
Manufacturer does not credit for partial package quantities											
5107989320	RX	2 MG	00100	TAB	BUMETANIDE				80.0	0.69	38.58
Manufacturer does not credit for partial package quantities											
5107990220	RX	25 MG	00100	CAP	LOXAPINE				36.0	2.42	60.99
Manufacturer does not credit for partial package quantities											
5107992920	RX	200 MG	00100	TAB	LABETALOL HCL				89.0	0.68	42.49
Manufacturer does not credit for partial package quantities											
5107995520	RX	5 MG-6.25	00100	TAB	BISOPROLOL/HCTZ				81.0	1.14	64.64
Manufacturer does not credit for partial package quantities											
5107995720	RX	1 MG	00100	TAB	DOXAZOSIN MESYLATE				72.0	0.92	46.54
Manufacturer does not credit for partial package quantities											
5107996020	RX	15 MG	00100	TAB	BUSPIRONE HCL				88.0	2.02	124.37
Manufacturer does not credit for partial package quantities											
5107998520	RX	5 MG	00100	TAB	BUSPIRONE HCL				93.0	0.77	50.20
Manufacturer does not credit for partial package quantities											
5107999220	RX	50 MG	00100	TAB	FLUVOXAMINE MALEATE				75.0	2.57	135.11
Manufacturer does not credit for partial package quantities											
									UDL LABORATORIES, INC. TOTAL:		**$1,138.85**
UNITED RESEARCH LABORATORIES, INC.											
0677177333		100 MG/5 I	00001	SYR	GUAIFENESIN				2.0	46.38	64.93
Manufacturer does not credit for partial package quantities											
									UNITED RESEARCH LABORATORIES, INC. TOTAL:		**$64.93**
UPSHER-SMITH LABORATORIES, INC.											
00245004101	RX	10 MEQ	00100	TER	KLOR-CON 10				65.0	0.32	14.37
Manufacturer does not credit for partial package quantities											
									UPSHER-SMITH LABORATORIES, INC. TOTAL:		**$14.37**

Order Number : EXP-9238-2007-3

Non-Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
WYETH-AYERST LABORATORIES											
00008081401	RX	50 MG/ML	00010	SOL	CORDARONE IV				3.0	98.88	207.64
Product is not returnable											
										WYETH-AYERST LABORATORIES TOTAL:	$207.64
										Grand Total:	$13,157.59

Schedule Drug Waste Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 08/16/2007
Order No: EXP-9238-2007-3
Pickup Date: 08/03/2007
Price Code:

Customer: INDEPENDENCE REGIONAL HEALTH CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS)
#1 COMMERCE DR.,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
ABBOTT HOSPITAL PRODUCTS											
00074194101	CIV	30 MG/ML	00025	SOL	TALWIN LACTATE			21.0		5.05	74.19
Manufacturer does not credit for partial package quantities											
00074606202	CII	5%-100 MC	00001	SOL	DEXTROSE/MORPHINE SULFATE		05/01/06		1.0	13.89	9.72
Manufacturer does not credit for products beyond this period past expiration											
										ABBOTT HOSPITAL PRODUCTS TOTAL:	$83.91
ALPHARMA USPD											
00472162916	CV	10 MG-5 M	00001	SYR	PROMETHAZINE VC W/CODEINE			0.21		22.92	3.37
Manufacturer does not credit for partial package quantities											
										ALPHARMA USPD TOTAL:	$3.37
BAXTER ANESTH. &CRITICAL CARE											
00641234141	CII	2 MG/ML	00001	SOL	HYDROMORPHONE HCL			0.60		10.63	4.47
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTH. &CRITICAL CARE TOTAL:	$4.47
BAXTER ANESTHESIA & CRITICAL CARE											
10019003372	CII	0.05 MG/M	00010	SOL	FENTANYL CITRATE			5.0		3.30	11.55
Manufacturer does not credit for partial package quantities											
10019010201	CIV	2 MG/ML	00025	SOL	ATIVAN (LORAZEPAM)			16.0		3.30	36.96
Manufacturer does not credit for partial package quantities											
1001910201	CIV	2 MG/ML	00025	SOL	ATIVAN (LORAZEPAM)	LOOSE		1.0		3.30	2.31
Manufacturer does not credit for partial package quantities											
										BAXTER ANESTHESIA & CRITICAL CARE TOTAL:	$50.82
BIO-TECHNOLOGY GENERAL CORPORATION											
54396011111	CIII	2.5 MG	00100	TAB	OXANDRIN	REPACK		8.0		4.28	23.94
Manufacturer does not credit for partial package quantities											
										BIO-TECHNOLOGY GENERAL CORPORATION TOTAL:	$23.94
ETHEX CORPORATION											
58177090907	CIII	500 MG-7.!	00001	ELI	APAP/HYDROCODONE BITARTRAT			0.53		61.85	22.95
Manufacturer does not credit for partial package quantities											
										ETHEX CORPORATION TOTAL:	$22.95
HOSPIRA, INC.											
00409110232	CII	30 MG/ML	00010	SOL	CODEINE PHOSPHATE			41.0		1.06	30.34
Manufacturer does not credit for partial package quantities											
00409117830	CII	50 MG/ML	00010	SOL	DEMEROL HYDROCHLORIDE			1.0		1.06	0.74
Manufacturer does not credit for partial package quantities											
00409118069	CII	100 MG/M	00010	INJ	DEMEROL HYDROCHLORIDE			2.0		0.95	1.33
Manufacturer does not credit for partial package quantities											

Order Number : EXP-9238-2007-3

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
HOSPIRA, INC.											
00409125830	CII	4 MG/ML	00010	SOL	MORPHINE SULFATE			1.0		1.19	0.83
Manufacturer does not credit for partial package quantities											
00409126130	CII	10 MG/ML	00010	SOL	MORPHINE SULFATE			11.0		1.25	9.60
Manufacturer does not credit for partial package quantities											
00409202902	CII	1 MG/ML	00010	SOL	MORPHINE SULFATE			1.0		17.63	12.34
Manufacturer does not credit for partial package quantities											
										HOSPIRA, INC. TOTAL:	**$55.19**
IVAX PHARMACEUTICALS, INC.											
0172480560	CIV	15 MG	00100	CAP	OXAZEPAM	LOOSE		50.0		0.97	33.91
Product is not returnable											
0172480560	CIV	15 MG	00100	CAP	OXAZEPAM	LOOSE-REP		11.0		0.97	7.46
Product is not returnable											
										IVAX PHARMACEUTICALS, INC. TOTAL:	**$41.37**
PFIZER PHARMACEUTICALS - CONTROLS											
00071101368	CV	50 MG	00090	CAP	LYRICA	REPACK		12.0		1.98	16.63
Product is not returnable											
0071101368	CV	50 MG	00090	CAP	LYRICA	LOOSE	12/31/09		1.0	178.20	124.74
Product is not returnable											
										PFIZER PHARMACEUTICALS - CONTROLS TOTAL:	**$141.37**
PHARMACEUTICAL ASSOCIATES, INC.											
00121050412	CV	120 MG-12	00100	SOL	ACETAMINOPHEN/CODEINE			100.0		0.50	34.69
Manufacturer does not accept returns											
00121465505	CIII	2.5 MG/16	00040	SOL	APAP/HYDROCODONE BITARTRAT			3.0		2.30	4.83
Manufacturer does not accept returns											
0121050416	CV	120 MG-12	00001	SOL	ACETAMINOPHEN/CODEINE	LOOSE			1.0	13.72	9.60
Manufacturer does not accept returns											
0121068310	CV	10 MG-100	00100	SYR	CODEINE/GUAIFENESIN	LOOSE		2.0		0.48	0.67
Manufacturer does not accept returns											
0121465505	CIII	2.5 MG/16	00040	SOL	APAP/HYDROCODONE BITARTRAT	6A24-LOOSE		3.0		2.30	4.83
Product is not returnable											
0121465505	CIII	2.5 MG/16	00040	SOL	APAP/HYDROCODONE BITARTRAT	6D32-LOOSE		8.0		2.30	12.88
Product is not returnable											
										PHARMACEUTICAL ASSOCIATES, INC. TOTAL:	**$67.49**
PHARMEDIUM HEALTHCARE CORPORATION											
61553012248	CII	2 MCG/ML	00005	SOL	BUPIV/FENTANYL CITR/SOD CL			34.0		14.86	353.77
Manufacturer does not accept returns											
61553012348	CII	2 MCG/ML	00005	SOL	BUPIV/FENTANYL CITR/SOD CL			2.0		10.56	14.78
Manufacturer does not accept returns											
61553017348	CII	10 MG/ML	00005	SOL	MEPERIDINE HCL/SODIUM CHLORI			6.0		13.01	54.66
Manufacturer does not accept returns											
61553017848	CII	1 MG/ML	00005	SOL	MORPHINE SULFATE/SODIUM CHL			37.0		19.71	510.49
Manufacturer does not accept returns											
61553079268	CII	20 MCG/M	00010	INJ	FENTANYL CITRATE			7.0		17.50	85.75
Manufacturer does not accept returns											
										PHARMEDIUM HEALTHCARE CORPORATION TOTAL:	**$1,019.45**

RANBAXY PHARMACEUTICALS INC.

Order Number : EXP-9238-2007-3

Schedule Drug Waste Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
RANBAXY PHARMACEUTICALS INC.											
63304020301	CII	10%	00001	TIN	OPIUM	REPACK		0.56		58.30	22.86
Product is not returnable											
										RANBAXY PHARMACEUTICALS INC. TOTAL:	**$22.86**
ROXANE LABORATORIES, INC.											
00054308240	CII	40 MG/ML	00001	SOL	COCAINE HCL	REPACK		15.0		48.88	513.24
Product is not returnable											
00054308340	CII	100 MG/M	00001	SOL	COCAINE HCL	REPACK		1.0		83.85	58.70
Product is not returnable											
00054355344	CII	10 MG/ML	00001	SOL	METHADONE HCL INTENSOL	REPACK		41.0		22.52	646.32
Product is not returnable											
00054415625	CII	30 MG	00100	TAB	CODEINE SULFATE	REPACK		79.0		0.40	22.27
Product is not returnable											
00054457025	CII	5 MG	00100	TAB	METHADONE HCL	REPACK		10.0		0.09	0.62
Product is not returnable											
00054458225	CII	15 MG	00100	TAB	MORPHINE SULFATE	REPACK		2.0		0.18	0.26
Product is not returnable											
00054485906	CIV	0.25 MG	00100	TAB	TRIAZOLAM	REPACK		36.0		0.67	16.79
Product is not returnable											
00054858616	CII	10 MG/5 M	00040	SOL	MORPHINE SULFATE		08/31/08	4.0		0.94	2.62
Product is not returnable											
										ROXANE LABORATORIES, INC. TOTAL:	**$1,260.81**
SANDOZ, INC.											
00781711155	CII	25 MCG/H	00005	TDM	FENTANYL			1.0		14.43	10.10
Manufacturer does not credit for partial package quantities											
										SANDOZ, INC. TOTAL:	**$10.10**
UDL LABORATORIES, INC.											
51079032220	CIV	650 MG-1C	00100	TAB	APAP/PROPOXYPHENE NAPSYLAT			1.0		0.56	0.39
Manufacturer does not credit for partial package quantities											
51079038720	CIV	2 MG	00100	TAB	LORAZEPAM			1.0		1.32	0.92
Manufacturer does not credit for partial package quantities											
51079078820	CIV	0.25 MG	00100	TAB	ALPRAZOLAM			1.0		0.64	0.45
Manufacturer does not credit for partial package quantities											
										UDL LABORATORIES, INC. TOTAL:	**$1.76**
UNIMED PHARMACEUTICALS, INC											
00051002121	CIII	2.5 MG	00060	CAP	MARINOL	REPACK		20.0		4.17	58.31
Product is not returnable											
										UNIMED PHARMACEUTICALS, INC TOTAL:	**$58.31**
WATSON PHARMA, INC.											
00591072601	CII	50 MG	00100	TAB	MEPERIDINE HCL	REPACK		8.0		0.68	3.82
Product is not returnable											
00591588301	CII	10 MG	00100	TAB	METHYLPHENIDATE HCL	REPACK		99.0		0.48	33.05
Product is not returnable											
										WATSON PHARMA, INC. TOTAL:	**$36.88**
										Grand Total:	**$2,905.04**

Returned Drug Summary

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 08/16/2007
Order#: 9238-2007-3
Pickup Date: 08/03/2007
Price Code:

Customer: INDEPENDENCE REGIONAL HEALTH CENTER
19600 E. 39TH STREET
INDEPENDENCE MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS)
#1 COMMERCE DR.,O'FALLON,MO,63366

Manufacturer			*Debit Memo#*	*Anticipated Return Value*	*Amount Received*
ABRAXIS BIOSCIENCE, INC.		***RECALL***	***EXPNC00695226***		
APP (AMERICAN PHARMACEUTICAL PARTNE				$372.93	
				$372.93	
ABRAXIS BIOSCIENCE, INC.		***RECALL***	***EXPNC00695231***		
APP (AMERICAN PHARMACEUTICAL PARTNE				$393.05	
				$393.05	
ALCON PHARMACEUTICAL DIVISION					
ALCON LABORATORIES, OPHTHALMIC DIV.	***CAP***			$14.32	
				$14.32	
ALLIANT PHARMACEUTICALS					
ALLIANT PHARMACEUTICALS	***CAP***			$86.74	
				$86.74	
AMPHASTAR - IMS CRITICAL CARE					
AMPHASTAR - IMS CRITICAL CARE	***CAP***			$35.95	
				$35.95	
ASTELLAS PHARMA, INC.					
FUJISAWA HEALTHCARE, INC.	***CAP***			$237.21	
				$237.21	
ASTRA ZENECA					
ASTRA ZENECA	***CAP***			$28.65	
				$28.65	
Actavis Pharmaceuticals					
ALPHARMA USPD	***CAP***			$16.04	
				$16.04	
BAUSCH & LOMB PHARMACEUTICALS, INC.					
BAUSCH & LOMB PHARMACEUTICALS, INC.	***CAP***			$58.82	
				$58.82	
BAXTER ANESTHESIA & CRITICAL CARE			***EXPNC00695223***		
BAXTER ANESTH. &CRITICAL CARE				$10.62	
BAXTER ANESTHESIA & CRITICAL CARE				$403.20	
				$413.82	
BEDFORD LABORATORIES					
BEDFORD LABORATORIES	***CAP***			$338.69	
				$338.69	

Order Number : EXP-9238-2007-3

Returned Drug Summary

Manufacturer			Debit Memo#	Anticipated Return Value	Amount Received
Bristol-Myers Squibb Company			EXPNC00695229		
DU PONT PHARMACEUTICALS COMPANY				$19.29	
				$19.29	
CRI					
AMGEN USA INC.	CAP			$6.80	
BAYER CORP., PHARMACEUTICAL DIVISIO	CAP			$10.21	
BERLEX LABORATORIES, INC.	CAP			$27.89	
BOEHRINGER INGELHEIM PHARMACEUTICAL	CAP			$0.88	
FOREST PHARMACEUTICALS, INC.	CAP			$72.78	
ROCHE LABORATORIES	CAP			$435.41	
ROXANE LABORATORIES, INC.	CAP			$245.65	
				$799.62	
FOUGERA E. & CO.		RECALL	EXPNC00695227		
FOUGERA				$126.00	
				$126.00	
GENENTECH, INC.					
GENENTECH, INC.	CAP			$5,775.00	
				$5,775.00	
GLAXO SMITHKLINE PHARMACEUTICALS					
CERENEX PHARMACEUTICALS	CAP			$251.35	
GLAXO PHARMACEUTICALS	CAP			$51.89	
GLAXO SMITHKLINE PHARMACEUTICALS	CAP			$1,505.47	
GLAXO WELLCOME INC.	CAP			$19.92	
				$1,828.63	
HEALTHPOINT					
HEALTHPOINT	CAP			$26.04	
				$26.04	
INSIGHT PHARMACEUTICALS CORP.					
HERITAGE BRAND/INSIGHT PHARMACEUTIC	CAP			$8.58	
				$8.58	
JOM Pharmaceutical					
ORTHO BIOTECH	CAP			$93.49	
SCIOS INC.	CAP			$638.40	
				$731.89	
JOM Pharmaceutical Services					
JANSSEN PHARMACEUTICA PRODUCTS, L.P	CAP			$3.91	
MCNEIL CONS & SPECIALTY PHARMA	CAP			$5.76	
ORTHO-MCNEIL PHARMACEUTICAL CORPORA	CAP			$1.11	
				$10.78	
LILLY, ELI & CO.			EXPNC00695228		
LILLY, ELI & CO.				$420.19	
				$420.19	

Order Number : EXP-9238-2007-3

Returned Drug Summary

Manufacturer		Debit Memo#	Anticipated Return Value	Amount Received
MEAD JOHNSON & COMPANY				
MEAD JOHNSON & COMPANY	CAP		$91.12	
			$91.12	
MEDTRONIC NEUROLOGICAL		EXPNC00695225		
MEDTRONIC NEUROLOGICAL			$58.80	
			$58.80	
MERCK & CO., INC.				
MERCK & CO., INC.	CAP		$125.84	
			$125.84	
NOVARTIS PHARMACEUTICALS CORPORATIO		EXPNC00695230		
NOVARTIS PHARM			$200.76	
NOVARTIS PHARMACEUTICALS CORPORATIO			$36.78	
			$237.54	
PADDOCK LABORATORIES, INC.				
PADDOCK LABORATORIES, INC.	CAP		$1.96	
			$1.96	
PFIZER PHARMACEUTICALS				
PFIZER U.S. PHARMACEUTICALS GROUP	CAP		$74.60	
PHARMACIA CORPORATION	CAP		$1,305.96	
			$1,380.56	
ROXANE LABORATORIES, INC.	CII			
ROXANE LABORATORIES, INC.	CAP		$64.22	
			$64.22	
SCHERING PLOUGH CORPORATION				
KEY PHARMACEUTICALS, INC.	CAP		$44.84	
			$44.84	
SPS - GA				
EISAI INC.	CAP		$6.27	
ETHEX CORPORATION	CAP		$43.30	
GENSIA SICOR PHARMACEUTICALS, INC.	CAP		$110.38	
IVAX PHARMACEUTICALS, INC.	CAP		$6.64	
NOVO NORDISK PHARMACEUTICALS, INC.	CAP		$726.68	
RANBAXY PHARMACEUTICALS INC.	CAP		$3.85	
WALLACE PHARMACEUTICALS	CAP		$126.25	
			$1,023.37	
TARO PHARMACEUTICALS U.S.A., INC.				
TARO PHARMACEUTICALS U.S.A., INC.	CAP		$25.19	
			$25.19	
WATSON PHARMA, INC.				
RUGBY LABORATORIES, INC.	CAP		$7.22	
WATSON PHARMA, INC.	CAP		$86.23	
			$93.44	

Order Number : EXP-9238-2007-3

Returned Drug Summary

Manufacturer		Debit Memo#	Anticipated Return Value	Amount Received
WOCKHARDT LIMITED		EXPNC00695224		
WOCKHARDT USA			$4,046.50	
			$4,046.50	
WYETH PHARMACEUTICALS				
WYETH-AYERST LABORATORIES	CAP		$334.54	
			$334.54	
Grand Total			$19,270.15	

Total No. of Manufacturers: 56

Processed Recall Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 08/16/2007
Order No: EXP-9238-2007-3
Pickup Date: 08/03/2007
Price Code:

Customer: INDEPENDENCE REGIONAL HEALTH CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS)
#1 COMMERCE DR.,O'FALLON,MO,63366

RECALLED PRODUCTS BEING RETURNED
PRODUCTS INCLUDED ON APPLICABLE REPORTS

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full	Price	Total
APP (AMERICAN PHARMACEUTICAL PARTNE											
6332334220	RX	2 GM	25	PDS	CEFOXITIN SODIUM	401901	08/31/07		1.00	532.75	372.93
6332334120	RX	1 GM	25	PDS	CEFOXITIN SODIUM	401830	08/31/07		1.00	280.75	196.53
6332334120	RX	1 GM	25	PDS	CEFOXITIN SODIUM	401783	08/31/07		1.00	280.75	196.53
										APP (AMERICAN PHARMACEUTICAL PARTNE TOTAL:	**$765.98**
FOUGERA											
0168035209	RX	2%	72	OIN	MUPIROCIN	T299	08/31/07		1.00	90.00	63.00
0168035209	RX	2%	72	OIN	MUPIROCIN	U345	01/31/08		1.00	90.00	63.00
										FOUGERA TOTAL:	**$126.00**

Grand Total: $891.98

Returned Non-Schedule Drug Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 08/16/2007
Order#: EXP-9238-2007-3
Pickup Date: 08/03/2007
Price Code:

Customer: INDEPENDENCE REGIONAL HEALTH CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS)
#1 COMMERCE DR.,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
ALCON LABORATORIES, OPHTHALMIC DIV.											
0998031505	RX	5%	00001	SOL	ISOPTO HOMATROPINE	79664F	03/31/07		1.0	20.46	14.32
										ALCON LABORATORIES, OPHTHALMIC DIV. TOTAL:	$14.32
ALLIANT PHARMACEUTICALS											
6818893190	RX	1%	00001	SHA	LINDANE	27401A	06/30/07		1.0	123.91	86.74
										ALLIANT PHARMACEUTICALS TOTAL:	$86.74
AMGEN USA INC.											
55513007330	RX	30 MG	00030	TAB	SENSIPAR	D034191	07/31/07	1.0		9.72	6.80
										AMGEN USA INC. TOTAL:	$6.80
AMPHASTAR - IMS CRITICAL CARE											
0548100100	RX	50%	00025	SOL	DEXTROSE	BD080K4	10/31/07	1.0		8.80	6.16
0548331500	RX	25%	00010	SOL	DEXTROSE	BC070J4	09/30/07	8.0		5.32	29.79
										AMPHASTAR - IMS CRITICAL CARE TOTAL:	$35.95
APP (AMERICAN PHARMACEUTICAL PARTNE											
6332334120	RX	1 GM	00025	PDS	CEFOXITIN SODIUM	401783	08/31/07		1.0	280.75	196.53
6332334120	RX	1 GM	00025	PDS	CEFOXITIN SODIUM	401830	08/31/07		1.0	280.75	196.53
6332334220	RX	2 GM	00025	PDS	CEFOXITIN SODIUM	401901	08/31/07		1.0	532.75	372.93
										APP (AMERICAN PHARMACEUTICAL PARTNE TOTAL:	$765.98
ASTRA ZENECA											
00186045128	RX	5 MG	00100	TER	PLENDIL	P7136	02/28/07	3.0		1.13	2.37
00186045228	RX	10 MG	00100	TER	PLENDIL	P7137	02/28/07	4.0		2.03	5.67
00310027539	RX	25 MG	00100	TAB	SEROQUEL	KN0065	08/31/07	20.0		1.47	20.62
										ASTRA ZENECA TOTAL:	$28.65
BAUSCH & LOMB PHARMACEUTICALS, INC.											
2420834720	RX	0.5%	00001	SOL	ALBUTEROL SULFATE	915601	06/30/07		1.0	17.00	11.90
2420854005	RX	0.1%	00001	SOL	DIPIVEFRIN HCL	047051	06/30/07		1.0	14.07	9.85
2420879062	RX		00001	SOL	GRAMICIDIN/NEOMYCIN/POLYMYXIN B	825521	09/30/06		2.0	26.48	37.07
										BAUSCH & LOMB PHARMACEUTICALS, INC. TOTAL:	$58.82

Order Number : EXP-9238-2007-3

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
BAXTER ANESTH. &CRITICAL CARE											
1001995501	RX	500 MG	00001	PDS	CYCLOPHOSPHAMIDE	4C127B	03/31/07		1.0	15.17	10.62
										BAXTER ANESTH. &CRITICAL CARE TOTAL:	**$10.62**
BAYER CORP., PHARMACEUTICAL DIVISIO											
00026285548	RX	30 MG	00100	SGL	NIMOTOP	2500LHP	07/31/07	2.0		7.00	9.80
00026286151	RX	50 MG	00100	TAB	PRECOSE	5400K4K	07/31/07	1.0		0.58	0.41
										BAYER CORP., PHARMACEUTICAL DIVISIO TOTAL:	**$10.21**
BEDFORD LABORATORIES											
5539001310	RX	1 MG/ML	00010	SOL	DIHYDROERGOTAMINE MESYLATE	930224	05/31/07		1.0	336.00	235.20
5539011301	RX	5 MG	00001	PDS	PHENTOLAMINE MESYLATE	7268851	07/31/07		2.0	33.60	47.04
5539061610	RX	25 MG/ML	00010	SOL	RANITIDINE	733397	08/31/07		2.0	40.32	56.45
										BEDFORD LABORATORIES TOTAL:	**$338.69**
BERLEX LABORATORIES, INC.											
50419010510	RX	80 MG	00100	TAB	BETAPACE	W30004	02/28/07	1.0		2.96	2.07
50419045104	RX	0.05 MG/24 HRS	00004	TDM	CLIMARA	040590	02/28/07	2.0		7.38	10.33
50419045104	RX	0.05 MG/24 HRS	00004	TDM	CLIMARA	040733	04/30/07	2.0		7.38	10.33
50419045104	RX	0.05 MG/24 HRS	00004	TDM	CLIMARA	050242	09/30/07	1.0		7.38	5.17
										BERLEX LABORATORIES, INC. TOTAL:	**$27.89**
BOEHRINGER INGELHEIM PHARMACEUTICAL											
00597008490	RX	0.25 MG	00090	TAB	MIRAPEX	69PBW	02/28/07	1.0		1.26	0.88
										BOEHRINGER INGELHEIM PHARMACEUTICAL TOTAL:	**$0.88**
CERENEX PHARMACEUTICALS											
00173044202	RX	2 MG/ML	00005	SOL	ZOFRAN	C103468	05/31/07	9.0		25.65	161.58
00173044202	RX	2 MG/ML	00005	SOL	ZOFRAN	C105038	05/31/07	4.0		25.65	71.81
00173044202	RX	2 MG/ML	00005	SOL	ZOFRAN	C113718	10/31/07	1.0		25.65	17.96
										CERENEX PHARMACEUTICALS TOTAL:	**$251.35**
DU PONT PHARMACEUTICALS COMPANY											
0056060128	RX	25 MG-100 MG	00100	TER	SINEMET CR	P7099	02/28/07	25.0		1.10	19.29
										DU PONT PHARMACEUTICALS COMPANY TOTAL:	**$19.29**
EISAI INC.											
62856024590	RX	5 MG	00090	TAB	ARICEPT	003117	02/01/07	1.0		4.48	3.14
62856024630	RX	10 MG	00030	TAB	ARICEPT	003116	08/01/07	1.0		4.48	3.14
										EISAI INC. TOTAL:	**$6.27**
FOREST PHARMACEUTICALS, INC.											
00456202063	RX	20 MG	00100	TAB	LEXAPRO	120427	08/31/07	44.0		2.36	72.78
										FOREST PHARMACEUTICALS, INC. TOTAL:	**$72.78**

Order Number : EXP-9238-2007-3

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
FOUGERA											
0168035209	RX	2%	00072	OIN	MUPIROCIN	T299	08/31/07		1.0	90.00	63.00
0168035209	RX	2%	00072	OIN	MUPIROCIN	U345	01/31/08		1.0	90.00	63.00
										FOUGERA TOTAL:	$126.00
FUJISAWA HEALTHCARE, INC.											
0469520230	RX	0.1%	00001	OIN	PROTOPIC	20191	12/31/06		1.0	61.04	42.73
0469823412	RX	2 ML	00001	SOL	ADENOCARD	27-241-EV	09/01/07		7.0	39.69	194.48
										FUJISAWA HEALTHCARE, INC. TOTAL:	$237.21
GENENTECH, INC.											
5024203861	RX	50 MG	00001	KIT	TNKASE	M63327	03/31/07		1.0	2,750.00	1,925.00
5024203861	RX	50 MG	00001	KIT	TNKASE	M75155	03/31/07		2.0	2,750.00	3,850.00
										GENENTECH, INC. TOTAL:	$5,775.00
GENSIA SICOR PHARMACEUTICALS, INC.											
0703500301	RX	25 MG/ML	00001	OIL	FLUPHENAZINE DECANOATE	05E110	05/31/07		3.0	52.56	110.38
										GENSIA SICOR PHARMACEUTICALS, INC. TOTAL:	$110.38
GLAXO PHARMACEUTICALS											
0173037810	RX	1 GM	00010	PDS	FORTAZ	AO67	09/30/07	5.0		14.83	51.89
										GLAXO PHARMACEUTICALS TOTAL:	$51.89
GLAXO SMITHKLINE PHARMACEUTICALS											
00007323011	RX	2.5MG/0.5ML	00010	SOL	ARIXTRA	54	09/30/07	1.0		41.76	29.23
00007413920	RX	3.125 MG	00100	TAB	COREG	145V39	08/31/07	1.0		1.61	1.13
00007414020	RX	6.25 MG	00100	TAB	COREG	2285V40	07/31/07	1.0		1.61	1.13
00007414020	RX	6.25 MG	00100	TAB	COREG	2465V40	09/30/07	1.0		1.61	1.13
00007414120	RX	12.5 MG	00100	TAB	COREG	469 5V41	09/30/07	1.0		1.61	1.13
00007414120	RX	12.5 MG	00100	TAB	COREG	4735V41	09/30/07	1.0		1.61	1.13
00007414120	RX	12.5 MG	00100	TAB	COREG	Y4465V41	08/31/07	2.0		1.61	2.25
00007414120	RX	12.5 MG	00100	TAB	COREG	Y465 5V41	08/31/07	1.0		1.61	1.13
00029152611	RX	2%	00010	OIN	BACTROBAN	WECL	05/31/07	1.0		5.13	3.59
00029316013	RX	8 MG	00030	TAB	AVANDIA	5ZP3031	08/31/07	1.0		4.74	3.32
0007323411		7.5 MG/0.6 ML	00010	SOL	ARIXTRA	1	09/30/07	4.0		102.00	285.60
0007323411		7.5 MG/0.6 ML	00010	SOL	ARIXTRA	2	09/30/07		1.0	1,020.00	714.00
0007323411		7.5 MG/0.6 ML	00010	SOL	ARIXTRA	54	09/30/07	6.0		102.00	428.40
0029152611	RX	2%	00010	OIN	BACTROBAN	WECL	05/31/07	9.0		5.13	32.31
										GLAXO SMITHKLINE PHARMACEUTICALS TOTAL:	$1,505.47
GLAXO WELLCOME INC.											
0173037710	RX	500 MG	00010	PDS	FORTAZ	A001	07/31/07	4.0		7.12	19.92
										GLAXO WELLCOME INC. TOTAL:	$19.92

Order Number : EXP-9238-2007-3

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
HEALTHPOINT											
8213010040		0.9%	00001	GEL	IODOSORB	BJD 211	04/30/07		1.0	37.20	26.04
									HEALTHPOINT TOTAL:		$26.04
HERITAGE BRAND/INSIGHT PHARMACEUTIC											
63736012003			00001	KIT	NIX	A13800	07/31/07		1.0	12.26	8.58
									HERITAGE BRAND/INSIGHT PHARMACEUTIC TOTAL:		$8.58
IVAX PHARMACEUTICALS, INC.											
0182415101		200 MG	00100	TAB	CALCIUM CITRATE	87112781	03/31/07		1.0	5.99	4.19
0182602044			00001	LOT	THERAPEUTIC BATH	3239	03/31/07		1.0	3.50	2.45
									IVAX PHARMACEUTICALS, INC. TOTAL:		$6.64
JANSSEN PHARMACEUTICA PRODUCTS, L.P											
50458030006	RX	1 MG	00060	TAB	RISPERDAL	5KG327	08/31/07	2.0		2.79	3.91
									JANSSEN PHARMACEUTICA PRODUCTS, L.P TOTAL:		$3.91
KEY PHARMACEUTICALS, INC.											
00085331530	RX	0.3 MG/HR	00030	TDM	NITRO-DUR	D5501311	05/31/07	31.0		2.07	44.84
									KEY PHARMACEUTICALS, INC. TOTAL:		$44.84
LILLY, ELI & CO.											
00002411530	RX	5 MG	00030	TAB	ZYPREXA	A152700	08/01/07	1.0		7.33	5.13
00002416530	RX	60 MG	00030	TAB	EVISTA	A124031	07/01/07	1.0		2.32	1.62
0002714001	RX	2 MG/ML	00001	SOL	REOPRO	04D13AA	05/10/07		1.0	540.02	378.01
0002861501		100 U/ML	00001	SUS	HUMULIN U	9RL96R	07/01/07		2.0	25.30	35.42
									LILLY, ELI & CO. TOTAL:		$420.19
MCNEIL CONS & SPECIALTY PHARMA											
50580045103		500 MG	00150	CAP	TYLENOL EXTRA STRENGTH	JJC004	05/31/07	52.0		0.04	1.41
50580045103		500 MG	00150	CAP	TYLENOL EXTRA STRENGTH	JPC007	07/31/07	52.0		0.04	1.41
50580045103		500 MG	00150	CAP	TYLENOL EXTRA STRENGTH	LBC023	09/30/07	109.0		0.04	2.95
									MCNEIL CONS & SPECIALTY PHARMA TOTAL:		$5.76
MEAD JOHNSON & COMPANY											
00087611142	RX	20 MG/ML	00010	SOL	CAFCIT	LFD19	06/30/07	1.0		43.39	30.37
00087611142	RX	20 MG/ML	00010	SOL	CAFCIT	LGD21	07/31/07	1.0		43.39	30.37
00087611142	RX	20 MG/ML	00010	SOL	CAFCIT	LJD22	09/30/07	1.0		43.39	30.37
									MEAD JOHNSON & COMPANY TOTAL:		$91.12
MEDTRONIC NEUROLOGICAL											
58281056201	RX	0.05 MG/ML	00001	KIT	LIORESAL INTRATHECAL SCREENING KIT	S0015	07/31/07		1.0	84.00	58.80
									MEDTRONIC NEUROLOGICAL TOTAL:		$58.80
MERCK & CO., INC.											
00006092531	RX	5 MG	00030	TAB	FOSAMAX	R3216	08/31/07	1.0		2.22	1.55

Order Number : EXP-9238-2007-3

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
MERCK & CO., INC.											
00006340617	RX	1 MG	00003	PDS	INDOCIN	0251R	08/31/07	2.0		32.40	45.37
0006458400	RX	20,000 TCID50	00010	PDS	MUMPSVAX	0679R	06/29/07	6.0		18.79	78.92
									MERCK & CO., INC. TOTAL:		$125.84
NOVARTIS PHARM											
53905006504	RX	60 MG/ML	00004	SOL	TOBI	11K40	10/31/07		1.0	286.80	200.76
									NOVARTIS PHARM TOTAL:		$200.76
NOVARTIS PHARMACEUTICALS CORPORATIO											
00078033706	RX	300 MG	00100	TAB	TRILEPTAL	F0116	08/31/07	28.0		1.78	34.80
00078042620	RX	6 MG	00060	TAB	ZELNORM	F0046	08/31/07	1.0		2.82	1.97
									NOVARTIS PHARMACEUTICALS CORPORATIO TOTAL:		$36.78
NOVO NORDISK PHARMACEUTICALS, INC.											
0169183411		100 U/ML	00001	SUS	NOVOLIN N	RZF0104	08/31/07		1.0	25.30	17.71
0169183411		100 U/ML	00001	SUS	NOVOLIN N	RZF0126	08/31/07		2.0	25.30	35.42
0169183411		100 U/ML	00001	SUS	NOVOLIN N	RZF0143	09/30/07		1.0	25.30	17.71
0169183411		100 U/ML	00001	SUS	NOVOLIN N	RZF0190	10/31/07		4.0	25.30	70.84
0169183411		100 U/ML	00001	SUS	NOVOLIN N	RZF0194	10/31/07		2.0	25.30	35.42
0169183411		100 U/ML	00001	SUS	NOVOLIN N	RZF0209	10/31/07		5.0	25.30	88.55
0169183711		70 U-30 U/ML	00001	SUS	NOVOLIN 70/30	RZF0191	10/31/07		5.0	25.30	88.55
0169183711		70 U-30 U/ML	00001	SUS	NOVOLIN 70/30	RZF0199	10/31/07		3.0	25.30	53.13
0169369619	RX	30 U-70 U/ML	00005	SUS	NOVOLOG MIX 70/30	RP51360	01/31/07		1.0	108.86	76.20
0169369619	RX	30 U-70 U/ML	00005	SUS	NOVOLOG MIX 70/30	RP51769	05/31/07		1.0	108.86	76.20
0169750111	RX	100 U/ML	00001	SOL	NOVOLOG	RW50991	07/31/07		2.0	47.70	66.78
0169750111	RX	100 U/ML	00001	SOL	NOVOLOG	RW50993	06/30/07		1.0	47.70	33.39
0169750111	RX	100 U/ML	00001	SOL	NOVOLOG	RW51416	08/31/07		2.0	47.70	66.78
									NOVO NORDISK PHARMACEUTICALS, INC. TOTAL:		$726.68
ORTHO BIOTECH											
59676031001	RX	10,000 U/ML	00006	SOL	PROCRIT	P028277	03/30/07	1.0		133.56	93.49
									ORTHO BIOTECH TOTAL:		$93.49
ORTHO-MCNEIL PHARMACEUTICAL CORPORA											
17314931102			00100	PDR	NEUTRA-PHOS	130436	06/30/07	4.0		0.40	1.11
									ORTHO-MCNEIL PHARMACEUTICAL CORPORA TOTAL:		$1.11
PADDOCK LABORATORIES, INC.											
0574001201		7 MG/5 ML	00001	SYR	IPECAC SYRUP	2466946	10/31/07		2.0	1.40	1.96
									PADDOCK LABORATORIES, INC. TOTAL:		$1.96
PFIZER U.S. PHARMACEUTICALS GROUP											
00069551066	RX	10 MG	00100	TAB	ZYRTEC	5TU021A	07/01/07	1.0		1.98	1.39
00071015623	RX	20 MG	00090	TAB	LIPITOR	0468085	07/31/07	2.0		3.28	4.59
00071036224	RX	100 MG	00100	CER	DILANTIN KAPSEALS	05625	09/30/07	1.0		0.29	0.20

Order Number : EXP-9238-2007-3

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
PFIZER U.S. PHARMACEUTICALS GROUP											
00071201223	RX	250 MG/5 ML	00001	SOL	NEURONTIN	50455L	05/31/07	1.0		97.75	68.43
							PFIZER U.S. PHARMACEUTICALS GROUP TOTAL:				$74.60
PHARMACIA CORPORATION											
00009027101	RX	5 MG/ML	00001	OIL	DEPO-ESTRADIOL	30HDU	09/30/06		1.0	22.13	15.49
00009045003	RX	1 GM	00120	TAB	COLESTID	67MPM	08/01/07	1.0		0.48	0.34
00009069801	RX	1 GM	00001	PDS	SOLU-MEDROL	05JRT	02/28/07		1.0	18.05	12.64
00009091205	RX	500 MG	00001	PDS	SOLU-CORTEF	68JBT	07/31/07		10.0	8.38	58.66
00009092003	RX	1 GM	00001	PDS	SOLU-CORTEF	01HKP	12/31/06		1.0	15.66	10.96
00009347501	RX	80 MG/ML	00001	SUS	DEPO-MEDROL	58MAA	04/30/07		1.0	11.34	7.94
00009454102	RX	1 MG	00060	TAB	DETROL	34MDU	07/01/07	1.0		1.48	1.04
0009062601	RX	400 MG/ML	00001	SUS	DEPO-PROVERA	78MYD	06/30/07		1.0	110.39	77.27
0009353101	RX	50 MG/5 ML	00001	PDR	VANTIN	LJ1054	05/31/07	1.0		39.07	27.35
0009722402	RX	50 MG/ML	00005	SOL	ATGAM	23MCW	05/31/07		1.0	1,416.09	991.26
0025141190	RX	50 MG-0.2 MG	00090	ECT	ARTHROTEC	C401105	03/31/07	90.0		1.64	103.02
							PHARMACIA CORPORATION TOTAL:				$1,305.96
RANBAXY PHARMACEUTICALS INC.											
63304052120	RX	200 MG	00020	TAB	CEFPODOXIME PROXETIL	1551354	07/31/07	1.0		5.50	3.85
							RANBAXY PHARMACEUTICALS INC. TOTAL:				$3.85
ROCHE LABORATORIES											
00004029809	RX	500 MG	00004	PDS	CELLCEPT	U3055	08/31/07	3.0		30.07	63.15
00004196201	RX	250 MG	00010	PDS	ROCEPHIN.	U0758	03/31/07	2.0		15.82	22.15
00004196201	RX	250 MG	00010	PDS	ROCEPHIN	U0759	03/31/07	3.0		15.82	33.22
00004196401	RX	1 GM	00010	PDS	ROCEPHIN	U6509	07/31/07	4.0		49.07	137.39
00004196401	RX	1 GM	00010	PDS	ROCEPHIN	U6511	07/31/07	4.0		49.07	137.39
0004029809	RX	500 MG	00004	PDS	CELLCEPT	U3055	08/31/07	2.0		30.07	42.11
							ROCHE LABORATORIES TOTAL:				$435.41
ROXANE LABORATORIES, INC.											
00054829816	RX	40 MG/5 ML	00040	SOL	FUROSEMIDE	557457A	03/31/07	12.0		1.50	12.62
0054005716	RX	2.5 ML	00040	ELI	DIGOXIN	657042B	06/30/07	59.0		1.69	69.75
0054005746	RX	0.05 MG/ML	00001	ELI	DIGOXIN	657116A	07/31/07		1.0	33.78	23.65
0054350049	RX	2%	00001	SOL	LIDOCAINE HCL VISCOUS	656573A	05/31/07		3.0	2.63	5.52
0054372263	RX	5 MG/5 ML	00001	SOL	PREDNISONE	557452A	02/28/07	1.0		74.97	52.48
0054376950			00001	SOL	SALIVA SUBSTITUTE	556797A	06/30/07		3.0	4.82	10.12
0054817925	RX	0.5 MG	00100	TAB	DEXAMETHASONE	458078C	01/31/08	8.0		0.16	0.92
0054829025	RX	200 MG	00100	TAB	FLUCONAZOLE	457729B	11/30/06	6.0		14.41	60.50
0054829025	RX	200 MG	00100	TAB	FLUCONAZOLE	556350A	05/31/07	1.0		14.41	10.09
							ROXANE LABORATORIES, INC. TOTAL:				$245.65
RUGBY LABORATORIES, INC.											
0536128083		540 MG/5 ML	00001	SUS	LOWSIUM	CRP001	06/30/07		1.0	3.45	2.42

Order Number : EXP-9238-2007-3

Returned Non-Schedule Drug Report

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
RUGBY LABORATORIES, INC.											
0536345101		3 MG-0.6 MG	00100	TAB	CHLOROPHYLL	042206	05/31/07	20.0		0.03	0.39
0536453301		80 MG	00100	CTB	SIMETHICONE	05D191	04/30/07		1.0	6.30	4.41
									RUGBY LABORATORIES, INC. TOTAL:		$7.22
SCIOS INC.											
6584720525	RX	1.5 MG	00001	PDS	NATRECOR	R0013A	06/30/07		2.0	456.00	638.40
									SCIOS INC. TOTAL:		$638.40
TARO PHARMACEUTICALS U.S.A., INC.											
51672126301	RX	100,000 U/GM-0.1%	00001	CRE	NYSTATIN/TRIAMCINOLONE ACETONIDE	4G045	07/31/07		2.0	17.99	25.19
									TARO PHARMACEUTICALS U.S.A., INC. TOTAL:		$25.19
WALLACE PHARMACEUTICALS											
0037044267	RX	600 MG/5 ML	00001	SUS	FELBATOL	0000001706	04/30/07	1.0		180.35	126.25
									WALLACE PHARMACEUTICALS TOTAL:		$126.25
WATSON PHARMA, INC.											
00591083960	RX	150 MG	00060	TAB	BUPROPION HCL	5ZP5659	09/30/07	1.0		1.94	1.36
00591319101	RX	60 MG	00100	TAB	PYRIDOSTIGMINE BROMIDE	417092	09/30/07	1.0		0.60	0.42
00591319401	RX	60 MG	00100	TER	AFEDITAB CR	AF0084	07/31/07	1.0		2.24	1.57
									WATSON PHARMA, INC. TOTAL:		$3.35
WOCKHARDT USA											
6467998302	RX	1 GM	00010	PDS	CEFTRIAXONE	95008	05/31/07		13.0	444.67	4,046.50
									WOCKHARDT USA TOTAL:		$4,046.50
WYETH-AYERST LABORATORIES											
0046074905	RX	25 MG	00001	PDS	PREMARIN INTRAVENOUS	B38235	04/30/07		2.0	59.74	83.64
0046074905	RX	25 MG	00001	PDS	PREMARIN INTRAVENOUS	B46133	06/30/07		6.0	59.74	250.91
									WYETH-AYERST LABORATORIES TOTAL:		$334.54
									Grand Total:		$18,660.51

No. Of Manufacturers: 51

Returned Schedule Drug Report

48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 08/16/2007
Order#: EXP-9238-2007-3
Pickup Date: 08/03/2007
Price Code:

Customer: INDEPENDENCE REGIONAL HEALTH CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
Site: INDEPENDENCE REGIONAL HEALTH CENTER
DEA#: BI8263232
W/S: MCKESSON DRUG CO. (ST.LOUIS)
#1 COMMERCE DR.,O'FALLON,MO,63366

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp. Date	Quantity Partial	Quantity Full	Price	Total
ALPHARMA USPD											
00472162916	CV	10 MG-5 MG-6.25 MG/5 ML	00001	SYR	PROMETHAZINE VC W/CODEINE	R00323	08/31/07		1.0	22.92	16.04
										ALPHARMA USPD TOTAL:	$16.04
BAXTER ANESTHESIA & CRITICAL CARE											
1001910210	CIV	2 MG/ML	00010	SOL	ATIVAN	035091	01/31/07		2.0	288.0	403.20
										BAXTER ANESTHESIA & CRITICAL CARE TOTAL:	$403.20
ETHEX CORPORATION											
58177090907	CIII	500 MG-7.5 MG/15 ML	00001	ELI	APAP/HYDROCODONE BITARTRATE	62785	01/31/07		1.0	61.85	43.30
										ETHEX CORPORATION TOTAL:	$43.30
ROXANE LABORATORIES, INC.											
00054815624	CII	30 MG	00100	TAB	CODEINE SULFATE	457613A	11/30/07	38.0		0.45	11.86
00054858616	CII	10 MG/5 ML	00040	SOL	MORPHINE SULFATE	556969A	08/31/07	80.0		0.94	52.36
										ROXANE LABORATORIES, INC. TOTAL:	$64.22
WATSON PHARMA, INC.											
52544095501	CIII	50 MG/325 MG/40 MG	00100	CAP	FIORINAL	L5G0752	08/31/07		1.0	118.40	82.88
										WATSON PHARMA, INC. TOTAL:	$82.88
										Grand Total:	$609.64

No. of Manufacturers: 5

Return Through Wholesaler Report

EXP PHARMACEUTICAL SERVICES CORP.
"DIFFERENT & BETTER"
48021 Warm Springs Blvd.
Fremont, CA 94539
Phone : (800) 350-0397
(510) 476-0909
Fax : (510) 933-1470
DEA # : RE0190188

Date: 08/16/07
Order No: EXP-9238-2007-3
Pickup Date: 08/03/07

Customer: INDEPENDENCE REGIONAL HEALTH CENTER
19600 E. 39TH STREET
INDEPENDENCE, MO 64050
DEA # : BI8263232
Site: INDEPENDENCE REGIONAL HEALTH CENTER
W/S: MCKESSON DRUG CO. (ST.LOUIS)
#1 COMMERCE DR.,O'FALLON,MO,63366

PLEASE OBTAIN MRA FROM YOUR WHOLESALER FOR THE FOLLOWING PRODUCTS
UPON RECEIPT OF MRA FROM YOUR WHOLESALER, PLEASE SEND MRA TO EXP IMMEDIATELY

NDC	Rx	Strength	Size	Form	Product Name	Lot Number	Exp Date	Quantity Partial	Quantity Full
WOCKHARDT USA									
6467998302	RX	1 GM	00010	PDS	CEFTRIAXONE	95008	05/31/07		13.00

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 605 - 1

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004DDS

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/31/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)	24	96 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	24	96 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Joseph Whitfield Signature [signature] Date 12/31/08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Jory Schaal Signature [signature] Date 12/31/08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: ( )
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

RECEIVED DEC 31 2008 Chad Bergmann

TREATMENT FACILITY
Generator Designated regulated medical waste treatment facility and/or alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City, KS 66115 (913) 321 - 1554 EPA#: KS0052892612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

Incinerated
Chad Bergmann
JAN 01 2009
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

000128

ATTACHMENT 11 Page 1 of 22

ORIGINAL

rptRleMan3012Std12/29/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 604 - 3

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004D93

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/30/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	50	200.0 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)	10	43 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	60	243.0 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Hope Hill Signature Hope Hill Date 12/30/08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Leo Mendez Signature L. Mendez Date 12.30.08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: ( ) -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N. 7th Street Kansas City, KS 66115 (913) 321 - 1554 EPA#: KS0052892612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

RECEIVED DEC 30 2008 Chad Bergmann

Incinerated Chad Bergmann DEC 31 2008 Stericycle, Inc. 3140 N. 7th St. Kansas City, KS 66115 Chad Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

000047

ATTACHMENT 11 Page 2 of 22

ORIGINAL

rstRteMan3012Std12/26/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 602 - 1

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004D4W

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/29/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	23	46.0 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.6 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	MW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	MW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	28	46.0 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Lloyd Eber Signature _____ Date 12-29-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers:
H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Leo Menke Signature _____ Date 12-29-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: ( ) -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N. 7th Street Kansas City, KS 66115 (913) 321 - 1554	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

Generating medical facility / Treatment facility / Other designated medical waste treatment facility

RECEIVED
DEC 29 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

Incinerated

000076

ATTACHMENT 11 Page 3 of 22

ORIGINAL

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 603 - 3

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004CZ7

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/26/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	31	124.0 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	31	124.0 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Denise Russ Signature Denise Russ Date 12-26-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers:
H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Lee Meyer Signature L. Meyer Date 12-26-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: ( ) -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

RECEIVED
DEC 26 2008
Chad Bergmann

TREATMENT FACILITY

Generator: Designated regulated medical waste treatment facility or alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated	Stericycle, Inc.	Stericycle, Inc.	Stericycle, Inc. - Incinerate
3140 N 7th Street	8240 McKissock	101 N Allied RD	RR #4 PO Box 243L
Kansas City KS 66115	St. Louis, MO 63147	Stroud, OK 74079	Clinton, IL 61727
(913) 321 - Incinerated	(800) 264 - 5363	(918) 968 - 0017	(217) 935 - 4700
EPA#: KSD052893613			

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

DEC 31 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

000407

ATTACHMENT 11 Page 4 of 22

ORIGINAL

rdRioMan3012SW12/23/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 606 - 1

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004CTE

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/24/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	40	160 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)	4	Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	40	160 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Dana Barker Signature Dana Barker Date 12/22/08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [signature] Signature [signature] Date 12-24-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: () -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

RECEIVED
DEC 24 2008
Chad Bergman

STERICYCLE, INC.
OKLAHOMA

TREATMENT FACILITY

Generator Designated regulated medical waste treatment facility
alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City,KS 66115 (913) 321 - 1554 EPA#: KS0052892612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 5353	Stericycle, Inc. 1[illegible] Allied RD Stroud, OK 74079 (91[illegible]) 968 - 0037	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name Peggy Miller Signature Peggy Miller Date 12-30-08

ATTACHMENT 11 Page 5 of 22

000089

ORIGINAL

rplRleMan3012Std12/22/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 604 - 3

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004CQ9

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/23/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	10	40.0 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 26 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	10	40.0 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Hope Hill Signature Hope Hill Date 12/23/08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers:
H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Lee Mendez Signature L Mendez Date 12-23-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: ( ) -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY
Generator Designated regulated medical waste treatment facility and/or alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City, KS 66115 (913) 321 - 1554 EPA#: KSD052892612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 6363	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

Incinerated

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

RECEIVED
DEC 23 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

ATTACHMENT 11 Page 6 of 22

ORIGINAL

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 602 - 1

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004CIH

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/22/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	60	240.0 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BZ24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	60	240.0 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Joseph Whitfield Signature [signature] Date 12-22-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [signature] Signature [signature] Date 12-22-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: () -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated [illegible] [illegible] 15 (913) 321-[illegible] [illegible] 2612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

RECEIVED
DEC 22 2008
Gail Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

Incinerated
Chad Bergmann
DEC 23 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

000317

ATTACHMENT 11 Page 7 of 22

ORIGINAL

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051

Route # 606 - 2

STANDARD MANIFEST 001-10-06-STD

MDKC004CF1

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/19/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	21	84.00 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
		TOTALS ▶ 21	84.00 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Joseph Whitfield Signature _____ Date _____

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers:
H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Shane Leth Signature _____ Date 12-19-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: ( ) -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Chad Bergmann Signature _____ Date _____

Incinerated
DEC 19 2008

7. DISCREPANCY INDICATION

TREATMENT FACILITY

Generator: Designated regulated medical waste treatment facility
Transporter: alternate regulated waste treatment facility

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. 3140 N. 7th St. Kansas City, KS 66115 (913) 321 - 1554 EPA#: [illegible]	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 364 - 6353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Attn: Chad Bergmann
RECEIVED
DEC 19 2008
Chad Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

000408

ATTACHMENT 11 Page 8 of 22

ORIGINAL

rpRleMan3012Sld12/17/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 607 - 1

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004CAO

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/18/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	26	104.0 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	26	104.0 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Joseph Whitfield Signature [signature] Date 12-18-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Mark Bostwick Signature Mark A Bostwick Date 12-18-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: () -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

Generator Designated regulated medical waste treatment facility for alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

8A. Designated Facility:	8B. Alternate Facility:	8C. Alternate Facility:	8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N. 7th Street Kansas City, KS 66115 (913) 321 - 1554 EPA#: KS0092892612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 424 - 5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

RECEIVED
DEC 18 2008
Chad Bergmann

Incinerated
Chad Bergmann
DEC 18 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

ATTACHMENT 11 Page 9 of 22

000329

ORIGINAL

rptRleMan30125td12/16/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 606 - 1

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004C6M

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000

JAN 02 2009

12/17/2008

CUSTOMER NUMBER 2035079-001

GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	27	108 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 20 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 10 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	27	108 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Lloyd Elson Signature Date 12-17-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers:
H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Shawn Signature Date 12-12-08

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: ( ) -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature Date

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. ~~28161 N Keith Drive~~ Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

Incinerated

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Chad Berg

Print/Type Name Signature Date

7. DISCREPANCY INDICATION

DEC 18 2008

TREATMENT FACILITY

Generator: Designated regulated medical waste treatment facility
Transporter: alternate regulated waste treatment facility

☐ 8A. Designated Facility:
Stericycle, Inc. - Incinerated
3140 N 7th Street
Kansas City, KS 66115
(913) 321 - 1554
EPA#: KS0052892612

☐ 8B. Alternate Facility:
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Stericycle, Inc.
Chad Bergmann
6245 McKissock
St. Louis, MO 63147
(800) 264 - 5353

☐ 8C. Alternate Facility:
Stericycle, Inc.
101 N Allied RD
Stroud, OK 74079
(918) 968 - 0017

☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerate
RR #4 PO Box 243L
Clinton, IL 61727
(217) 935 - 4700

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name Signature Date

RECEIVED
DEC 17 2008
Chad Bergmann

000523

ATTACHMENT 11 Page 10 of 22

ORIGINAL

mIRleMar2012SM12/15/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 604 - 4

STANDARD MANIFEST 001-10-06-STD
MDKC004C00

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000

JAN 0 2 2009

12/16/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft) 35		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	3	TBoi's Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name H. Hill Signature Hope Hill Date 12-16-8

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☒ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name KEENAN GENTRY Signature [signature] Date 12-16-8

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: () -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

RECEIVED
DEC 16 2008
Chad Bergmann

TREATMENT FACILITY

Generator Designated regulated medical waste treatment facility
for alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City,KS 66115 (913) 321 - 1554 EPA#: KS0052392612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (816) 285-5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

Incinerated
Chad Bergmann
DEC 17 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

ATTACHMENT 11 Page 11 of 22

ORIGINAL

rptRleMan3012Std12/12/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 602 - 3

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004BY7

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000

JAN 0 2 2009

12/15/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	40	160 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 20 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)	1	4.3 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	41	164.3 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name LLOYD ELSON Signature _____ Date 12-15-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers:
H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Jordan Johnson Signature _____ Date 12/15/08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: ( )
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

Generator Designated regulated medical waste treatment facility
☐ alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:
Stericycle, Inc. - Incinerated
3140 N 7th Street
Kansas City, KS 66115
(913) 321 - 1554
EPA#: KS0052892612

☐ 8B. Alternate Facility:
Stericycle, Inc.
6240 N [illegible]
St. Louis, MO 63147
(800) [illegible]

☐ 8C. Alternate Facility:
Stericycle, Inc.
101 N Allied RD
Stroud, OK 74079
(918) 968 - 0017

☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerate
RR #4 PO Box 243L
Clinton, IL 61727
(217) 935 - 4700

RECEIVED
DEC 15 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature Chad Bergmann Date _____

DEC 15 2008

000788

ATTACHMENT 11 Page 12 of 22

ORIGINAL

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 603 - 4

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004BTU

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/12/2008

JAN 0 2 2009

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	36	144 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	36	144 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked-and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Joseph Whitfield Signature [signature] Date 12-12-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Shane Latimer Signature [signature] Date 12-12-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Incinerated
Chad Bergmann
DEC 12 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

TREATMENT FACILITY

Generator Designated regulated medical waste treatment facility
Or alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:
Stericycle, Inc. - Incinerated
3140 N 7th Street
Kansas City, KS 66115
(913) 321 - 1554
EPA#: KS0052892642

☐ 8B. Alternate Facility:
Stericycle, Inc.
6240 McKissock
St. Louis, MO 63147
(800) 364 - 9353

☐ 8C. Alternate Facility:
Stericycle, Inc.
101 N Allied RD
Stroud, OK 74079
(918) 968 - 0017

☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerate
RR #4 PO Box 243L
Clinton, IL 61727
(217) 935 - 4700

RECEIVED
DEC 12 2008
Chad Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

ATTACHMENT 11 Page 13 of 22

000767

ORIGINAL

mlRleMan3012Sht12/10/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 607 - 1

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004BMY

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/11/2008

JAN 0 2 2009

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	18	72 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	18	72 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name H. Hill Signature H. Hill Date 12-11-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Mark Bostwick Signature Mark X Bostwick Date 12-11-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: ( ) -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

Generator Designated regulated medical waste treatment facility
Alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

RECEIVED
DEC 11 2008
Chad Bergmann

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City, KS 66115 (913) 321 - 1554 EPA#: KS0052892612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

Incinerated
Chad Bergmann
DEC 11
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

000722

ATTACHMENT 11 Page 14 of 22

ORIGINAL

rptRteMan3012Std12/9/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 606 - 1

STANDARD MANIFEST 001-10-06-STD
MDKC004BK6

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center JAN 0 2 2009
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/10/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	45	180 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	45	180 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Lloyd Elson Signature [signature] Date 12-10-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Stanelotin Signature [signature] Date 12-10-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: () -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

RECEIVED
DEC 10 2008
Chad Bergmann

TREATMENT FACILITY

Generator Designated regulated medical waste treatment facility
or alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City, KS 66115 (913) 321 - 1554 EPA#: KS0052892612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name Chad Bergmann Signature _____ Date _____

Incinerated
DEC 11 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

000733

ATTACHMENT 11 Page 15 of 22

ORIGINAL

rplRleMan3012Std12/9/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 604 - 3

STANDARD MANIFEST 001-10-06-STD
MDKC004BGF

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/9/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	11	44.0 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	11	44.0 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Lloyd D. Elson Signature [signature] Date 12-9-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Leo Mendez Signature [signature] Date 12-9-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: () -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

Generator Designated regulated medical waste treatment facility for alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City, KS 66115 (913) 321 - 1554 EPA#: KS[illegible]52892612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

Incinerated
Chad Bergmann
DEC 10 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

RECEIVED
DEC 09 2008
Chad Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

000370

ATTACHMENT 11 Page 16 of 22

ORIGINAL

rptRleMan3012Std12/5/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 602 - 1

STANDARD MANIFEST 001-10-06-STD
MDKC004BC0

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/8/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	50	200.0 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	50	200.0 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Lloyd D Elson Signature [signature] Date 12-8-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Leo Mendez Signature L. Mendez Date 12-8-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: ( ) -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY
Generator Designated regulated medical waste treatment facility or alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City, KS 66115 (913) 321 - 1554 Tel #: KS0052882612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

RECEIVED DEC 08 2008 Carl Bergmann

Incinerated
Carl Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

000375

DEC 08 2008
Stericycle, Inc.
3140 N 7th St.
Kansas City, KS 66115
[illegible]mann

ATTACHMENT 11 Page 17 of 22

ORIGINAL

rptRteMan3012Std12/5/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 606 - 5

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004B87

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/5/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	27	108 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	27	108 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Dana Barker Signature Dana Barker Date 12-5-8

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [signature] Signature [signature] Date 12-5-8

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: () -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

Incinerated
DEC 06 2008
Stericycle, Inc.
3140 N 7th St.
Kansas City, KS 66115
Chad Bergmann

TREATMENT FACILITY
Generator Designated regulated medical waste treatment facility
Alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City, KS 66115 (913) 321 - 1554 EPA#: KS0052803612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

000223

ATTACHMENT 11 Page 18 of 22

ORIGINAL

rptRleMan3012Std12/3/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051

Route # 607 - 1

STANDARD MANIFEST 001-10-06-STD

MDKC004B25

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/4/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	25	100 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	25	100 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Alecia Tanner Signature Alecia Tanner Date 12-4-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Mark Bostwick Signature Mark A Bostwick Date 12-4-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: () -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

Generator Designated regulated medical waste treatment facility for alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

RECEIVED
DEC 04 2008
Stericycle, Inc. - Incinerated
3140 N 7th Street
Kansas City, KS 66115
(913) 321-1554
EPA#: KS0052892612

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City, KS 66115 (913) 321-1554 EPA#: KS0052892612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264-5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968-0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935-4700

Incinerated
DEC 04 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Seigmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

ATTACHMENT 11 Page 19 of 22

000224

ORIGINAL

mlRleMan3012Std12/2/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 606 - 1

STANDARD MANIFEST 001-10-06-STD
MDKC004AXW

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000

JAN 0 2 2009

12/3/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	24	96 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	24	96 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Alecia Tanner Signature Alecia Tanner Date

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Shanelle Signature Date 12-3-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: () -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Kevin Day Signature Date 12-4-08

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature

TREATMENT FACILITY

Generator Designated regulated medical waste treatment facility and/or alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City,KS 66115 (913) 321 - 1554 EPA#: KS0052892612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

STERICYCLE, INC.

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name Peggy Miller Signature Date 12-5-08

ATTACHMENT 11 Page 20 of 22

000648

ORIGINAL

rptRlaMan3012Std12/1/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 604 - 3

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004AUB

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/2/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	31	124.0 Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
			Cu Ft.
	TOTALS ▶	31	124.0 Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Alecia Tanner Signature Alecia Tanner Date 12-2-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Leo Mendez Signature [signature] Date 12.2.08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: ( ) -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City, KS 66115 (913) 321-1554 EPA#: KS0[illegible]92612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264-5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968-0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935-4700

Incinerated
DEC 0 2 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

Generator's Designated regulated medical waste treatment facility
alternate regulated waste treatment facility

000709

ATTACHMENT 11 Page 21 of 22

ORIGINAL

rptRteMan3012Std12/1/2008

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 602 - 1

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004AMW

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN: Hope Hill
Centerpoint Medical Center
19600 East 39 Street
Independence, MO 64057 (816) 698-7000 12/1/2008

CUSTOMER NUMBER 2035079-001 GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB01 - 30 Gal Reusable (4.0 cu ft)	30	1200 Cu Ft
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB04 - 28 Gal Reusable (3.7 cu ft)		Cu Ft
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	TB96 - 96 Gal Reusable (12.8 cu ft)		Cu Ft
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	BX24 - 18 Gal Sharps Box (4.4 cu ft)		Cu Ft
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW19 - Small Corrugated Box (1.9 cu ft)		Cu Ft
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	WW43 - Medium Corrugated Box (4.3 cu ft)		Cu Ft
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II	Non-Standard Sharps Container (_____ cu ft)		Cu Ft
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft
			Cu Ft
	TOTALS ▶	30	1200 Cu Ft

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Alecia Tanner Signature Alecia Tanner Date

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers: H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Lee Mendez Signature L. Mendez Date 12-1-08

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: ( ) -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

Generator's Designated regulated medical waste treatment facility
Alternate regulated waste treatment facility

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N. 7th Street Kansas City, KS 66115 (913) 321 - 1554 EPA#: KS0052803822	Stericycle, Inc. 6240 McKlesock St. Louis, MO 63147 (800) 264 - 5353	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

RECEIVED DEC 01 2008 Chad Bergmann

Incinerated
Chad Bergmann
DEC 01 2008
Stericycle, Inc.
3140 N. 7th St.
Kansas City, KS 66115
Chad Bergmann

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

000710

ATTACHMENT 11 Page 22 of 22

ORIGINAL rptRleMan3012Std11/26/2008

Stericycle®
Protecting People. Reducing Risk.™

STERICYCLE, INC.
3140 N 7th Street TRWY
Kansas City, KS. 66115
Phone: 913-321-1554 x 15
Fax: 913-281-0537

FAX COVER SHEET

DATE: 01/09/09

ATTN: Hope Hill

FAX: 816-698-7091

FROM: Mary Loe

TOTAL PAGES: 6 (INCLUDING COVER SHEET)

COMMENTS: Hope,

These are all the manifest I have copies of. I will get you the rest as soon as I get them.

As far as Bio Systems, on 12-17, 12-19 and 12-24 no containers were picked up. Only Empty containers were delivered to you.

Thanks,
Mary

CONFIDENTIALITY NOTICE: The information in this fax is confidential and may be privileged. This Fax is intended solely for the named recipient(s). If you are not the intended recipient, any use, disclosure, copying distribution of this Fax is prohibited. If you are not the intended recipient, please inform us by replying with the subject line marked "Wrong Address" and then destroying this fax and any attachments.

If you prefer not to receive faxes, please call (866) 783-7422 or fax your opt-out request to (866) 783-7432.

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # - 0

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MM301203CC

Generator's Name, Address and Telephone Number

Big/Centerpoint Med ATTN:
19600 E 39th
Independence, Mo 64057

12-24-8

CUSTOMER NUMBER - 2035295-001 GENERATOR'S REGISTRATION #

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II DOT-SP 13555	BS02/RS02 - 2 Gal Sharps Reusable (0.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II DOT-SP 13555	BS03/RS02 - 3 Gal Sharps Reusable (0.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II DOT-SP 13555	BS08/RS08 - 8 Gal Sharps Reusable (1.1 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II DOT-SP 13555	BS17/RS17 - 17 Gal Sharps Reusable (2.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II DOT-SP 13555	KR99 - Bio Systems Cart (61.1 cu ft)	0	Cu Ft.
Regulated Medical Waste, n.o.s., 6.2, UN3291, PGII DOT-SP 13555	KR____ - Bio Systems Cart or Box (_____ cu ft)		Cu Ft.
	TOTALS ▶	0	0 carts Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

0.0 - 3 carts

X Printed/Typed Name Joseph Litzfield Signature _____ Date 12-24-8

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☑ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers:
H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Kenan Gordon Signature _____ Date 12-24-8

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: 0 -
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

☐ **8A. Designated Facility:**
Stericycle, Inc. - Incinerated
3140 N 7th Street
Kansas City, KS 66115
(913) 321 - 1554
EPA#: KSD052892612

☐ **8B. Alternate Facility:**
Stericycle, Inc.
6240 McKissock
St. Louis, MO 63147
(800) 264 - 5353

☐ **8C. Alternate Facility:**
Stericycle, Inc.
101 N Allied RD
Stroud, OK 74079
(918) 968 - 0017

☐ **8D. Alternate Facility:**
Stericycle, Inc. - Incinerate
RR #4 PO Box 243L
Clinton, IL 61727
(217) 935 - 4700

Designated regulated medical waste treatment facility or alternate regulated waste treatment facility

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have ceived the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

ATTACHMENT 12 Page 2 of 4

LEAVE AT GENERATOR

rotRieMan3012Sd12/00XXXB

Feb. 3. 2009 12:03PM Engineering No. 2294 P. 1

1. Generator's Name, Address and Telephone Number

ATTN:
RIO/Centerpoint Medical Ctr
19600 East 39th Street
Independence, MO 64057 (816) 598-7084

12/29/2008

CUSTOMER NUMBER 2035295-001

GENERATOR

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s., 6.2 UN 3291, PG II	R502/R502 - 2 gal Sharps Reusable (1.2 cu ft)		Cu Ft
REGULATED MEDICAL WASTE, n.o.s., 6.2 UN 3291, PG II	R503/R503 - 3 gal Sharps Reusable (1.8 cu ft)		Cu Ft
REGULATED MEDICAL WASTE, n.o.s., 6.2 UN 3291, PG II	R506/R506 - 6 gal Sharps Reusable (3.6 cu ft)		Cu Ft
REGULATED MEDICAL WASTE, n.o.s., 6.2 UN 3291, PG II	R527/R527 - 27 gal Sharps Reusable (12.3 cu ft)		Cu Ft
REGULATED MEDICAL WASTE, n.o.s., 6.2 UN 3291, PG II			Cu Ft
REGULATED MEDICAL WASTE, n.o.s., 6.2 UN 3291, PG II			Cu Ft
REGULATED MEDICAL WASTE, n.o.s., 6.2 UN 3291, PG II			Cu Ft
REGULATED MEDICAL WASTE, n.o.s., 6.2 UN 3291, Regulated Medical Waste, 6.2 UN3291, PGII DOT-SP 13664	R29 - R29 Sharps Cart (31.1 cu ft)		Cu Ft
	RX - R29 Sharps Cart or Box (31.1 cu ft)	17	Cu Ft
			Cu Ft
			Cu Ft
TOTALS ▶		4	124.4 Cu Ft

3. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

X Printed/Typed Name _____ Signature _____ Date 12-29-08

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☐ This is a Through Shipment

Phone #: (847) 261-1999
Applicable Permit Numbers: 815641

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name [illegible] Signature _____ Date 12-29-08

TRANSPORTER 2/ INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3/ INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

7. DISCREPANCY INDICATION

☐ 7A. Designated Facility:
Stericycle, Inc. - Incinerator
5140 N 7th Street
Kansas City, KS 66115
(913) 321-1952
EPA#: KSD052292612

☒ 7B. Alternate Facility:
Stericycle, Inc.
5242 Blackstock
Joplin, MO 64804
(800) 424-9300

GENERATOR <300 MILES
DEC 31 2008
AUTOCLAVED

☐ 7C. Alternate Facility:
Stericycle, Inc.
731 N Altar Rd
Stroud, OK 74079
(918) 968-3017

☐ 7D. Alternate Facility:
Stericycle, Inc. - Incinerator
RR 66 PO Box 143L
Clinton, IL 61727
(217) 935-4500

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name Jill Meyer Signature Jill Meyer Date 12-31-08

LEAVE AT GENERATOR

Stericycle
Protecting People. Reducing Risk.

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1-800-234-0051
Route # 600 - 1

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD
MDKC004D32

GENERATOR

1. Generator's Name, Address and Telephone Number

ATTN:

BIO/Centerpoint Medical Ctr
19600 East 39th Street
Independence, MO 64057 (816) 698-7084

needs red bags and boxes #10 GBP # 0 GBT
12/29/2008 #10 GB4 #6 GBS

CUSTOMER NUMBER 2035295-001

GENERATOR'S REGISTRATION #

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO. OF CONTAINERS	2D. VOLUME
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II DOT-SP 13558	BS02/RS02 - 2 Gal Sharps Reusable (0.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II DOT-SP 13558	BS03/RS03 - 3 Gal Sharps Reusable (0.4 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II DOT-SP 13558	BS06/RS06 - 6 Gal Sharps Reusable (1.1 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II DOT-SP 13558	BS17/RS17 - 17 Gal Sharps Reusable (2.3 cu ft)		Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II			Cu Ft.
REGULATED MEDICAL WASTE, n.o.s.,6.2, UN 3291, PG II DOT-SP 13558	KR99 - Bio Systems Cart (61.1 cu ft)	4	Cu Ft.
Regulated Medical Waste 6.2, UN3291, PGII DOT-SP 13558	KR____ - Bio Systems Cart or Box (____ cu ft)		Cu Ft.
	TOTALS ▶	4	carts Cu Ft.

3. Generator's Certification: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name _____ Signature _____ Date 12-29-8

PRIMARY TRANSPORTER

4. TRANSPORTER 1 ADDRESS:
Stericycle, Inc.
28161 Keith Drive
Lake Forest, IL 60045

☒ This is a Through Shipment

Phone #: (913) 321-1554
Applicable Permit Numbers:
H1564

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name KEENAN GENTRY Signature _____ Date 12-29-8

TRANSPORTER 2 / INTERMEDIATE HANDLER

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #:
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TRANSPORTER 3 / INTERMEDIATE HANDLER

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS:
Stericycle, Inc. 28161 N Keith Drive Lake Forest, IL 60045

Phone #: (800) 424-9300
Applicable Permit Numbers:

INTERMEDIATE HANDLER / TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name _____ Signature _____ Date _____

TREATMENT FACILITY

7. DISCREPANCY INDICATION

☐ 8A. Designated Facility:	☐ 8B. Alternate Facility:	☐ 8C. Alternate Facility:	☐ 8D. Alternate Facility:
Stericycle, Inc. - Incinerated 3140 N 7th Street Kansas City, KS 66115 (913) 321 - 1554 EPA#: KS0052892612	Stericycle, Inc. 6240 McKissock St. Louis, MO 63147 (800) 264 - 5363	Stericycle, Inc. 101 N Allied RD Stroud, OK 74079 (918) 968 - 0017	Stericycle, Inc. - Incinerate RR #4 PO Box 243L Clinton, IL 61727 (217) 935 - 4700

Generator - Designated regulated medical waste treatment facility
Alternate regulated waste treatment facility

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have ceived the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name _____ Signature _____ Date _____

ATTACHMENT 12 Page 4 of 4

LEAVE AT GENERATOR

Centerpoint Medical Center
19600 E 39th Street
Independence, Mo. 64057
816-698-7090

Hazardous Waste Profile
Trace Chemotherapy Waste

Rituxmab
Cisplatin
Ifosfamide
Carboplatin
Vincristine Sulfate
– Cyclophosphamide
Paclitaxel, Semi-Synthetic
Azacitidine

Gemcitabine HCL
Etoposide
Mesna
Rituximab
Doxorubicin HCL
Mannitol
Mitomycin–
Fluorouracil

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: MOR000524850
2. Page 1 of: 1
3. Emergency Response Phone: 866.599.9700
4. Manifest Tracking Number: 001477490 FLE

GENERATOR

5. Generator's Name and Mailing Address
CENTERPOINT MEDICAL CENTER
1960 E 39TH ST
INDEPENDENCE MO 64057
Generator's Site Address (if different than mailing address)
Generator's Phone: 816.698.7090

6. Transporter 1 Company Name: AMERICEX ENVIRONMENTAL SOLUTIONS
U.S. EPA ID Number: OKD007222128

7. Transporter 2 Company Name
U.S. EPA ID Number

8. Designated Facility Name and Site Address
WASTE EXPRESS
10300 STADIUM DR
KANSAS CITY MO 64129
Facility's Phone: 816.924.5884
U.S. EPA ID Number

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. WASTE TOXIC SOLID INORGANIC NOS (Rituxmab, Cisplatin) 6.1 UN3288, II RQ	19	DF	104	P	NONE
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information
1) ERG # 151

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: HOPE HILL
Signature: Hope Hill
Month 12 Day 19 Year 08

INT'L

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Mark G. Overfelt
Signature: Mark G. Overfelt
Month 12 Day 19 Year 08
Transporter 2 Printed/Typed Name
Signature
Month Day Year

DESIGNATED FACILITY

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
18b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:
18c. Signature of Alternate Facility (or Generator)
Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
1. 2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: Hollin Goodwin
Signature
Month 12 Day 22 Year 08

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

ATTACHMENT 14 Page 1 of 1

ATTACHMENT 15 Page 1 of 2

STERIS

PRODUCT SAFETY DATA SHEET

1. Identification of the Substance and Company

STERIS 20 Sterilant Concentrate
Product Nos. S2000, S2008, S2009 and S2011
MSDS No. 612038

NFPA 704 HAZARD RATING

HEALTH:	3
FIRE:	2
REACTIVITY:	2

Prepared by: M. Ebers
Date Created: September 18, 1995 **Date Revised: August 1, 2006** **Date Reviewed: N/A**

STERIS Corporation, 5960 Heisley Rd. Mentor, OH 44060-1834 USA
Emergency Telephone No.1-703-527-3887 / 1-800-424-9300 (CHEMTREC)
Telephone Number for Information: 1-800-548-4873 (Customer Service-Healthcare Products)

STERIS Limited, STERIS House, Jays Close, Viables, Basingstoke, Hampshire, RG22 4AX, UK
Emergency Phone No: +44 (0) 1895 622639
Product/Technical Information Phone No: +44 (0) 1256 840400

Device Technologies Australia, Unit 8, 25 Frenchs Forest Road, Frenchs Forest NSW 2086, Australia,
Telephone: 612-9975-5755, Fax: 612-9975-5711. Emergency 24 Hour Telephone: 1800 804 006.

Device Technologies New Zealand, Unit A, 13 Piermark Drive, Albany, Auckland, New Zealand
Tel: 649-913-2000, Fax: 649-913-2009. Emergency 24 Hour Telephone: 0508 338 423.

2. Composition/Information on Ingredients

Hazardous Component(s)	EEC No.	CAS No.	% By Vol.	Symbol	R Phrases
Peracetic acid	201-186-8	79-21-0	35.5	EU: F, O, C, Xn, N	EU: 7, 10, 20/21/22, 35, 50
				Australia: O, Xn, C	Australia: 7, 10, 20/21/22, 35
Acetic acid	200-580-7	64-19-7	40.0	EU: F, C	EU: 10, 35
				Australia: C	Australia: 10, 35
Hydrogen peroxide	231-765-0	7722-84-1	6.5	EU: C, Xn	EU: 5, 8, 20/22, 35
				Australia: O, C	Australia: 8, 34
Sulfuric acid	231-639-5	7664-93-9	1.0	EU: C	EU: 35
				Australia: C	Australia: 35

Hazardous Component(s)	EEC No.	CAS No.	% By w/w	Symbol	R Phrases
Nitrilotriacetic acid trisodium salt, monohydrate	ND	18662-53-8	1 - 10	[Xn]	[40]
Sodium molybdate	ND	10102-40-6	1 - 10	ND	ND

3. Hazards Identification

OXIDIZER/ FLAMMABLE/HARMFUL/ CORROSIVE/ DANGEROUS FOR THE ENVIRONMENT

4. First Aid Measures

Eye Contact: In case of contact, immediately flush with plenty of water for at least 15 minutes. Call a physician.
Skin Contact: In case of contact, immediately wash with plenty of water for at least 15 minutes. Remove and wash contaminated clothing before reuse.
Inhalation: Move patient to fresh air and provide oxygen if breathing is difficult. Give artificial respiration if not breathing. Get medical attention.
Ingestion: Do NOT induce vomiting. Rinse mouth with water. Drink large quantities of water. Get medical attention immediately.

5. Fire-Fighting Measures

Flash Point: 115°F (46°C) **Method:** Closed cup (modified)
Autoignition Temperature: 424°F (218°C)
Flammable Limits: % Volume in Air: LEL: ND **UEL:** ND
Flammability Classification: Liquid, Flammable.
Special Hazards: NFPA Class 3 oxidizer. Stabilized Peracetic acid decomposes under fire conditions to release oxygen that intensifies the fire.
Extinguishing Media: Use water spray to keep fire exposed containers cool.
Special Fire Fighting Procedures: Wear positive-pressure self-contained breathing apparatus and full protective clothing. Use flooding quantities of water.

6. Accidental Release Measures

Remove all sources of ignition and ventilate area. Wearing appropriate protective equipment flush material with large quantities of water until all material is dissolved (diluted 1:20). Remove unopened containers to a sink of water and submerge, open and dilute.

7. Handling and Storage

7.1 Handling

Do not remove container from carton until time of use. Avoid physical damage to container.

7.2 Storage

Store in a cool dry area below ≤79°F (26°C). Store in an upright position. Avoid heat, moisture, sunlight or contaminating substances. Provide mechanical local exhaust ventilation.

8. Exposure Control/Personal Protection

8.1 Occupational Exposure Limits

Acetic acid: OSHA PEL, ACGIH TLV and NOHSC = 10 ppm (TWA); OSHA PEL and NOHSC = 15 ppm (STEL)
Hydrogen peroxide: OSHA PEL, ACGIH TLV, HSE WEL and NOHSC = 1 ppm (TWA); HSE WEL = 2 ppm (STEL)
Sulfuric acid: OSHA PEL, ACGIH TLV and NOHSC = 1 mg/m^3 (TWA) / OSHA PEL and ACGIH TLV = 3 mg/m^3 (STEL)
Sodium molybdate: OSHA PEL and HSE WEL TWA (for soluble molybdenum compounds as molybdenum) = 5 mg/m^3; ACGIH TLV (for soluble molybdenum compounds, as respirable fraction, as molybdenum) = 0.5 mg/m^3; ACGIH TLV (for molybdenum, metal and insoluble compounds, respirable fraction, as molybdenum) = 3 mg/m^3; ACGIH TLV (molybdenum, metal and insoluble compounds, inhalable fraction, as molybdenum) = 10 mg/m^3; (for soluble molybdenum compounds as molybdenum) = 5 mg/m^3; HSE WEL TWA (for insoluble molybdenum compounds as molybdenum) = 5 mg/m^3; HSE WEL STEL (for soluble molybdenum compounds as molybdenum) = 10 mg/m^3; HSE WEL STEL (for insoluble molybdenum compounds as molybdenum) = 20 mg/m^3

8.2 Personal Protection

Respirator Protection: MHSA/NIOSH-approved respirator if exposure limits are exceeded (see Section 8.1).
Eye Protection: Safety glasses or goggles.
Protective Gloves: Rubber or Neoprene
Other Protective Clothing and Equipment: Boots, apron and gauntlets to prevent prolonged or repeat contact.
Ventilation: Adequate ventilation to maintain air concentrations below established limits.

9. Physical and Chemical Properties

Solubility in Water: Complete
pH (1% solution): 2 – 3
Boiling Point: Approx. 225°F (107°C)
Percent volatile: 99
Specific Gravity (68°F/20°C): 1.13
Vapor Pressure (mm Hg at 77°F/25°C): 20
Freezing/Melting Point: -47°F (-44°C)
Appearance/Odor: Liquid - Clear, colorless with a pungent, vinegar odor.; **Solid** - White granules

10. Stability and Reactivity

Stability: Closed container is stable at room temperature under normal storage and handling conditions. Self-accelerating decomposition temperature (SADT) for peroxyacetic acid is >55 C.
Hazardous Polymerization: Will not occur

STERIS 20 Sterilant Concentrate
Product Nos. S2000, S2008, S2009 and S2011
MSDS No. 612038

Prepared by: M. Ebers
Date Created: September 18, 1995 **Date Revised: August 1, 2006** **Date Reviewed: N/A**

Incompatible Materials: Dirt, alkali and organics including primary alcohols, heavy metals, reducing and oxidizing agents.
Conditions to Avoid: Open flames, light, elevated temperatures, moisture, contamination and combustibles such as paper and wood.
Hazardous Decomposition or Byproducts: Acetic acid and oxygen

11. Toxicological Information
11.1 Acute (Primary Routes of Exposure)
Eyes: Corrosive. Contact may cause irreversible eye damage including blindness.
Skin: Corrosive. Contact may cause severe burns. Absorption is moderately hazardous.
Inhalation: Vapors and mists will irritate the nose, throat and lungs but will usually subside when exposure ceases. Coughing and breathing difficulty may occur.
Ingestion: Moderately toxic.

11.2 Long Term Exposure
STERIS 20 may be considered sensitizing (Guinea Pig Sensitization [Buehler])
Carcinogenicity: IARC has listed Nitrilotriacetic acid trisodium salt, monohydrate as a substance that is "possibly carcinogenic to humans".
12. Ecological Information
Environmental Fate:
STERIS 20 hydrolyzes to acetic acid and hydrogen peroxide with a half life of less than 20 minutes at 122°F (50°C).
Environmental Degradation:
Aquatic toxicity classification: 96 hour LC50 (fathead minnows) >1000 mg/L at use dilution.

13. Disposal Considerations
Dispose in accordance with local, state, and Federal regulations. Dilute with at least 20 parts water. Do not allow undiluted material to enter storm or sanitary sewer systems. Do not mix STERIS 20 with hypochlorite solutions.

14. Transport Information
Shipping Name: Organic Peroxide Type E, Liquid (35% Peracetic acid, Stabilized)
Hazard Class: 5.2 Subsidiary: 8
ID Number: UN 3107
Packing Group: II
Label: 5.2 Organic peroxide (Subrisk [8] Corrosive)
ROAD/RAIL
ADR/RID Class: UN 3107, Organic Peroxide Type E, Liquid (35% Peracetic acid, Stabilized), 5.2 [8]
SEA
IMDG Class: Organic Peroxide Type E, Liquid
Marine Pollutant: No
AIR
ICAO/IATA Class: Organic Peroxide Type E, Liquid

Special Provisions: US DOT Approval for Air Shipment (CA-9511005). Certificate must accompany shipment. Certificate applies to shipments within the United States only.

15. Regulatory Information
RCRA Hazardous Waste Number: Peracetic acid: D001, D002

SARA 311/312 Codes:

Peracetic acid:
Acute Hazard: Yes
Chronic Hazard: No
Fire Hazard: Yes
Reactivity Hazard: Yes
Sudden Release Hazard: Yes

SARA 313 Toxic Chemical: Peracetic acid
SARA 302 EHS (Extremely Hazardous Substance): Peracetic acid: 500 lbs / 227 Kg Threshold Planning Quantity (TPQ).

Reportable Quantity: Peracetic acid: 500 lbs / 227 Kg
OSHA Specifically Regulated Substance, Process Safety: Peracetic acid: 500 lbs / 227 Kg Threshold Quantity

State Regulations:
California Prop 65: Nitrilotriacetic acid trisodium salt, monohydrate is listed by the state of California as a carcinogen.

EU Regulations: This preparation is classified as dangerous as defined by the UK Chemicals (Hazard Information and Packaging for Supply) Regulations. These regulations implement a number of EC Directives including the Dangerous Substances Directive (67/548/EEC and amendments), the Dangerous Preparations Directive (88/379/EEC and amendments) and the Safety Data Sheets Directive (91/155/EEC and amendment).

Australian Regulations: This preparation is classified as dangerous as defined by Australia's National Commission's *National Model Regulations for the Control of Workplace Hazardous Substances* [NOHSC:1005(1994)] and in accordance with the *Approved Criteria for Classifying Hazardous Substances* [NOHSC:1008(1994)] and the *List of Designated Hazardous Substances* [NOHSC:1005(1994)].

EEC/AUSTRALIAN Classification: OXIDIZER/ FLAMMABLE/HARMFUL/ CORROSIVE/ DANGEROUS FOR THE ENVIRONMENT
Hazard Symbol: O, F, Xn, C, N
Risk Phrases: R7: May cause fire, R10: Flammable, R20: Harmful by inhalation, R21: Harmful in contact with skin, R22: Harmful if swallowed, R35: Causes severe burns, R50: Very toxic to aquatic organisms
Safety Phrases: S3/7: Keep container tightly closed in a cool place, S36/37/39: Wear suitable protective clothing, gloves and eye/face protection, S26: In case of contact with eyes, rinse immediately with plenty of water and seek medical advice, S45: In case of accident or if you feel unwell seek medical advice immediately (show the label where possible), S61: Avoid release to the environment. Refer to special instructions/safety data sheet

16. Other Information
The information on this sheet is not a specification and does not guarantee specific properties. The information is intended to provide general knowledge as to health and safety based upon our knowledge of the handling, storage and use of the product. It is not applicable to unusual or non-standard uses of the product or where instructions or recommendations are not followed.

STERIS 20 Sterilant Concentrate consists of liquid 35% Peracetic acid (PAA) and powdered inactive salts/builders. 35% PAA exists in equilibrium with Hydrogen peroxide and Acetic acid. PAA poses the greatest hazard of these three constituents and is therefore the focus of this MSDS. The precautions listed in this MSDS pertaining to PAA are equal to or more stringent than those required for the other equilibrium components. Unless otherwise noted, this MSDS applies to STERIS 20 Sterilant Concentrate and not as it is diluted in the SYSTEM 1 Processor.

NA - Not Applicable
ND - No Data

ATTACHMENT 15 Page 2 of 2

3M

Material Safety Data Sheet

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This material safety data sheet (MSDS) is provided as a courtesy in response to a customer request. This product is not regulated under, and a MSDS is not required for this product by the OSHA Hazard Communication Standard (29 CFR 1910.1200) because, when used as recommended or under ordinary conditions, it should not present a health and safety hazard. However, use or processing of the product not in accordance with the product's recommendations or not under ordinary conditions may affect the performance of the product and may present potential health and safety hazards.

SECTION 1: PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: 3M(TM) Comply(TM) (SteriGage(TM)) Chemical Integrator 1243
MANUFACTURER: 3M
DIVISION: Medical Division

ADDRESS: 3M Center
St. Paul, MN 55144-1000

EMERGENCY PHONE: 1-800-364-3577 or (651) 737-6501 (24 hours)

Issue Date: 01/18/2006
Supercedes Date: 10/18/2004

Document Group: 19-0529-8

Product Use:
Specific Use: To indicate conditions for steam sterilization.

SECTION 2: INGREDIENTS

Ingredient	C.A.S. No.	% by Wt
Paper	Unknown	> 92
Salicylamide	65-45-2	< 8

SECTION 3: HAZARDS IDENTIFICATION

3.1 EMERGENCY OVERVIEW

Odor, Color, Grade: White paper strip with blue ink.
General Physical Form: Solid
Immediate health, physical, and environmental hazards: This product, when used under reasonable conditions and in accordance with the 3M directions for use, should not present a health hazard. However, use or processing of the product in a manner not in accordance with the product's directions for use may affect the performance of the product and may present potential health and safety hazards.

3.2 POTENTIAL HEALTH EFFECTS

Eye Contact:
No health effects are expected.

Skin Contact:
No health effects are expected.

Inhalation:
No health effects are expected.

Ingestion:
No health effects are expected.

SECTION 4: FIRST AID MEASURES

4.1 FIRST AID PROCEDURES

The following first aid recommendations are based on an assumption that appropriate personal and industrial hygiene practices are followed.

Eye Contact: No need for first aid is anticipated.

Skin Contact: No need for first aid is anticipated.

Inhalation: No need for first aid is anticipated.

If Swallowed: No need for first aid is anticipated.

SECTION 5: FIRE FIGHTING MEASURES

5.1 FLAMMABLE PROPERTIES

Autoignition temperature	*Not Applicable*
Flash Point	*Not Applicable*
Flammable Limits - LEL	*Not Applicable*
Flammable Limits - UEL	*Not Applicable*

5.2 EXTINGUISHING MEDIA

Ordinary combustible material. Use fire extinguishers with class A extinguishing agents (e.g., water, foam).

5.3 PROTECTION OF FIRE FIGHTERS

Special Fire Fighting Procedures: Wear full protective equipment (Bunker Gear) and a self-contained breathing apparatus (SCBA).

Unusual Fire and Explosion Hazards: Not applicable.

Note: See STABILITY AND REACTIVITY (SECTION 10) for hazardous combustion and thermal decomposition information.

SECTION 6: ACCIDENTAL RELEASE MEASURES

Accidental Release Measures: Not applicable.

SECTION 7: HANDLING AND STORAGE

7.1 HANDLING

This product is considered to be an article which does not release or otherwise result in exposure to a hazardous chemical under normal use conditions.

7.2 STORAGE

Not applicable.

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

8.1 ENGINEERING CONTROLS

Not applicable.

8.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

8.2.1 Eye/Face Protection

Not applicable.

8.2.2 Skin Protection

Not applicable.

8.2.3 Respiratory Protection

Not applicable.

8.2.4 Prevention of Swallowing

Not applicable.

8.3 EXPOSURE GUIDELINES

None Established

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

Odor, Color, Grade:	White paper strip with blue ink.
General Physical Form:	Solid
Autoignition temperature	*Not Applicable*

Flash Point	*Not Applicable*
Flammable Limits - LEL	*Not Applicable*
Flammable Limits - UEL	*Not Applicable*
Boiling point	*Not Applicable*
Density	*Not Applicable*
Vapor Density	*Not Applicable*
Vapor Pressure	*Not Applicable*
Specific Gravity	*Not Applicable*
pH	*Not Applicable*
Melting point	*Not Applicable*
Solubility in Water	Nil

SECTION 10: STABILITY AND REACTIVITY

Stability: Stable.

Materials and Conditions to Avoid: None known

Hazardous Polymerization: Hazardous polymerization will not occur.

Hazardous Decomposition or By-Products

Substance	Condition
Carbon monoxide	During Combustion
Carbon dioxide	During Combustion

SECTION 11: TOXICOLOGICAL INFORMATION

Please contact the address listed on the first page of the MSDS for Toxicological Information on this material and/or its components.

SECTION 12: ECOLOGICAL INFORMATION

ECOTOXICOLOGICAL INFORMATION

Not applicable.

CHEMICAL FATE INFORMATION

Not applicable.

SECTION 13: DISPOSAL CONSIDERATIONS

Waste Disposal Method: Dispose of waste product in a sanitary landfill. As a disposal alternative, incinerate in an industrial or commercial facility.

EPA Hazardous Waste Number (RCRA): Not regulated

Since regulations vary, consult applicable regulations or authorities before disposal.

SECTION 14: TRANSPORT INFORMATION

ID Number(s):
70-2007-0269-7, 70-2007-0270-5, 70-2007-0271-3

Please contact the emergency numbers listed on the first page of the MSDS for Transportation Information for this material.

SECTION 15: REGULATORY INFORMATION

US FEDERAL REGULATIONS
Contact 3M for more information.

311/312 Hazard Categories:
Fire Hazard - No Pressure Hazard - No Reactivity Hazard - No Immediate Hazard - No Delayed Hazard - No

STATE REGULATIONS
Contact 3M for more information.

CHEMICAL INVENTORIES
This material contains one or more substances not listed on the TSCA Inventory. Commercial use of this material is regulated by the FDA.

Contact 3M for more information.

INTERNATIONAL REGULATIONS
Contact 3M for more information.

This MSDS has been prepared to meet the U.S. OSHA Hazard Communication Standard, 29 CFR 1910.1200.

SECTION 16: OTHER INFORMATION

NFPA Hazard Classification

Health: 0 **Flammability:** 1 **Reactivity:** 0 **Special Hazards:** None

National Fire Protection Association (NFPA) hazard ratings are designed for use by emergency response personnel to address the hazards that are presented by short-term, acute exposure to a material under conditions of fire, spill, or similar emergencies. Hazard ratings are primarily based on the inherent physical and toxic properties of the material but also include the toxic properties of combustion or decomposition products that are known to be generated in significant quantities.

Revision Changes:
Section 1: Product use information was modified.
Copyright was modified.

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Material Safety Data Sheet

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SECTION 1: PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: 3M(TM) Comply(TM) Steam Indicator Tape (1201, 1222, 1223, 1255)
MANUFACTURER: 3M
DIVISION: Medical Division

ADDRESS: 3M Center
St. Paul, MN 55144-1000

EMERGENCY PHONE: 1-800-364-3577 or (651) 737-6501 (24 hours)

Issue Date: 08/19/2004
Supercedes Date: 10/10/2003

Document Group: 11-3029-3

Product Use:
Specific Use: To hold packs and indicate conditions for steam sterilization.

SECTION 2: INGREDIENTS

Ingredient	C.A.S. No.	% by Wt
Paper	None	30 - 60
Polyisoprene	9003-31-0	10 - 30
Urea-formaldehyde polymer	None	5 - 10
Sulfur	7704-34-9	1 - 2
Lead carbonate hydroxide	1319-46-6	1 - 2

SECTION 3: HAZARDS IDENTIFICATION

3.1 EMERGENCY OVERVIEW

Specific Physical Form: Roll of Tape
Odor, Color, Grade: Printed paper or tape, white, beige or blue.
General Physical Form: Solid
Immediate health, physical, and environmental hazards: This product contains dry Natural Rubber. Contains a chemical or chemicals which can cause cancer. Contains a chemical or chemicals which can cause birth defects or other reproductive harm. This product, when used under reasonable conditions and in accordance with the 3M directions for use, should not present a health hazard. However, use or processing of the product in a manner not in accordance with the product's directions for use may affect the performance of the product and may present potential health and safety hazards.

3.2 POTENTIAL HEALTH EFFECTS

Eye Contact:
No health effects are expected.

Skin Contact:
No health effects are expected.

Inhalation:
No health effects are expected.

Ingestion:
No health effects are expected.

Target Organ Effects:

Contains a chemical or chemicals which can cause birth defects or other reproductive harm.

Carcinogenicity:
Contains a chemical or chemicals which can cause cancer.

Ingredient	C.A.S. No.	Class Description	Regulation
LEAD, INORGANIC COMPOUNDS	NONE	Group 2B	International Agency for Research on Cancer

3.3 POTENTIAL ENVIRONMENTAL EFFECTS

The components labeled "Inorganic" do not biodegrade, but may be removed by other mechanisms. Tests show that the components labeled "Bioconcentrate" will bioconcentrate or accumulate in living organisms. **Statements for Lead Carbonate Hydroxide (1319-46-6) are based on data for Lead (7439-92-1).

Inorganic: Lead Carbonate Hydroxide (1319-46-6)

Bioconcentrate: Lead Carbonate Hydroxide (1319-46-6)

Lead is very toxic to aquatic organisms (0.1 mg/L < Lowest LC50, EC50, or IC50 < 1 mg/L).

SECTION 4: FIRST AID MEASURES

4.1 FIRST AID PROCEDURES

The following first aid recommendations are based on an assumption that appropriate personal and industrial hygiene practices are followed.

Eye Contact: No need for first aid is anticipated.

Skin Contact: No need for first aid is anticipated.

Inhalation: No need for first aid is anticipated.

If Swallowed: This product contains Lead and should be kept out of the reach of children. If ingested immediately consult a physician.

SECTION 5: FIRE FIGHTING MEASURES

5.1 FLAMMABLE PROPERTIES

Autoignition temperature	*No Data Available*
Flash Point	*Not Applicable*
Flammable Limits - LEL	*Not Applicable*
Flammable Limits - UEL	*Not Applicable*

5.2 EXTINGUISHING MEDIA

Ordinary combustible material. Use fire extinguishers with class A extinguishing agents (e.g., water, foam). Use fire extinguishers with class B extinguishing agents (e.g., dry chemical, carbon dioxide).

5.3 PROTECTION OF FIRE FIGHTERS

Special Fire Fighting Procedures: Wear full protective equipment (Bunker Gear) and a self-contained breathing apparatus (SCBA).

Unusual Fire and Explosion Hazards: See decomposition data in Section 10.

Note: See STABILITY AND REACTIVITY (SECTION 10) for hazardous combustion and thermal decomposition information.

SECTION 6: ACCIDENTAL RELEASE MEASURES

Accidental Release Measures: Not applicable.

In the event of a release of this material, the user should determine if the release qualifies as reportable according to local, state, and federal regulations.

SECTION 7: HANDLING AND STORAGE

7.1 HANDLING

Avoid eye contact. Do not ingest. Do not eat, drink or smoke when using this product. Wash exposed areas thoroughly with soap and water.

7.2 STORAGE

Not applicable.

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

8.1 ENGINEERING CONTROLS

Not applicable.

8.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

8.2.1 Eye/Face Protection

Avoid eye contact.
The following eye protection(s) are recommended: Safety Glasses with side shields.

8.2.2 Skin Protection
Not applicable.

8.2.3 Respiratory Protection
Under normal use conditions, airborne exposures are not expected to be significant enough to require respiratory protection.

8.2.4 Prevention of Swallowing
Do not eat, drink or smoke when using this product. Wash exposed areas thoroughly with soap and water.

8.3 EXPOSURE GUIDELINES

Ingredient	Authority	Type	Limit	Additional Information
LEAD, INORGANIC COMPOUNDS	ACGIH	TWA, as Pb	0.05 mg/m3	Table A3
LEAD, INORGANIC COMPOUNDS	OSHA	TWA, as Pb	0.05 mg/m3	Standard Appendix
LEAD, ORGANIC COMPOUNDS	ACGIH	TWA, as Pb	0.05 mg/m3	Table A3

SOURCE OF EXPOSURE LIMIT DATA:
ACGIH: American Conference of Governmental Industrial Hygienists
CMRG: Chemical Manufacturer Recommended Guideline
OSHA: Occupational Safety and Health Administration
AIHA: American Industrial Hygiene Association Workplace Environmental Exposure Level (WEEL)

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

Specific Physical Form:	Roll of Tape
Odor, Color, Grade:	Printed paper or tape, white, beige or blue.
General Physical Form:	Solid
Autoignition temperature	*No Data Available*
Flash Point	*Not Applicable*
Flammable Limits - LEL	*Not Applicable*
Flammable Limits - UEL	*Not Applicable*
Boiling point	*No Data Available*
Density	*Not Applicable*
Vapor Density	*Not Applicable*
Vapor Pressure	*Not Applicable*
Specific Gravity	*Not Applicable*
pH	*Not Applicable*
Melting point	*No Data Available*
Solubility In Water	*Not Applicable*
Evaporation rate	*Not Applicable*
Volatile Organic Compounds	*Not Applicable*
Percent volatile	*Not Applicable*
VOC Less H2O & Exempt Solvents	*No Data Available*
Viscosity	*Not Applicable*

SECTION 10: STABILITY AND REACTIVITY

Stability: Stable.

Materials and Conditions to Avoid: None known

Hazardous Polymerization: Hazardous polymerization will not occur.

Hazardous Decomposition or By-Products

Substance	Condition
Carbon monoxide	During Combustion
Carbon dioxide	During Combustion
Oxides of Lead	During Combustion
Oxides of Sulfur	During Combustion

Hazardous Decomposition: Under recommended usage conditions, hazardous decomposition products are not expected. Hazardous decomposition products may occur as a result of oxidation, heating, or reaction with another material.

SECTION 11: TOXICOLOGICAL INFORMATION

Please contact the address listed on the first page of the MSDS for Toxicological Information on this material and/or its components.

SECTION 12: ECOLOGICAL INFORMATION

ECOTOXICOLOGICAL INFORMATION

see section 3.3

CHEMICAL FATE INFORMATION

see section 3.3

SECTION 13: DISPOSAL CONSIDERATIONS

Waste Disposal Method: Dispose of waste consisting of only pre- and/or post-sterilization tape material in a permitted hazardous waste facility.

Additional Information: Dispose as appropriate for your waste stream in accordance with local, state and federal regulations.

EPA Hazardous Waste Number (RCRA): D008 (Lead)

Since regulations vary, consult applicable regulations or authorities before disposal.

SECTION 14: TRANSPORT INFORMATION

ID Number(s):
44-0022-3071-0, 70-2004-1152-1, 70-2004-6651-7, 70-2004-6652-5, 70-2004-6653-3, 70-2007-0994-0, 70-2007-0995-7, 70-2007-0996-5, 70-2007-0997-3, 70-2007-0998-1, 70-2007-0999-9, 70-2007-1000-5, 70-2007-2176-2, 70-2007-2177-0, 70-2007-2178-8, 70-2007-2179-6

Please contact the emergency numbers listed on the first page of the MSDS for Transportation Information for this material.

SECTION 15: REGULATORY INFORMATION

US FEDERAL REGULATIONS
Contact 3M for more information.

311/312 Hazard Categories:
Fire Hazard - No Pressure Hazard - No Reactivity Hazard - No Immediate Hazard - No Delayed Hazard - Yes

Section 313 Toxic Chemicals subject to the reporting requirements of that section and 40 CFR part 372 (EPCRA):

Ingredient	C.A.S. No	% by Wt
Lead carbonate hydroxide (LEAD COMPOUNDS)	1319-46-6	1 - 2
Lead carbonate hydroxide (LEAD, INORGANIC COMPOUNDS)	1319-46-6	1 - 2

STATE REGULATIONS
Contact 3M for more information.

CHEMICAL INVENTORIES
This product is an article as defined by TSCA regulations, and is exempt from TSCA Inventory listing requirements.

This material contains one or more substances not listed on the TSCA Inventory. Commercial use of this material is regulated by the FDA.

Contact 3M for more information.

Additional Information: Limits changed to comply with Canadian regulations.

INTERNATIONAL REGULATIONS
Contact 3M for more information.

This MSDS has been prepared to meet the U.S. OSHA Hazard Communication Standard, 29 CFR 1910.1200.

SECTION 16: OTHER INFORMATION

NFPA Hazard Classification

Health: 1 **Flammability:** 1 **Reactivity:** 0 **Special Hazards:** None

National Fire Protection Association (NFPA) hazard ratings are designed for use by emergency response personnel to address the hazards that are presented by short-term, acute exposure to a material under conditions of fire, spill, or similar emergencies. Hazard ratings are primarily based on the inherent physical and toxic properties of the material but also include the toxic properties of combustion or decomposition products that are known to be generated in significant quantities.

Revision Changes:
Section 16: NFPA hazard classification heading was modified.
Section 3: Carcinogenicity heading was modified.
Section 3: Potential environmental effects heading was modified.
Section 3: Other potential health effects heading was modified.
Section 1: Division name was modified.
Copyright was modified.
Section 8: Exposure guidelines data source legend was modified.
Section 5: Fire fighting procedures information was modified.
Section 13: Waste disposal method comment was modified.
Section 15: 311/312 hazard categories heading was modified.
Section 15: International regulations information was modified.
Section 15: State regulations information was modified.
Section 15: US federal regulations information was modified.
Section 10: Hazardous polymerization heading was modified.
Section 3: Carcinogenicity phrase was modified.
Section 16: NFPA explanation was modified.
Section 15: Inventories information was modified.
Section 15: EPCRA 313 text was modified.
Section 12: Ecotoxicological information heading was modified.
Section 12: Chemical fate information heading was modified.
Section 8: Exposure guidelines ingredient information was modified.
Section 16: NFPA hazard classification for special hazards was modified.
Section 15: Inventories comment was modified.
Section 10: Hazardous decompostion heading was modified.
Section 3: Other health effects information (reproductive hazards) was modified.
Section 12: Ecotoxicological information comment was modified.
Section 12: Chemical Fate information comment was modified.
Section 2: Ingredient phrase was added.

DISCLAIMER: The information in this Material Safety Data Sheet (MSDS) is believed to be correct as of the date issued. 3M MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR COURSE OF PERFORMANCE OR USAGE OF TRADE. User is responsible for determining whether the 3M product is fit for a particular purpose and suitable for user's method of use or application. Given the variety of factors that can affect the use and application of a 3M product, some of which are uniquely within the user's knowledge and control, it is essential that the user evaluate the 3M product to determine whether it is fit for a particular purpose and suitable for user's method of use or application.

3M provides information in electronic form as a service to its customers. Due to the remote possibility that electronic transfer may have resulted in errors, omissions or alterations in this information, 3M makes no representations as to its completeness or accuracy. In addition, information obtained from a database may not be as current as the information in the MSDS available directly from 3M.

3M MSDSs are available at www.3M.com

Company
5 Aston Avenue, 100
Carlsbad, CA 92008
U.S. Toll Free: 1-800-451-8346 or 1-760-602-8703
North America: 1-800-931-0537/Mexico 00-1-800-931-0537 or 1-760-602-8822
Fax: 1-760-602-8888
Email: msds@3ecompany.com

Material Safety Data Sheet Transmittal Form

February 04, 2009

Request #: 161141
Processed By: Renell Letuli

Recipient:

Attn: HOPE HILL

Fax: 816-698-7091

Requester:

HOPE HILL

Phone: 816-698-7090

Thank you for using 3E's MSDS Paperless Compliance™ service. This service may eliminate the requirement to maintain MSDS on site. Below is a list of the MSDS you requested. Please verify that the MSDS sheet(s) enclosed/attached match what you have ordered.

The information contained in this facsimile transmission is intended only for the use of the individual or entity named above and is privileged and confidential. If you are not the intended recipient, please do not read, copy, use or disclose this communication to others. Any dissemination, distribution or copying of this information other than to the person or entity named above is strictly prohibited. If you have received this facsimile in error, you should shred this information.

3E COMPANY does not develop, prepare, or review the contents of any MSDS; the MSDS is prepared by the manufacturer. The statements, technical information and recommendations contained herein are transmitted without warranty or guarantee of any kind, expressed or implied, by 3E COMPANY. Furthermore, 3E COMPANY assumes no responsibility for any loss, damage, or expense, direct or consequential, arising out of their use.

PID	Manufacturer ORDERED/Actual	Product Name ORDERED/Actual	UPC	Item
577534	3M/3M	STAIN TAPE/3M Comply Steam Indicator Tape (1201, 1222, 1223, 1255)		2010-03
1369867	3M/3M	STAIN COMPLY/3M Comply (Sterigage) Chemical Integrator 1243		

END OF ORDER DETAIL - Request# 161141

3E COMPANY

3E Company is North American's leader in hazardous materials information management. 3E simplifies compliance for over 75,000 business locations worldwide. Services include: MSDS on Demand, 3E On-line, Government Disclosures, Hazmat Transportation Services, Emergency Response and Chemical Spill/Exposure Hotlines. For more information call
1-800-360-3220 or 1-760-602-8700 or visit us at www.3ecompany.com

Please ~~print~~ or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: MOR000524850
2. Page 1 of 1
3. Emergency Response Phone:
4. Manifest Tracking Number: 001477251 FLE

5. Generator's Name and Mailing Address: Centerpoint Med Center, 19600 E. 39th st. Independence, MO 64057
Generator's Site Address (if different than mailing address):
Generator's Phone: 816-688-7090

JUL 22 2008

6. Transporter 1 Company Name: Ameresc
U.S. EPA ID Number: OKD007222128

7. Transporter 2 Company Name:
U.S. EPA ID Number:

8. Designated Facility Name and Site Address: Waste Express, 6300 Stadium Dive, Kansas City, MO 64129
Facility's Phone: 816-924-5884
U.S. EPA ID Number: MOD981123391

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1. NON-RCRA Material Liquid (oil)	1	DM	400	P	NONE
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information
AES-43505

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: Heather Smith
Signature: Heather Smith
Month 7 Day 11 Year 08

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Mark G. Overfelt
Signature: Mark G. Overfelt
Month 7 Day 11 Year 08
Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
18b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:
18c. Signature of Alternate Facility (or Generator)
Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
1. 2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: Del Ilff
Signature: Del Ilff
Month 7 Day 14 Year 08

GENERATOR | INT'L | TRANSPORTER | DESIGNATED FACILITY

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRED)

ATTACHMENT 18 Page 1 of 1

Form Approved. OMB No. 2050-0039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: MOR000524850
2. Page 1 of: 1
3. Emergency Response Phone: 800.229.5252
4. Manifest Tracking Number: 001478040 FLE

5. Generator's Name and Mailing Address: CENTERPOINT MEDICAL CENTER, 19600 E 39TH ST, INDEPENDENCE MO 64057
Generator's Site Address (if different than mailing address):
Generator's Phone: 816-698.7090

6. Transporter 1 Company Name: AMEREX — U.S. EPA ID Number: OKD007222128
7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address: WASTE EXPRESS, 1630 STADIUM DR, KANSAS CITY MO 64129 — U.S. EPA ID Number: MOD981723391
Facility's Phone: 816.924.5884

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1. UNIVERSAL WASTE (BULBS)	20	CW	241	P	None
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: DAVID Ribes — Signature: David Ribes — Month/Day/Year: 1/22/09

GENERATOR

INT'L

16. International Shipments: ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:
Transporter signature (for exports only):

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Mark C Overfelt — Signature: Mark C Overfelt — Month/Day/Year: 1/22/09
Transporter 2 Printed/Typed Name — Signature — Month/Day/Year:

DESIGNATED FACILITY

18. Discrepancy
18a. Discrepancy Indication Space: ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number: U.S. EPA ID Number
18b. Alternate Facility (or Generator)
Facility's Phone: Month/Day/Year
18c. Signature of Alternate Facility (or Generator)

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
1. 2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: Kathy Goodwin — Signature — Month/Day/Year: 1/23/09

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

ORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number
	MOR000524850	1	800.229.5252	001478040 FLE

GENERATOR

5. Generator's Name and Mailing Address
CENTERPOINT MEDICAL CENTER
19600 E 39TH ST
INDEPENDENCE MO 64057
Generator's Phone: 816-698.7090

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name: AMEREX — U.S. EPA ID Number: OKD007222128

7. Transporter 2 Company Name — U.S. EPA ID Number:

8. Designated Facility Name and Site Address
WASTE EXPRESS
6300 STADIUM DR
KANSAS CITY MO 64129
Facility's Phone: 816.924.5884 — U.S. EPA ID Number: MOD981723391

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit WT./Vol.	13. Waste Codes
	1. UNIVERSAL WASTE (BULBS)	20	CW	241	P	None
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: DAVID RIBBS — Signature: David Ribbs — Month/Day/Year: 1/22/09

INT'L

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Mark G. Overfelt — Signature: Mark G. Overfelt — Month/Day/Year: 1/22/09
Transporter 2 Printed/Typed Name — Signature — Month/Day/Year

DESIGNATED FACILITY

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
18b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
18c. Signature of Alternate Facility (or Generator) — Month/Day/Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name — Signature — Month/Day/Year

ATTACHMENT 19 Page 2 of 3

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

ATTACHMENT 19 Page 2 of 3

Profile#: AES-48215	Date Approved:	Approved by:
Sales Rep:	Planned Process:	
Recertification Dates:		
Broker Info:		

ASTE EXPRESS PROFILE

UM DRIVE, KANSAS CITY, MO 64129 (816)924-5884 FAX (816)924-1453

6300

Generator Information

Generator Name: CENTERPOINT MEDICAL CENTER

Facility Address: 19600 E 39TH ST

Mailing Address: INDEPENDENCE MO 64057

USEPA ID#: MOR000524850

Technical Contact: HOPE

MO ID #:

Phone #: 816.698.7090

Fax #:

Bill To:

Company Name:

Address:

Contact:

Phone #:

Fax #:

Waste Name:

Process Generating Waste:

Chemical Composition (Totals must be ≥ 100%)

BULBS	100 %
Total	100%

Analytical Attached ☐ Yes ☒ No

ttached ☐ Yes ☒ No

ncy Response Guide #

Physical Characteristics

Color: VARIES

Odor: ☐ None ☐ Mild ☐ Strong

Physical State: ☐ Liquid ☐ Sludge ☒ Solid

pH: ☐ ≤ 2.0 ☒ 2.1--12.4 ☐ ≥ 12.5

BTU

Weight/Specific Gravity

Layers: ☐ Multi-Layered ☐ Bi-Layered ☒ Single Phased

Free Liquids: ☐ Yes ☒ No Volume %

Viscosity: ☐ Low ☐ Medium ☐ High

Flash Point °F: ☐ < 140 ☒ > 140

Halogens: _____ % Weight

Other Components – Total (PPM)

Cyanides: _____ PCB's: _____ Sulfides: _____

Comments: $0.30 PER FT

Metals ☐ Total (PPM) ☐ TCLP (PPM)

Arsenic _____ Lead _____

Barium _____ Selenium _____

Cadmium _____ Silver _____

Chromium _____ Mercury _____

Shipping Information

DOT Hazardous Material ☐ Yes ☐ No

Proper Shipping Name: UNIVERSAL WASTE (BULBS)

DOT Hazardous Class _____ UN/NA _____ PG II RQ _____

Is this a hazardous waste as defined by 40 CFR 261 ?

☐ Yes ☒ No

Is this waste subject to Land Disposal Restrictions per 40 CFR 268 ?

☐ Yes ☒ No

Hazardous Characteristics

Reactivity: ☐ None ☐ Pyrophoric ☐ Shock Sensitive ☐ Explosive ☐ Water Reactive ☐ Other

Other Hazardous Characteristics: ☐ None ☐ Radioactive ☐ Etiological ☐ Pesticides ☐ Other

USEPA Hazardous Waste Codes: _____ _____ _____ _____

ATTACHMENT 19 Page 3 of 3

Certification

I hereby warrant the sample defined herin is truly representative of all physical and chemical properties of the waste stream as defined in the preceding profile data, and taken in accordance with 40 CFR 261. I have reviewed and am familiar with the information supplied in this and all attached documents and that to the best of my knowledge is true and accurate, and all suspected hazards have been disclosed. Correction Authorization: I authorize Waste Express, Inc. and/or its representatives to make corrections to this profile which are consistent with the sample presented for characterization and/or regulatory requirements of state and federal agencies. I understand I will receive a corrected copy

ATTACHMENT 19 Page 3 of 3

Generators Signature:	Printed Name and Title:	Date:
David Riggs	DAVID RIGGS SUPERVISOR	1-22-09

BATTERY RECYCLE FORM

Date 9/16/08

Listed below are used batteries turned in to Beebe for recycle.
Company name

Delivery Date - 9/16/08

Transporter Signature- Centerpoint Med Center, opn Eng- [signature]
Company/ Title/ Signature

Received Signature- Lee Oaka Beebe Batteries Inc
Company Receiving Batteries

Quantity	Description	Model Number	Type
11	MEDTRONIC LIFEPAK	3009378-03	LEAD ACID
18	"	"	"
~~19~~ (19)	PANASONIC 14. V	LC-R123R4P	"
7	"	"	"
7	YUASA 12V 3.2A	NPH3.2-12FR	"
1	Power Patrol 12V. 2.2A	SLA1015	"
5	GE MAC PAC 18V	P/N 900770-001	Nickle Metal Hydride
2	EAGLE PICHERER CAREFREE 12V. 12A	CF-12V12	LEAD Acid
2	POWER PATROL 12V. 7A	SLA1075	" "
1	GENESIS 12V 9A	NP4-12FR	" "
1	POWER-SONIC 4V. 9A.	PS-490	" "
1	Beebe C-6	W92 R33411	ACID
2	POWER PATROL 12V 3.2A	SLA1035	LEAD ACID
1	GE DASH RESPONDER	2001850-001	NICKEL CADMIUM

[redacted]

Notice of Violation Pursuant to Requirements
of the Resource Conservation and Recovery Act (RCRA)

Request For Information

TO: Facility Name: _____
Address: _____

EPA ID Number: _____ Date: 2/4/2008

This notice is provided to call your attention to the following areas of noncompliance with state and federal regulations. This notice does not constitute a compliance order (Administrative Civil Complaint) pursuant to Section 3008 of RCRA and may not be a complete listing of all violations resulting from the the inspection.

Citation	Description of Violation
Request for Information	(1) Copy of the Contract with EXP
	(2) Explain the differences between the 9 Report Categories (Hazardous Waste Report, Processed Inbates Report, Non-Schedule Drug Waste Report, Inbate Report, Schedule Drug Waste Report, Returned Drug Summary, Processed Recall Report, Returned Non-Schedule Drug Report, Returned Schedule Drug Report)
	(3) Describe & explain the EXP inventory Activity on-site
	(4) " " back at EXP.
	(5) List of the generation rates of pharmaceuticals generated on-site and disposed with the biohazardous waste

You are requested to submit a written response within **14 calendar days** of receipt of this notice. Your response should include a description of all corrective actions taken and/or a schedule for completing the necessary corrective actions. The response should be submitted to:

U. S. Environmental Protection Agency, Region VII
_____
_____
_____
ATTN. _____

If you have any questions about this Notice or wish to discuss your response, you may call me at _____, or _____ (Compliance Officer) at _____.

This Notice prepared by _____ Date: _____

The undersigned person acknowledges that he/she has received a copy of this Notice and has read same.

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

Request For Information

Notice of Violation Pursuant to Requirements
of the Resource Conservation and Recovery Act (RCRA)

TO: Facility Name: _____
Address: _____

EPA ID Number: _____ Date: _____

This notice is provided to call your attention to the following areas of noncompliance with state and federal regulations. This notice does not constitute a compliance order (Administrative Civil Complaint) pursuant to Section 3008 of RCRA and may not be a complete listing of all violations resulting from the the inspection.

Citation	Description of Violation
Request For Information	(6) Copy of the BioHazardous Waste Disposal Contract
	(7) How many rolls of 3M Steam Indicator (Dots) tape used and disposed per month or year

You are requested to submit a written response within **14 calendar days** of receipt of this notice. Your response should include a description of all corrective actions taken and/or a schedule for completing the necessary corrective actions. The response should be submitted to:

U. S. Environmental Protection Agency, Region VII
_____
_____
_____
ATTN. _____

If you have any questions about this Notice or wish to discuss your response, you may call me at _____, or _____ (Compliance Officer) at _____.

This Notice prepared by _____ Date: _____

The undersigned person acknowledges that he/she has received a copy of this Notice and has read same.

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

PHOTO LOG

Facility Name/City: Centerpoint Medical Center, 19600 East 39th Street, Independence, MO, 64057
Facility ID #: MOR000524850
Date: February 3-4, 2009
Photographer: Michael J. Martin
Type of Camera: Canon Power Shot G5, Serial #: 6721003894
Digital Recording Media: Flashcard
All digital photos were copied by: Michael J. Martin on February 11, 2009.
All digital photos were copied to: CD-R
Original copy is stored in: CD-R Digital photos were downloaded to CD-R by Michael J. Martin.
No changes were made in the original image files prior to storage on the CD-R.

Report Photo#	Photographer	Date	Approx. Time	File Name (IMG_xxx.jpg)	Description
1	Michael Martin	2/3/2009	1:40 PM	001	Photo of one universal waste batteries storage container located at the Facility Operations Area. Photo taken facing north.
2	Michael Martin	2/3/2009	1:50 PM	002	Photo of eighteen spent fluorescent bulbs stored in a properly closed container labeled as "Universal Waste" and the accumulation date identified (February 2, 2009) located at the Boiler Room. Photo taken facing north.
3	Michael Martin	2/3/2009	1:50 PM	003	Photo of eighteen spent fluorescent bulbs stored in a properly closed container labeled as "Universal Waste" and the accumulation date identified (February 2, 2009) located at the Boiler Room. Photo taken facing north.
4	Michael Martin	2/3/2009	1:56 PM	004	Photo of one ¼ full 55 gallon container of used oil properly labeled with the words "Used Oil" located at the Maintenance Area. Photo taken facing south.
5	Michael Martin	2/3/2009	2:05 PM	005	Photo of chemotherapy waste (syringes and dispensing equipment) located at the Hazardous Waste Storage Area. Photo taken facing south.

6	Michael Martin	2/3/2009	2:05 PM	006	Photo of chemotherapy waste (syringes and dispensing equipment) sign located at the Hazardous Waste Storage Area. Photo taken facing south.
7	Michael Martin	2/3/2009	2:06 PM	007	Photo of bio-hazardous waste containers located at the Hazardous Waste Storage Area. Photo taken facing south.
8	Michael Martin	2/3/2009	2:39 PM	008	Photo of one empty five gallon container (labeled as Hazardous Waste) for waste xylene storage located at the Pathology Lab. Photo facing north.
9	Michael Martin	2/3/2009	2:41 PM	009	Photo of one empty five gallon container (labeled as Hazardous Waste) for waste xylene storage located at the Pathology Lab. Photo facing north.
10	Michael Martin	2/3/2009	3:21 PM	010	Photo of one of two plastic totes (unopened/unused waste pharmaceuticals slated for reverse distribution) located at the In-Patient Pharmacy. Photo facing south.
11	Michael Martin	2/3/2009	3:22 PM	011	Photo of one of two plastic totes (unopened/unused waste pharmaceuticals slated for reverse distribution) located at the In-Patient Pharmacy. Photo facing south.
12	Michael Martin	2/4/2009	3:32 PM	012	Photo of 3M Steam Indicator tape (left) and 3M Chemical Integrator tape (right) located at the Facility Operation Office. Photo taken facing north.

Centerpoint Medical Center
19600 East 39th Street
Independence, MO 64057

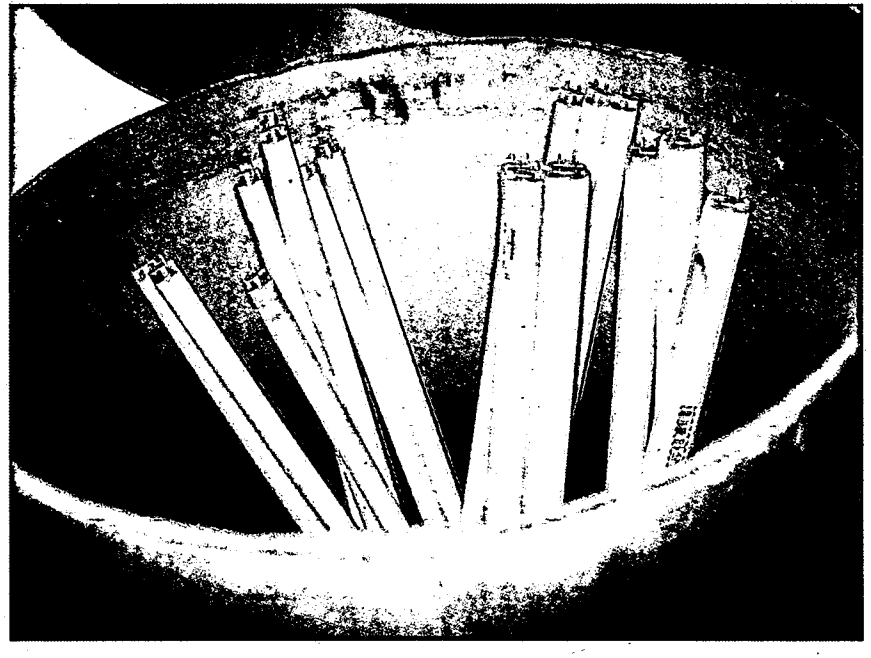
RCRA CEI Photos

Photos taken by Michael J. Martin
on February 3-4, 2009

Centerpoint Medical Center
Independence, MO 64057
February 3, 2009

Photo of one universal waste batteries storage container located at the Facility Operations Area. Photo taken facing north.

Photo 1 Michael J. Martin MJM



Centerpoint Medical Center
Independence, MO 64057
February 3, 2009

Photo of eighteen spent fluorescent bulbs stored in a properly closed container labeled as "Universal Waste" and the accumulation date identified (February 2, 2009) located at the Boiler Room. Photo taken facing north.

Photo 2 Michael J. Martin MJM

Centerpoint Medical Center
Independence, MO 64057
February 3, 2009

Photo of eighteen spent fluorescent bulbs stored in a properly closed container labeled as "Universal Waste" and the accumulation date identified (February 2, 2009) located at the Boiler Room. Photo taken facing north.

Photo 3 Michael J. Martin

Centerpoint Medical Center
Independence, MO 64057
February 3, 2009

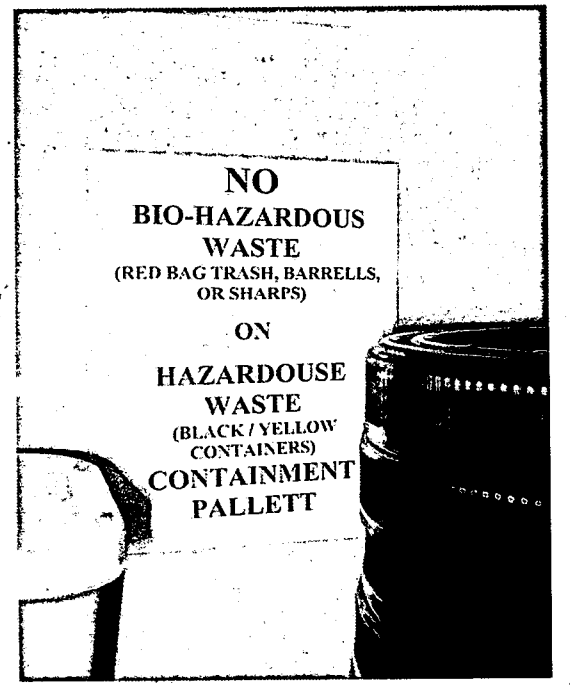
Photo of one ¼ full 55 gallon container of used oil properly labeled with the words "Used Oil" located at the Maintenance Area. Photo taken facing south.

Photo 4 Michael J. Martin

Centerpoint Medical Center
Independence, MO 64057
February 3, 2009

Photo of chemotherapy waste (syringes and dispensing equipment) located at the Hazardous Waste Storage Area. Photo taken facing south.

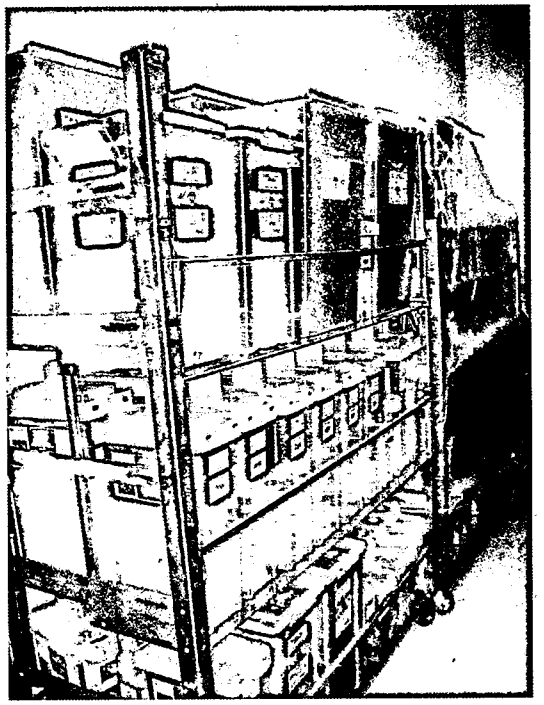
Photo 5 Michael J. Martin MJM



Centerpoint Medical Center
Independence, MO 64057
February 3, 2009

Photo of chemotherapy waste (syringes and dispensing equipment) sign located at the Hazardous Waste Storage Area. Photo taken facing south.

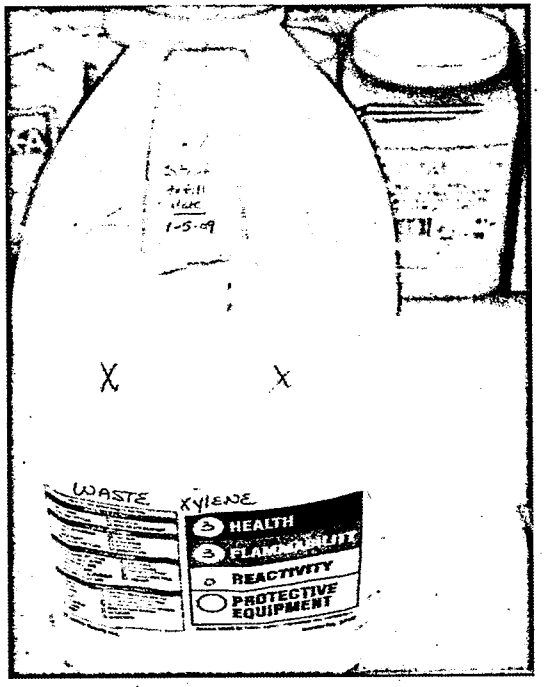
Photo 6 Michael J. Martin MJM



Centerpoint Medical Center
Independence, MO 64057
February 3, 2009

Photo of bio-hazardous waste containers located at the Hazardous Waste Storage Area. Photo taken facing south.

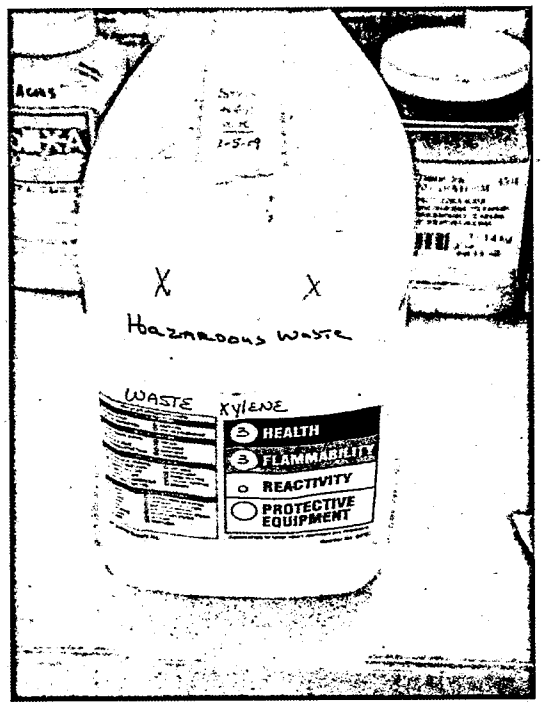
Photo 7 Michael J. Martin



Centerpoint Medical Center
Independence, MO 64057
February 3, 2009

Photo of one empty five gallon container (labeled as Hazardous Waste) for waste xylene storage located at the Pathology Lab. Photo facing north.

Photo 8 Michael J. Martin



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February 3, 2009

Photo of one empty five gallon container (labeled as Hazardous Waste) for waste xylene storage located at the Pathology Lab. Photo facing north.

Photo 9 Michael J. Martin

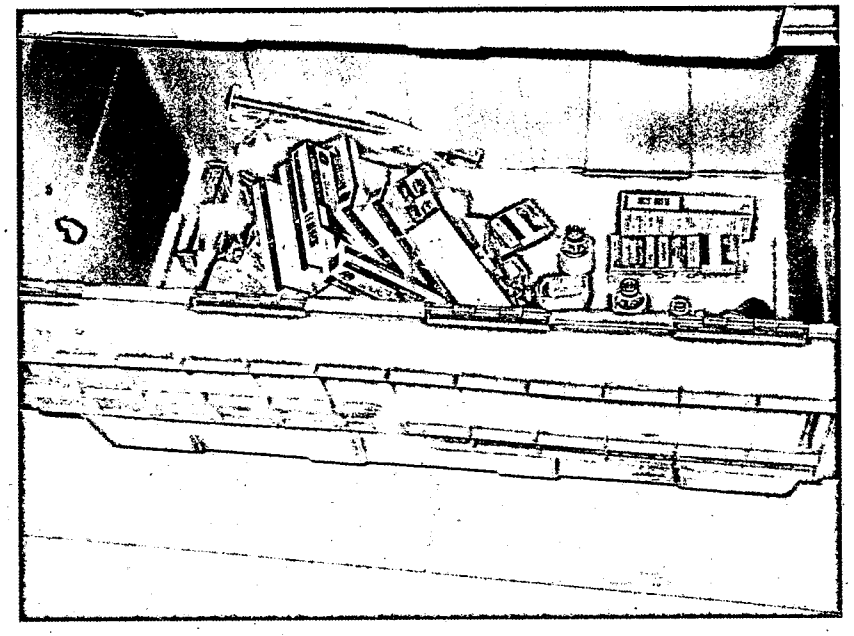

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Photo of one of two plastic totes (unopened/unused waste pharmaceuticals slated for reverse distribution) located at the In-Patient Pharmacy. Photo facing south.

Photo 10 Michael J. Martin

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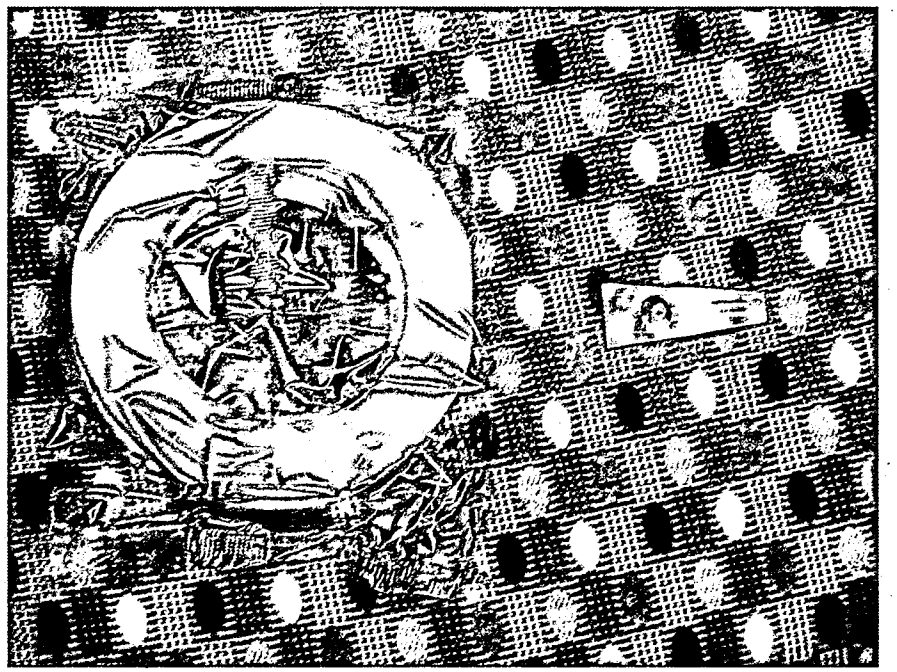
Independence, MO 64057
February 3, 2009

Photo of one of two plastic totes (unopened/unused waste pharmaceuticals slated for reverse distribution) located at the In-Patient Pharmacy. Photo facing south.

Photo 11 Michael J. Martin MJM



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February 4, 2009

Photo of 3M Steam Indicator tape (left) and 3M Chemical Integrator tape (right) located at the Facility Operation Office. Photo taken facing north.

Photo 12 Michael J. Martin MJM