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Attorneys for Respondents

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293,

MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913, and

DIMITRIS EFSTATHIOU, RPH,
Certificate of Registration No. 17277,

MARIA CRUZ, RPH,
Certificate of Registration No. 18166,

Respondents.

CASE NOS. 18-021-PH-S

18-021-RPH-A-S

18-021-RPH-B-S

18-021-RPH-C-S

18-021-RPH-D-S

**RESPONDENTS' ANSWER AND
NOTICE OF DEFENSE**

Respondents Walgreens Pharmacy #4854, 5814, Minhquang D. Nguyen, RPh, Dimitris Efsthathiou, RPh, , and Maria Cruz, RPh by and through their counsel William J. Stilling, of and for Stilling & Harrison, PLLC, answer and provide notice of their defense to the Notice of Intended Action and Accusation ("Notice") in the above-entitled matter and declare as follows.

REQUEST FOR HEARING

Respondents request a hearing on the Notice.

RESPONSES TO ALLEGATIONS AND CAUSES OF ACTION

In answer to the Notice, Respondents admit, deny, and allege as follows:

JURISDICTION

1. Respondents admit the allegations in paragraph 1.
2. Respondents admit the allegations in paragraph 2.

FACTUAL ALLEGATIONS

3. Respondents admit the allegations in paragraph 3.
4. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 4 and therefore deny the same.
5. Respondents admit the allegations in paragraph 5.
6. Respondents admit the allegations in paragraph 6.
7. Respondents admit the allegations in paragraph 7.
8. Respondents admit the allegations in paragraph 8.
9. Respondents admit the allegations in paragraph 9.
10. Respondents admit the allegations in paragraph 10.
11. Respondents admit that on or about December 24, 2017, prescription no. 1874629, post-dated 11/07/2017, was processed, filled and dispensed and that data entry review was performed by Cruz. However, there was nothing on the prescription 1874629 to indicate that it had been previously filled. Respondents deny all remaining allegations in paragraph 11.
12. Respondents admit that: (i) on or about January 29, 2018, prescription no. 1886042, post-dated 12/07/2017, was processed, filled and dispensed; (ii) data entry review and final verification were performed by Nguyen who did not place a fill sticker on the back of the original hard copy of the prescription. Respondents deny all remaining allegations in paragraph 12.

13. Respondents admit that: (i) on or about February 28, 2018, prescription no. 1896898, post-dated 12/07/2017, was processed, filled and dispensed and (ii) data entry review was performed by Cruz. However, there would have been nothing on the prescription 1896898 to indicate that it had been previously filled. Respondents deny all remaining allegations in paragraph

COUNT ONE

Recordkeeping Violations
(Respondents Nguyen and Efstathiou)

14. Paragraph 14 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 14 implies any unprofessional or unlawful conduct, Respondents deny the same.

15. Respondents deny the allegations in paragraph 15.

COUNT TWO

Failure to Identify Duplicate Dispensed Medication/Unprofessional Conduct
(Respondents Nguyen and Cruz)

16. Paragraph 16 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 16 implies any unprofessional or unlawful conduct, Respondents deny the same.

17. Respondents deny the allegations in paragraph 17.

18. Respondents deny the allegations in paragraph 18.

COUNT THREE

Managing Pharmacist Responsibility
(Respondent Nguyen)

19. Respondents deny the allegations in paragraph 19.

COUNT FOUR

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #4854)

20. Paragraph 20 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 20 implies any unprofessional or unlawful conduct, Respondents deny the same.

21. Respondents deny the allegations in paragraph 21.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

22. Each Count fails to state a claim upon which relief can be granted.

23. To the extent Respondents did not specifically admit allegations in the Notice, they deny such allegations.

24. Sanctioning Respondent Maria Cruz would be unfair and unjust in light of her circumstances. Maria Cruz retired March 2021. She now lives in the Philippines. She no longer has a pharmacy license and never intends to practice pharmacy again. Her decision to retire had nothing to do with this case. Ms. Cruz has never been sanctioned for any act or omission during her eleven years of practice in Nevada or anywhere else. Maria Cruz recognizes that the Board needs to be consistent in its decisions. But some cases are different and require wise use of discretion as fairness requires. This is such a case. If the Board agrees to dismiss the claims against Maria Cruz, it would not set a precedent that a pharmacist can escape sanctions by retiring. Rather, a decision to dismiss the claims against her or to forego any sanctions would simply recognize that it is fair not to impose sanctions on a pharmacist who retires some three years after an alleged violation and before any Notice of Intended Action is filed, who moves back to her native country, and who has never before been sanctioned by a board of pharmacy. Ms. Cruz did not act unprofessionally or unlawfully because she had no reason to believe there was a duplicate of the prescription she was filling as described in paragraphs 11 and 13. Even if this Board finds that Maria Cruz engaged in

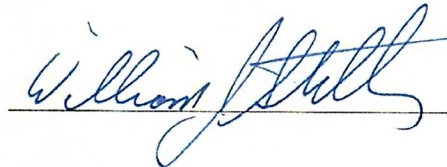
unprofessional conduct, it should not impose sanctions. Just because a government body has the power to do something does not necessarily mean that it should do so—especially when fairness dictates otherwise.

PRAYER FOR RELIEF

25. Respondents pray for the following relief:

- a. That the Notice be dismissed or that the Board finds that the allegations in the Notice and all evidence presented to the Board do not support imposing discipline on any of the Respondents.
- b. That the Board dismiss all Causes of Action in the Notice.
- c. That the Board provide further relief to Respondents as it finds just and proper.

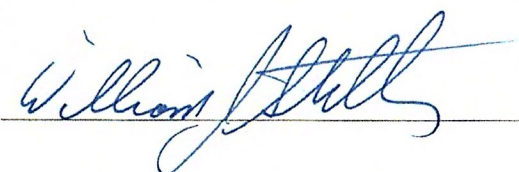
DATED this 31st day of May 2023.

A handwritten signature in blue ink, appearing to read "William J. Stilling", is written over a horizontal line.

William J. Stilling
STILLING & HARRISON, PLLC.
Attorneys for Respondents

CERTIFICATE OF SERVICE

I hereby certify that on May 31, 2023, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

Brett Kandt General Counsel Nevada State Board of Pharmacy 1985 Damonte Ranch Pkwy #206, Reno, NV 895219 bkandt@pharmacy.nv.gov	<input type="checkbox"/> U.S. Mail postage prepaid <input type="checkbox"/> Hand delivery <input type="checkbox"/> Overnight Mail <input type="checkbox"/> Facsimile <input checked="" type="checkbox"/> Electronic Mail
David Wuest Executive Secretary Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy #206, Reno, NV 895219 dwuest@pharmacy.nv.gov	<input type="checkbox"/> U.S. Mail postage prepaid <input type="checkbox"/> Hand delivery <input type="checkbox"/> Overnight Mail <input type="checkbox"/> Facsimile <input checked="" type="checkbox"/> Electronic Mail
Yenh Long Deputy Executive Secretary Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy #206, Reno, NV 895219 ylong@pharmacy.nv.gov	<input type="checkbox"/> U.S. Mail postage prepaid <input type="checkbox"/> Hand delivery <input type="checkbox"/> Overnight Mail <input type="checkbox"/> Facsimile <input checked="" type="checkbox"/> Electronic Mail
	

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293, and**

**MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913,**

Respondents.

**CASE NOS. 19-100-PH-S
19-100-RPH-S
18-021-RPH-A-S**

**STIPULATION AND ORDER
[RESPONDENTS WALGREENS
PHARMACY #4854 & NGUYEN ONLY]**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Minhquang D. Nguyen, RPh (Nguyen), Certificate of Registration No. 15913, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondents and these matters.
2. Respondent Nguyen entered into two (2) prior stipulations for discipline before the Board. In April 2013, Respondent Nguyen, as the managing pharmacist of Kmart Pharmacy #3719, stipulated in case no. 13-006-RPH, to a public reprimand and a \$500.00 fine for failing to verify the registration status of each pharmacy employee in his charge. On October 12, 2022, Respondent Nguyen, as the managing pharmacist of Walgreens Pharmacy #7864, stipulated in case no. 18-055-RPH, to pay a \$1,000.00 fine, attorney's fees and costs of \$500.00, and to complete two additional hours of continuing education for failing to accurately verify medication at data entry review, overriding a DUR and dispensing a duplicated and mislabeled prescription.

3. On or about October 14, 2022, Board Staff served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing in Case Nos. 19-100-PH-S and 19-100-RPH-S.

4. On or about February 6, 2023, Board Staff served Respondents with the First Amended Notice of Intended Action and Accusation (First Amended Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing in Case Nos. 18-021-PH-S and 18-021-RPH-A-S.

5. Respondents jointly filed an Answer and Notice of Defense to each Accusation.

6. Respondent Walgreens Pharmacy #4854 has entered into a separate stipulation resolving Case No. 18-021-PH-S.

7. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

8. Respondents are aware of the right to a hearing on the matters alleged in each Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

9. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

10. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the First Amended Accusation filed in Case No. 18-021-RPH-A-S, *to wit*, that:

A. By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1886042, Nguyen violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12);

B. Nguyen engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when he performed data entry review and final verification on prescription no. 1886042 and failed to identify that patient L.S. had already received the three fills prescribed on her patient profile, and is therefore subject to discipline pursuant to NRS 639.210(4); and

C. As the managing pharmacist of Walgreens Pharmacy #4854 at the time of the violations alleged in Case No. 18-021-RPH-A-S, including the failure to note the prescription number on the original hard copy of prescriptions, in violation of NRS 639.236, NAC 639.706 and/or NAC 639.910, resulting in the duplicate prescriptions, Nguyen is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

11. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation filed in Case Nos. 19-100-PH-S and 19-100-RPH-S, *to wit*, that:

A. Nguyen violated NRS 585.370 and NAC 639.601(1) and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) he failed to segregate and/or dispose of adulterated and/or expired drugs in the pharmacy's inventory and is subject to discipline pursuant to NRS 639.210(4) and (12);

B. Nguyen engaged in unprofessional conduct as defined in NAC 639.945(1)(h) when he misrepresented to the Board inspector that all adulterated and/or expired drugs in the pharmacy's inventory had been segregated and/or disposed of and is subject to discipline pursuant to NRS 639.210(4) and (9); and

C. As the pharmacy/pharmacy owner at which the violations of law alleged Case Nos. 19-100-PH-S and 19-100-RPH-S occurred, Walgreens Pharmacy #4854 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

12. Those violations are pled with particularity in each Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

13. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Minhquang D. Nguyen, RPh, Certificate of Registration No. 15913, stipulate to the following penalties. Nguyen's Certificate of Registration No. 15913 is hereby revoked pursuant to NRS 639.255(1)(d). The revocation is stayed, and Nguyen is placed on probation for two (2) years pursuant to NRS 639.255(1)(b) subject to the following conditions:

A. Nguyen currently owns and serves as managing pharmacist of ICARE Pharmacy, License No. PH04402, which shall be subject to quarterly unannounced inspections by Board staff at Nguyen's expense pursuant to NRS 639.090, NRS 639.289, NAC 639.482 and/or NAC 639.935;

B. Pursuant to NRS 639.255(1)(e), Nguyen shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a managing pharmacist;

C. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Nguyen shall pay a fine of Five-Thousand Dollars (\$5,000.00) for the violations;

D. Pursuant to NRS 622.400, Nguyen shall pay One Thousand Dollars (\$1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs; and

E. Nguyen shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

Upon the successful completion of probation, Nguyen's Certificate of Registration No. 15913 will be fully restored.

14. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #4854 shall pay a fine of Two-Thousand Dollars (\$2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #4854 shall pay One-Thousand Dollars (\$1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

15. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639. If such a hearing results in a finding of a violation of this Order by Nguyen, the Board may lift the stay and immediately revoke Certificate of Registration No. 15913.

16. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023.

Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

17. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

18. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

20. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

21. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of June 2023

Signed this ____ day of June 2023

MINHQUANG D. NGUYEN, RPH
Certificate of Registration No. 15913

WALGREENS PHARMACY #4854
Pharmacy License No. PH01293

**APPROVED AS TO FORM AND
CONTENT**
this ____ day of June 2023

Signed this ____ day of June 2023

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Minhquang D. Nguyen, RPh, Certificate of Registration No. 15913, in Case Nos. 19-100-PH-S, 19-100-RPH-S and 18-021-RPH-A-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of June 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**WALGREENS PHARMACY #4854,
Pharmacy License No. PH01293,**

**MINHQUANG D. NGUYEN, RPH,
Certificate of Registration No. 15913,**

**DIMITRIS EFSTATHIOU, RPH,
Certificate of Registration No. 17277, and**

**MARIA CRUZ, RPH,
Certificate of Registration No. 18166,**

Respondents.

**CASE NOS. 18-021-PH-S
18-021-RPH-C-S**

**STIPULATION AND ORDER
[RESPONDENTS WALGREENS
PHARMACY #4854 & EFSTATHIOU
ONLY]**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Dimitris Efstathiou, RPh (Efstathiou), Certificate of Registration No. 17277, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondents and these matters.
2. On or about February 6, 2023, Board Staff served Respondents with the First Amended Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondents and Notice of Hearing.
3. Respondents jointly filed an Answer and Notice of Defense to the Accusation.
4. Respondents are aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents, or any of them, have failed to comply with the provisions of this Stipulation, Respondents hereby knowingly and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondents admit that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit*, that:

A. By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1893870, Efstathiou violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12); and

B. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #4854 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

7. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Dimitris Efstathiou, Certificate of Registration No. 17277, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Efstathiou shall pay a fine of One-Thousand Dollars (\$1,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Efstathiou shall pay Five-Hundred Dollars (\$500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

9. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent Walgreens Pharmacy #4854 shall pay a fine of Two-Thousand Dollars (\$2,000.00) for the violations; and

B. Pursuant to NRS 622.400, Respondent Walgreens Pharmacy #4854 shall pay One-Thousand Dollars (\$1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent(s) consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023.

Respondents will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and investigative costs agreed to herein by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of June 2023

WALGREENS PHARMACY #4854
Pharmacy License No. PH01293

Signed this ____ day of June 2023

DIMITRIS EFSTATHIOU, RPH
Certificate of Registration No. 17277

APPROVED AS TO FORM AND
CONTENT
this ____ day of June 2023

Signed this ____ day of June 2023

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, and Respondent Dimitris Efstathiou, RPh, Certificate of Registration No. 17277, in Case Nos. 18-021-PH-S and 18-021-RPH-C-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of June 2023.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**JONATHAN R. SORELLE, MD,
Certificate of Registration Nos. CS16072 and
PD00567,**

Respondent.

Case No. 22-027-CS-S

STIPULATED FACTS

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Jonathan R. Sorelle, MD, Certificate of Registration Nos. CS16072 and PD00567, by and through counsel, Joshua M. Dickey, Esq., **HEREBY STIPULATE TO THE FOLLOWING OPERATIVE FACTS IN THIS MATTER:**¹

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events herein, Respondent Jonathan R. Sorelle, MD, held a controlled substance registration, Certificate of Registration No. CS16072, and dispensing practitioner registration, Certificate of Registration No. PD00567, issued by the Board.

2. On or about May 9, 2019, Board staff conducted an annual inspection of Respondent's practice, the Minimally Invasive Hand Institute, located at 9080 W. Post Road #200 in Las Vegas. The inspection revealed that Respondent's dispensing technician, Ashley Pagan, Certification of Registration No. TD01687, failed to properly segregate and/or dispose of expired dangerous drugs, including, without limitation:

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter before the Board and any subsequent related administrative proceedings before the Board or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another State or Federal government regulatory agency proceeding, any State or Federal civil or criminal proceeding, and State or Federal court proceeding, and/or any credentialing and/or privileges matter.

- A. Losartan 50mg – Expiration 12/2017
- B. Ciprofloxacin 500mg – Expiration 12/2018
- C. Marcaine 50ml vial – Expiration 12/2018

3. The inspection also revealed that Ms. Pagan dispensed a limited number of prescriptions without Respondent's initials verifying that he had checked the prescriptions for accuracy. None of the prescriptions that were dispensed without Respondent's initials were controlled substances.

4. Respondent relieved Ms. Pagan from her duties as dispensing technician, the expired medications were promptly and properly disposed of, and additional measures were put into place to ensure that expired medications are properly segregated and/or disposed of in conformance with federal and state law.

5. The two subsequent annual inspections of the Minimally Invasive Hand Institute did not reveal any further deficiencies with regard to the proper segregation and/or disposal of expired drugs or the verification of dispensed prescriptions.

6. A separate Board investigation initiated in September of 2021 revealed one-hundred twenty-one (121) fraudulent prescriptions for Oxycodone 30mg, 90 tablets, falsely documenting Respondent as the prescribing practitioner, were issued from July 13, 2020, to September 9, 2021 as follows:

- July 2020 - 6 fraudulent prescriptions
- August 2020 - 5 fraudulent prescriptions
- September 2020 - 3 fraudulent prescriptions
- October 2020 - 5 fraudulent prescriptions
- November 2020 - 3 fraudulent prescriptions
- December 2020 - 5 fraudulent prescriptions
- January 2021 - 6 fraudulent prescriptions
- February 2021 - 5 fraudulent prescriptions

- March 2021 – 10 fraudulent prescriptions
- April 2021 – 15 fraudulent prescriptions
- May 2021 – 10 fraudulent prescriptions
- June 2021 – 15 fraudulent prescriptions
- July 2021 – 15 fraudulent prescriptions
- August 2021 – 15 fraudulent prescriptions
- September 2021 – 3 fraudulent prescriptions

7. Respondent fully cooperated in the Board's investigation and a related criminal investigation, which revealed no evidence of Respondent or his staff's actual involvement in the forged prescriptions or the resulting unlawful diversion of approximately 10,890 Oxycodone tablets.

8. Respondent did not review his prescriber activity (MyRx) in the Prescription Monitoring Program (PMP) between September 23, 2016, and August 13, 2022.

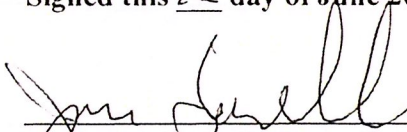
9. Prior to December 2022, Respondent had staff members Leticia Tamayo, Shelby Jackson, and Gary Gaje, access the PMP using his credentials to obtain patient utilization reports for Respondent's review prior to Respondent's issuance of controlled substance prescriptions.

10. On or about December 28, 2022, Leticia Tamayo and Shelby Jackson were approved by the Board as delegates to access the PMP and to obtain patient utilization reports on behalf of Respondent.

Respondent has fully considered the charges and allegations contained in the *First Amended Notice of Intended Action and Accusation* in this matter and has knowingly and voluntarily agreed to the stipulated facts set forth herein and thereby waived certain rights to contest the stipulated facts and to require the State to prove each stipulated fact by a preponderance of evidence.


AGREED:

Signed this 2ND day of June 2023




JONATHAN R. SORELLE, MD,
Certificate of Registration Nos. CS16072 and
PD00567

Signed this 6th day of June 2023

 Peter Keegan Bar No. 12237

BRETT KANDT, ESQ. on behalf of
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 5th day of June 2023



JOSHUA M. DICKEY, ESQ.
Counsel for Respondent

8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302

TELEPHONE 702.562.8820
FACSIMILE 702.562.8821
WWW.BAILEYKENNEDY.COM



JOSHUA M. DICKEY

DIRECT DIAL
702.851.0050

JDickey@BaileyKennedy.com

June 14, 2023

Via Email: bkandt@pharmacy.nv.gov

Brett Kandt, Esq., General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Re: *Nevada State Board of Pharmacy v. Jonathan Sorelle, MD*, Case No. 22-027-CS-S

Dear Mr. Kandt:

The Board of Pharmacy's First Amended Notice of Intended Action and Accusation (the "Complaint") contains two claims for diversion. Specifically, Counts One and Two allege violations of the Federal Controlled Substance Act and Nevada Law, specifying that:

By failing to review his prescriber activity in the PMP and enabling persons to act under Respondent's authority to issue one-hundred twenty one (121) fraudulent prescriptions for Oxycodone 30mg, 90 tablets, resulting in the unlawful diversion of 10,890 Oxycodone tablets as alleged in Paragraphs 4 and 5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of [federal law and state law] and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) [and (12)].

Neither the law nor the evidence supports a finding of diversion. Rather, the Stipulated Facts provide that "Respondent fully cooperated in the Board's investigation and a related criminal investigation, which revealed no evidence of Respondent's actual involvement in the forged prescriptions or the resulting unlawful diversion of approximately 10,890 Oxycodone tablets.¹ Absent some participation in the underlying criminal activity, Dr. Sorelle cannot have committed diversion.

Nor can there be any doubt that Dr. Sorelle lacked both the knowledge and requisite mental state to be liable for aiding and abetting or conspiring to engage in diversion. *See United States v. Klimavicius-Viloria*, 144 F.3d 1249, 1264 (9th Cir. 1998) ("To aid and abet, "it is necessary that a defendant in some sort associate himself with the venture, that he participate in it as in something that he wishes to bring about, that he seeks by his action to make it

¹ Stipulated Facts ¶ 7.

Brett Kandt, Esq.

June 14, 2023

Page 2

succeed.’...” The government must show more than mere participation; the defendant must ‘intentionally assist[] in the venture’s illegal purpose.’”) (citations omitted); *United States v. Otunye*, 995 F.3d 1191, 1210 (10th Cir. 2021) (conspiracy requires “(1) an agreement with another person to violate the law, (2) knowledge of the essential objectives of the conspiracy, (3) knowing and voluntary involvement, and (4) interdependence among the alleged conspirators.”) (citations omitted). *See also Sharma v. State*, 118 Nev. 648, 655, 56 P.3d 868, 872 (2002) (aiding and abetting in the criminal context requires one to “knowingly [aid] the other person with the intent that the other person commit the charged crime.”); *Dow Chemical Co. v. Mahlum*, 114 Nev. 1468, 1490–91, 970 P.2d 98, 112–13 (1998), *rev’d on other grounds*, *GES, Inc. v. Corbitt*, 117 Nev. 265, 271, 21 P.3d 11, 15 (2001). (2002) (A party must knowingly and substantially assist “or encourage another’s conduct in breaching a duty to a third person” in order for civil liability for aiding and abetting to attach); *see also Guilfoyle v. Olde Monmouth Stock Transfer Co., Inc.* 130 Nev. 801, 812–13, 335 P.3d 190, 198 (2014).

We accordingly request that the Board agree to dismiss Counts One and Two in the Complaint as lacking any basis in law or in fact. Please feel free to reach out if you have any questions or would like to discuss this further. Thank you.

Sincerely,



Joshua M. Dickey

JMD\rc



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**WALGREENS PHARMACY #3842,
Pharmacy License No. PH01249,**

**KRISTI NGUYEN, RPH,
Certificate of Registration No. 18861,**

**CHERYL METTUS, RPH,
Certificate of Registration No. 17225, and**

**THUY TRANDAC, RPH,
Certificate of Registration No. 17658,**

Respondents.

**Case No. 17-105-PH-S
17-105-RPH-A-S
17-105-RPH-B-S
17-105-RPH-C-S**

STIPULATED FACTS

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Kristi Nguyen, RPH (Nguyen), Certificate of Registration No. 18861, Respondent Cheryl Mettus, RPH (Mettus), Certificate of Registration No. 17225, and Respondent Thuy TranDac, RPH (TranDac), Certificate of Registration No. 17658, and Respondent Walgreens Pharmacy #3842, Pharmacy License No. PH01249, jointly by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE TO THE FOLLOWING OPERATIVE FACTS IN THIS MATTER:**

1. The Board has jurisdiction over this matter because at the time of the events alleged herein, Respondent Nguyen, Certificate of Registration No. 18861, Respondent Mettus, Certificate of Registration No. 17225, and Respondent TranDac, Certificate of Registration No. 17658, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #3842, Pharmacy License No. PH01249, was a pharmacy licensed by the Board.

2. Respondents Nguyen, Mettus and TranDac were employed by Walgreens Pharmacy #3842 at the time of the events herein.

3. On or about August 13, 2017, an electronic prescription from practitioner M.S. was transmitted to Walgreens Pharmacy #3842 for gabapentin 600 mg tablets for patient T.M., designated prescription no. 2931510, and dispensed to the patient.

4. On or about August 16, 2017, T.M. tendered a written prescription from practitioner E.S. for gabapentin 300 mg capsules for T.M to Walgreens Pharmacy #3842; this was designated prescription no. 2933209. Data review for prescription no. 2933209 was performed by a Walgreens pharmacist located in an out-of-state Central Pharmacy Operation Center (CPO), who was not registered with the Board; during data review DUR alerts were overridden. On or about August 18, 2017, Respondent Mettus dispensed prescription no. 2933209 to the patient.

5. On or about August 29, 2017, T.M. tendered two (2) written prescriptions from practitioner Z.G. for T.M to Walgreens Pharmacy #3842: 1) Aricept (generic donepezil) 5 mg, designated prescription no. 2939936; and 2) Seroquel (generic quetiapine) 100 mg, designated prescription no. 2939938. Prescription no. 2939936 included an order to discontinue Zaleplon 5 mg capsules previously prescribed by practitioner W.T. and designated prescription no. 2933781. Data review for prescription no. 2939936 was performed by a Walgreens pharmacist located in an out-of-state CPO, who was not registered with the Board. Respondent Nguyen performed product review on prescription no. 2939936. The Zaleplon 5 mg prescription no. 2933781 was not discontinued.

6. On or about September 13, 2017, T.M. tendered a written prescription from practitioner Z.G. for Zyprexa (generic olanzapine) 10 mg tablets for T.M. to Walgreens Pharmacy #3842; this was designated prescription no. 2948045. The prescription also had an order to discontinue Seroquel (generic quetiapine). Data review for prescription no. 2948045

was performed by a Walgreens pharmacist located in an out-of-state CPO, who was not registered with the Board. Respondent Nguyen overrode a DUR alert that olanzapine and quetiapine are similar therapies.

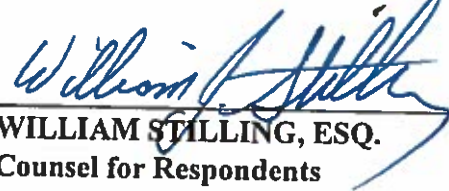
7. On or about September 24, 2017, Respondent TranDac overrode DUR alerts and refilled prescription no. 2939936.

8. On or about September 27, 2017, Respondent Mettus performed product review and dispensed Seroquel (generic quetiapine) 200 mg tablets for prescription no. 2942008, and refilled prescription no. 2939938 for quetiapine 100 mg tablets. DUR alerts for both prescriptions were overridden by a Walgreens pharmacist located in an out-of-state CPO, who was not registered with the Board.

9. On or about September 27, 2017, Respondent Mettus performed product review and refilled prescription no. 2933781 for Zaleplone 5 mg; in the process Mettus overrode a DUR alert on the belief that the prescribing practitioner had determined it medically appropriate for T.M. to take the medication for longer than the recommended duration of 35 days.

AGREED:

Signed this 1st day of June 2023


WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this 1st day of June 2023



BRETT RANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

EXHIBIT 1

Case No. 22-479-CS-S

Malcolm Paul, M.D.

CS34652

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION**Non-Refundable \$200 fee**

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)**Section 1: Personal Information**

First: Malcolm Middle: David Last: Paul
 Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☒ M ☐ F ☐ X
 Home Address: [REDACTED] W. Sahara Ave
 City: Las Vegas State: NV Zip: 89117
 Telephone: [REDACTED] Email: mmora@smithsurgery.com
 Degree: MD Practitioner License #: 21553 Specialty: Plastics

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Smith Plastic Surgery
 Practice Address: 7650 W. Sahara Ave Suite #: _____
 City: Las Vegas State: NV Zip: 89117
 Telephone: 702 838 2455 Fax: 702 838 7055 Email: mmora@smithsurgery.com

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		<input checked="" type="checkbox"/>
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		<input checked="" type="checkbox"/>
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		<input checked="" type="checkbox"/>

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

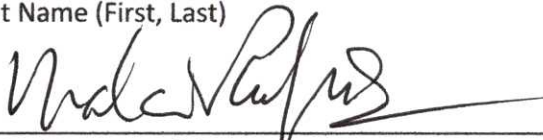
	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		<input checked="" type="checkbox"/>
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		<input checked="" type="checkbox"/>

Section 5: Personal and Professional History				Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?					✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?					✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?					✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?					✓
If you marked YES to any questions above, include the following information and provide a signed statement of explanation . Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.					
Board Administrative Action:	State:		Date:		Case #:
Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Malcolm Paul
Print Name (First, Last)

11/18/22
Date


Original Signature (electronic, copies or stamps not accepted)

11/18/22
Date

Board Use Only: Date Processed: _____ Amount: 200.00 RC

12-6-22

Nevada State Board of
Medical Examiners



LICENSE CARD

This is to certify that
MALCOLM DAVID PAUL

holds ACTIVE status as a
Medical Doctor

in the state of Nevada in accordance with
Nevada Revised Statutes Chapter 630.

License #
21553

Issue Date:
09/28/2021

Expiration Date:
06/30/2023

For the most up-to-date information about this licensee
please visit our online licensee lookup at medboard.nv.gov.

THIS IS YOUR WALLET I.D. CARD. SIGN,
DETACH AND CARRY IT WITH YOU AS
YOU WOULD YOUR DRIVER'S LICENSE.
THERE IS A FEE TO REPLACE THIS CARD.



NEVADA STATE BOARD
OF MEDICAL EXAMINERS

9600 Gateway Drive, Reno,
Nevada 89521

This certifies that:

Malcolm David PAUL, M.D. holds Active status
Medical Doctor licensure in the state of Nevada in
accordance with Nevada Revised Statutes Chapter 630.

License No: 21553 Effective: 9/28/2021

Expires: 6/30/2023

Malcolm David Paul
Licensee Signature

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP1056096	03-31-2025	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3.3N,4,5	PRACTITIONER	12-27-2021
PAUL, MALCOLM SMITH PLASTIC SURGERY 7650 W. SAHARA AVE LAS VEGAS, NV 89117-0000		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable \$200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: MALCOLM Middle: DAVID Last: PAUL
 Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☒ M ☐ F ☐ X
 Home Address: PARADISE COURT
 City: LAS VEGAS State: NV Zip: 89109
 Telephone: [REDACTED] Email: [REDACTED]
 Degree: M.D. Practitioner License #: 21553 Specialty: PLASTIC SURGERY
 (You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): SMITH SURGERY CENTER
 Practice Address: 7650 W. SAHARA AVE. Suite #: _____
 City: LAS VEGAS State: NV Zip: 89117
 Telephone: (702) 838-2455 Fax: (702) 838-7055 Email: INFO@SMITHSURGERY.COM

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		<input checked="" type="checkbox"/>
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		<input checked="" type="checkbox"/>
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		<input checked="" type="checkbox"/>

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		<input checked="" type="checkbox"/>
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		<input checked="" type="checkbox"/>

114363
12/13

Section 5: Personal and Professional History		Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?			<input checked="" type="checkbox"/>
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?			<input checked="" type="checkbox"/>
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?			<input checked="" type="checkbox"/>
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?			<input checked="" type="checkbox"/>
If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.			
Board Administrative Action:	State:	Date:	Case #:
Criminal Action:	State:	Date:	Case #:
		County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Malcolm Paul
 Print Name (First, Last)

[Signature]
 Original Signature (electronic, copies or stamps not accepted)

12/7/21
 Date

12/7/21
 Date

Board Use Only: Date Processed: _____ Amount: \$200 CC

Malcolm David Paul

License Number:	21553
License Type:	Medical Doctor
License Status:	Active
Initial License Date:	Sep-28-2021
Expiration Date:	Jun-30-2023
Public Address:	7650 W Sahara Ave.
Public City:	Las Vegas
Public State:	Nevada
Public ZIP Code:	89117
Public Country:	United States
Public Phone Number:	(702) 863-7891

Specialties

Specialty
Surgery,Plastic

Education History

Institution	Degree/Certificate	Date Enrolled	Date To
University of Maryland School of Medicine	Medical Doctor Degree	Aug-01-1965	Jul-01-1969

Postgraduate Training

Institution	Program Type	Specialty Type	Start Date	End Date
Mount Sinai Hospital	Internship/Residency	Surgery,General	Jul-01-1969	Jun-30-1971
George Washington University Program	Residency	Surgery,General	Jul-01-1971	Jun-30-1973
George Washington University Program	Fellowship	Surgery,Plastic	Jul-01-1973	Jun-30-1975

Board Actions

Summary

Attachments

None.

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Summary

Attachments

None.

Fw: PENDING Controlled Substance Number to Apply/Transfer for DEA

Monitoring Program <pmp@pharmacy.nv.gov>

Thu 9/29/2022 9:56 AM

To: Shannan Johns <Sjohns@pharmacy.nv.gov>

194 Rx

98 patients

Thank you,

Nevada Prescription Monitoring Program
775-687-5694

22-479-S

This information is provided as a courtesy on behalf of the Nevada Prescription Monitoring Program. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission. Thank you.

From: Monitoring Program <pmp@pharmacy.nv.gov>

Sent: Monday, February 14, 2022 11:15 AM

To: Candy Nally <cnally@pharmacy.nv.gov>

Subject: Re: PENDING Controlled Substance Number to Apply/Transfer for DEA

PMP NOT ready

Thank you,

Nevada Prescription Monitoring Program
775-687-5694

This information is provided as a courtesy on behalf of the Nevada Prescription Monitoring Program. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Candy Nally <cnally@pharmacy.nv.gov>

Sent: Monday, February 14, 2022 7:10 AM

To: Monitoring Program <pmp@pharmacy.nv.gov>

Subject: FW: PENDING Controlled Substance Number to Apply/Transfer for DEA

From: Malcolm Paul M.D. <mpaulmd@hotmail.com>

Sent: Sunday, February 13, 2022 3:21 PM

To: Candy Nally <cnally@pharmacy.nv.gov>

Subject: Re: PENDING Controlled Substance Number to Apply/Transfer for DEA

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Candy,

I was unable to go to: nevada.pmpaware.net

The site could not be opened on my computer.

Please advise

thank you,

Malcolm D. Paul, M.D., FACS

Clinical Professor of Surgery

Department of Plastic Surgery

University of California, Irvine

1401 Avocado Ave., Suite 810

Newport Beach, CA 92660

Office Phone: (949) 760-5047

Office Fax: (949) 706-7880

Mobile: [REDACTED]

The information contained in this email may be confidential and/or legally privileged. It has been sent for the sole use of the intended recipient(s). If the reader of this message is not an intended recipient, you are hereby notified that any unauthorized review, use, disclosure, dissemination, distribution, or copying of this communication, or any of its contents, is strictly prohibited. If you have received this communication in error, please contact the sender by reply email and destroy all copies of the original message

From: Candy Nally <cnally@pharmacy.nv.gov>

Sent: Monday, December 13, 2021 12:17 PM

To: [REDACTED]

Cc: Zavestoski, Jennifer N. <Jennifer.N.Zavestoski2@dea.gov>; Mark I. Sedar <msedar@pharmacy.nv.gov>

Subject: PENDING Controlled Substance Number to Apply/Transfer for DEA

Name: Malcolm Paul, MD

Follow each step below IN ORDER to ensure successful processing of your application.

Step 1: Your PENDING CS registration number is: 114363

Expiration Date: 10/31/2022

You will receive your ACTUAL CS registration number after you complete Steps 2 and 3 below.

Step 2: Obtaining your Drug Enforcement Administration (DEA) number

- A. Complete the on-line DEA application at deadiversion.usdoj.gov. If you already have a DEA number from another state, and you want to transfer that DEA number to Nevada, you will need to complete "Make changes to my DEA registration". (*NOTE: You must have your PENDING CS registration number to complete the DEA application or the Registration Change Requests form.)
- B. Once you complete the DEA application or the Registration Change Requests form, you will receive your DEA certificate in the mail. You **MUST** email (cnally@pharmacy.nv.gov) a copy of your Nevada DEA certificate to the Nevada State Board of Pharmacy. Once you email a copy of your Nevada

DEA certificate to the Nevada State Board of Pharmacy, proceed to Step 3 to apply for your PMP account.

Step 3: Nevada Prescription Monitoring Program (PMP) account
(VETERINARIANS ARE EXEMPT FROM THIS STEP)

- A. Go to nevada.pmpaware.net and complete the on-line PMP application: **YOU WILL USE YOUR PENDING CS NUMBER TO APPLY FOR THE PMP ONCE YOU HAVE RECEIVED YOUR DEA.**
- B. Click "Create an Account" and follow the instructions.

YOU ARE NOT AUTHORIZED TO PRESCRIBE CONTROLLED SUBSTANCES UNTIL WE HAVE A COPY OF YOUR DEA, YOU HAVE REGISTERED WITH THE PMP AND HAVE RECEIVED YOUR PERMANENT CONTROLLED SUBSTANCE CERTIFICATE OF REGISTRATION. THE PENDING NUMBER CANNOT BE USED FOR CREDENTIALING PURPOSES.

Thanks,

Candy M. Nally
Licensing Specialist
Nevada State Board of Pharmacy
cnally@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

EXHIBIT 2

Case No. 22-479-CS-S

Malcolm Paul, M.D.

05/30/2023 11:41AM 7027962980

PAGE 02/02

RX# 2501493

Rx Image

Message ID: MID13766TID1NEWRX20482

Patient: [REDACTED]

Address: [REDACTED] Pinehurst dr Las Vegas NV 89109

DOB: [REDACTED] Gender: F MRN: 21966

Phone: [REDACTED] (PRIMARY)

DAW: NO PRODUCT SELECTION INDICATED

DAW Reason:

Prescribed Drug:

Percocet 10 mg-325 mg tablet

Prescribed NPC: 63481-0629-70

Strength: 10-325

Qty: 40.0

Form:

Unit: Tablet

Days Supply: 7.0

Refills Auth: 0

DEA Schedule: C-II

Digital Signature: Y

Diagnosis Codes:

1 tab po q 4-6 hours prn pain q89.28 z41.1

Prior Auth:

Start Date: 12-30-2021

Written Date: 12-30-2021

Received Date: 12-30-2021

Received Time: 10:00 AM

Sent Date: 12-30-2021

Sent Time: 10:00 AM

Expiry Date:

Delivery Due:

Message:

Authorizing Agent:

Prescriber: Malcolm Paul

Address: 7650 W. Sahara Avenue Las Vegas NV 89117

Phone: 702-838-2455

Phone: 702-838-7055 (PRIMARY)

DEA: AP6532988

NPI

1124108253 (FAX)

Supervising Prescriber:

Address: [REDACTED]

Phone: [REDACTED]

Phone: [REDACTED]

Electronically Signed by: Malcolm Paul

From ID: 6453085493007

Rx electronically transmitted to:

Sav-On Pharmacy #662

2885 East Desert Inn Road Las Vegas NV 89121

2982242



AG1000074842

Time

User

Image Note



Audit / Board of Pharmacy Inspection Report

Rx #: 2880260-3

Store #: 5369

Sold Date: 01/03/2022

Prescription Image Side 1

12/30/2021		eRx
DO NOT DISPENSE BEFORE: 12/30/2021		
Patient		
J [REDACTED] E [REDACTED]	Ph: [REDACTED]	
[REDACTED] Gender: F		
[REDACTED] harbor ave LAS VEGAS, NV, 89002		
Prescriber		
MALCOLM PAUL		F: 702-838-7055 Ph: 702-838-2455
7650 W. Sahara Avenue Las Vegas, NV, 89117		
NPI: 1124108253 DEA:AP6532988		
Rx		
Percocet 7.5 mg-325 mg tablet		
1 Tab PO Q 4-6 Hours PRN Pain x7d Dx: G89.28, Z41.1		
#10 Tablet(s)	7 days supply	
Refills: 0		
Substitution Allowed		
Page 1 of 3		

Prescription Image Side 2

eRx Sent to Store: 5369 NCPDP ID: 2976655		Sent Time: 12/30/21 09:32:00 PST
1500 S BOULDER HWY HENDERSON, NV 890158506		Message ID: MID13766TID1NEWRX20479
		Prescriber Order Number: 20479RX21299
Page 2 of 3		

Prescription Image Side 3

Patient Third Party Info

Plan1: OPTUMRX COMMERCIAL

PCN: 9999

Recipient ID: 17002878000

Group: UNEVADA

Cardholder: J [REDACTED] E [REDACTED]

Additional Prescriber Info

Clinic Name: Smith Plastic Surgery

Page 3 of 3



Audit / Board of Pharmacy Inspection Report

Rx #: 2880260-3

Store #: 5369

Sold Date: 01/03/2022

Annotations

1. "12/30/2021 09:32:12 AM

Digital Signature Received." - by SYSTEM on 12/30/2021 09:32:12 at 5369

Prescription Information

All times are Central Standard Time except DUR comments which is local time

Patient Name: J [REDACTED] E [REDACTED] Address: [REDACTED] HARBOR AVE [REDACTED] HENDERSON, NV. 89002 [REDACTED] Date of Birth: [REDACTED] Allergies/Health Conditions: No known allergies.	DUR DUR Type: NO DUR IDENTIFIED DUR Description: DUR Severity: DUR Overridden: DUR Overridden completed by: DUR Comment:
Drug Drug: OXYCODONE/ACETAMINOPHN 7.5 MFG: MALLINCKRODT NDC: 00406-0522-01 Generic for: PERCOCET 7.5/325 MG TABLETS Drug Class: C2 Directions: TK 1 T PO Q 4 TO 6 H PRF PAIN FOR 7 DAYS. Qty: 10 Days Supply: 7 Original Date: 12/30/2021 00:00 Refills remaining when entered: 0	
Prescriber Name: MALCOLM PAUL DEA #: AP6532988 Address: 1401 AVOCADO AVE NEWPORT BEACH, CA. 92660-8708 (949) 760-5047	
Fill History Scanned by Escribe on 12/30/2021 11:32:16 at 5369 Pat selected by Escribe on 12/30/2021 11:32:16 at 5369 Pbr selected by L. OCONNOR on 12/30/2021 11:35:50 at 5369 Entered by R. L. RALPH on 12/30/2021 13:16:57 at 5369 Pat/Pbr rev by R. L. RALPH on 12/30/2021 12:00:20 at 2445 Data Prod rev by R. L. RALPH on 12/30/2021 12:00:20 at 2445 Filled by L. A. OCONNOR on 12/30/2021 15:19:41 at 5369 Prod rev by M. M. TRINH on 12/30/2021 15:42:36 at 5369 Sold Date: 01/03/2022 15:34:36 RPH of Record: M. M. TRINH	
Consultation Consultation Required: Y Consultation Type: SYSTEM GENERATED Initiating Comments: 12/30/21; 01:17 PM; In order to comply with state regulations, all new and copy prescriptions are blocked for patient consultation in this state. Resolution RPh: M.M. TRINH on 01/03/22; 03:33 PM at store#5369 Comments: 01/03/22; 03:33 PM; MMT; Consultation Completed:	



Audit / Board of Pharmacy Inspection Report

Rx #: 533498-1

Store #: 6167

Sold Date: 01/03/2022

Prescription Image Side 1

01/03/2022	eRx
DO NOT DISPENSE BEFORE: 01/03/2022	
Patient	
L [REDACTED] I [REDACTED]	Ph: [REDACTED]
[REDACTED] Gender: F	
[REDACTED] pinehurst dr Las Vegas, NV, 89109	
Prescriber	
MALCOLM PAUL	F: 702-838-7055 Ph: 702-838-2455
7650 W. Sahara Avenue Las Vegas, NV, 89117	
NPI: 1124108253 DEA:AP6532988	
Rx	
Dilaudid 4 mg tablet	
take 1 tablet q4-6h prn pain X4d, DX: Z41.1, G89.28	
#24 Tablet(s)	4 days supply
Refills: 0	
Substitution Allowed	

Page 1 of 3

Prescription Image Side 2

eRx Sent to Store: 6167 NCPDP ID: 2979497	Sent Time: 01/03/22 15:00:00 PST
3025 LAS VEGAS BLVD S LAS VEGAS, NV 891091901	
Message ID: MID13766TID1NEWRX20531	
Prescriber Order Number: 20531RX21357	

Page 2 of 3

Prescription Image Side 3

Additional Prescriber Info

Clinic Name: Smith Plastic Surgery

Page 3 of 3



Audit / Board of Pharmacy Inspection Report

Rx #: 533498-1

Store #: 6167

Sold Date: 01/03/2022

Annotations

1. "01/03/2022 03:00:25 PM

Digital Signature Received." - by SYSTEM on 01/03/2022 15:00:25 at 6167

Prescription Information

All times are Central Standard Time except DUR comments which is local time

Patient Name: L [REDACTED] I [REDACTED] Address: [REDACTED] PINEHURST DR LAS VEGAS, NV. 89109 [REDACTED] Date of Birth: [REDACTED] Allergies/Health Conditions: Penicillins	DUR DUR Type: NO DUR IDENTIFIED DUR Description: DUR Severity: DUR Overridden: DUR Overridden completed by: DUR Comment:
Drug Drug: HYDROMORPHONE 4MG TABLETS MFG: MALLINCKRODT NDC: 00406-3244-01 Generic for: DILAUDID 4MG TABLETS Drug Class: C2 Directions: TK 1 T PO Q 4 TO 6 H PRN P Qty: 24 Days Supply: 4 Original Date: 01/03/2022 00:00 Refills remaining when entered: 0	
Prescriber Name: MALCOLM PAUL DEA #: AP6532988 Address: 1401 AVOCADO AVE NEWPORT BEACH, CA. 92660-8708 (949) 760-5047	
Fill History Scanning overridden. Pat selected by D. THOMPSON on 01/03/2022 17:03:00 at 6167 Pbr selected by D. THOMPSON on 01/03/2022 17:03:00 at 6167 Entered by D. R. THOMPSON on 01/03/2022 17:03:37 at 6167 Pat/Pbr rev by D. R. THOMPSON on 01/03/2022 17:07:19 at 6167 Data Prod rev by D. R. THOMPSON on 01/03/2022 17:07:19 at 6167 Filled by D. R. THOMPSON on 01/03/2022 17:14:14 at 6167 Prod rev by D. R. THOMPSON on 01/03/2022 17:16:11 at 6167 Sold Date: 01/03/2022 18:46:45 RPH of Record: D. R. THOMPSON	
Consultation Consultation Required: Y Consultation Type: SYSTEM GENERATED Initiating Comments: 01/03/22; 05:03 PM; In order to comply with state regulations, all new and copy prescriptions are blocked for patient consultation in this state. Resolution RPh: D.R. THOMPSON on 01/03/22; 06:45 PM at	

store#6167

Comments: 01/03/22; 06:45 PM;DRT;Consultation
Completed:

EXHIBIT 3

Case No. 22-479-CS-S

Malcolm Paul, M.D.

[Registration](#) [Roles](#) [Users](#) [Tile Layout Views](#)

Advanced Options

PERSONAL DEA NUMBER fp1056096 

Search

No Users found.

Address Card

EXHIBIT 4

Case No. 22-479-CS-S

Malcolm Paul, M.D.

Attorney Timesheet for Peter Keegan and Courtney Lee

MALCOLM PAUL, M.D. - CASE NO. 22-479-CS-S

DATE	TIME
-------------	-------------

December 14, 2022	1.1
--------------------------	------------

Courtney Lee - reviewed investigative file with Executive Secretary David Wuest and Deputy Executive Secretary Yen Long; legal research; discuss investigation with Board staff including Investigator Dena McClish, determined to proceed with drafting cease and desist and citation and fine.

December 15, 2022	0.5
--------------------------	------------

Courtney Lee – Draft Cease & Desist and Citation & Fine submit for review and Executive Secretary signature.

December 27, 2022	0.6
--------------------------	------------

Peter Keegan – Assume responsibility for case, review investigation and citation and fine as well as Respondent’s notice of appeal. Emails and telephone conference with Dr. Malcolm Paul.

March 13, 2023	1.0
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Peter Keegan – Prepare Statement to the Respondent and Notice of Hearing submit for Executive Secretary review and signature.

March 20, 2023	0.3
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Peter Keegan – Telephone conference with Dr. Malcolm Paul regarding options for hearing and resolution, confirm continuance of hearing until Board’s June 14, 2023 meeting in Las Vegas.

May 26, 2023	1.6
---------------------	------------

Peter Keegan – Review of case and investigation file, emails to licensing staff and investigator. Prepare exhibits for hearing and timesheets. Discuss matter with Deputy Executive Secretary.

June 13, 2023	0.9
----------------------	------------

Peter Keegan – Prepare to prosecute appeal of citation and fine in Case No. 22-479-CS-S.

June 14, 2023	1.0
----------------------	------------

Peter Keegan – Prosecute appeal of citation and fine in Case No. 22-479-CS-S.

TOTAL 7 hours x \$59.97/hour = \$419.79

Timesheet for Kristopher Mangosing –

Malcolm Paul Case No. 22-479

DATE	TIME
------	------

3/14/2023	0.25
-----------	------

Prepared 21 day notice for mailing.

5/12/2023	0.25
-----------	------

Prepared 21 day notice for mailing.

5/23/2023	0.25
-----------	------

Prepared documents for Board Book

TOTAL POSTAGE \$8.10 X 2 = 16.20

TOTAL 0.75 hours x \$34.86/hour = \$26.15

TOTAL \$42.35

Timesheet for Darlene Nases –

Malcolm Paul - CASE NO. 22-479-S

DATE	TIME	
12/20/2022	0.25	Certified and mailed out Cease & Desist/Citation
		Certified Mailing Cost: \$7.82
3/14/2023	0.25	Certified and mailed out 233B Statement
		Certified Mailing Cost: \$9.00

- **TOTAL .50 hours x \$34.86/hour = \$17.43**
- **Total Expenses for Certified Mailings: \$16.82**

TOTAL TIME & COST SUMMARY

Case No. 22-479-CS-S – Malcolm Paul, M.D.

Attorneys Courtney Lee & Peter Keegan – 7 hours @\$59.97/hr = **\$419.79**

Board Coordinator Kristopher Mangosing – 0.75 @34.86/hr = **\$26.15**

Certified Mailing Postage **\$16.20**

Board Coordinator Darlene Nases – 0.5 hours @34.86/hr = **\$17.43**

Certified Mailing Postage **\$16.82**

Total **\$496.39**

EXHIBIT 1

Case No. 22-063-RPH-S

Michael Burkintas, RPh.



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

Complaint Form

Date: 03/08/2022

Complainant Name: Desert View Hospital

Address: 360 S. Lola Lane City, State, Zip: Pahrump, NV 89048

Telephone Numbers: Home N/A Business 775-751-7500

Patient Name: N/A Date of Birth: N/A

Physician Name: N/A Telephone Number: N/A

Address: N/A City, State, Zip: _____

Drug Prescribed: N/A Prescription Number: N/A

Pharmacy Name & Address: Desert View Hospital Pharmacy - See above

Pharmacist/Staff: Michael Burkintas - License #15419

STATEMENT OF COMPLAINT: Type or neatly print your complaint below. Be as concise as possible. Use reverse side if necessary. Make copies and attach any documents you have which support your allegation(s). After completing your statement of complaint, please sign and date it. **The Board does not have jurisdiction over complaints involving rudeness, customer service and/or pricing/billing disputes.**

As a result of an audit being performed in Desert View Hospital Pharmacy, Pharmacist Michael Burkintas was asked to submit to a random drug and alcohol screening on 2/18/2022. Michael's test came back positive for Amphetamines. The Medical Review Officer from the reference lab contacted Michael on 03/01/22 to discuss any possible medications he was prescribed that could have resulted in a positive test. Based on Michael's responses, the MRO determined that there was no medical reason for the positive result and released the final result to the Hospital. (Please see the final drug screening result attached). Based on the positive result and the Hospital's strict zero tolerance drug policy - employment was immediately separated.

Please understand that by signing and submitting this form to the Board of Pharmacy, you are authorizing and allowing this Board's staff to access your medical history and records, including pharmacy records, as needed to investigate your complaint. If you would like to limit what the Board's staff can review, you must inform us of those limitations in writing.

Posted 4/22/2021
NVBOP - 002

Name	License#	City	State	Country	Disc
	15419	PAHRUMP	NV	United States	None

ne :	Burkintas	First Name :	Michael
ity :	PAHRUMP	State :	NV
Zip :	89048	Status :	Active
ate :	09/04/2001	Type :	Pharmacist
er :	15419	Discipline :	None
ate :	10/31/2023		

Total Compliance Network

5646 West Atlantic Boulevard * Margate, FL 33063 * Telephone (954) 677-1200 * Fax (954) 677-1201

Medical Review Officer Determination / Verification Report

DESERT VIEW REG MED CENTER
360 S. LOLAN LANE
PAHRUMP, NV 89048
ATTN: QIS 2 System

Donor Name: MICHAEL BURKINTAS
Specimen Id: 510302364840481
Donor Id: 276761
Location:
Date Collected: 2/18/2022
Reason or Type Of Test: Other

FINAL DETERMINATION: Positive

Positive For: Amphetamines
Additional Comments:

Contact made: [3/1/2022] No medical reason.

The results for the identified person are in accordance with the applicable screening and confirmation cut-off levels established by Federal SAMHSA, NIDA, or Florida AHCA mandatory guidelines for Workplace Testing Programs.

Reporting MRO: **SETH PORTNOY, D.O.**

Date Verified: **Mar-01-2022**

Seth Portnoy, D.O.

Total Compliance Network / MRO Service
5646 West Atlantic Boulevard
Margate, FL 33063

Retain this form in the employee qualification file. Include this information in the file each time the employee is tested.

NVBOP - 004

EXHIBIT 2

Case No. 22-063-RPH-S

Michael Burkintas, RPh.

1
2 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**
3

4 **NEVADA STATE BOARD OF PHARMACY,**

CASE NO. 22-063-RPH-S

5 **Petitioner,**

6 **v.**

7 **MICHAEL BURKINTAS, RPH,**
8 **Certificate of Registration No. 15419,**

9 **Respondent.**
10

11 **SUBPOENA**

12 The Nevada State Board of Pharmacy sends greetings to:

13 **Dawn Hahn or Custodian of Records**
14 **Quest Diagnostics**
15 **10101 Renner Blvd**
Lenexa, KS 66219

16 Pursuant to the authority of NRS 639.246(1), **WE COMMAND YOU**, that all singular, business
17 and excuses being set aside; you shall produce and deliver to the Nevada State Board of Pharmacy, the
18 materials as set forth in this Subpoena:
19

20 Properly authenticated and complete copies of any and all testing records for Michael Burkintas,
21 RPH, a former employee of Desert View Hospital located in Pahrump, Nevada, Specimen
22 #510302364840481, Donor ID #276761, date of collection 2/18/2022, including, but not limited to, the
23 total litigation packet, laboratory results, chain of custody, correspondence by and between medical
24 director and Burkintas, test result(s), and any explanatory notes regarding the test result(s).
25

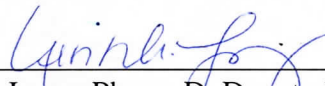
26 Said records shall be forwarded to the Nevada State Board of Pharmacy, Attn: Courtney Lee,
27 General Counsel, 1140 N. Town Center Drive, Suite 300, Las Vegas, NV 89144 or electronically to
28

1 c.lee@pharmacy.nv.gov within ten (10) days from the date of service of this subpoena. Failure to
2 comply and produce said records at the aforesaid time and place may subject you to possible action,
3 including NRS 639.246(5).
4

5 Additionally, compliance with this subpoena is deemed compulsory.

6 Dated this October 20, 2022.

8 NEVADA STATE BOARD OF PHARMACY

9
10 
11 Yen Long, Pharm.D., Deputy Executive Secretary of
12 the Nevada State Board of Pharmacy, for and on behalf
13 of J. David Wuest, R.Ph., Executive Secretary of the
14 Nevada State Board of Pharmacy
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DOCUMENTATION PACKAGE

PROVIDED BY:

**QUEST DIAGNOSTICS INCORPORATED
10101 RENNER BLVD.
LENEXA, KS 66219**

DOCUMENTATION PACKAGE COVER SHEET

Attached is a summary and copies of laboratory documents related to the analysis of Donor ID # **276761**, Specimen ID # **4840481** with Accession Number **692504Z**. The following **123** pages are true and accurate copies of the original documents that were generated during the normal course of business by Quest Diagnostics Incorporated. The original documents were generated at or near the time of each process.

The urine specimen (**692504Z**) screened positive for **Amphetamines** by enzyme immunoassay and confirmed positive for **Amphetamine** by Gas Chromatography/Mass Spectrometry. The validity of the specimen was assessed by creatinine, pH and general oxidant testing was determined to be acceptable. The blood specimen was missing the tamper evident seal and was rejected for testing. Following review of the analytical data and chain of custody documentation, a **Positive** result for **Amphetamine** and **Rejected for Testing: Fatal Flaw, Bottle A label/seal missing** were reported.

Documentation Package Reviewed by:

Kenneth Reine

Printed Name



Signature

Lab Manager

Title

NOV 11 2022

Date

DOCUMENTATION PACKAGE TABLE OF CONTENTS

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GENERAL OVERVIEW OF LABORATORY PROCEDURES

Specimen Receipt

The laboratory acknowledges receipt of the specimen(s), verifies ID, and verifies that there is no evidence of tampering by examining the tamper-evident bag and specimen security seal. The external Custody and Control Form (CCF) is completed and the internal laboratory Chain of Custody (COC) is initiated. All specimen and subsequent aliquot handling is carefully documented via internal COC.

Order Entry/Log-In

Client account number, specimen identification number, donor identification and testing information are logged into the specimen tracking computer system. A unique accession number is assigned to the specimen and an accession barcode label is affixed to the specimen container and accompanying Custody and Control Form.

Aliquot for Screening Test

The specimen container is opened (breaking the seal) and a small portion of the sample is removed for the initial screening tests. Aliquots may be taken by manual or automated (CV-2000) methods. The aliquot is transferred to the testing laboratory and the original specimen is placed in temporary secured storage. The handling of the specimen and the aliquot is documented on internal chain of custody forms.

Drugs of Abuse Screening Test

The initial screening test for drugs of abuse is conducted using enzyme immunoassay procedures on Beckman chemistry analyzers. A specimen is considered negative if the response for a given analyte is below that of the cutoff standard. If the response is equal to or greater than the cutoff standard, the specimen is scheduled for confirmation testing.

Specimen Validity Tests (*TestSure not ordered*)

In order to assess the validity of each specimen, the laboratory routinely tests each specimen for pH and creatinine concentration. Specific gravity testing is performed on all specimens that have a creatinine concentration that is less than 20 mg/dL. If specimen adulteration or substitution is suspected, the laboratory performs a confirmation test on the specimen. The confirmation test is performed on a second aliquot of the specimen that is obtained from the original specimen container.

Specimen Validity Tests (*TestSure ordered*)

In order to assess the validity of each specimen, the laboratory routinely tests each specimen for pH, creatinine concentration and general oxidants. Specific gravity testing is performed on all specimens that have a creatinine concentration that is less than 20 mg/dL. If specimen adulteration or substitution is suspected, the laboratory performs a confirmation test on the specimen. The confirmation test is performed on a second aliquot that is obtained from the original specimen container.

Verification

The specimen identification number on the tamper evident seal is inspected a second time and verified as accurate.

Confirmation Test for Drugs of Abuse

If the initial test result is positive, a second aliquot, obtained from the original specimen container, is tested by Gas Chromatography/Mass Spectrometry (GC/MS). A concentration less than that of the client specific cutoff for a given analyte is reported as negative. A concentration equal to or greater than that of the client specific cutoff is considered to be positive.

Certification

All data goes through a two-tier review process: initial review and certification. During the initial review process, the analyst reviews all analytical data. During the certification review process, a certifying scientist reviews all analytical data and evaluates all documentation for acceptability and adherence to laboratory standard operating procedures.

Quality Assurance/ Quality Control

A comprehensive quality assurance/quality control program is used to ensure the quality of all test results. The program addresses all aspects of testing, method performance, quality of reagents and standards, specimen handling and documentation, automation, and procedural consistency. A minimum of 10% open controls and 1% blind controls are included in all testing processes.

Reporting

The drug test result is transmitted in a confidential manner directly to the individual responsible for the interpretation of the report.

Confidentiality and Security

The laboratory is a secure facility and is protected by numerous physical and electronic security systems. Specimens are maintained in a secured limited access area, separate from the testing laboratory. Tests are never conducted directly on the original specimen, but on aliquots that are obtained from the original specimen. Internal laboratory accession numbers are assigned to the specimens to ensure anonymity during the testing process. The computer system used is designed to require security clearances for use by authorized staff. The system is designed to ensure the confidentiality of a donor's data at all phases and precautions are taken to prevent any tampering with the specimen, data, or result.

CUSTODY AND CONTROL FORMS

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

6925042

Quest Diagnostics
18181 Renner Blvd
Lenexa, KS 66219

51030236 4840481 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.
RESORT VETER HOSPITALB. MRO Name, Address, Phone and Fax No. 1P48 1P
5274 PATTISON RD3601 S. DICK LN
PARKVIEW MO 64042
PH 775-751-7500

FAX 775-751-7500

2525 WEST ATLANTIC BLVD
DARGATE MO 64002
PH 854-077-1200 FAX 854-077-1200

C. Donor SSN or Employee I.D. No.

276761

D. Donor Name: Last: BURKINTAS

First: MICHAEL

E. Donor ID Verified:

☒ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (8) ☐ Follow-up (23) ☐ Other (specify) (99)

G. Drug Tests to be Performed:

☒ 5-AMMP 10-AM 2000 MARI☐ 4-AMMP 4-AMMP 4-AMMP

H. Collection Site Name:

3601 S. DICK LN

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No. 775-751-7500

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No. Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

Transfer the specimen from the collector to the laboratory as indicated in the transportation section on Page 1 of this form and complete the following steps in accordance with applicable requirements.

X *[Signature]*
Signature of Collector
(Print Collector's Name (First, M, Last))Time of Collection
2:18 PM
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

☒

UP TO INTERNAL CHAIN OF CUSTODY

Signature of Accessioner

FFB 22 2002

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes☐ No, Enter Remark:

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X *[Signature]*
Signature of Donor

MICHAEL BURKINTAS

2/18/02
Date (Mo./Day/Yr.)

Daytime Phone No.:

Evening Phone No.:

Date of Birth:

Mo. Day Yr.

Photocopied CCF:


Original wet
upon receipt


Accessioning Trouble Log A

7


Specimen ID # (Number From CCF)		Accession #	
4840481			
FATAL FLAWS UNRECOVERABLE PROBLEMS "Do not aliquot" "Transfer to Exceptions Bin"			
FQNS3		QNS-Specimen volume in primary bottle (Bottle A) < 20 mL— Insufficient Amount Collected Regulated ONLY— Reject the specimen for testing if it cannot be redesignated.	
FQNS4		Leaked in Transit <u>and</u> QNS-Specimen volume in primary bottle (Bottle A) < 20 mL Regulated ONLY— Reject the specimen for testing if it cannot be redesignated.	
FNOR2		No CCF-Specimen received without a CCF: Regulated and SAP— Reject the specimen for testing.	Seals Received Intact: Yes No
FNOS2		No Specimen -CCF received without a specimen: Regulated and SAP—Reject for testing.	
FQIDMM, FQID		Mismatch CCF and Bottle-Specimen ID on CCF does not match bottles: Regulated and SAP—Reject the specimen for testing. Bottle ID	
FQIDMM, FQIDAB		Bottle A and B ID mismatch-Specimen ID on A and B bottle do not match: Regulated and Sap—Reject for testing. Bottle A ID Bottle B ID	
FQIDN		Bottle ID missing -Specimen identification not present on bottle: Regulated — Reject for testing for EITHER A or B missing bottle SAP— Reject the specimen for testing if it cannot be redesignated	
FQIDMM, FIDI2		Bottle ID illegible-Specimen identification is illegible on specimen bottle: Regulated— Reject for testing for EITHER A or B bottle has illegible ID SAP— Reject the specimen for testing if it cannot be redesignated	
FTSC2		Two collections performed on one CCF: Regulated and SAP — Reject for testing.	
FMSS9	X	Specimen bottle has no seal: Regulated* and SAP — Reject for testing if specimen cannot be redesignated *Bottle must contain specimen ID to redesignate regulated	
FMSS10		Specimen bottle seal misapplied: Regulated and SAP — Reject the specimen for testing if it cannot be redesignated	
FMSS5		Specimen bottle has broken/torn seal: Regulated and SAP— Reject the specimen for testing if it cannot be redesignated.	
FMSS6		Specimen bottle seal shows evidence of tampering: Regulated and SAP— Reject the specimen for testing if it cannot be redesignated.	
FNAMC (SAP Only)		Donor name and signature do not match:	
FCOL2		No Collector's Signature AND no printed name on CCF: Regulated and SAP -Reject specimen for testing	
FICOL (SAP Only)		Improper Collection	
FMSS3		Hair Improperly sealed. (Hair only)	
FQNSH (Hair/Oral F)		QNS- Insufficient specimen quantity	
TNP/FFF		Fatal flaw that affects the forensic defensibility (e.g. Altered Sp ID, wrong seals on regulated eCCF). (add comments below to clarify if needed)	

Comments (If needed): BLOOD OK to process 8500 no seal on blood

DATE	Released By Signature/Printed Name	Received By Signature/Printed Name	Purpose of Chain of Custody
FEB 22 2022	 ALEXUS MARCILLE	EXCEPTIONS BIN	Temporary Storage

ACTION COMPLETED	SIGNATURE	NAME	DATE
Specimen bottle(s) removed from Exception Bin for TIQ investigation. [] Fatal flaw identified, Flexi-log and specimen(s) placed in temp storage. [X] Non-fatal flaw identified, specimen(s) placed in temp storage.		SERRA GARDNER	FEB 23 2022

If Needed

Specimen bottle(s) removed from Temp Storage for Flexi-log		NAOMI BETTS	2/23/22
--	---	-------------	---------

INITIAL TEST INFORMATION

INITIAL TEST DESCRIPTION

Initial testing for drugs of abuse is performed on the Beckman chemistry analyzer by enzyme immunoassay. The cutoff for each drug of abuse assay is assigned a value of 1.000 based on the response of a calibrator that contains drug at the cutoff concentration of the assay. If a donor specimen has a response that is less than 1.000, the specimen is determined to be negative for the specific test. If a donor specimen has a response that is greater than or equal to 1.000, the specimen is determined to be positive for the specific test and requires additional confirmation testing. Each batch contains both negative and positive quality control samples along with one blind quality control sample that is inserted into the batch in a random position.

Testsure example:

Initial testing for specimen validity is performed by a colorimetric method on the Beckman chemistry analyzer. The specimen is evaluated for pH, creatinine concentration and the presence of general oxidants. All specimens with a pH value of <4.5 or ≥ 9.0 are subject to a second pH test on a pH meter. All specimens with a creatinine concentration of < 20 mg/dL are subject to specific gravity testing and if applicable, further confirmation testing. All specimens with an abnormal general oxidant response are subject to confirmation testing. Each batch contains quality control samples with target values that are at or near the critical decision points of each specimen validity test.

Non-Testsure example:

Initial testing for specimen validity is performed by a colorimetric method on the Beckman chemistry analyzer. The specimen is evaluated for pH and creatinine concentration. All specimens with a pH value of <4.5 or ≥ 9.0 are subject to a second pH test on a pH meter. All specimens with a creatinine concentration of < 20 mg/dL are subject to specific gravity testing and if applicable, further confirmation testing. Each batch contains quality control samples with target values that are at or near the critical decision points of each specimen validity test.

PULL LIST FOR WORKLIST(S) TXNSAP3

PAGE 1

02/24/2022

CHAIN OF CUSTODY LOG

DATE	RELEASED BY	RECEIVED BY	PURPOSE
02/24/2022	Sign. <u>[Signature]</u> Name Temporary Storage	Sign. <u>[Signature]</u> Name LIN, LILY	TRANSFER
FEB 24 2022	Sign. <u>[Signature]</u> Name LILY LIN	Sign. <u>[Signature]</u> Name PROCESSING TS	TEMP STORAGE
FEB 24 2022	Sign. <u>[Signature]</u> Name PROCESSING TS	Sign. <u>[Signature]</u> Name SHALEAH VOLKMAN	ALIQUOTTING
FEB 24 2022	Sign. <u>[Signature]</u> Name SHALEAH VOLKMAN	Sign. <u>[Signature]</u> Name PROCESSING TS	TEMP STORAGE
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	

WORKLIST : TXNSAP3

691255Z	[REDACTED]	27258N	G036553/A/1	Split Rec'd
691384Z	[REDACTED]	66405N	G036553/A/10	Split Rec'd
691218Z	[REDACTED]	35190N	G036553/A/2	Split Rec'd
691203Z	[REDACTED]	65105N	G036553/A/3	Split Rec'd
691240Z	[REDACTED]	34061N	G036553/A/4	Split Rec'd
691286Z	[REDACTED]	27215N	G036553/A/5	Split Rec'd
691309Z	[REDACTED]	35190N	G036553/A/6	Split Rec'd
691355Z	[REDACTED]	35105N	G036553/A/7	Split Rec'd
691341Z	[REDACTED]	45105N	G036553/A/8	Split Rec'd
691276Z	[REDACTED]	65190N	G036553/A/9	Split Rec'd
691323Z	[REDACTED]	27215N	G036553/B/1	Split Rec'd
691130Z	[REDACTED]	27258N	G036553/B/10	Split Rec'd

PULL LIST FOR WORKLIST(S) TXNSAP3

PAGE 9

02/24/2022

WORKLIST : TXNSAP3

ACCESSION =====	PARTICIPANT =====	UNIT CODE =====	STORAGE BOX/ROW/COL =====
691331Z	[REDACTED]	34647N	G036553/B/2 Split Rec'd
690968Z	[REDACTED]	65105N	G036553/B/3 Split Rec'd
691190Z	[REDACTED]	65105N	G036553/B/4 Split Rec'd
691173Z	[REDACTED]	27215N	G036553/B/5 Split Rec'd
691168Z	[REDACTED]	65105N	G036553/B/6 Split Rec'd
691158Z	[REDACTED]	65105N	G036553/B/7 Split Rec'd
691148Z	[REDACTED]	65105N	G036553/B/8 Split Rec'd
691141Z	[REDACTED]	65105N	G036553/B/9 Split Rec'd
691121Z	[REDACTED]	65105N	G036553/C/1 Split Rec'd
691064Z	[REDACTED]	27420N	G036553/C/10 Split Rec'd
690929Z	[REDACTED]	6405N	G036553/C/2 Split Rec'd
690959Z	[REDACTED]	35105N	G036553/C/3 Split Rec'd
691011Z	[REDACTED]	65105N	G036553/C/4 Split Rec'd

690999Z	[REDACTED]	65105N	G036553/C/5	Split Rec'd
691019Z	[REDACTED]	29188N	G036553/C/6	Split Rec'd
691030Z	[REDACTED]	31920N	G036553/C/7	Split Rec'd
691038Z	[REDACTED]	65105N	G036553/C/8	Split Rec'd
691050Z	[REDACTED]	27119N	G036553/C/9	Split Rec'd
691084Z	[REDACTED]	27119N	G036553/D/1	Split Rec'd
691267Z	[REDACTED]	35105N	G036553/D/10	
691097Z	[REDACTED]	27258N	G036553/D/2	Split Rec'd
690985Z	[REDACTED]	6405N	G036553/D/3	
691071Z	[REDACTED]	35190N	G036553/D/4	
691105Z	[REDACTED]	27800N	G036553/D/5	
691113Z	[REDACTED]	32720N	G036553/D/6	
691184Z	[REDACTED]	31521N	G036553/D/7	

PULL LIST FOR WORKLIST(S) TXNSAP3

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02/24/2022

WORKLIST : TXNSAP3

ACCESSION =====	PARTICIPANT =====	UNIT CODE =====	STORAGE BOX/ROW/COL =====
690978Z	[REDACTED]	65186N	G036553/D/8
690914Z	[REDACTED]	35765N	G036553/D/9
690864Z	[REDACTED]	46633N	G036553/E/1
690923Z	[REDACTED]	35765N	G036553/E/10 Split Rec'd
691349Z	[REDACTED]	27913N	G036553/E/2
691375Z	[REDACTED]	35765N	G036553/E/3
691366Z	[REDACTED]	36663N	G036553/E/4
690898Z	[REDACTED]	27119N	G036553/E/5
692504Z	276761	35190N	G036553/E/6
692495Z	[REDACTED]	35190N	G036553/E/7
692342Z	[REDACTED]	26921N	G036553/E/8

692356Z	[REDACTED]	35545N	G036553/E/9
690891Z	[REDACTED]	65105N	G036553/F/1 Split Rec'd
690908Z	[REDACTED]	35105N	G036553/F/2
690868Z	[REDACTED]	35105N	G036553/F/3 Split Rec'd
690876Z	[REDACTED]	27800N	G036553/F/4 Split Rec'd
690885Z	[REDACTED]	27806N	G036553/F/5 Split Rec'd



**C.T./C.S. Calibration/Control
Review Checklist**

ORAL FLUID URINE

Form # 6887
07/16/2013

14

Instrument: 517

Date: FEB 24 2022

The undersigned hereby state that they have reviewed the attached data and found the calibration data to be present and acceptable, and all open controls complete and results interpreted correctly.

C.T./C.S. Signature, Printed Name, Date: MIAMI GROVER FEB 25 2022	C.T./C.S. Signature, Printed Name, Date: KRISTOFER PARKER FEB 27 2022 ✓	C.T./C.S. Signature, Printed Name, Date: KUDAKWASHE MURANDA FEB 24 2022
C.T./C.S. Signature, Printed Name, Date: Jennifer Manios FEB 27 2022	C.T./C.S. Signature, Printed Name, Date: GAVIN SMULL FEB 25 2022	C.T./C.S. Signature, Printed Name, Date: ELIZABETH LARA FEB 26 2022
C.T./C.S. Signature, Printed Name, Date: DONNA MCCAIN FEB 25 2022	C.T./C.S. Signature, Printed Name, Date: JACK RICHARDSON FEB 24 2022	C.T./C.S. Signature, Printed Name, Date: JAMES LIND FEB 25 2022
C.T./C.S. Signature, Printed Name, Date: JONATHAN RAMROSE FEB 25 2022	C.T./C.S. Signature, Printed Name, Date: FREDLIN JOSEPH FEB 24 2022	C.T./C.S. Signature, Printed Name, Date: DECHHEN LAMA FEB 24 2022
C.T./C.S. Signature, Printed Name, Date: LUELL HENDERSON FEB 25 2022	C.T./C.S. Signature, Printed Name, Date: KERRY HARLOW FEB 24 2022	C.T./C.S. Signature, Printed Name, Date: HALEY CALL FEB 24 2022
C.T./C.S. Signature, Printed Name, Date: MEENU THAMAN FEB 25 2022	C.T./C.S. Signature, Printed Name, Date: HOLLY SALEH FEB 24 2022	C.T./C.S. Signature, Printed Name, Date: TODD DAI FEB 24 2022
C.T./C.S. Signature, Printed Name, Date: JESSICA CARROLL FEB 25 2022	C.T./C.S. Signature, Printed Name, Date: ELIAS BESONG FEB 24 2022	C.T./C.S. Signature, Printed Name, Date: ROY ODUOR FEB 24 2022
C.T./C.S. Signature, Printed Name, Date: KARYN SCHLICHT-HUGO FEB 25 2022	C.T./C.S. Signature, Printed Name, Date: KEVIN BRITTON FEB 24 2022	C.T./C.S. Signature, Printed Name, Date: LYNETTE STONE FEB 24 2022
C.T./C.S. Signature, Printed Name, Date: JEPHTAH KENEI FEB 24 2022	C.T./C.S. Signature, Printed Name, Date: OSCAR ONYANGO FEB 24 2022	C.T./C.S. Signature, Printed Name, Date: HAYDEN MANUEL FEB 24 2022
C.T./C.S. Signature, Printed Name, Date: EWURAMA BASSAW FEB 24 2022	C.T./C.S. Signature, Printed Name, Date: SOLOMON NZIOKI FEB 24 2022	C.T./C.S. Signature, Printed Name, Date: SUNSHINE ARTERBURN FEB 24 2022
C.T./C.S. Signature, Printed Name, Date: JOSE KYLES FEB 24 2022	C.T./C.S. Signature, Printed Name, Date: SANDRA MARKHAM FEB 24 2022	C.T./C.S. Signature, Printed Name, Date: ELENITA IRVING FEB 24 2022

NVBOP - 022



C.T./C.S. Calibration/Control Review Checklist

Form # 686
ORAL FLUID URINE 07/16/2011

15

The undersigned hereby state that they have reviewed the attached data and found the calibration data to be present and acceptable, and all open controls complete and results interpreted correctly.

C.T./C.S. Signature, Printed Name, Date: ANNA CARR FEB 27 2022	C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date:
C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date:
C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date: MAHONEY AUGUSTINE MAR 01 2022	C.T./C.S. Signature, Printed Name, Date:
C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date:
C.T./C.S. Signature, Printed Name, Date: SHERRI YOUNGER FEB 28 2022	C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date:
C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date:
C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date: AARON STUERKE FEB 28 2022	C.T./C.S. Signature, Printed Name, Date:
C.T./C.S. Signature, Printed Name, Date: JUDAH BANNING MAR 01 2022	C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date: TRISTAN SUMMERS MAR 03 2022
C.T./C.S. Signature, Printed Name, Date: DANSON KAMUNYU FEB 28 2022	C.T./C.S. Signature, Printed Name, Date: FAIZA ISLAWAY MAR 01 2022	C.T./C.S. Signature, Printed Name, Date: DERICK PATCHEN FEB 28 2022
C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date:
C.T./C.S. Signature, Printed Name, Date:	C.T./C.S. Signature, Printed Name, Date: William K. Floyd FEB 27 2022	C.T./C.S. Signature, Printed Name, Date:



Toxicology Department Screening Calibration Verification Checklist

Form #5850C
09/04/2012

Date: FEB 23 2022

Operator: TORI WESCHE

TW

Instrument: 517

Daily Maintenance Performed

FEB 23 2022

TW

Operation Startup Complete

FEB 23 2022

TW

All Calibration Data Acceptable

FEB 23 2022

TW

Controls Acceptable & Results Recorded

FEB 23 2022

TW

Comments: Ume cal passed.

Initial Review:

TORI WESCHE

TW

Date:

FEB 23 2022

Second Review:

EDWIN KANGTHE

EK

Date:

FEB 23 2022

C.S. / C. T. Review:

Ugh

KERRY
HARLOW

FEB 24 2022
Date:

[illegible]

NIDA SYSTEM SAP DRUG SCREEN #3

^NDAMWF03

WORKLIST: TXNSAP3 LOAD: 0224114

02/24/2022 9:31A PAGE: 2

BUILT: 02/24/2022 9:30 AM BY: KSSV04 CUPS: 1-64

TOTE NUMBER: 81077

Seq	InstId	ACN	Participant	Reqt SpecimenID	UC Ordered
1	60411	*FEDBT			
2	60412	691218Z	[REDACTED]	8927774 7914982477	35190N
3	60413	691209Z	[REDACTED]	8927759 CC04557510	65105N
4	60414	691240Z	[REDACTED]	8927783 7917165877	34061N
5	60415	691286Z	[REDACTED]	8927833 7902668914	27215N NV
6	60416	691309Z	[REDACTED]	8927848 CC07175352	35190N
7	60417	691355Z	[REDACTED]	8927882 CC07175355	35105N NV
8	60418	691341Z	[REDACTED]	4617644	45105N
9	60419	691276Z	[REDACTED]	8927822 CC07175354	65190N
10	60420	691384Z	[REDACTED]	0499812	66405N
11	60421	*SAPBT			
12	60422	691323Z	[REDACTED]	8927853 7902668923	27215N NV
13	60423	691331Z	[REDACTED]	8927868 CC07870069	34647N
14	60424	690968Z	[REDACTED]	8927596 CC04557500	65105N
15	60425	691190Z	[REDACTED]	8927751 CC04557506	65105N
16	60426	691173Z	[REDACTED]	0927737 7902668911	27215N NV

NIDA SYSTEM SAP DRUG SCREEN #3

*NDAMNP03

WORKLIST: TXNSAP3 LOAD: 0224114

02/24/2022 9:31A PAGE: 3

BUILT: 02/24/2022 9:30 AM BY: KSSV04 CUPS: 1-64

TOTE NUMBER: 81077

Seq	InstId	ACN	Participant	Req# SpecimenID	UC Ordered
17	60427	691168Z	[REDACTED]	8927732 CC06557509	65105N
18	60428	691158Z	[REDACTED]	8927727 CC06557513	65105N
19	60429	691148Z	[REDACTED]	8927719 CC06557507	65105N
20	60430	691141Z	[REDACTED]	8927715 CC06557508	65105N
21	60431	*FEDALTR			
22	60432	691121Z	[REDACTED]	8927703 CC06557512	65105N
23	60433	690929Z	[REDACTED]	8927569 7918221309	6405N
24	60434	690959Z	[REDACTED]	8927590 7907470734	38105N
25	60435	691011Z	[REDACTED]	8927617 CC08001125	65105N
26	60436	690999Z	[REDACTED]	0464215	65105N
27	60437	691019Z	[REDACTED]	8927626 7905289462	29180N
28	60438	691030Z	[REDACTED]	5774985	31920N
29	60439	691038Z	[REDACTED]	8927640 CC06557511	65105N
30	60440	691050Z	[REDACTED]	8927653 CC08010681	27119N
31	60441	*SAPALTR			
32	60442	691064Z	[REDACTED]	8927666 7914982473	27420N

NIDA SYSTEM SAP DRUG SCREEN #3

*NDARUF03

WORKLIST: TXNSAP3 LOAD: 0224114

02/24/2022 9:31A PAGE: 4

BUILT: 02/24/2022 9:30 AM BY: KSSV04 CUPS: 1-64

TOTE NUMBER: 81077

Seq	InstId	ACN	Participant	Reqt SpecimenID	UC Ordered
33	60443	691084Z	[REDACTED]	8927678 CC08010760	27119N
34	60444	690985Z	[REDACTED]	8927605 7918221308	6405N
35	60445	691071Z	[REDACTED]	8927669 7914646766	35190N
36	60446	691105Z	[REDACTED]	8927690 7914788994	27800N
37	60447	691113Z	[REDACTED]	8927695 7918221305	32720N
38	60448	691184Z	[REDACTED]	8927745 7914646765	31521N
39	60449	690985Z	[REDACTED]	8927538 7918570106	27806N
40	60450	702319Z	[REDACTED]	8937102	26743N
41	60451	*SVT2			
42	60452	690978Z	[REDACTED]	8927602 7918221306	65186N
43	60453	690876Z	[REDACTED]	8927533 7915712756	27800N
44	60454	690914Z	[REDACTED]	8927555 7913622551	35745N
45	60455	690868Z	[REDACTED]	8927528 CC07249428	35105N
46	60456	691267Z	[REDACTED]	8927817 7916425136	35105N
47	60457	690864Z	[REDACTED]	2110726	46633N
48	60458	691349Z	[REDACTED]	8927876 CC07065987	27913N

WIDA SYSTEM SAP DRUG SCREEN R3

*NDABUP03

WORKLIST: TXNSAP3 LOAD: 0224114

02/24/2022 9:31A PAGE: 5

BUILT: 02/24/2022 9:30 AM BY: KSSV04 CUPS: 1-64

NOTE NUMBER: 81077

Seq	InstId	ACN	Participant	Req# SpecimenID UC Ordered
49	60459	691375Z	[REDACTED]	8927891 35765N 7916130400
50	60460	691366Z	[REDACTED]	8927885 36663N 7916130399
51	60461	*SUT1		
52	60462	690898Z	[REDACTED]	1138265 27119N
53	60463	692504Z	276761	4840481 35190N NV
				8500 NO SEAL ON BLOOD
54	60464	692495Z	[REDACTED]	0136408 35190N NV
				8500 BLOOD HSA NO SEAL
55	60465	692342Z	[REDACTED]	8926589 34510N NV 0007227013
				Split Indicator with no Split Unit Code
56	60466	692356Z	[REDACTED]	4899582 35545N
57	60467	690723Z	[REDACTED]	8927560 35765N 0007304719
58	60468	690891Z	[REDACTED]	0135751 65105N
59	60469	690708Z	[REDACTED]	8915495 35105N
60	60470	*NEGATIVE		
61	60471	*FEDAT		
62	60472	*SAPAT		

NIDA SYSTEM SAP DRUG SCREEN #3

*NDABUF03

WORKLIST: TXNSAP3 LOAD: 02/24/22

02/24/2022 9:31A PAGE: 6

BUILT: 02/24/2022 9:30 AM BY: KSSV04 CUPS: 1-64

TOTE NUMBER: 81077

Seq	InstId	ACN	Participant	Req#	SpecimenID UC Ordered
63	60473	*FEDALTAT			
64	60474	*SAPALTAT			

END OF WORKLIST

Quest Diagnostics - Lenexa Forensic Toxicology
SCREENING CORRECTIVE ACTION FORM

Date FEB 24 2022 Forensic Scientist EVAN ROBERTS

Worklist: ☒ TXNSAP3 ☐ TXNFED ☐ TXNRC ☐ TX10S ☐ TXNDAP ☐ TXNADULT
☐ TXNUAL ☐ TXNHSAP2 ☐ TXNDILA ☐ TXN6MAM ☐ TXOSAP2 ☐ TXOADULT2
☐ _____

Instruments: ☐ 511 ☐ 512 ☐ 513 ☐ 514 ☐ 515 ☐ 516 ☒ 517 ☐ 518 ☐ 519 ☐ _____

Load Number _____

(Check One)

Problem: 1. ☒ QC 2. ☐ Instrument 3. ☐ Other _____ (Explain Below)

JOSE KYLES FEB 24 2022

QC TYPE	Assay - Result	Assay - Result	Assay - Result
<input type="checkbox"/> FEDBT / SAPBT	-	-	-
<input type="checkbox"/> FED ALTB/T/SAP ALTB/T	-	-	-
<input checked="" type="checkbox"/> SVT2 (Nit 240 / Cre 1.5)	Cre - 1.9	-	-
<input type="checkbox"/> SVT1 (Low pH / Cre 3.0)	-	-	-
<input type="checkbox"/> NEGATIVE(Creat 25/pH 11/OXID 625)	-	-	-
<input type="checkbox"/> FEDAT / SAPAT	-	-	-
<input type="checkbox"/> FED ALTAT / SAP ALTAT	-	-	-
<input type="checkbox"/> XRAT	-	-	-
<input type="checkbox"/> OTHER	-	-	-
<input type="checkbox"/> OTHER:	-	-	-
<input type="checkbox"/> OTHER:	-	-	-

DESCRIPTION	
<input type="checkbox"/> Unit Malfunction	<input type="checkbox"/> Rack Jam
<input type="checkbox"/> QC Short Sampled	<input type="checkbox"/> Barcode Scan Error
<input type="checkbox"/> Recalibration Needed	<input checked="" type="checkbox"/> Random Error
<input type="checkbox"/> Reagent Empty	<input type="checkbox"/> Data Transmission Error
<input type="checkbox"/> Reagent Probe Error	<input type="checkbox"/> Other

RESOLUTIONS (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Selective Channel Download	<input type="checkbox"/> No Corrective Action Needed/QC Rules Apply
<input type="checkbox"/> Retransmit Data	<input checked="" type="checkbox"/> Rescheduled Donors 4
<input type="checkbox"/> Re-run for unit _____ assays	<input type="checkbox"/>
	<input type="checkbox"/>

Open QC Failed
Blind QC OKJOSE
KYLES / FEB 24 2022

Reviewed and Verified by

UP ACCESSION PART-ID INST-ID

1 *FEDBT	A500 = (0.801) A300 = (1.182) C150 = (0.665)	QC ID = FEDBT
	T50 = (0.528) OPI2K = (0.875) OPI2KM = (0.862)	
	DXYS100 = (0.699) PCP = (0.715) CREA = (14.9)	
	PH = (6.6) NITNRQM = (1)	
2 691218Z		
3 691203Z	T50 = (1.743PH) REM1 = No Result	
4 691240Z		
5 691286Z	CREAR = (10.8L) SPOR = No Result REM1 = No Result	
6 691309Z		
7 691355Z		
8 691341Z		
9 691276Z		
10 691384Z		
11 *SAPBT	BARB = (0.741) BENZ = (0.854) COC = (0.800)	QC ID = SAPBT
	THC = (0.657) METD = (0.800) METQ = (0.579)	
	MDAS250 = (0.634) OPI = (0.538) PROP = (0.753)	
	PH = (6.6)	
12 691323Z		
13 691331Z		
14 690968Z		
15 691190Z		
16 691173Z	T50 = (1.760PH) REM1 = No Result	
17 691168Z		
18 691158Z	MDAS = (1.055PH) REM1 = No Result	
19 691148Z		
20 691141Z		
21 *FEDALBT	BARB200 = (0.686) BENZ200 = (0.900) MDAS = (0.475)	QC ID = FEDALTI
	6MAN = (0.614) SOPS = (0.816)	
22 691121Z		
23 690929Z		
24 690959Z	T50 = (1.849PH) REM1 = No Result	
25 691011Z		
26 690999Z		
27 691019Z		
28 691030Z		
29 691038Z		
30 691050Z		
31 *SAPALBT	AMP = (0.713) T20 = (0.585) ETOH = (0.685)	QC ID = SAPALTI
32 691064Z	OPI = (1.099PH) DXYS100 = (4.516PH) REM1 = No Result	
33 691084Z		
34 690985Z		
35 691071Z		
36 691105Z		
37 691113Z		
38 691184Z	BENZ = (2.217PH) REM1 = No Result	
39 690885Z		
40 * 702319Z	PCP = (1.98205)	QA BLIND ID=PCP
41 *SVT2		

Open QC Failed
Blind QC OK

UP ACCESSION PART-ID INST-ID

42 690978Z [REDACTED]
43 690876Z [REDACTED]
44 690914Z [REDACTED]
45 690868Z [REDACTED]
46 691267Z [REDACTED]
47 690864Z [REDACTED]
48 691349Z [REDACTED]
49 691375Z [REDACTED]
50 691366Z [REDACTED]
51 *SVT1

AMP = (-0.006) A500 = (-0.023) A300 = (0.020) QC ID = SVT2
BARB = (0.006) BARB200 = (-0.025) BENZ = (-0.110) CREA QC Out
BENZ200 = (-0.091) COC = (-0.021) C150 = (-0.031)
THC = (-0.153) T50 = (-0.261) T20 = (-0.275)
METD = (-0.105) METQ = (-0.057) MDAS = (-0.051)
MDAS250 = (-0.327) OPI2K = (-0.020) OPI2KM = (-0.016)
OPI = (-0.214) 6MAM = (0.038) OXYS100 = (-0.062)
SOPIS = (-0.137) PCP = (-0.083) PROP = (0.001)
ETOH = (0.054) CREA = (1.9HH) NITNRQN = (237)
CREAR = (19.6L) SPGR = No Result REM1 = No Result

CREAR = (8.0L) SPGR = No Result REM1 = No Result
T50 = (1.924PH) REM1 = No Result
REM1 = Msg:NTEMP

52 690898Z [REDACTED]
53 692504Z 276761 [REDACTED]
54 692495Z [REDACTED]
55 692342Z [REDACTED]
56 692356Z [REDACTED]
57 690923Z [REDACTED]
58 690891Z [REDACTED]
59 690908Z [REDACTED]
60 *NEGATIVE

AMP = (0.007) A500 = (0.008) A300 = (-0.007) QC ID = SVT1
BARB = (-0.273) BARB200 = (-0.399) BENZ = (-0.097)
BENZ200 = (-0.104) COC = (-0.051) C150 = (-0.076)
THC = (-0.156) T50 = (-0.255) T20 = (-0.240)
METD = (-0.094) METQ = (-0.052) MDAS = (-0.073)
MDAS250 = (-0.414) OPI2K = (-0.019) OPI2KM = (-0.022)
OPI = (-0.218) 6MAM = (-0.442) OXYS100 = (-0.064)
SOPIS = (-0.122) PCP = (-0.079) PROP = (0.034)
ETOH = (0.054) CREA = (3.3) PH = (3.0)
NITNRQN = (0)

AMP = (1.963PH) REM1 = No Result

CREAR = (12.4L) SPGR = No Result REM1 = No Result

61 *FEDAT

AMP = (0.010) A500 = (0.006) A300 = (0.038) QC ID = NEGATIVE
BARB = (-0.027) BARB200 = (-0.043) BENZ = (-0.009)
BENZ200 = (0.036) COC = (-0.025) C150 = (-0.038)
THC = (-0.130) T50 = (-0.181) T20 = (0.031)
METD = (-0.048) METQ = (-0.031) MDAS = (-0.012)
MDAS250 = (-0.134) OPI2K = (-0.013) OPI2KM = (-0.007)
OPI = (-0.035) 6MAM = (0.029) OXYS100 = (-0.043)
SOPIS = (-0.069) PCP = (-0.053) PROP = (-0.055)
ETOH = (0.054) CREA = (25.8) PH = (9.0)
NITNRQN = (595)

A500 = (1.366) C150 = (1.252) T50 = (1.348) QC ID = FEDAT
OPI2K = (1.171) OPI2KM = (1.159) OXYS100 = (1.270)
PCP = (1.333) CREA = (25.5) PH = (6.8)
NITNRQN = (0)

62 *SAPAT

BARB = (1.110) BENZ = (1.249) COC = (1.120) QC ID = SAPAT
THC = (1.282) METD = (1.140) METQ = (1.479)
MDAS250 = (1.500) OPI = (1.317) PROP = (1.216)
CREA = (26.3) PH = (6.9) NITNRQN = (0)

63 *FEDALTAT

BARB200 = (1.244) BENZ200 = (1.409) MDAS = (2.227) QC ID = FEDALTAT
6MAM = (1.185) SOPIS = (1.166)

64 *SAPALTAT

Open QC Failed
Blind QC OK

UP ACCESSION PART-ID INST-ID

AMP = (1.205) T20 = (1.506) ETOH = (1.392) QC ID = SAPALT/
CREA = (24.9) PH = (7.0) NITRQW = (0)

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Patient Info	Load/Op	APP	AP200	AP400	AP600	AP800	AP1000	AP1200	AP1400	AP1600	AP1800	AP2000	AP2200	AP2400	AP2600	AP2800	AP3000	AP3200	AP3400	AP3600	AP3800	AP4000	AP4200	AP4400	AP4600	AP4800	AP5000	AP5200	AP5400	AP5600	AP5800	AP6000	AP6200	AP6400	AP6600	AP6800	AP7000	AP7200	AP7400	AP7600	AP7800	AP8000	AP8200	AP8400	AP8600	AP8800	AP9000	AP9200	AP9400	AP9600	AP9800	AP10000	AP10200	AP10400	AP10600	AP10800	AP11000	AP11200	AP11400	AP11600	AP11800	AP12000	AP12200	AP12400	AP12600	AP12800	AP13000	AP13200	AP13400	AP13600	AP13800	AP14000	AP14200	AP14400	AP14600	AP14800	AP15000	AP15200	AP15400	AP15600	AP15800	AP16000	AP16200	AP16400	AP16600	AP16800	AP17000	AP17200	AP17400	AP17600	AP17800	AP18000	AP18200	AP18400	AP18600	AP18800	AP19000	AP19200	AP19400	AP19600	AP19800	AP20000	AP20200	AP20400	AP20600	AP20800	AP21000	AP21200	AP21400	AP21600	AP21800	AP22000	AP22200	AP22400	AP22600	AP22800	AP23000	AP23200	AP23400	AP23600	AP23800	AP24000	AP24200	AP24400	AP24600	AP24800	AP25000	AP25200	AP25400	AP25600	AP25800	AP26000	AP26200	AP26400	AP26600	AP26800	AP27000	AP27200	AP27400	AP27600	AP27800	AP28000	AP28200	AP28400	AP28600	AP28800	AP29000	AP29200	AP29400	AP29600	AP29800	AP30000	AP30200	AP30400	AP30600	AP30800	AP31000	AP31200	AP31400	AP31600	AP31800	AP32000	AP32200	AP32400	AP32600	AP32800	AP33000	AP33200	AP33400	AP33600	AP33800	AP34000	AP34200	AP34400	AP34600	AP34800	AP35000	AP35200	AP35400	AP35600	AP35800	AP36000	AP36200	AP36400	AP36600	AP36800	AP37000	AP37200	AP37400	AP37600	AP37800	AP38000	AP38200	AP38400	AP38600	AP38800	AP39000	AP39200	AP39400	AP39600	AP39800	AP40000	AP40200	AP40400	AP40600	AP40800	AP41000	AP41200	AP41400	AP41600	AP41800	AP42000	AP42200	AP42400	AP42600	AP42800	AP43000	AP43200	AP43400	AP43600	AP43800	AP44000	AP44200	AP44400	AP44600	AP44800	AP45000	AP45200	AP45400	AP45600	AP45800	AP46000	AP46200	AP46400	AP46600	AP46800	AP47000	AP47200	AP47400	AP47600	AP47800	AP48000	AP48200	AP48400	AP48600	AP48800	AP49000	AP49200	AP49400	AP49600	AP49800	AP50000	AP50200	AP50400	AP50600	AP50800	AP51000	AP51200	AP51400	AP51600	AP51800	AP52000	AP52200	AP52400	AP52600	AP52800	AP53000	AP53200	AP53400	AP53600	AP53800	AP54000	AP54200	AP54400	AP54600	AP54800	AP55000	AP55200	AP55400	AP55600	AP55800	AP56000	AP56200	AP56400	AP56600	AP56800	AP57000	AP57200	AP57400	AP57600	AP57800	AP58000	AP58200	AP58400	AP58600	AP58800	AP59000	AP59200	AP59400	AP59600	AP59800	AP60000	AP60200	AP60400	AP60600	AP60800	AP61000	AP61200	AP61400	AP61600	AP61800	AP62000	AP62200	AP62400	AP62600	AP62800	AP63000	AP63200	AP63400	AP63600	AP63800	AP64000	AP64200	AP64400	AP64600	AP64800	AP65000	AP65200	AP65400	AP65600	AP65800	AP66000	AP66200	AP66400	AP66600	AP66800	AP67000	AP67200	AP67400	AP67600	AP67800	AP68000	AP68200	AP68400	AP68600	AP68800	AP69000	AP69200	AP69400	AP69600	AP69800	AP70000	AP70200	AP70400	AP70600	AP70800	AP71000	AP71200	AP71400	AP71600	AP71800	AP72000	AP72200	AP72400	AP72600	AP72800	AP73000	AP73200	AP73400	AP73600	AP73800	AP74000	AP74200	AP74400	AP74600	AP74800	AP75000	AP75200	AP75400	AP75600	AP75800	AP76000	AP76200	AP76400	AP76600	AP76800	AP77000	AP77200	AP77400	AP77600	AP77800	AP78000	AP78200	AP78400	AP78600	AP78800	AP79000	AP79200	AP79400	AP79600	AP79800	AP80000	AP80200	AP80400	AP80600	AP80800	AP81000	AP81200	AP81400	AP81600	AP81800	AP82000	AP82200	AP82400	AP82600	AP82800	AP83000	AP83200	AP83400	AP83600	AP83800	AP84000	AP84200	AP84400	AP84600	AP84800	AP85000	AP85200	AP85400	AP85600	AP85800	AP86000	AP86200	AP86400	AP86600	AP86800	AP87000	AP87200	AP87400	AP87600	AP87800	AP88000	AP88200	AP88400	AP88600	AP88800	AP89000	AP89200	AP89400	AP89600	AP89800	AP90000	AP90200	AP90400	AP90600	AP90800	AP91000	AP91200	AP91400	AP91600	AP91800	AP92000	AP92200	AP92400	AP92600	AP92800	AP93000	AP93200	AP93400	AP93600	AP93800	AP94000	AP94200	AP94400	AP94600	AP94800	AP95000	AP95200	AP95400	AP95600	AP95800	AP96000	AP96200	AP96400	AP96600	AP96800	AP97000	AP97200	AP97400	AP97600	AP97800	AP98000	AP98200	AP98400	AP98600	AP98800	AP99000	AP99200	AP99400	AP99600	AP99800	AP100000
6910302	022414/28	PDS	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR</																																																																																															

Variable	Unit	Mean	SD	Min	Max	Skewness	Kurtosis	Normality
Age	Years	45.2	12.5	25	65	0.15	3.2	0.95
Gender	Male/Female	48/52	0	0	100	0.05	2.8	0.98
Education	Years	12.8	2.1	8	16	0.2	3.5	0.92
Income	\$/month	1500	400	500	3000	0.3	4.0	0.88
Health	Good/Bad	55/45	0	0	100	0.1	2.9	0.96
Marital	Married/Single	60/40	0	0	100	0.08	3.1	0.97
Religion	Muslim/Hindu	50/50	0	0	100	0.02	2.7	0.99
Occupation	Farmer/Worker	40/60	0	0	100	0.12	3.3	0.94
Assets	Assets	10000	5000	0	20000	0.4	4.5	0.85
Liabilities	Liabilities	5000	2000	0	10000	0.35	4.2	0.87
Net Worth	Net Worth	5000	3000	0	10000	0.3	4.0	0.88
Debt Ratio	Debt Ratio	0.33	0.15	0	0.66	0.25	3.8	0.90
Equity Ratio	Equity Ratio	0.67	0.15	0.33	1.0	0.2	3.5	0.92
Capital Structure	Capital Structure	0.33	0.15	0	0.66	0.25	3.8	0.90
Financial Health	Financial Health	0.67	0.15	0.33	1.0	0.2	3.5	0.92
Overall Score	Overall Score	0.5	0.1	0.3	0.7	0.15	3.2	0.95

[illegible][illegible][illegible][illegible]

	FEV1	FEV2	FEV3	FEV4	FEV5	FEV6	FEV7	FEV8	FEV9	FEV10	FEV11	FEV12	FEV13	FEV14	FEV15	FEV16	FEV17	FEV18	FEV19	FEV20	FEV21	FEV22	FEV23	FEV24	FEV25	FEV26	FEV27	FEV28	FEV29	FEV30	FEV31	FEV32	FEV33	FEV34	FEV35	FEV36	FEV37	FEV38	FEV39	FEV40	FEV41	FEV42	FEV43	FEV44	FEV45	FEV46	FEV47	FEV48	FEV49	FEV50	FEV51	FEV52	FEV53	FEV54	FEV55	FEV56	FEV57	FEV58	FEV59	FEV60	FEV61	FEV62	FEV63	FEV64	FEV65	FEV66	FEV67	FEV68	FEV69	FEV70	FEV71	FEV72	FEV73	FEV74	FEV75	FEV76	FEV77	FEV78	FEV79	FEV80	FEV81	FEV82	FEV83	FEV84	FEV85	FEV86	FEV87	FEV88	FEV89	FEV90	FEV91	FEV92	FEV93	FEV94	FEV95	FEV96	FEV97	FEV98	FEV99	FEV100	FEV101	FEV102	FEV103	FEV104	FEV105	FEV106	FEV107	FEV108	FEV109	FEV110	FEV111	FEV112	FEV113	FEV114	FEV115	FEV116	FEV117	FEV118	FEV119	FEV120	FEV121	FEV122	FEV123	FEV124	FEV125	FEV126	FEV127	FEV128	FEV129	FEV130	FEV131	FEV132	FEV133	FEV134	FEV135	FEV136	FEV137	FEV138	FEV139	FEV140	FEV141	FEV142	FEV143	FEV144	FEV145	FEV146	FEV147	FEV148	FEV149	FEV150	FEV151	FEV152	FEV153	FEV154	FEV155	FEV156	FEV157	FEV158	FEV159	FEV160	FEV161	FEV162	FEV163	FEV164	FEV165	FEV166	FEV167	FEV168	FEV169	FEV170	FEV171	FEV172	FEV173	FEV174	FEV175	FEV176	FEV177	FEV178	FEV179	FEV180	FEV181	FEV182	FEV183	FEV184	FEV185	FEV186	FEV187	FEV188	FEV189	FEV190	FEV191	FEV192	FEV193	FEV194	FEV195	FEV196	FEV197	FEV198	FEV199	FEV200	FEV201	FEV202	FEV203	FEV204	FEV205	FEV206	FEV207	FEV208	FEV209	FEV210	FEV211	FEV212	FEV213	FEV214	FEV215	FEV216	FEV217	FEV218	FEV219	FEV220	FEV221	FEV222	FEV223	FEV224	FEV225	FEV226	FEV227	FEV228	FEV229	FEV230	FEV231	FEV232	FEV233	FEV234	FEV235	FEV236	FEV237	FEV238	FEV239	FEV240	FEV241	FEV242	FEV243	FEV244	FEV245	FEV246	FEV247	FEV248	FEV249	FEV250	FEV251	FEV252	FEV253	FEV254	FEV255	FEV256	FEV257	FEV258	FEV259	FEV260	FEV261	FEV262	FEV263	FEV264	FEV265	FEV266	FEV267	FEV268	FEV269	FEV270	FEV271	FEV272	FEV273	FEV274	FEV275	FEV276	FEV277	FEV278	FEV279	FEV280	FEV281	FEV282	FEV283	FEV284	FEV285	FEV286	FEV287	FEV288	FEV289	FEV290	FEV291	FEV292	FEV293	FEV294	FEV295	FEV296	FEV297	FEV298	FEV299	FEV300	FEV301	FEV302	FEV303	FEV304	FEV305	FEV306	FEV307	FEV308	FEV309	FEV310	FEV311	FEV312	FEV313	FEV314	FEV315	FEV316	FEV317	FEV318	FEV319	FEV320	FEV321	FEV322	FEV323	FEV324	FEV325	FEV326	FEV327	FEV328	FEV329	FEV330	FEV331	FEV332	FEV333	FEV334	FEV335	FEV336	FEV337	FEV338	FEV339	FEV340	FEV341	FEV342	FEV343	FEV344	FEV345	FEV346	FEV347	FEV348	FEV349	FEV350	FEV351	FEV352	FEV353	FEV354	FEV355	FEV356	FEV357	FEV358	FEV359	FEV360	FEV361	FEV362	FEV363	FEV364	FEV365	FEV366	FEV367	FEV368	FEV369	FEV370	FEV371	FEV372	FEV373	FEV374	FEV375	FEV376	FEV377	FEV378	FEV379	FEV380	FEV381
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Variable	Mean	SD	Min	Max	Skewness	Kurtosis	Normality
Age	35.2	12.5	18	65	-0.15	2.85	0.98
Gender	0.52	0.50	0	1	0.05	3.10	0.99
Marital Status	0.68	0.47	0	1	-0.10	3.05	0.99
Education	12.5	2.5	8	16	-0.20	2.90	0.98
Income	45000	15000	20000	80000	0.30	3.20	0.97
Health	0.75	0.43	0	1	-0.05	3.00	0.99
Stress	0.60	0.49	0	1	0.10	3.15	0.98
Life Satisfaction	0.70	0.46	0	1	-0.08	3.02	0.99
Work-Life Balance	0.55	0.50	0	1	0.02	3.08	0.99
Family Support	0.65	0.48	0	1	-0.05	3.05	0.99
Community Involvement	0.40	0.50	0	1	0.15	3.25	0.97
Overall Well-being	0.62	0.47	0	1	-0.02	3.03	0.99

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POS	HEIGHT	WEIGHT	HR
0224116464	206.6	5.3	1
69091462	206.6	5.3	1

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Year	1940	1950	1960	1970	1980	1990	2000	2010	2020	2030	2040	2050	2060	2070	2080	2090	2100
Population (millions)	1.5	2.5	3.0	3.7	4.4	5.3	6.1	6.9	7.7	8.5	9.3	10.1	10.9	11.7	12.5	13.3	14.1
GDP (trillion USD)	0.5	1.0	1.5	2.5	4.0	6.0	8.0	10.0	12.0	14.0	16.0	18.0	20.0	22.0	24.0	26.0	28.0
Life expectancy (years)	45	55	60	65	70	75	78	80	82	84	86	88	90	92	94	96	98
Urban population (%)	30	40	50	60	70	75	80	85	90	95	98	100	100	100	100	100	100
Renewable energy (%)	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
CO2 emissions (Gt)	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	5.5	6.0	6.5	7.0	7.5	8.0	8.5	9.0	9.5
Forest cover (%)	30	28	26	24	22	20	18	16	14	12	10	8	6	4	2	0	-2
Water stress (%)	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
Healthcare spending (GDP %)	5	7	9	11	13	15	17	19	21	23	25	27	29	31	33	35	37
Education spending (GDP %)	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Urbanization rate (%)	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
Renewable energy growth (%)	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
CO2 emissions growth (%)	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
Forest cover loss (%)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Water stress growth (%)	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
Healthcare spending growth (%)	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
Education spending growth (%)	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
Urbanization rate growth (%)	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
Renewable energy growth (%)	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
CO2 emissions growth (%)	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
Forest cover loss (%)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Water stress growth (%)	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
Healthcare spending growth (%)	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
Education spending growth (%)	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
Urbanization rate growth (%)	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
Renewable energy growth (%)	5	10															

STAVINIS DR. CREA

RESCHEDULE

Patient Info	Load/Tip	AP	AP20	AP30	AP40	AP50	AP60	AP70	AP80	AP90	AP100	AP110	AP120	AP130	AP140	AP150	AP160	AP170	AP180	AP190	AP200	AP210	AP220	AP230	AP240	AP250	AP260	AP270	AP280	AP290	AP300	AP310	AP320	AP330	AP340	AP350	AP360	AP370	AP380	AP390	AP400	AP410	AP420	AP430	AP440	AP450	AP460	AP470	AP480	AP490	AP500	AP510	AP520	AP530	AP540	AP550	AP560	AP570	AP580	AP590	AP600	AP610	AP620	AP630	AP640	AP650	AP660	AP670	AP680	AP690	AP700	AP710	AP720	AP730	AP740	AP750	AP760	AP770	AP780	AP790	AP800	AP810	AP820	AP830	AP840	AP850	AP860	AP870	AP880	AP890	AP900	AP910	AP920	AP930	AP940	AP950	AP960	AP970	AP980	AP990	AP1000	AP1010	AP1020	AP1030	AP1040	AP1050	AP1060	AP1070	AP1080	AP1090	AP1100	AP1110	AP1120	AP1130	AP1140	AP1150	AP1160	AP1170	AP1180	AP1190	AP1200	AP1210	AP1220	AP1230	AP1240	AP1250	AP1260	AP1270	AP1280	AP1290	AP1300	AP1310	AP1320	AP1330	AP1340	AP1350	AP1360	AP1370	AP1380	AP1390	AP1400	AP1410	AP1420	AP1430	AP1440	AP1450	AP1460	AP1470	AP1480	AP1490	AP1500	AP1510	AP1520	AP1530	AP1540	AP1550	AP1560	AP1570	AP1580	AP1590	AP1600	AP1610	AP1620	AP1630	AP1640	AP1650	AP1660	AP1670	AP1680	AP1690	AP1700	AP1710	AP1720	AP1730	AP1740	AP1750	AP1760	AP1770	AP1780	AP1790	AP1800	AP1810	AP1820	AP1830	AP1840	AP1850	AP1860	AP1870	AP1880	AP1890	AP1900	AP1910	AP1920	AP1930	AP1940	AP1950	AP1960	AP1970	AP1980	AP1990	AP2000	AP2010	AP2020	AP2030	AP2040	AP2050	AP2060	AP2070	AP2080	AP2090	AP2100	AP2110	AP2120	AP2130	AP2140	AP2150	AP2160	AP2170	AP2180	AP2190	AP2200	AP2210	AP2220	AP2230	AP2240	AP2250	AP2260	AP2270	AP2280	AP2290	AP2300	AP2310	AP2320	AP2330	AP2340	AP2350	AP2360	AP2370	AP2380	AP2390	AP2400	AP2410	AP2420	AP2430	AP2440	AP2450	AP2460	AP2470	AP2480	AP2490	AP2500	AP2510	AP2520	AP2530	AP2540	AP2550	AP2560	AP2570	AP2580	AP2590	AP2600	AP2610	AP2620	AP2630	AP2640	AP2650	AP2660	AP2670	AP2680	AP2690	AP2700	AP2710	AP2720	AP2730	AP2740	AP2750	AP2760	AP2770	AP2780	AP2790	AP2800	AP2810	AP2820	AP2830	AP2840	AP2850	AP2860	AP2870	AP2880	AP2890	AP2900	AP2910	AP2920	AP2930	AP2940	AP2950	AP2960	AP2970	AP2980	AP2990	AP3000	AP3010	AP3020	AP3030	AP3040	AP3050	AP3060	AP3070	AP3080	AP3090	AP3100	AP3110	AP3120	AP3130	AP3140	AP3150	AP3160	AP3170	AP3180	AP3190	AP3200	AP3210	AP3220	AP3230	AP3240	AP3250	AP3260	AP3270	AP3280	AP3290	AP3300	AP3310	AP3320	AP3330	AP3340	AP3350	AP3360	AP3370	AP3380	AP3390	AP3400	AP3410	AP3420	AP3430	AP3440	AP3450	AP3460	AP3470	AP3480	AP3490	AP3500	AP3510	AP3520	AP3530	AP3540	AP3550	AP3560	AP3570	AP3580	AP3590	AP3600	AP3610	AP3620	AP3630	AP3640	AP3650	AP3660	AP3670	AP3680	AP3690	AP3700	AP3710	AP3720	AP3730	AP3740	AP3750	AP3760	AP3770	AP3780	AP3790	AP3800	AP3810	AP3820	AP3830	AP3840	AP3850	AP3860	AP3870	AP3880	AP3890	AP3900	AP3910	AP3920	AP3930	AP3940	AP3950	AP3960	AP3970	AP3980	AP3990	AP4000	AP4010	AP4020	AP4030	AP4040	AP4050	AP4060	AP4070	AP4080	AP4090	AP4100	AP4110	AP4120	AP4130	AP4140	AP4150	AP4160	AP4170	AP4180	AP4190	AP4200	AP4210	AP4220	AP4230	AP4240	AP4250	AP4260	AP4270	AP4280	AP4290	AP4300	AP4310	AP4320	AP4330	AP4340	AP4350	AP4360	AP4370	AP4380	AP4390	AP4400	AP4410	AP4420	AP4430	AP4440	AP4450	AP4460	AP4470	AP4480	AP4490	AP4500	AP4510	AP4520	AP4530	AP4540	AP4550	AP4560	AP4570	AP4580	AP4590	AP4600	AP4610	AP4620	AP4630	AP4640	AP4650	AP4660	AP4670	AP4680	AP4690	AP4700	AP4710	AP4720	AP4730	AP4740	AP4750	AP4760	AP4770	AP4780	AP4790	AP4800	AP4810	AP4820	AP4830	AP4840	AP4850	AP4860	AP4870	AP4880	AP4890	AP4900	AP4910	AP4920	AP4930	AP4940	AP4950	AP4960	AP4970	AP4980	AP4990	AP5000	AP5010	AP5020	AP5030	AP5040	AP5050	AP5060	AP5070	AP5080	AP5090	AP5100	AP5110	AP5120	AP5130	AP5140	AP5150	AP5160	AP5170	AP5180	AP5190	AP5200	AP5210	AP5220	AP5230	AP5240	AP5250	AP5260	AP5270	AP5280	AP5290	AP5300	AP5310	AP5320	AP5330	AP5340	AP5350	AP5360	AP5370	AP5380	AP5390	AP5400	AP5410	AP5420	AP5430	AP5440	AP5450	AP5460	AP5470	AP5480	AP5490	AP5500	AP5510	AP5520	AP5530	AP5540	AP5550	AP5560	AP5570	AP5580	AP5590	AP5600	AP5610	AP5620	AP5630	AP5640	AP5650	AP5660	AP5670	AP5680	AP5690	AP5700	AP5710	AP5720	AP5730	AP5740	AP5750	AP5760	AP5770	AP5780	AP5790	AP5800	AP5810	AP5820	AP5830	AP5840	AP5850	AP5860	AP5870	AP5880	AP5890	AP5900	AP5910	AP5920	AP5930	AP5940	AP5950	AP5960	AP5970	AP5980	AP5990	AP6000	AP6010	AP6020	AP6030	AP6040	AP6050	AP6060	AP6070	AP6080	AP6090	AP6100	AP6110	AP6120	AP6130	AP6140	AP6150	AP6160	AP6170	AP6180	AP6190	AP6200	AP6210	AP6220	AP6230	AP6240	AP6250	AP6260	AP6270	AP6280	AP6290	AP6300	AP6310	AP6320	AP6330	AP6340	AP6350	AP6360	AP6370	AP6380	AP6390	AP6400	AP6410	AP6420	AP6430	AP6440	AP6450	AP6460	AP6470	AP6480	AP6490	AP6500	AP6510	AP6520	AP6530	AP6540	AP6550	AP6560	AP6570	AP6580	AP6590	AP6600	AP6610	AP6620	AP6630	AP6640	AP6650	AP6660	AP6670	AP6680	AP6690	AP6700	AP6710	AP6720	AP6730	AP6740	AP6750	AP6760	AP6770	AP6780	AP6790	AP6800	AP6810	AP6820	AP6830	AP6840	AP6850	AP6860	AP6870	AP6880	AP6890	AP6900	AP6910	AP6920	AP6930	AP6940	AP6950	AP6960	AP6970	AP6980	AP6990	AP7000	AP7010	AP7020	AP7030	AP7040	AP7050	AP7060	AP7070	AP7080	AP7090	AP7100	AP7110	AP7120	AP7130	AP7140	AP7150	AP7160	AP7170	AP7180	AP7190	AP7200	AP7210	AP7220	AP7230	AP7240	AP7250	AP7260	AP7270	AP7280	AP7290	AP7300	AP7310	AP7320	AP7330	AP7340	AP7350	AP7360	AP7370	AP7380	AP7390	AP7400	AP7410	AP7420	AP7430	AP7440	AP7450	AP7460	AP7470	AP7480	AP7490	AP7500	AP7510	AP7520	AP7530	AP7540	AP7550	AP7560	AP7570	AP7580	AP7590	AP7600	AP7610	AP7620	AP7630	AP7640	AP7650	AP7660	AP7670	AP7680	AP7690	AP7700	AP7710	AP7720	AP7730	AP7740	AP7750	AP7760	AP7770	AP7780	AP7790	AP7800	AP7810	AP7820	AP7830	AP7840	AP7850	AP7860	AP7870	AP7880	AP7890	AP7900	AP7910	AP7920	AP7930	AP7940	AP7950	AP7960	AP7970	AP7980	AP7990	AP8000	AP8010	AP8020	AP8030	AP8040	AP8050	AP8060	AP8070	AP8080	AP8090	AP8100	AP8110	AP8120	AP8130	AP8140	AP8150	AP8160	AP8170	AP8180	AP8190	AP8200	AP8210	AP8220	AP8230	AP8240	AP8250	AP8260	AP8270	AP8280	AP8290	AP8300	AP8310	AP8320	AP8330	AP8340	AP8350	AP8360	AP8370	AP8380	AP8390	AP8400	AP8410	AP8420	AP8430	AP8440	AP8450	AP8460	AP8470	AP8480	AP8490	AP8500	AP8510	AP8520	AP8530	AP8540	AP8550	AP8560	AP8570	AP8580	AP8590	AP8600	AP8610	AP8620	AP8630	AP8640	AP8650	AP8660	AP8670	AP8680	AP8690	AP8700	AP8710	AP8720	AP8730	AP8740	AP8750	AP8760	AP8770	AP8780	AP8790	AP8800	AP8810	AP8820	AP8830	AP8840	AP8850	AP8860	AP8870	AP8880	AP8890	AP8900	AP8910	AP8920	AP8930	AP8940	AP8950	AP8960	AP8970	AP8980	AP8990	AP9000	AP9010	AP9020	AP9030	AP9040	AP9050	AP9060	AP9070	AP9080	AP9090	AP9100	AP9110	AP9120	AP9130	AP9140	AP9150	AP9160	AP9170	AP9180	AP9190	AP9200	AP9210	AP9220	AP9230	AP9240	AP9250	AP9260	AP9270	AP9280	AP9290	AP9300	AP9310	AP9320	AP9330	AP9340	AP9350	AP9360	AP9370	AP9380	AP9390	AP9400	AP9410	AP9420	AP9430	AP9440	AP9450	AP9460	AP9470	AP9480	AP9490	AP9500	AP9510	AP9520	AP9530	AP9540	AP9550	AP9560	AP9570	AP9580	AP9590	AP9600	AP9610	AP9620	AP9630	AP9640	AP9650	AP9660	AP9670	AP9680	AP9690	AP9700	AP9710	AP9720	AP9730	AP9740	AP9750	AP9760	AP9770	AP9780	AP9790	AP9800	AP9810	AP9820	AP9830	AP9840	AP9850	AP9860	AP9870	AP9880	AP9890	AP9900	AP9910	AP9920	AP9930	AP9940	AP9950	AP9960	AP9970	AP9980	AP9990	AP10000	AP10010	AP10020	AP10030	AP10040	AP10050	AP10060	AP10070	AP10080	AP10090	AP10100	AP10110	AP10120	AP10130	AP10140	AP10150	AP10160	AP10170	AP10180	AP10190	AP10200	AP10210	AP10220	AP10230	AP10240	AP10250	AP10260	AP10270	AP10280	AP10290	AP10300	AP10310	AP10320	AP10330	AP10340	AP10350	AP10360	AP10370	AP10380	AP10390	AP10400	AP10410	AP10420	AP10430	AP10440	AP10450	AP10460	AP10470	AP10480	AP10490	AP10500	AP10510	AP10520	AP10530	AP10540	AP10550	AP10560	AP10570	AP10580	AP10590	AP10600	AP10610	AP10620	AP10630	AP10640	AP10650	AP10660	AP10670	AP10680	AP10690	AP10700	AP10710	AP10720	AP10730	AP10740	AP10750	AP10760	AP10770	AP10780	AP10790	AP10800	AP10810	AP10820	AP10830	AP10840	AP10850	AP10860	AP10870	AP10880	AP10890	AP10900	AP10910	AP10920	AP10930	AP10940	AP10950	AP10960	AP10970	AP10980	AP10990	AP11000	AP11010	AP11020	AP11030	AP11040	AP11050	AP11060	AP11070	AP11080	AP11090	AP11100	AP11110	AP11120	AP11130	AP11140	AP11150	AP11160	AP11170	AP11180	AP11190	AP11200	AP11210	AP11220	AP11230	AP11240	AP11250	AP11260	AP11270	AP11280	AP11290	AP11300	AP11310	AP11320	AP11330	AP11340	AP11350	AP11360	AP11370	AP11380	AP11390	AP11400	AP11410	AP11420	AP11430	AP11440	AP11450	AP11460	AP11470	AP11480	AP11490	AP11500	AP11510	AP11520	AP11530	AP11540	AP11550	AP11560	AP11570	AP11580	AP11590	AP11600	AP11610	AP11620	AP11630	AP11640	AP11650	AP11660	AP11670	AP11680	AP11690	AP11700	AP11710	AP11720	AP11730	AP11740	AP11750	AP11760	AP11770	AP11780	AP11790	AP11800	AP11810	AP11820	AP11830	AP11840	AP11850	AP11860	AP11870	AP11880	AP11890	AP11900	AP11910	AP11920	AP11930	AP11940	AP11950	AP11960	AP11970	AP11980	AP11990	AP12000	AP12010	AP12020	AP12030	AP12040	AP12050	AP12060	AP12070	AP12080	AP12090</
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CONFIRMATION TEST INFORMATION

CONFIRMATION TEST DESCRIPTION

Confirmation testing for drugs of abuse is performed by mass spectrometry. The concentration of drug in each donor specimen is determined by comparison of the response of the specimen to the response of calibrators of known concentration. If a donor specimen has a concentration of drug that is less than the client specific cutoff, the specimen is determined to be negative for the confirmation test. If a donor specimen has a concentration of drug that is greater than or equal to the client specific cutoff, the specimen is determined to be positive for the specific test. Each batch contains both negative and positive quality control samples along with one blind quality control sample that is inserted into the batch in a random position.

If required, confirmation testing for specimen validity is performed by the same or, if available, a second definitive method that can be utilized to identify specimens as adulterated, substituted or invalid. Each confirmation test is performed on a second aliquot that is obtained from the original specimen container and all confirmation batches contain appropriate quality control samples to verify the performance of the procedure.

02/24/2022

FL/NV³⁹
0224018

CHAIN OF CUSTODY LOG

DATE	RELEASED BY	SIGN.	RECEIVED BY	PURPOSE
02/24/2022	Name Temporary Storage	Sign. Name	WILLIAM PHILLIPS UCMUNDA, CHLOTH mp 2.24.22	R2 TO PTS/ ALIQUOT RT
FEB 24 2022	Name WILLIAM PHILLIPS	Sign. Name	PROCESSING TS	R1 TO TEMP STORAGE
	Sign. Name	Sign. Name		
	Sign. Name	Sign. Name		
	Sign. Name	Sign. Name		
	Sign. Name	Sign. Name		
	Sign. Name	Sign. Name		
	Sign. Name	Sign. Name		
	Sign. Name	Sign. Name		
	Sign. Name	Sign. Name		
	Sign. Name	Sign. Name		
	Sign. Name	Sign. Name		
	Sign. Name	Sign. Name		

WORKLIST : TXNAMPS2

ACCESSION	PARTICIPANT	UNIT CODE	STORAGE BOX/ROW/LOL
692504Z	276761	ZNNAMP	G036558/E/6
603410Z	[REDACTED]	ZNNAMP	G036568/E/5
692274Z	[REDACTED]	ZNNAMP	G036573/C/6 Split Rec'd
714252Z	[REDACTED]	ZNNAMP	G036574/C/8
660111Z	[REDACTED]	ZNNAMP	P047197/A/4 Split Rec'd
715166Z	[REDACTED]	ZNNAMP	P047213/D/8
693718Z	[REDACTED]	ZNNAS00	P047230/E/8 Split Rec'd
712545Z	[REDACTED]	ZNNAMP	P047231/H/7
714914Z	[REDACTED]	ZNNAMP	P047234/H/7

CRYSTAL BARRIER
FEB 27 2022

LUELLA
HENDERSON BOSS

FEB 28 2022

02/24/2022

WORKLIST : TXNAMMS2



ACCESSION	PARTICIPANT	UNIT CODE	STORAGE BOX/ROW/COL
713645Z	[REDACTED]	ZNNAMP	P047235/1/6 Split Rec'd
703716Z	[REDACTED]	ZNNAMP	V066223/0033563/6
704691Z	[REDACTED]	ZNNA500	V066228/0079295/7
710084Z	[REDACTED]	ZNNAMP	V066239/0079313/10
699577Z	[REDACTED]	ZNNAMP	V066259/0058377/3
701428Z	[REDACTED]	ZNNA500	V066267/0076665/7 Split Rec'd
710457Z	[REDACTED]	ZNNA500	V066324/0055430/8 Split Rec'd
712181Z	[REDACTED]	ZNNA500	V066337/0079749/5 Split Rec'd
712674Z	[REDACTED]	ZNNAMP	V066340/0055587/6 Split Rec'd
713616Z	[REDACTED]	ZNNAMP	V066340/0055592/4 Split Rec'd
713985Z	[REDACTED]	ZNNAMP	V066340/0080026/6 Split Rec'd
712593Z	[REDACTED]	ZNNA500	V066341/0063691/9 Split Rec'd
713691Z	[REDACTED]	ZNNAMP	V066348/0076881/2 Split Rec'd
713879Z	[REDACTED]	ZNNAMP	V066348/0076882/8 Split Rec'd
713794Z	[REDACTED]	ZNNA500	V066353/0081422/4 Split Rec'd
714220Z	[REDACTED]	ZNNAMP	V066353/0081426/3
714098Z	[REDACTED]	ZNNAMP	V066354/0010777/5 Split Rec'd
714439Z	[REDACTED]	ZNNAMP	V066357/0028035/5 Split Rec'd
715025Z	[REDACTED]	ZNNA500	V066357/0083005/7
714611Z	[REDACTED]	ZNNAMP	V066358/0028381/2
715356Z	[REDACTED]	ZNNA500	V066359/0071646/8 Split Rec'd
714931Z	[REDACTED]	ZNNA500	V066361/0058389/2 Split Rec'd
714901Z	[REDACTED]	ZNNAMP	V066362/0023391/7
709852Z	[REDACTED]	ZNNA500	X066241/D/2

Total accessions for worklist TXNAMMS2 = 33

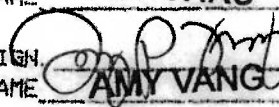
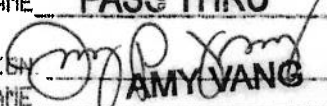
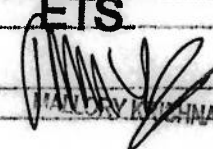
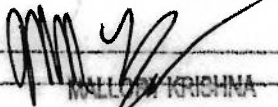



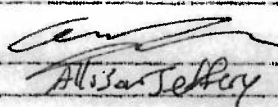
NDATWP18

WORKLIST: TXNAMMS2 LOAD: 0224018 AMPHETAMINES CONFIRMATION BY MS 02/24/2022 10:19P PAGE: 1

This load contains 2 sample(s) with a Received Date/Time older than 48 hours.

SIGNATURE  PRINTED NAME KRYSTAL BARRIER
INTERPRETED BY: _____ DATE FEB 27 2022
REVIEWED/ _____
RELEASED BY  LUELLA HENDERSON ROSS 2/28/2022

ALiquot CHAIN OF CUSTODY LOG

DATE	RELEASED BY	RECEIVED BY	PURPOSE
02/24/22	SIGN. _____ NAME PHILLIPS, WILLIAM	SIGN. _____ NAME PASS THRU	TEMP STORAGE
FEB 24 2022	SIGN. _____ NAME PASS THRU	SIGN.  NAME AMY VANG	TRANSFER
FEB 24 2022	SIGN.  NAME AMY VANG	SIGN. _____ NAME ETS	TEMP STORAGE
FEB 25 2022	SIGN. _____ NAME ETS	SIGN.  NAME MALLORY KRISHNA	QT ALIQUOT / DISCARD EXCESS EXTRACTION
FEB 25 2022	SIGN.  NAME MALLORY KRISHNA	SIGN. _____ NAME GC/MS TS	TEMP STORAGE
FEB 25 2022	SIGN. _____ NAME GCMS TS	SIGN.  NAME JOSEPH KUBIAK	TRANSFER
FEB 25 2022	SIGN.  NAME JOSEPH KUBIAK	SIGN. _____ NAME GCMS A73	INJECT
02-26-22	SIGN. _____ NAME GCMS A73	SIGN.  NAME ALISA JEFFERY	transfer
02-26-22	SIGN.  NAME ALISA JEFFERY	SIGN. _____ NAME VIAL TS	temp Storage
_____	SIGN. _____ NAME _____	SIGN. _____ NAME _____	_____
_____	SIGN. _____ NAME _____	SIGN. _____ NAME _____	_____
_____	SIGN. _____ NAME _____	SIGN. _____ NAME _____	_____
_____	SIGN. _____ NAME _____	SIGN. _____ NAME _____	_____
_____	SIGN. _____ NAME _____	SIGN. _____ NAME _____	_____
_____	SIGN. _____ NAME _____	SIGN. _____ NAME _____	_____
_____	SIGN. _____ NAME _____	SIGN. _____ NAME _____	_____
_____	SIGN. _____ NAME _____	SIGN. _____ NAME _____	_____
_____	SIGN. _____ NAME _____	SIGN. _____ NAME _____	_____

SEQ	INSTR ID	ACCESSION	PARTICIPANT	CLIENT #	REQ #/ SpecimenID	EMIT ST	WORKLIST
-----	----------	-----------	-------------	----------	----------------------	---------	----------

1 *CAL

QAMP _____ QMANF _____

2 *40Z

QAMP _____ QMANF _____

3 *125Z NRC

QAMP _____ QMANF _____

4 *NEG

QAMP _____ QMANF _____

5 ✓ 692504Z 276761 51030236 4840481 1.96347 NV

Specimen ID Verification: 4840481 Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMP _____ AMPM _____ METAM _____ QAMP _____ QMANF _____ AMPMR DNR

METAMR DNR

NV

6 692274Z [REDACTED] 11128117 8928542 1.60890
QD21058460

Specimen ID Verification: QD21058460 Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMP _____ AMPM _____ METAM _____ QAMP _____ QMANF _____ AMPMR DNR

METAMR DNR

CSS2 @D AMP OXCD T50.

7/18 660111Z [REDACTED] 65509895 8902090 5.03961
7915511723

Specimen ID Verification: 7915511723 Verified

Dilution: Sample $\frac{100}{50}$ Diluent $\frac{1900}{1450}$ Dilution Factor $\frac{2}{40}$

SEQ	INSTR ID	ACCESSION	PARTICIPANT	CLIENT #	REQ #/ SpecimenID	EMIT	SI	WORKLIST
-----	----------	-----------	-------------	----------	----------------------	------	----	----------

AMP _____ AMPM _____ METAM _____ QAMP 35319 QMAMP + AMPMR +

METAMR +
 AMPMR: 35319.760
 METAMR: 175510.640
 QMAMP: 175510

RC1 (1:20 & 1:40) FOR METH-175510COLF/AMP-35319C @ N

8 715166Z [REDACTED] 10835828 8946653 1.07193

7916444650

Specimen ID Verification: 7916444650 Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMP _____ AMPM _____ METAM _____ QAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

9 693718Z [REDACTED] 10493983 8929572 1.35699 NV

7916939412

Specimen ID Verification: 7916939412 Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMPM _____ METAM _____ QAMP _____ QMAMP _____ A500 _____ AMPMR DNR

METAMR DNR

10 712545Z [REDACTED] 10547281 8944342 1.30733

7914260299

Specimen ID Verification: 7914260299 Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMP _____ AMPM _____ METAM _____ QAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

11 713645Z [REDACTED] 10858660 8945225 1.64553

0020544980

Specimen ID Verification: 0020544980 Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

SEQ	INSTR ID	ACCESSION	PARTICIPANT	CLIENT #	REG #/ SpecimenID	EMIT	ST	WORKLIST
-----	----------	-----------	-------------	----------	----------------------	------	----	----------

AMP _____ AMPM _____ METAM _____ GAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

12 ✓ 703716Z [REDACTED] 10909114 8937929 1.57880 NY ✓

7913639247

Specimen ID Verification: 7913639247

Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMP _____ AMPM _____ METAM _____ GAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

TXN5AR3
022414626
022424626
02/23/22

13 ✓ 704691Z [REDACTED] 10493983 8938632 3.43198 NV

7918599925

Specimen ID Verification: 7918599925

Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMPM _____ METAM _____ GAMP _____ QMAMP _____ A500 _____ AMPMR DNR

METAMR DNR

14 710084Z [REDACTED] 10234100 8942648 1.83630

7917176479

Specimen ID Verification: 7917176479

Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMP _____ AMPM _____ METAM _____ GAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

15 ✓ 699577Z [REDACTED] 11089553 8934367 1.93482 NV

QD16415764

Specimen ID Verification: QD16415764

Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMP _____ AMPM _____ METAM _____ GAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

NV

MDATWP18

WORKLIST: TXNAMMS2 LOAD: 0224018 AMPHETAMINES CONFIRMATION BY MS 02/24/2022 10:19P PAGE: 5

SEQ	INSTR ID	ACCESSION	PARTICIPANT	CLIENT #	REQ #/ SpecimenID	EMIT SI	WORKLIST
-----	----------	-----------	-------------	----------	----------------------	---------	----------

16	✓	701428Z		11079379	7390652	1.25862	NV
----	---	---------	--	----------	---------	---------	----

Specimen ID Verification: 7390652 Verified

Dilution Sample Diluent Dilution Factor

AMPM METAM QAMP QMAMP A500 AMPMR DNR

METAMR DNR

17		710457Z		80126732	1115177	1.09224	
----	--	---------	--	----------	---------	---------	--

Specimen ID Verification: 1115177 Verified

Dilution: Sample Diluent Dilution Factor

AMPM METAM QAMP QMAMP A500 AMPMR DNR

METAMR DNR

18		712181Z		10894172	8944004	1.51837	
----	--	---------	--	----------	---------	---------	--

AA08736449

Specimen ID Verification: AA08736449 Verified

Dilution: Sample Diluent Dilution Factor

AMPM METAM QAMP QMAMP A500 AMPMR DNR

METAMR DNR

19		712674Z		65778802	6575084	1.22769	
----	--	---------	--	----------	---------	---------	--

Specimen ID Verification: 6575084 Verified

Dilution: Sample Diluent Dilution Factor

AMP AMPM METAM QAMP QMAMP AMPMR DNR

METAMR DNR

20		718546Z		20009998	8948966		
----	--	---------	--	----------	---------	--	--

Dilution: Sample Diluent Dilution Factor

NETAMR DNR

Specimen ID Verification: 7911798475 Verified

METAMR DNR

Specimen ID Verification: 4870458 Verified

NETAMR DNR

Specimen ID Verification: 7918540705 Verified

METAMR DNR

Specimen ID Verification: QD20846451 Verified

METAMR DNR

SEQ	INSTR ID	ACCESSION	PARTICIPANT	CLIENT #	REQ W/ SpecimenID	EMIT SI	WORKLIST
-----	----------	-----------	-------------	----------	----------------------	---------	----------

25		713631Z		10791041	8945206 QD18498406	1.11870	
----	--	---------	--	----------	-----------------------	---------	--

Specimen ID Verification: QD18498406 Verified

Dilution: Sample_____ Diluent_____ Dilution Factor_____

AMP _____ AMPM _____ METAM _____ QAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

26		713879Z		10299211	4713838	1.88293	
----	--	---------	--	----------	---------	---------	--

Specimen ID Verification: 4713838 Verified

Dilution: Sample_____ Diluent_____ Dilution Factor_____

AMP _____ AMPM _____ METAM _____ QAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

27 ✓		633410Z		15085922	5368967	3.06156	NV
------	--	---------	--	----------	---------	---------	----

Specimen ID Verification: 5368967 Verified

Dilution: Sample_____ Diluent_____ Dilution Factor_____

AMP _____ AMPM _____ METAM _____ QAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

NV

28		713794Z		15001248	6048275	3.69303	
----	--	---------	--	----------	---------	---------	--

Specimen ID Verification: 6048275 Verified

Dilution: Sample_____ Diluent_____ Dilution Factor_____

AMPM _____ METAM _____ QAMP _____ QMAMP _____ AE00 _____ AMPMR DNR

METAMR DNR

29		714914Z		65509894	8946466 7914522640	2.21353	
----	--	---------	--	----------	-----------------------	---------	--

Specimen ID Verification: 7914522640 Verified

Dilution: Sample_____ Diluent_____ Dilution Factor_____

SEQ	INSTR ID	ACCESSION	PARTICIPANT	CLIENT #	REQ #/ SpecimenID	EMIT	SI	WORKLIST
-----	----------	-----------	-------------	----------	----------------------	------	----	----------

AMP _____ AMPM _____ METAM _____ QAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

30 714220Z [REDACTED] 80168932 5919846 2.23740

Specimen ID Verification: 5919846 Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMP _____ AMPM _____ METAM _____ QAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

31 714252Z [REDACTED] 65077358 8945931 1.44482

7200500482

Specimen ID Verification: 7200500482 Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMP _____ AMPM _____ METAM _____ QAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

32 715025Z [REDACTED] 80323992 8946552 3.03049

0017802074

Specimen ID Verification: 0017802074 Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMPM _____ METAM _____ QAMP _____ QMAMP _____ A500 _____ AMPMR DNR

METAMR DNR

33 ✓ 714098Z [REDACTED] 15027439 3506356 4.65028 NV

Specimen ID Verification: 3506356 Verified

Dilution: Sample _____ Diluent _____ Dilution Factor _____

AMP _____ AMPM _____ METAM _____ QAMP _____ QMAMP _____ AMPMR DNR

METAMR DNR

NV

SEQ	INSTR ID	ACCESSION	PARTICIPANT	CLIENT #	REQ #/ SpecimenID	EMIT SI	WORKLIST
-----	----------	-----------	-------------	----------	----------------------	---------	----------

34		715356Z	[REDACTED]	80178922	8946784 CC07686003	1.73328	
----	--	---------	------------	----------	-----------------------	---------	--

Specimen ID Verification: CC07686003 Verified

Dilution: Sample_____ Diluent_____ Dilution Factor_____

AMPM _____ METAM _____ QAMP _____ QNAMP _____ ASOO _____ AMPMR DNR

METAMR DNR

35		714901Z	[REDACTED]	80319218	2406860	2.20924	
----	--	---------	------------	----------	---------	---------	--

Specimen ID Verification: 2406860 Verified

Dilution: Sample_____ Diluent_____ Dilution Factor_____

AMP _____ AMPM _____ METAM _____ QAMP _____ QNAMP _____ AMPMR DNR

METAMR DNR

36		714439Z	[REDACTED]	11164192	6387592	1.55900	
----	--	---------	------------	----------	---------	---------	--

Specimen ID Verification: 6387592 Verified

Dilution: Sample_____ Diluent_____ Dilution Factor_____

AMP _____ AMPM _____ METAM _____ QAMP _____ QNAMP _____ AMPMR DNR

METAMR DNR

37		714611Z	[REDACTED]	10228065	8946270 QD20922037	4.23136	
----	--	---------	------------	----------	-----------------------	---------	--

Specimen ID Verification: QD20922037 Verified

Dilution: Sample_____ Diluent_____ Dilution Factor_____

AMP _____ AMPM _____ METAM _____ QAMP _____ QNAMP _____ AMPMR DNR

METAMR DNR

38		714931Z	[REDACTED]	11378686	8946477 QD20956208	3.74420	
----	--	---------	------------	----------	-----------------------	---------	--

Specimen ID Verification: QD20956208 Verified

Dilution: Sample_____ Diluent_____ Dilution Factor_____

SEQ	INSTR ID	ACCESSION	PARTICIPANT	CLIENT #	REQ #/ SpecimenID	EMIT \$I	WORKLIST
-----	----------	-----------	-------------	----------	----------------------	----------	----------

ANPM _____ METAM _____ QAMP _____ QMAMP _____ A500 _____ ANPMR DNR

METAMR DNR

39 *125%

QAMP _____ QMAMP _____

END OF WORKLIST

Exit

Non Instrument worklistWORKLIST: TXNAMMS2 Load: 0224018 02/27/2022 10:21:28 AM

PAGE 1

Open QC Failed
Blind QC Failed**KRYSTAL BARRIER**
FEB 27 2022

Reviewed and Verified by _____

Date: ____/____/____

CUP ACCESSION PART-ID INST-ID

1 *CAL 250 250

2 *40% 112.7 111.5

3 *125% NRC 681.0 679.4

4 *NEG NO NO

5 692504Z 276761

AMP=	:	AMPM=	:
METAM=	:		
AMP	5715	500	
MAMP	0	500	

6 692274Z [REDACTED]

AMP=	:	AMPM=	:
METAM=	:		
AMP	4281	500	
MAMP	10	500	

7 660111Z [REDACTED]

AMP=	:	AMPM=	:
METAM=	:		
AMP	36896	500	
MAMP	240662	500	

1:20
39096
251337

20/40

RC1 (1:20 & 1:40) FOR METH-175510COLF/AMP-35319C @ N
by: KSAV03 on 02/24/2022

8 715166Z [REDACTED]

AMP=	:	AMPM=	:
METAM=	:		
AMP	1538	500	
MAMP	0	500	

9 693718Z [REDACTED]

AMPM=	:	METAM=	:
A500=	:		
AMP	1055	250	
MAMP	0	250	

10 712545Z [REDACTED]

AMP=	:	AMPM=	:
METAM=	:		
AMP	0	500	
MAMP	0	500	

11 713645Z [REDACTED]

AMP=	:	AMPM=	:
METAM=	:		
AMP	0	500	
MAMP	0	500	

12 703716Z [REDACTED]

AMP=	:	AMPM=	:
METAM=	:		
AMP	687	500	
MAMP	614	500	

13 704691Z [REDACTED]

LUELLA
HENDERSON ROSS

FEB 28 2022

Non Instrument worklistWORKLIST: TXNAMMS2 Load: 0224018 02/27/2022 10:21:28 AM

PAGE 2

Open QC Failed
Blind QC Failed

CUP ACCESSION PART-ID INST-ID

CUP	ACCESSION	PART-ID	INST-ID	AMP	AMPM	METAM	MAMP	
				AMP=	:	METAM=	:	
				A500=	:			
				AMP	7304	250		
				MAMP	0	250		
14	710084Z			AMP=	:	AMPM=	:	
				METAM=	:			
				AMP	3860	500		
				MAMP	0	500		
15	699577Z			AMP=	:	AMPM=	:	
				METAM=	:			
				AMP	5776	500		
				MAMP	0	500		
16	701428Z			AMP=	:	METAM=	:	
				A500=	:			
				AMP	0	250		
				MAMP	0	250		
17	710457Z			AMP=	:	METAM=	:	
				A500=	:			
				AMP	0	250		
				MAMP	0	250		
18	712181Z			AMP=	:	METAM=	:	
				A500=	:			
				AMP	0	250		
				MAMP	0	250		
19	712674Z			AMP=	:	AMPM=	:	
				METAM=	:			
				AMP	639	500		
				MAMP	375	500		
20 *	718546Z			AMP=	:	AMPM=	:	QA BLIND ID=NEGATIVE
				METAM=	:			
				AMP	0	No Cutoff Found for %NNAMP		
				MAMP	0	No Cutoff Found for %NNAMP		
21	713616Z			AMP=	:	AMPM=	:	QC Out
				METAM=	:			
				AMP	454	500		
				MAMP	3391	500		
22	713985Z			AMP=	:	AMPM=	:	
				METAM=	:			
				AMP	0	500		
				MAMP	0	500		
23	712593Z							

Non Instrument worklistWORKLIST: TXNAMMS2 Load: 0224018 02/27/2022 10:21:28 AM

PAGE 3

Open QC Failed
Blind QC Failed

CUP ACCESSION PART-ID INST-ID

CUP ACCESSION	PART-ID	INST-ID	AMP=	: METAM=	:
			A500=	:	
			AMP	518	250
			MAMP	0	250
24	709852Z		AMP=	: METAM=	:
			A500=	:	
			AMP	23167	250
			MAMP	0	250
25	713631Z		AMP=	: AMPM=	:
			METAM=	:	
			AMP	7640	500
			MAMP	0	500
26	713879Z		AMP=	: AMPM=	:
			METAM=	:	
			AMP	5625	500
			MAMP	0	500
27	633410Z		AMP=	: AMPM=	:
			METAM=	:	
			AMP	1329	250
			MAMP	6012	250
28	713794Z		AMP=	: METAM=	:
			A500=	:	
			AMP	8229	250
			MAMP	0	250
29	714914Z		AMP=	: AMPM=	:
			METAM=	:	
			AMP	8606	500
			MAMP	2640	500
30	714220Z		AMP=	: AMPM=	:
			METAM=	:	
			AMP	8409	500
			MAMP	0	500
31	714252Z		AMP=	: AMPM=	:
			METAM=	:	
			AMP	2263	500
			MAMP	0	500
32	715025Z		AMP=	: METAM=	:
			A500=	:	
			AMP	4272	250
			MAMP	0	250
33	714098Z		AMP=	: AMPM=	:
			METAM=	:	
			AMP	10379	500
			MAMP	90100	500
34	715356Z				

Non Instrument worklistWORKLIST: TXNAMMS2 Load: 0224018 02/27/2022 10:21:28 AM

PAGE 4

Open QC Failed
Blind QC Failed

CUP ACCESSION PART-ID INST-ID

		AMPM=	:	METAM=	:
		A500=	:		
		AMP	1085	250	
		MAMP	1	250	
35	714901Z	AMPM=	:	AMPM=	:
		METAM=	:		
		AMP	7640	500	
		MAMP	0	500	
36	714439Z	AMPM=	:	AMPM=	:
		METAM=	:		
		AMP	3073	500	
		MAMP	0	500	
37	714611Z	AMPM=	:	AMPM=	:
		METAM=	:		
		AMP	4164	500	
		MAMP	69027	500	
38	714931Z	AMPM=	:	METAM=	:
		A500=	:		
		AMP	6314	250	
		MAMP	0	250	

39 *125% 374.7 348.0

QC ID = 125%
No QC Results

Box # 6



Quest Diagnostics

MS VIAL DISPOSAL LOG

[illegible]**ALS Vials Discarded by:**

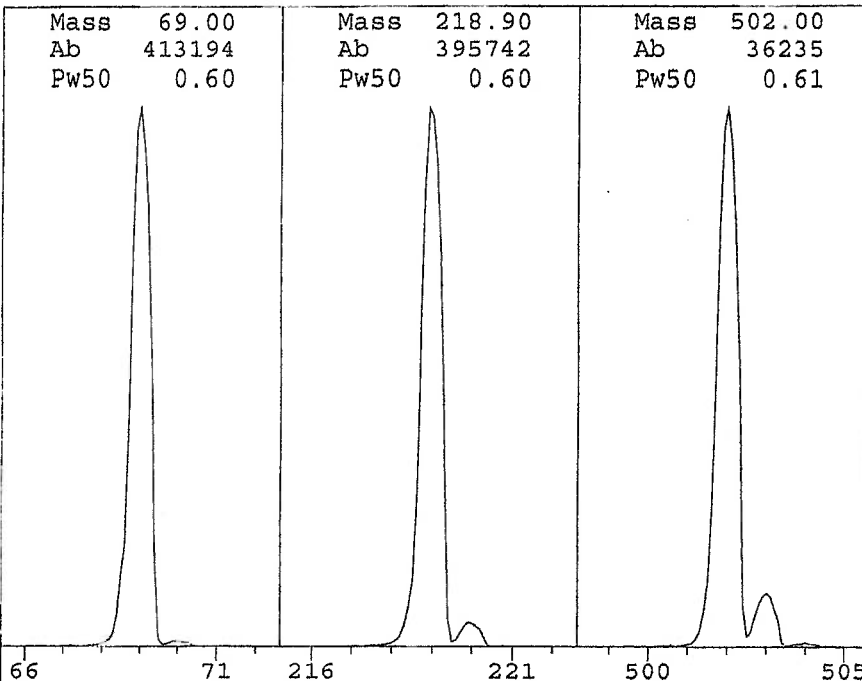
Sign:

Print/Date:

MAR 09 2022

TIARA WHATLEY

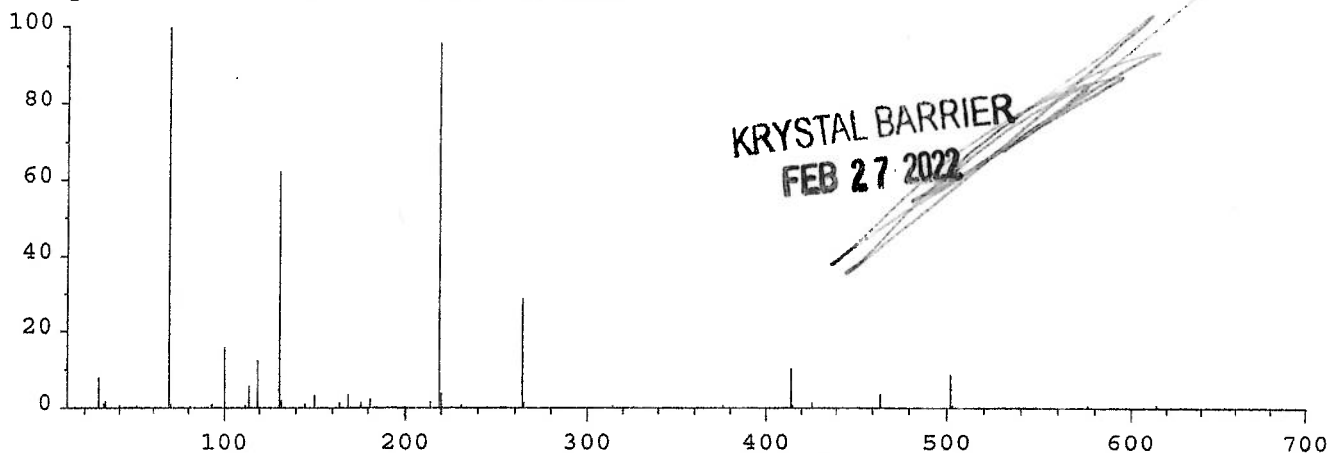
NVBOP - 063



Ion Pol Pos MassGain -847
MassOffs -38
Emission 34.6 AmuGain 1557
EIEnrgy 69.9 AmuOffs 118.63
Filament 2 Wid219 0.002
DC Pol Pos
Repeller 25.10
IonFcus 90.2 HEDenab On
EntLens 25.5 EMVolts 2635
EntOffs 16.82
Samples 8
PFTBA Open Averages 3
Stepsize 0.10

Temperatures and Pressures:
MS Source 230 TurboSpd 100
MS Quad 150 HiVac 1.00e+10

Scan: 10.00 - 701.00 Samples: 8 Thresh: 100 Step: 0.10
133 peaks Base: 69.00 Abundance: 391104



KRISTAL BARRIER
FEB 27 2022

Mass	Abund	Rel Abund	Iso Mass	Iso Abund	Iso Ratio
69.00	391104	100.00	70.00	4112	1.05
219.00	375232	95.94	220.00	16260	4.33
502.00	34640	8.86	503.00	3536	10.21

Air/Water Check: H2O~1.94% N2~8.03% O2~1.76% CO2~0.21% N2/H2O~414.68%

Column(1) Flow: 1.646 Column(2): 0 ml/min. Interface Temp: 280

Ramp Criteria:

Ion Focus Maximum 90 volts using ion 502; EM Gain 144013
Repeller Maximum 35 volts using ion 219; Gain Factor 1.44

MassGain Values(Samples): -842(3) -834(2) -823(1) -807(0) -807(FS)

TARGET MASS:	50	69	131	219	414	502	1050
Amu Offset:	118.6	118.6	118.6	118.6	118.6	118.6	118.6
Entrance Lens Offset:	16.8	16.8	16.8	16.8	16.8	16.8	16.8

LUELLA
HENDERSON ROSS

FEB 28 2022

NVBOP - 064

Confirmation Certification Checklist

By signing below, I certify I have reviewed the following documents for confirmation batch

ID TXNAMM52 0224018.


CONFIRMATION REVIEW

- Calibrator(s)/Controls (Open and QA) acceptable
- Control Range Sheet
 - Verified Lot #
 - Controls within range
- Confirmation Data (chromatograms) including Original Data Packet when applicable
- Autotune acceptable when applicable
- Worklist documentation
- Sequence Table (Seq verification and Solvent verification)
- Internal Standard Abundance Criteria worksheet when applicable
- D/L Calculation worksheet when applicable -verify version
- Corrective Action(s) (if applicable)
- Certification Summary Report

CHAIN OF CUSTODY REVIEW


- Internal aliquot chain of custody (worklist)
- Internal bottle chain of custody (pull list)

Certification completed and batch released by:


LUELLA HENDERSON ROSS 2/28/2022
Certifying Scientist
Name/Date/Signature

Confirmation Re-Certification

By signing below, I certify I have reviewed the documents listed above and the confirmation data (chromatogram) for sample(s) of interest.


DANSON KAMUNYU
FEB 28 2022

Certifying Scientist
Name/Date/Signature

Certifying Scientist
Name/Date/Signature

Certifying Scientist
Name/Date/Signature

Certifying Scientist
Name/Date/Signature

Open QC OK
Blind QC OK

Reviewed and Verified by

Luella Henderson Ross
LUELLA HENDERSON ROSS

Date:

2/28/2022

CUP ACCESSION PART-ID INST-ID

1 *CAL		QAMP = (250) QMAMP = (250)	QC ID = CAL
2 *40%		QAMP = (112.7) QMAMP = (111.5)	QC ID = 40%
3 *125% NRC		QAMP = (681.0) QMAMP = (679.4)	QC ID = 125% NRC
4 *NEG		QAMP = (0) QMAMP = (0)	QC ID = NEG
5 * 6925042	276761 NV	AMP= DNR: AMPM=POSITIVE: METAM=NEGATIVE: AMP 5715 500 MAMP 0 500	
6 * 692274Z	[REDACTED]	AMP= DNR: AMPM=POSITIVE: METAM=NEGATIVE: AMP 4281 500 MAMP 0 500	
✓ 7 * 660111Z	[REDACTED] 20/40 dl ✓	AMP= DNR: AMPM=POSITIVE: METAM=POSITIVE: AMP 36896 500 MAMP 240662 500 ✓	
8 * 715166Z	[REDACTED]	AMP= DNR: AMPM=POSITIVE: METAM=NEGATIVE: AMP 1538 500 MAMP 0 500	
9 * 693718Z	[REDACTED] NV	AMPM=POSITIVE: METAM=NEGATIVE: A500= DNR: AMP 1055 250 MAMP 0 250	
10 * 712545Z	[REDACTED]	AMP=NEGATIVE: AMPM= DNR: METAM= DNR: AMP 0 500 MAMP 0 500	
11 * 713645Z	[REDACTED]	AMP=NEGATIVE: AMPM= DNR: METAM= DNR: AMP 0 500 MAMP 0 500	
✓ 12 * 703716Z	[REDACTED] dl ✓	AMP= DNR: AMPM=POSITIVE: METAM=POSITIVE: AMP 687 500 MAMP 614 500 ✓	
13 * 704691Z	[REDACTED] NV	AMPM=POSITIVE: METAM=NEGATIVE: A500= DNR: AMP 7304 250 MAMP 0 250	
14 * 710084Z	[REDACTED]	AMP= DNR: AMPM=POSITIVE: METAM=NEGATIVE: AMP 3860 500 MAMP 0 500	
15 * 699577Z	[REDACTED] NV	AMP= DNR: AMPM=POSITIVE: METAM=NEGATIVE: AMP 5776 500 MAMP 0 500	
16 * 701428Z	[REDACTED] NV		

KRYSTAL BARRIER
FEB 27 2022

Non Instrument worklistWORKLIST: TXNAMMS2 Load: 0224018 02/27/2022 05:11:35 PM

PAGE 2

Open QC OK
Blind QC OK

CUP ACCESSION PART-ID INST-ID

CUP ACCESSION	PART-ID	INST-ID	AMPM=	DNR: METAM=	DNR: A500=NEGATIVE:
			AMP 0 250		
			MAMP 0 250		
17	710457Z		AMPM=	DNR: METAM=	DNR: A500=NEGATIVE:
			AMP 0 250		
			MAMP 0 250		
18	712181Z		AMPM=	DNR: METAM=	DNR: A500=NEGATIVE:
			AMP 0 250		
			MAMP 0 250		
19	712674Z		AMPM=	DNR: AMPM=POSITIVE: METAM=NEGATIVE:	
			AMP 639 500		
			MAMP 375 500		
20	718546Z		AMP=NEGATIVE: AMPM=	DNR: METAM=	DNR: GA BLIND ID=NEGATIVE
			AMP 0 No Cutoff Found for %NNAMP		
			MAMP 0 No Cutoff Found for %NNAMP		
21	713616Z		AMPM=	DNR: AMPM=NEGATIVE: METAM=POSITIVE:	
			AMP 454 500		
			MAMP 3391 500		
22	713985Z		AMP=NEGATIVE: AMPM=	DNR: METAM=	DNR:
			AMP 0 500		
			MAMP 0 500		
23	712593Z		AMPM=POSITIVE: METAM=NEGATIVE: A500=	DNR:	
			AMP 518 250		
			MAMP 0 250		
24	709852Z		AMPM=POSITIVE: METAM=NEGATIVE: A500=	DNR:	
			AMP >10000 250		
			MAMP 0 250		
25	713631Z		AMP=NEGATIVE: AMPM=	DNR: METAM=	DNR:
			AMP 0 500		
			MAMP 0 500		
26	713879Z		AMPM=	DNR: AMPM=POSITIVE: METAM=NEGATIVE:	
			AMP 5625 500		
			MAMP 0 500		
✓ 27	633410Z	NV ✓	AMPM=	DNR: AMPM=POSITIVE: METAM=POSITIVE:	
			AMP 1329 250		
			MAMP 6012 250 ✓		
28	713794Z		AMPM=POSITIVE: METAM=NEGATIVE: A500=	DNR:	
			AMP 8229 250		
			MAMP 0 250		
29	714914Z				

Non Instrument worklistWORKLIST: TXNAMMS2 Load: 0224018 02/27/2022 05:11:35 PM

PAGE 3

Open QC OK
Blind QC OK

CUP ACCESSION PART-ID INST-ID

		AMP=	DNR: AMPM=POSITIVE: METAM=NEGATIVE:
		AMP	8606 , 500
		MAMP	0 , 500
30	714220Z [REDACTED]	AMP=	DNR: AMPM=POSITIVE: METAM=NEGATIVE:
		AMP	8409 , 500
		MAMP	0 , 500
31	714252Z [REDACTED]	AMP=	DNR: AMPM=POSITIVE: METAM=NEGATIVE:
		AMP	2263 , 500
		MAMP	0 , 500
32	715025Z [REDACTED]	AMPM=POSITIVE: METAM=NEGATIVE: A500=	DNR:
		AMP	4272 , 250
		MAMP	0 , 250
33	714098Z [REDACTED] NV	AMP=	DNR: AMPM=POSITIVE: METAM=POSITIVE:
		AMP	>10000 , 500
		MAMP	>10000 , 500
34	715356Z [REDACTED]	AMPM=POSITIVE: METAM=NEGATIVE: A500=	DNR:
		AMP	1085 , 250
		MAMP	0 , 250
35	714901Z [REDACTED]	AMP=	DNR: AMPM=POSITIVE: METAM=NEGATIVE:
		AMP	7640 , 500
		MAMP	0 , 500
36	714439Z [REDACTED]	AMP=	DNR: AMPM=POSITIVE: METAM=NEGATIVE:
		AMP	3073 , 500
		MAMP	0 , 500
37	714611Z [REDACTED] dl	AMP=	DNR: AMPM=POSITIVE: METAM=POSITIVE:
		AMP	4164 , 500
		MAMP	>10000 , 500 69027
38	714931Z [REDACTED]	AMPM=POSITIVE: METAM=NEGATIVE: A500=	DNR:
		AMP	6314 , 250
		MAMP	0 , 250
39	*125%	QAMP	= (374.7) QMAMP = (368.0) QC ID = 125%

Batch Summary Report

Quest

Batch Dir: **TXNAMMS20224018**

Acquisition Date: 25 Feb 2022 5:11 pm

Instrument Name: A73

Drug Class: Amphetamine

Operator: _____

Batch Name: TXNAMMS20224018

Original Method File: C:\MSDCHEM\1\DATA\TXNAMMS20224018\AMPSINGLECAL.M

Ion Ratio Range: +/-20%

Original Data Path: C:\MSDCHEM\1\DATA\TXNAMMS20224018

Retention Time Range: +/-2%

Cutoff File Information						Quantitation Database			
Compound Name	Cutoff Conc.	File Name	Calc. Conc.	Sample Name	RT	Ratio 1	Ratio 2	ISTD Ratio1	ISTD Ratio 2

Run No	Compound Name	Cutoff Conc.	File Name	Calc. Conc.	Sample Name	RT	Ratio 1	Ratio 2	ISTD Ratio1	ISTD Ratio 2
1	Amp	0	001SP0004.d	651.89	UNX	2.72	78.20	39.52	72.27	
1	Methamp	0		649.88		3.55	27.41	22.34	25.10	
3	Amp	250	002CA0002.d	250	CAL	2.72	76.97	39.18	70.21	
3	Methamp	250		250		3.55	27.09	20.73	24.29	
3	Amp	250	002CA0002.d	250	CAL	2.72	76.97	39.18	70.21	
3	Methamp	250		250		3.55	27.09	20.73	24.29	
1	Amp	0	003SP0003.d	112.79	40% CTRL	2.72	74.72	37.57	72.48	
1	Methamp	0		111.57		3.55	26.71	22.24	25.08	
1	Amp	0	004SP0004.d	681.09	125% NRC	2.73	77.88	40.04	72.61	
1	Methamp	0		679.43		3.55	27.35	22.16	25.32	
4	Amp	0	005NE0005.d	0.03	NEG INT CTRL	2.75	0.00	0.00	72.02	
4	Methamp	0		0.8		3.55	0.00	0.00	24.83	
1	Amp	0	006SP0006.d	5715.2	692504Z	2.73	77.72	38.33	69.85	
1	Methamp	0		2.28		3.55	29.86	33.18	25.25	
1	Amp	0	007SP0007.d	4281.61	692274Z	2.73	79.33	38.97	75.04	
1	Methamp	0		1.98		3.55	30.32	24.52	25.18	
1	Amp	0	008SP0008.d	39096.33	660111Z-20	2.72	78.78	39.17	73.81	
1	Methamp	0		251337.28		3.55	27.78	21.97	25.04	
2	Amp	0	009BL0096.d	10597.78	(DQ) Blank injection	2.70	150.00	100.00	0.00	
2	Methamp	0		0		0.00	0.00	0.00	0.00	
1	Amp	0	010SP0009.d	36896.96	660111Z-40	2.73	77.06	38.26	73.02	
1	Methamp	0		240662.4		3.55	27.32	21.79	25.31	
1	Amp	0	011SP0010.d	1538.98	715166Z	2.73	78.41	38.44	73.98	
1	Methamp	0		2.21		3.55	43.50	22.60	25.19	
1	Amp	0	012SP0011.d	1055.48	693718Z	2.72	77.77	39.10	72.87	
1	Methamp	0		0.73		3.55	0.00	34.69	24.99	
1	Amp	0	013SP0012.d	0	712545Z	0.00	0.00	0.00	74.12	

KRYSTAL BARRIER
FEB 27 2022

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Date of Printing: 02-26-2022

NVBOP - 069

1 Methamp	0	0	0.00	0.00	0.00	25.27
1 Amp	0 014SP0013.d	0.1 713645Z	2.74	300.00	233.33	71.54
1 Methamp	0	0.58	3.55	0.00	16.67	25.07
1 Amp	0 015SP0014.d	687.81 703716Z	2.72	77.64	39.14	72.95
1 Methamp	0	614.71	3.55	27.45	22.15	25.29
1 Amp	0 016SP0015.d	7304.69 704691Z	2.73	79.21	39.62	69.12
1 Methamp	0	2.84	3.55	33.67	0.00	25.26
1 Amp	0 017SP0016.d	3860.68 710084Z	2.73	77.75	38.27	69.69
1 Methamp	0	3.4	3.54	31.58	31.02	24.78
1 Amp	0 018SP0017.d	5776.52 699577Z	2.73	78.09	38.55	70.82
1 Methamp	0	2.42	3.55	36.44	40.68	24.88
1 Amp	0 019SP0018.d	0.34 701428Z	2.69	342.31	0.00	71.07
1 Methamp	0	0.7	3.54	0.00	0.00	24.46
1 Amp	0 020SP0019.d	0.25 710457Z	2.69	0.00	0.00	72.67
1 Methamp	0	0	0.00	0.00	0.00	25.04
1 Amp	0 021SP0020.d	0.08 712181Z	2.75	0.00	0.00	72.70
1 Methamp	0	0	0.00	0.00	0.00	24.85
2 Amp	0 022BL0099.d	529.88 SB	2.71	150.00	800.00	250.00
2 Methamp	0	0	0.00	0.00	0.00	250.00
1 Amp	0 023SP0021.d	639.57 712674Z	2.73	78.43	39.27	73.47
1 Methamp	0	375.69	3.55	27.38	22.31	25.25
1 Amp	0 024SP0022.d	0.02 718546Z***	2.72	300.00	0.00	71.59
1 Methamp	0	0.59	3.55	0.00	21.43	24.92
1 Amp	0 025SP0023.d	454.92 713616Z	2.72	78.16	39.31	73.12
1 Methamp	0	3391.52	3.55	27.59	22.01	25.23
1 Amp	0 026SP0024.d	0.64 713985Z	2.73	172.73	257.58	71.35
1 Methamp	0	0.76	3.55	0.00	0.00	24.63
1 Amp	0 027SP0025.d	518.6 712593Z	2.73	77.92	39.13	72.53
1 Methamp	0	0.72	3.54	0.00	19.70	25.00
1 Amp	0 028SP0026.d	23167.65 709852Z	2.73	78.36	38.51	70.28
1 Methamp	0	9.67	3.55	29.08	55.66	24.93
2 Amp	0 029BL0096.d	353.25 (DQ) Blank Injection	2.73	150.00	0.00	133.33
2 Methamp	0	0	0.00	0.00	0.00	133.33
1 Amp	0 030SP0027.d	76.03 713631Z	2.71	0.43	0.00	73.21
1 Methamp	0	0.55	3.55	0.00	35.29	25.09
1 Amp	0 031SP0028.d	5625.5 713879Z	2.73	77.65	38.43	68.32
1 Methamp	0	1.79	3.55	0.00	0.00	25.18
1 Amp	0 032SP0029.d	1329.27 633410Z	2.73	78.10	38.94	72.35
1 Methamp	0	6012.91	3.55	27.62	21.93	25.19
1 Amp	0 033SP0030.d	8229.84 713794Z	2.73	78.48	38.83	68.78
1 Methamp	0	1.93	3.55	31.33	0.00	25.52
1 Amp	0 034SP0031.d	8606.42 714914Z	2.73	78.78	38.99	69.22
1 Methamp	0	26.16	3.55	27.93	28.69	24.94
1 Amp	0 035SP0032.d	8409.17 714220Z	2.73	79.27	39.50	69.39
1 Methamp	0	3.2	3.55	33.82	86.76	25.02
1 Amp	0 036SP0033.d	2263.74 714252Z	2.73	77.30	38.05	73.32
1 Methamp	0	0.72	3.55	0.00	0.00	25.27
1 Amp	0 037SP0034.d	4272.19 715025Z	2.73	77.73	38.32	74.11

1 Methamp	0	1.91	3.55	44.09	20.97	25.18
1 Amp	0 038SP0035.d	10379.3 714098Z	2.73	78.53	38.89	71.18
1 Methamp	0	90100.6	3.56	27.47	21.31	25.12
2 Amp	0 039BL0096.d	529.88 (DQ) Blank Injection	2.75	100.00	400.00	400.00
2 Methamp	0	0	3.54	24.21	25.26	400.00
1 Amp	0 040SP0036.d	1085.42 715356Z	2.73	78.70	39.31	73.70
1 Methamp	0	1.81	3.55	31.74	20.36	25.24
1 Amp	0 041SP0037.d	7640.55 714901Z	2.73	80.32	40.47	68.91
1 Methamp	0	2.51	3.55	33.87	33.87	25.53
1 Amp	0 042SP0038.d	3073.08 714439Z	2.73	77.25	38.27	72.69
1 Methamp	0	1.19	3.54	0.00	28.79	24.73
1 Amp	0 043SP0039.d	4164 714611Z	2.73	78.05	38.65	70.61
1 Methamp	0	69027.97	3.56	27.54	21.22	24.92
2 Amp	0 044BL0096.d	264.94 (DQ) Blank Injection	2.70	500.00	0.00	400.00
2 Methamp	0	0	3.55	31.67	38.33	400.00
1 Amp	0 045SP0040.d	6314.26 714931Z	2.73	78.81	39.07	69.26
1 Methamp	0	2.18	3.55	30.53	46.46	25.32
1 Amp	0 046SP0041.d	374.74 125% CTRL	2.73	77.48	39.61	71.69
1 Methamp	0	368.07	3.55	26.98	21.66	25.08

End of Batch

**TXNAMMS2**

Batch ID

0224018

AMPHETAMINE / METHAMPHETAMINE

	LOD	LOQ	ULL	80% of LOQ	On-Column Target*	40% Control	NRC 125% Control	125% Control
AMP	250	25	10000	20	100	85.27-127.91	524.51-786.77	269.65-404.48
MAMP	250	25	10000	20	100	83.87-125.81	523.94-785.92	269.77-404.66

*Regulated Only

2 ml acceptable dilutions

Lot Numbers

I.S. A020322S

Cal 1 A082521C

40% 21075902

NRC 125 21075903

Neg** I092921

125% 21065897

MA 2-23-22
 **Interference Control

Dilution Sample (µL) Negative (µL)

NEAT	2000	0
2	1000	1000
4	500	1500
10	200	1800
20	100	1900
40	50	1950
100	20	1980
Serial Dilutions		
200	1:2 then 1:100	
400	1:10 then 1:40	

Dilution Protocol

QTN	NEAT
Insurance	1:2
Clinical	NEAT

Agilent Autotune Ranges

219 abundance: >40%

502 abundance: >2.4%

70 isotope: 0.5 - 1.6%

220 isotope: 3.2 - 5.4%

503 isotope: 7.9 - 12.3%

water(18): <20 Air(28): <10

EMVolts <3000

Peak Width Pw50: 0.5 - 0.7 amu

KRYSTAL BARRIER**FEB 27 2022**

Batch # TXNAMMS2 0224018

Calibrator I.S. Areas
2nd (if Necessary) <--- Enter Cal I.S. Area here
 <--- If it is a Multi-drug

37620
62742

LOW		HIGH
18,810	to	75,239
31,371	to	125,483

1st Drug
2nd Drug

10% (1st drug) > or = to this area
10% (2nd drug) > or = to this area

3762
6274

50% (1st drug) > or = to this area
50% (2nd drug) > or = to this area

18,810
31,371

200% (1st drug) < this area
200% (2nd drug) < this area

75,240
125,484

Version 4.0

KRYSTAL BARRIER
FEB 27 2022

Post-Batch Name : C:\msdchem\1\sequence\TXNAMMS20224018.S
 Original Data Path : C:\MSDCHEM\1\DATA\
 Last Modified on : 25 Feb 2022 at 16:14 pm

Method: AMPSINGLECAL.M; Intelligent Sequencing: On First Blank: 96

Line SampleType Vial Sample Name Multiplier

Line	SampleType	Vial	Sample Name	Multiplier
1)	BATCHDIR	-	TXNAMMS20224018	
2)	Specimen	4	UNX	1.00
3)	Calibrator	2	CAL	1.00
4)	REQTSTDS			
5)	Specimen	3	40% CTRL	1.00
6)	Specimen	4	125% NRC	1.00
7)	Negative	5	NEG INT CTRL	1.00
8)	Specimen	6	692504Z	1.00
9)	Specimen	7	692274Z	1.00
10)	Specimen	8	660111Z-20	20.00*
11)	Specimen	9	660111Z-40	40.00*
12)	Specimen	10	715166Z	1.00
13)	Specimen	11	693718Z	1.00
14)	Specimen	12	712545Z	1.00
15)	Specimen	13	713645Z	1.00
16)	Specimen	14	703716Z	1.00
17)	Specimen	15	704691Z	1.00
18)	Specimen	16	710084Z	1.00
19)	Specimen	17	699577Z	1.00
20)	Specimen	18	701428Z	1.00
21)	Specimen	19	710457Z	1.00
22)	Specimen	20	712181Z	1.00
23)	PAUSE			
24)	Blank	99	SB	1.00
25)	Specimen	21	712674Z	1.00
26)	Specimen	22	718546Z***	1.00
27)	Specimen	23	713616Z	1.00
28)	Specimen	24	713985Z	1.00
29)	Specimen	25	712593Z	1.00
30)	Specimen	26	709852Z	1.00
31)	Specimen	27	713631Z	1.00
32)	Specimen	28	713879Z	1.00
33)	Specimen	29	633410Z	1.00
34)	Specimen	30	713794Z	1.00
35)	Specimen	31	714914Z	1.00
36)	Specimen	32	714220Z	1.00
37)	Specimen	33	714252Z	1.00
38)	Specimen	34	715025Z	1.00
39)	Specimen	35	714098Z	1.00
40)	Specimen	36	715356Z	1.00
41)	Specimen	37	714901Z	1.00
42)	Specimen	38	714439Z	1.00
43)	Specimen	39	714611Z	1.00
44)	Specimen	40	714931Z	1.00
45)	Specimen	41	125% CTRL	1.00

Sequence Built/Vials	Sequence- ified By:	Post-Run Sequence- Vials Verified By:	Solvents Checked	Initials	Name	Date
			JK	JK	JOSEPH KUBIAK	FEB 25 2022
			UK	UK	Wanda Reed	2-25-22
					Alison Jeffery	02-26-22

(@) Indicates that Sample name has been truncated.

KRYSTAL BARRIER
FEB 27 2022

LUELLA
HENDERSON

FEB 28 2022

QUANTITATION REPORT FOR Amp ON : Quest/A73

67

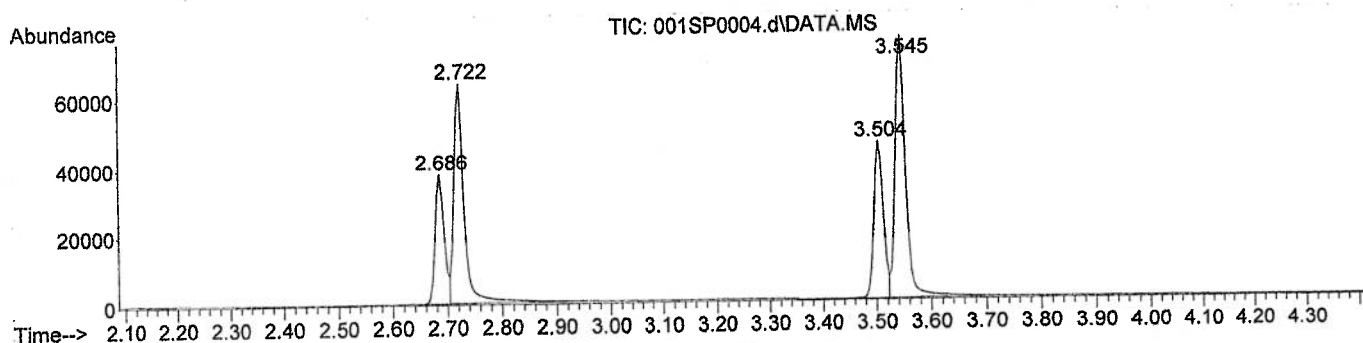
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\001SP0004.d
 Operator :
 Tune File Name : C:\msdchem\1\5975\atune.u
 Tune Date : 25 Feb 2022 3:20 pm ✓ Mult : 1
 Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
 Calibration date : 25 Feb 2022 4:13 am
 Acquisition date : 25 Feb 2022 5:11 pm
 Sample Name : UNX
 Misc Info :
 Vial Number : 4

KRYSTAL BARRIER
 FEB 27 2022

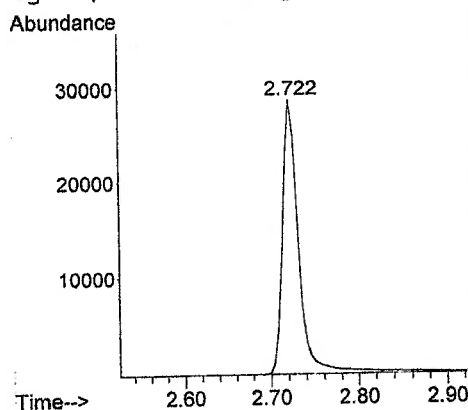
LUELLA
 HENDERSON JOSS
 FEB 28 2022

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Amp D11	194.0	2.686	2.636- 2.744	28304*		30273- 121090
	128.1			20456	72.3	57.4- 86.0
Amp	189.9	2.722	2.672- 2.781	36590		
	118.0			28613	78.2	61.8- 92.6
	91.0			14460	39.5	30.7- 46.1

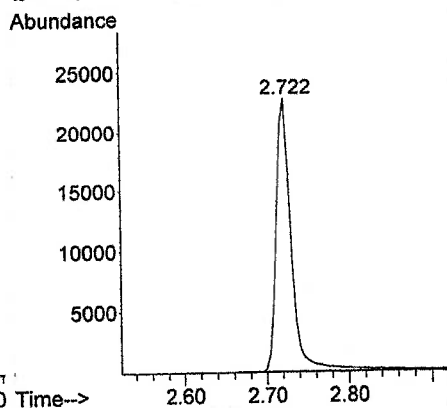
Concentration: 651.89 ng/mL ** ISTD AREA IS BELOW MINIMUM LIMIT **



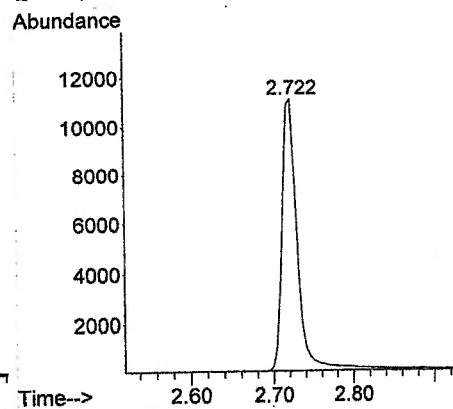
Tgt m/z 189.9 (Target)



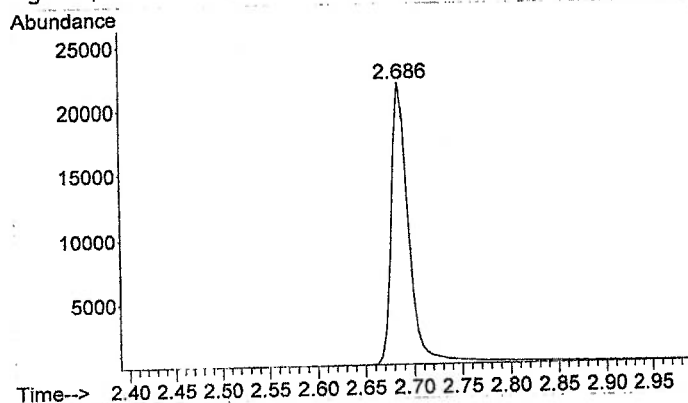
Q1 m/z 118.0



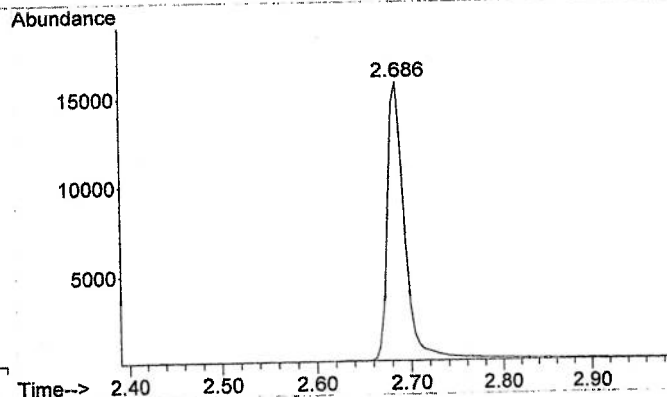
Q2 m/z 91.0



Tgt m/z 194.0 (IntStd)



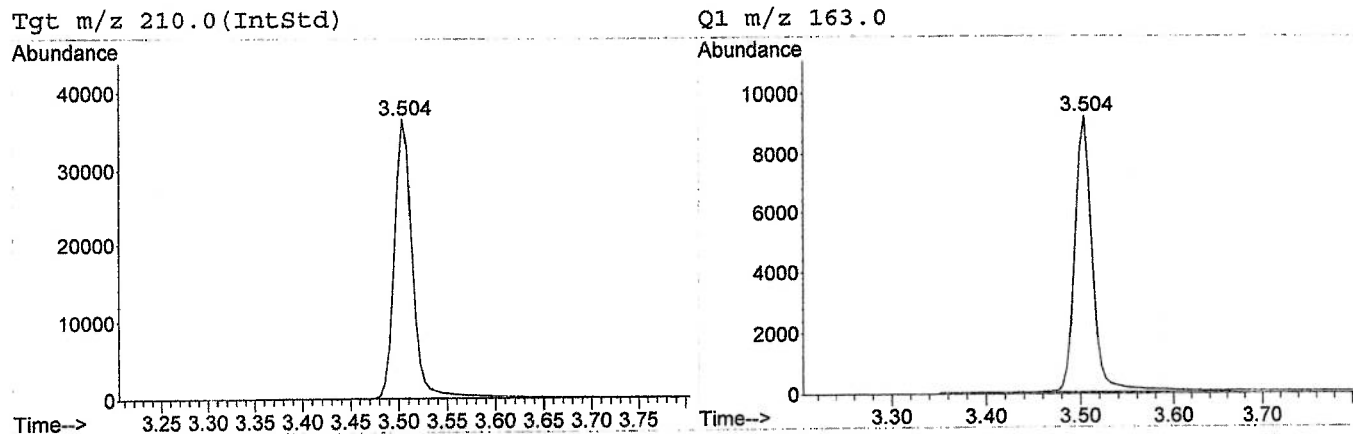
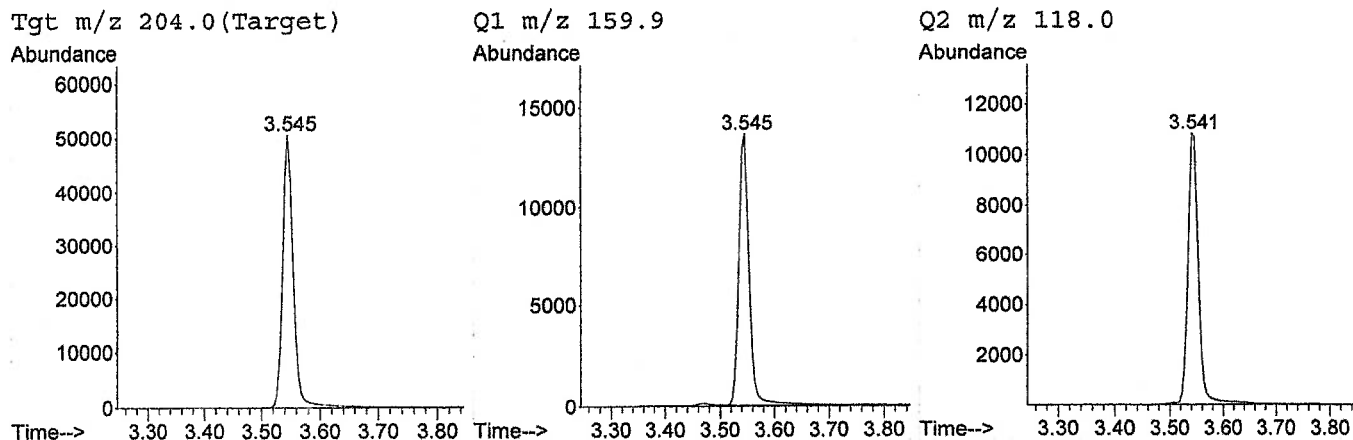
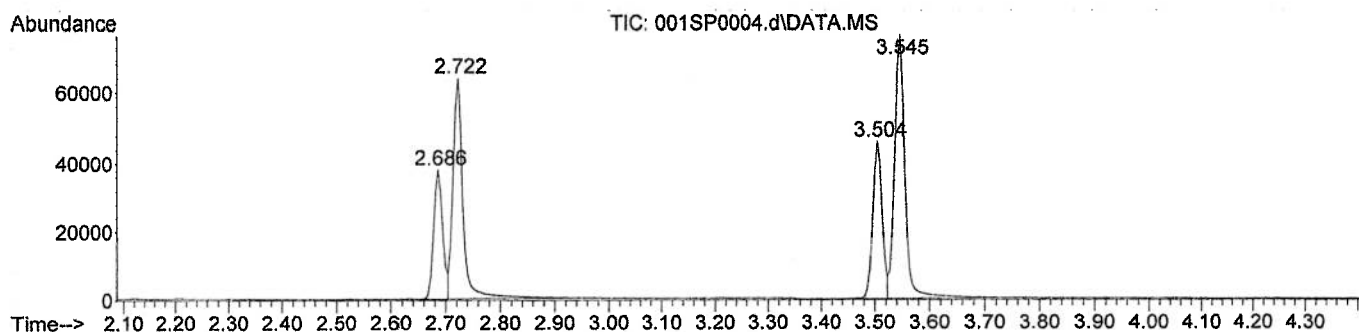
Q1 m/z 128.1



Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\001SP0004.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 4:13 am
Acquisition date : 25 Feb 2022 5:11 pm
Sample Name : UNX
Misc Info :
Vial Number : 4

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Methamp	D11					
	210.0	3.504	3.434- 3.574	47381*		53855- 215418
	163.0			11894	25.1	19.9- 29.9
Methamp	204.0	3.545	3.474- 3.616	64679		
	159.9			17726	27.4	21.9- 32.9
	118.0			14452	22.3	17.2- 25.8

Concentration: 649.88 ng/mL ** ISTD AREA IS BELOW MINIMUM LIMIT **



File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\002CA0002.d
Operator :
Acquired : 25 Feb 2022 5:20 pm using AcqMethod AMPSINGLECAL.M
Sample Name: CAL
Misc Info :
Vial Number: 2

AMPHETAMINES IN URINE

Calibration Last Updated: Fri Feb 25 17:27:07 2022

Reference Window: 4.00 Percent
Non-Reference Window: 4.00 Percent
Correlation Window: 0.03 minutes
Default Multiplier: 1.00
Default Sample Concentration: 0.00

Compound Information

1) Amp D11 (ISTD TR)
Ret. Time 2.69 min., Extract & Integrate from 2.39 to 2.99 min.
Signal Rel Resp. Pct. Unc.(rel) Integration
Tgt 194.00 *** METH DEFAULT ***
Q1 128.10 70.20 20.0 *** METH DEFAULT ***
Lvl ID Conc (ng/mL) Response
1 500.000 37620
Qualifier Peak Analysis ON ISTD conc: 500.000 ng/mL
Curve Fit: Linear, forced through origin

2) Amp ()
Ret. Time 2.72 min., Extract & Integrate from 2.52 to 2.92 min.
Signal Rel Resp. Pct. Unc.(rel) Integration
Tgt 189.90 *** METH DEFAULT ***
Q1 118.00 77.00 20.0 *** METH DEFAULT ***
Q2 91.00 39.20 20.0 *** METH DEFAULT ***
Lvl ID Conc (ng/mL) Response
1 250.000 17749
Qualifier Peak Analysis ON
Curve Fit: Linear, forced through origin

3) Methamp D11 (ISTD TR)
Ret. Time 3.50 min., Extract & Integrate from 3.20 to 3.80 min.
Signal Rel Resp. Pct. Unc.(rel) Integration
Tgt 210.00 *** METH DEFAULT ***
Q1 163.00 24.30 20.0 *** METH DEFAULT ***
Lvl ID Conc (ng/mL) Response
1 500.000 62742
Qualifier Peak Analysis ON ISTD conc: 500.000 ng/mL
Curve Fit: Linear, forced through origin

Ret. Time 3.55 min., Extract & Integrate from 3.25 to 3.85 min.

Signal	Rel Resp.	Pct. Unc.(rel)	Integration
Tgt 204.00			*** METH DEFAULT ***
Q1 159.90	27.10	20.0	*** METH DEFAULT ***
Q2 118.00	20.70	20.0	*** METH DEFAULT ***

Lvl ID	Conc (ng/mL)	Response
1	250.000	31546

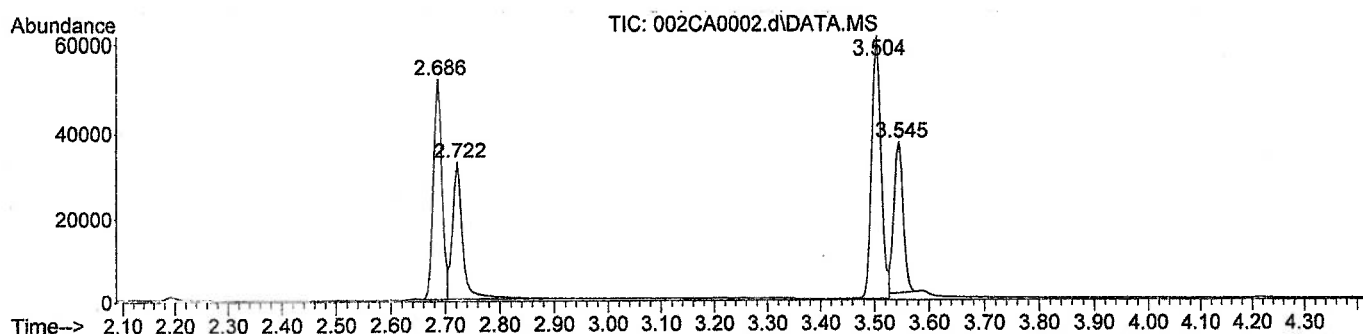
Qualifier Peak Analysis ON

Curve Fit: Linear, forced through origin

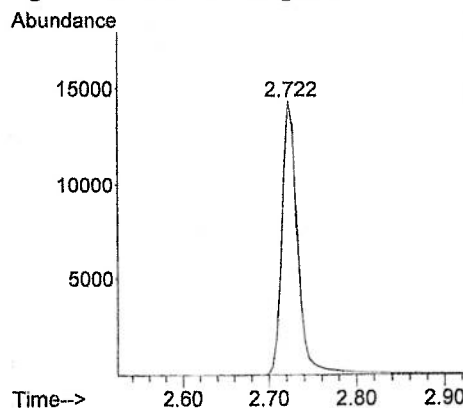
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\002CA0002.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 5:20 pm
Sample Name : CAL
Misc Info :
Vial Number : 2

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Amp D11	194.0	2.686	2.632- 2.739	37620		30273- 121090
	128.1			26414	70.2	56.2- 84.2
Amp	189.9	2.722	2.668- 2.777	17749		
	118.0			13662	77.0	61.6- 92.4
	91.0			6954	39.2	31.4- 47.0

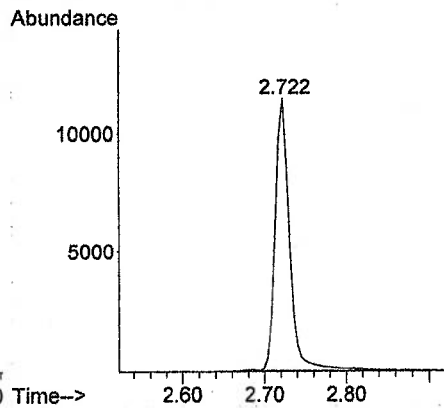
Concentration: 250.00 ng/mL CALIBRATOR



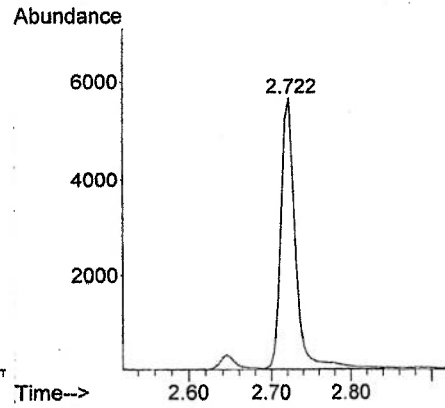
Tgt m/z 189.9 (Target)



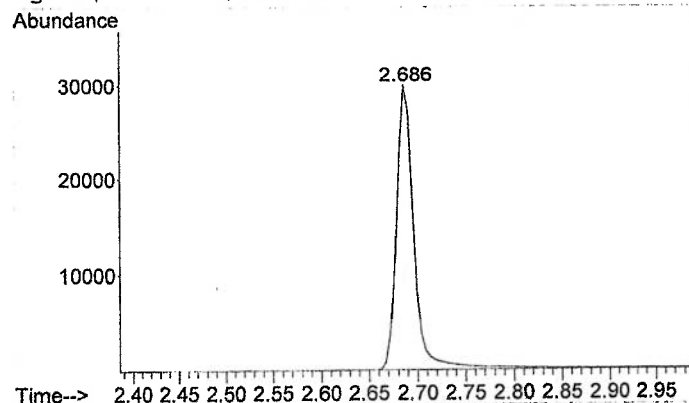
Q1 m/z 118.0



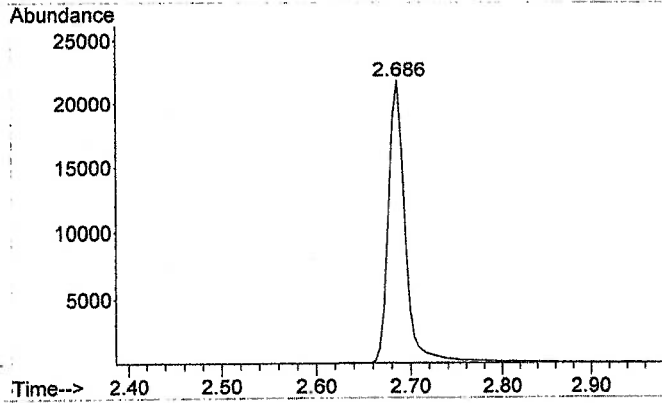
Q2 m/z 91.0



Tgt m/z 194.0 (IntStd)



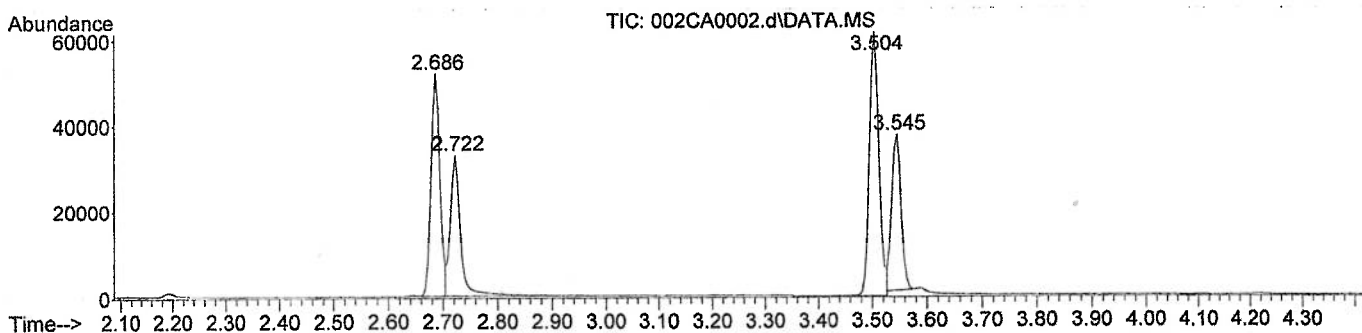
Q1 m/z 128.1



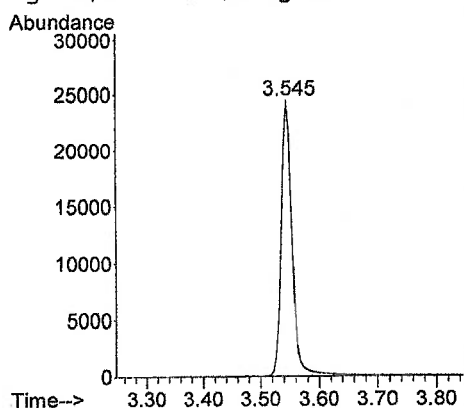
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\002CA0002.d
 Operator :
 Tune File Name : C:\msdchem\1\5975\atune.u
 Tune Date : 25 Feb 2022 3:20 pm Mult : 1
 Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
 Calibration date : 25 Feb 2022 5:27 pm
 Acquisition date : 25 Feb 2022 5:20 pm
 Sample Name : CAL
 Misc Info :
 Vial Number : 2

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Methamp	D11					
	210.0	3.504	3.434- 3.574	62742		53855- 215418
	163.0			15237	24.3	19.4- 29.2
Methamp	204.0	3.545	3.474- 3.616	31546		
	159.9			8545	27.1	21.7- 32.5
	118.0			6538	20.7	16.6- 24.8

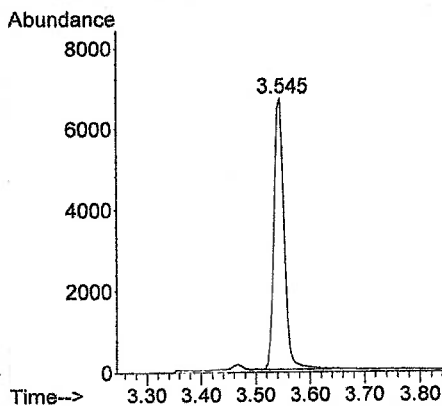
Concentration: 250.00 ng/mL CALIBRATOR



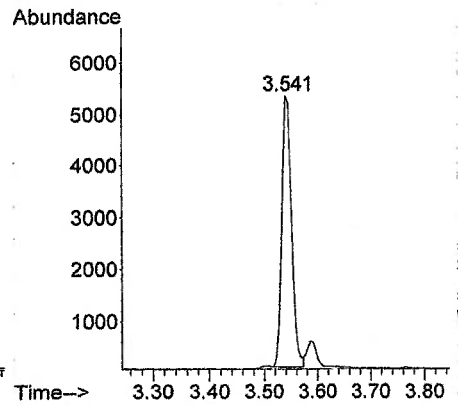
Tgt m/z 204.0 (Target)



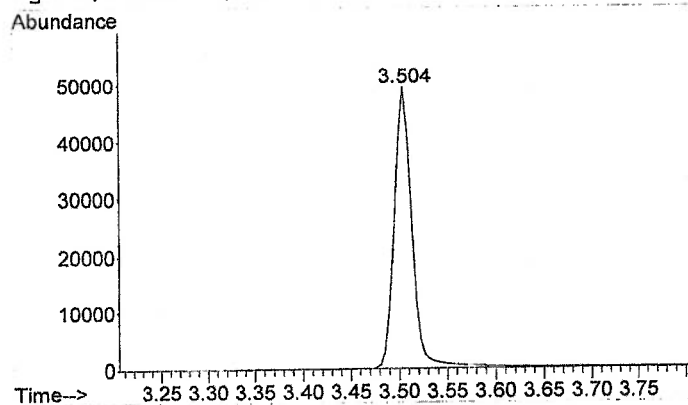
Q1 m/z 159.9



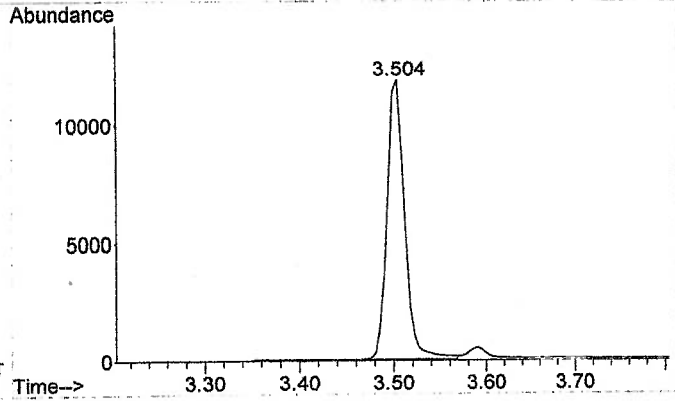
Q2 m/z 118.0



Tgt m/z 210.0 (IntStd)



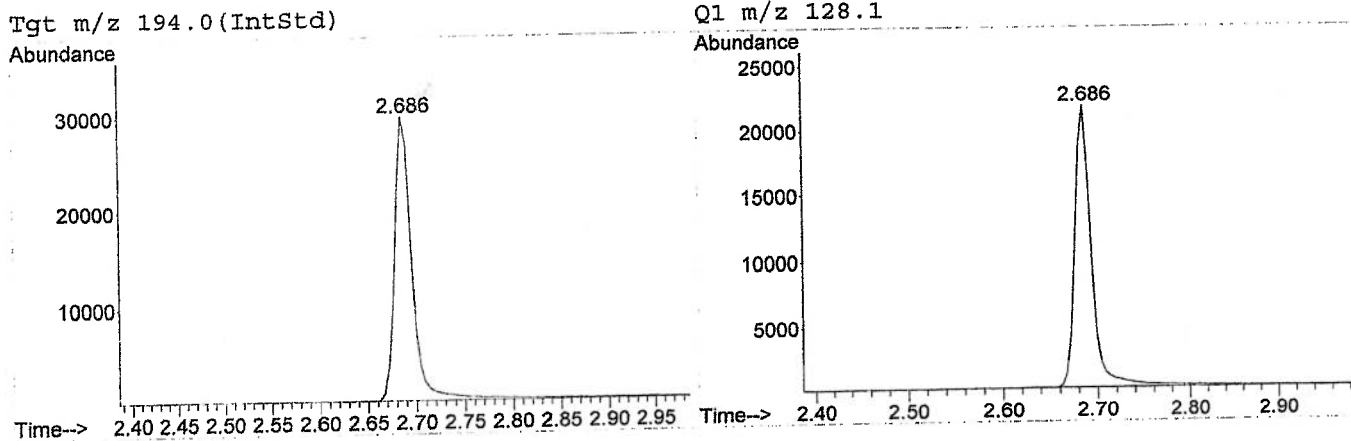
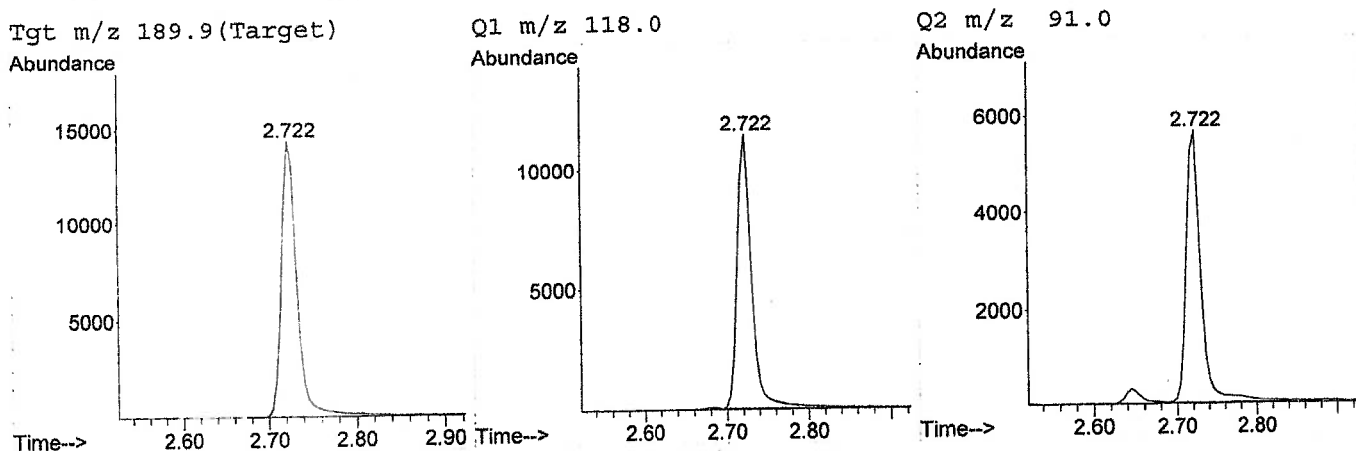
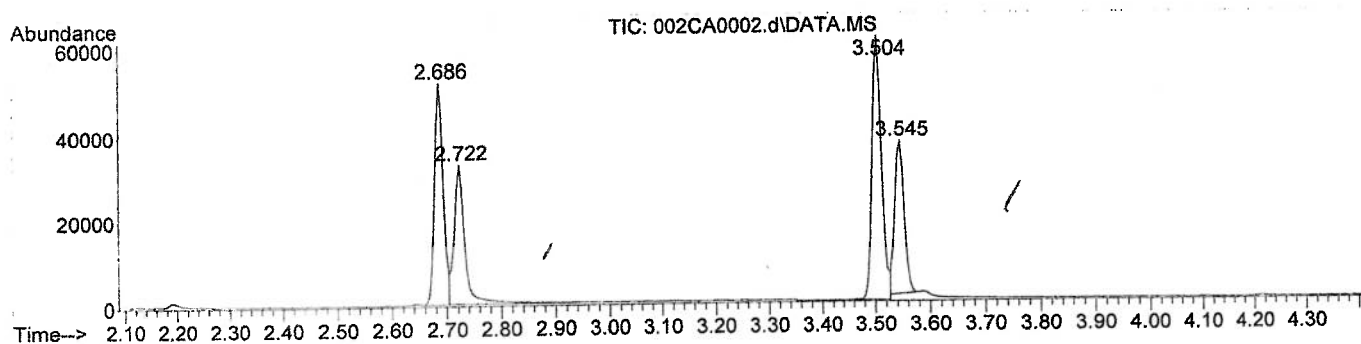
Q1 m/z 163.0



Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\002CA0002.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 5:20 pm
Sample Name : CAL
Misc Info :
Vial Number : 2

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Amp D11	194.0	2.686	2.632- 2.739	37620		18810- 75240
	128.1			26414	70.2	56.2- 84.2
Amp	189.9	2.722	2.668- 2.777	17749		
	118.0			13662	77.0	61.6- 92.4
	91.0			6954	39.2	31.4- 47.0

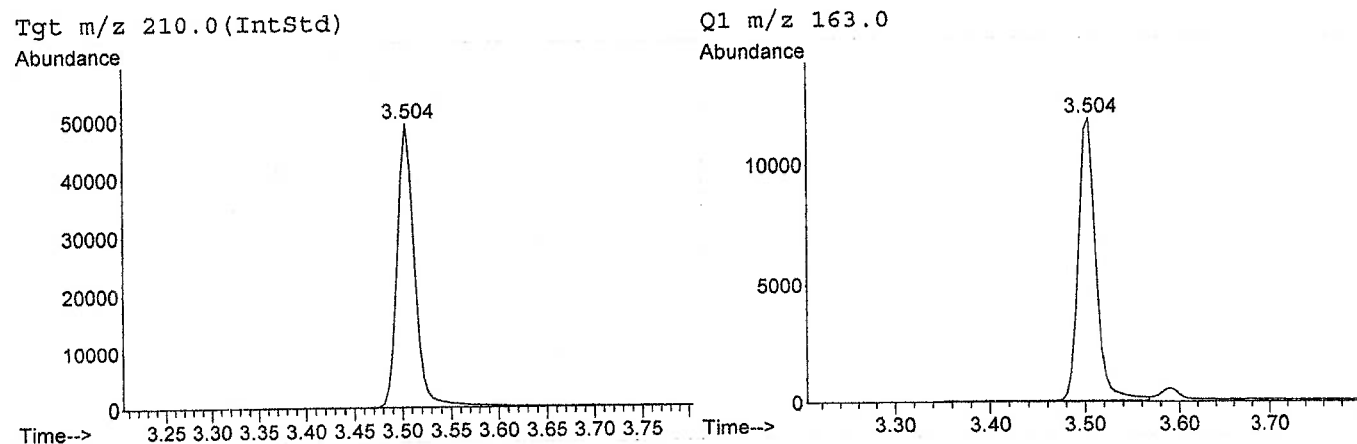
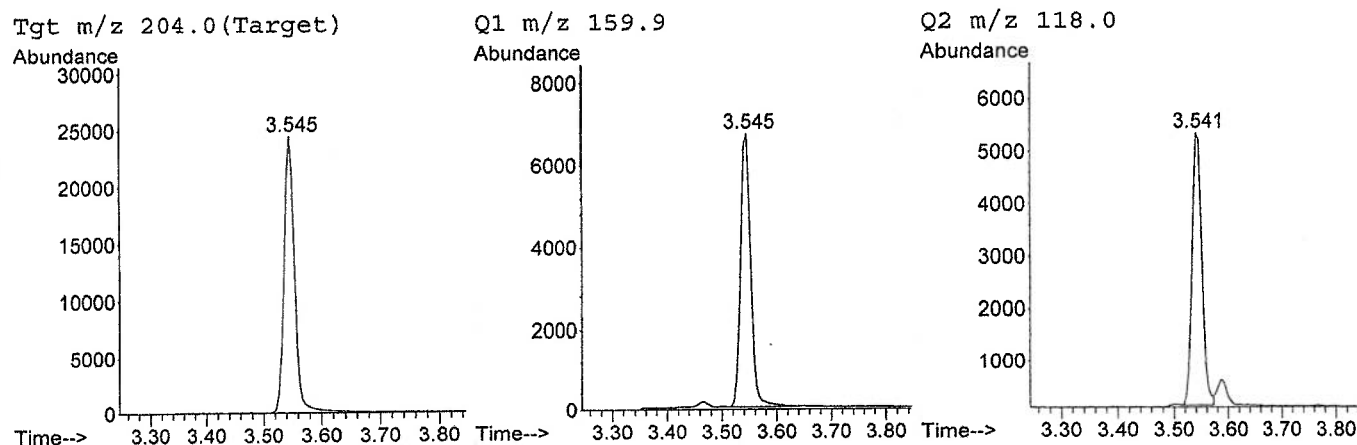
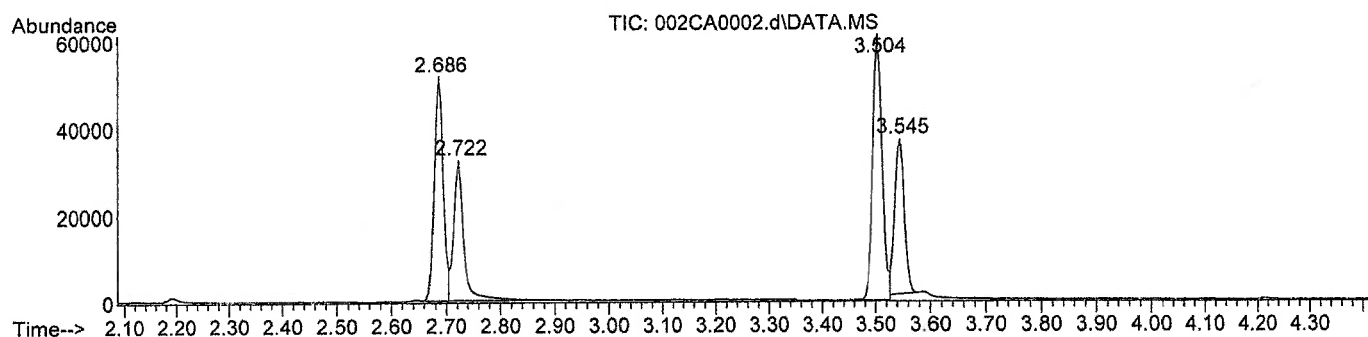
Concentration: 250.00 ng/mL CALIBRATOR



Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\002CA0002.d
 Operator :
 Tune File Name : C:\msdchem\1\5975\atune.u
 Tune Date : 25 Feb 2022 3:20 pm Mult : 1
 Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
 Calibration date : 25 Feb 2022 5:27 pm
 Acquisition date : 25 Feb 2022 5:20 pm
 Sample Name : CAL
 Misc Info :
 Vial Number : 2

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Methamp	D11					
	210.0	3.504	3.434- 3.574	62742		31371- 125484
Methamp	163.0			15237	24.3	19.4- 29.2
	204.0	3.545	3.474- 3.616	31546		
	159.9			8545	27.1	21.7- 32.5
	118.0			6538	20.7	16.6- 24.8

Concentration: 250.00 ng/mL CALIBRATOR



Calibration Summary Report
AMPHETAMINES IN URINE

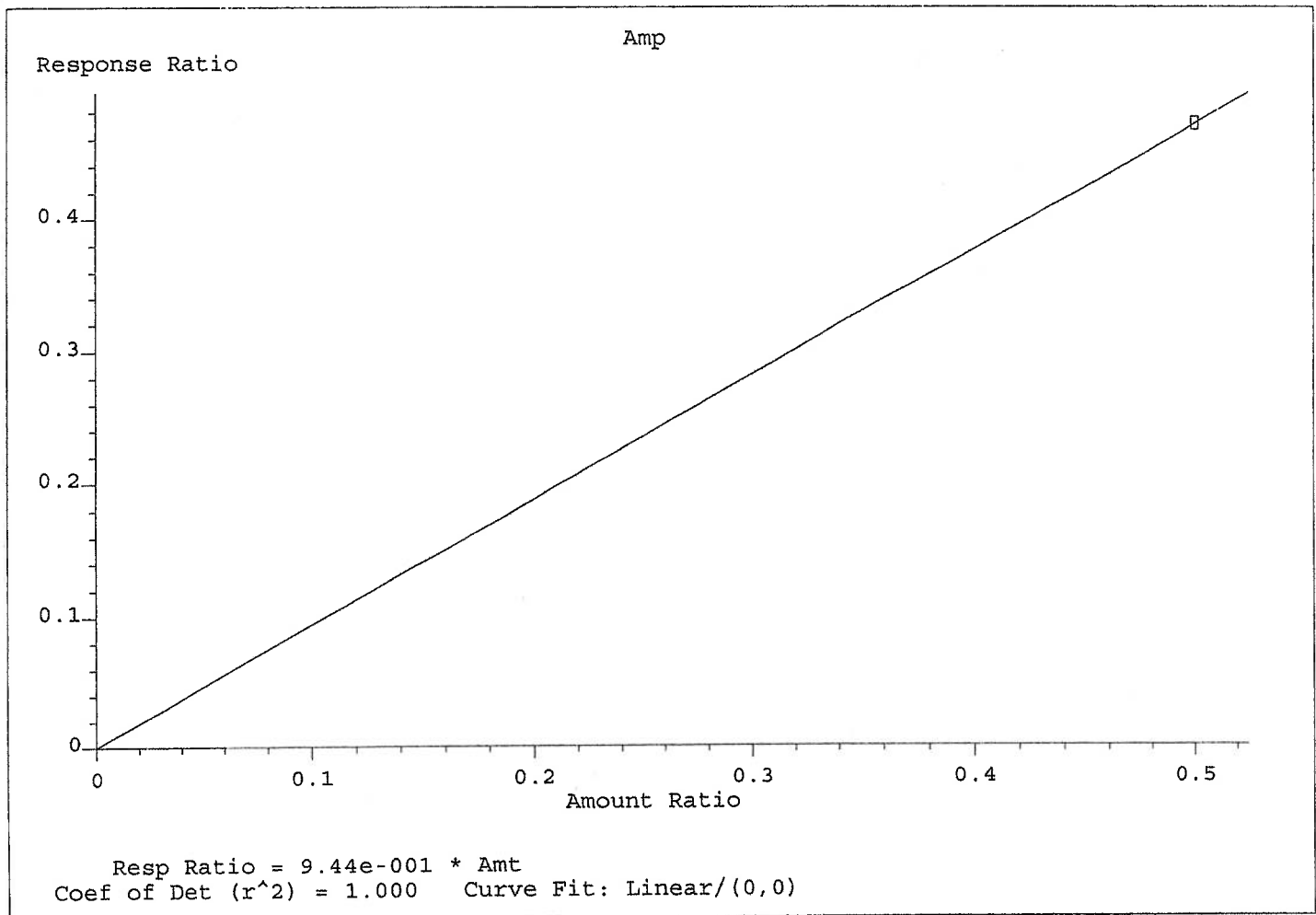
75

Instrument : A73
Acquisition Method: C:\MSDCHEM\1\DATA\TXNAMMS20224018\AMPSINGLECAL.M
Calib Update Time : Fri Feb 25 17:27:07 2022
Data Path : C:\MSDCHEM\1\DATA\TXNAMMS20224018\

Compound Information:

1) Amp D11				(ISTD)	
Lvl	File	Conc	R.T.	Response	
				194.00	128.10
1	002CA0002.d	500.00	2.69	37620	70.21
	Average:		2.69	37620	70.21
				ISTD Range(18810.00- 75240.00)	

2) Amp				Response			
Lvl	File	Conc	R.T.	189.90	118.00	91.00	Rf
1	002CA0002.d	250.00	2.72	17749	76.97	39.18	0.944
	Average:		2.72		76.97	39.18	0.944
Correlation Coefficient = 1.0000				Rf Range (0.755- 1.132)			

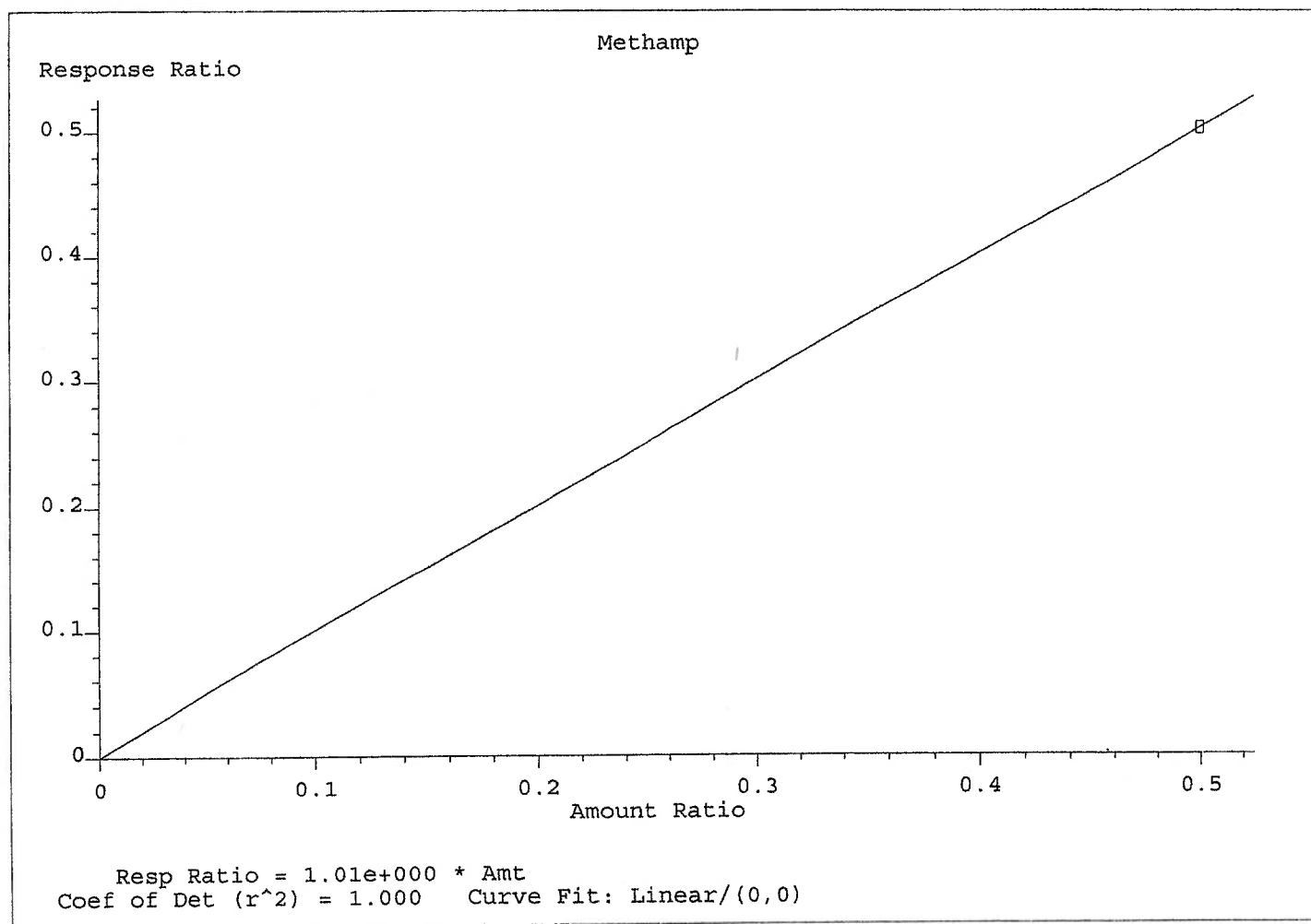


Instrument : A73
Acquisition Method: C:\MSDCHEM\1\DATA\TXNAMMS20224018\AMPSINGLECAL.M
Calib Update Time : Fri Feb 25 17:27:07 2022
Data Path : C:\MSDCHEM\1\DATA\TXNAMMS20224018\

Compound Information:

3) Methamp D11				(ISTD)	
Lvl	File	Conc	R.T.	Response	
				210.00	163.00
1	002CA0002.d	500.00	3.50	62742	24.29
	Average:		3.50	62742	24.29
				ISTD Range(31371.00-125484.00)	

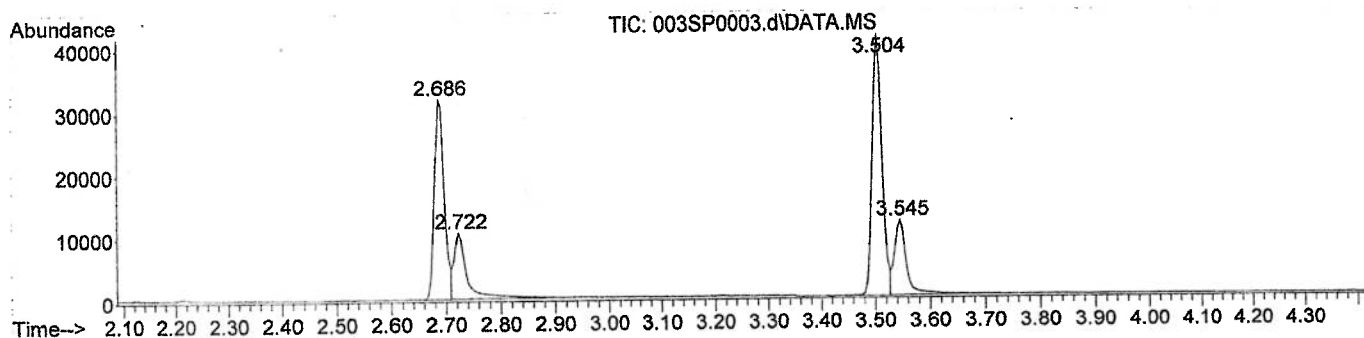
4) Methamp				Response			
Lvl	File	Conc	R.T.	204.00	159.90	118.00	Rf
1	002CA0002.d	250.00	3.55	31546	27.09	20.73	1.006
	Average:		3.55		27.09	20.73	1.006
Correlation Coefficient = 1.0000				Rf Range (0.804- 1.207)			



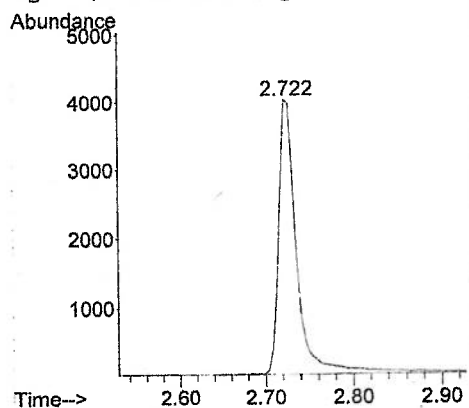
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\003SP0003.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 5:29 pm
Sample Name : 40% CTRL
Misc Info :
Vial Number : 3

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Amp D11	194.0	2.690	2.632- 2.739	26520	72.5	18810- 75240
	128.1			19223		56.2- 84.2
Amp	189.9	2.722	2.668- 2.777	5645	74.7	61.6- 92.4
	118.0			4218		31.4- 47.0
	91.0			2121		

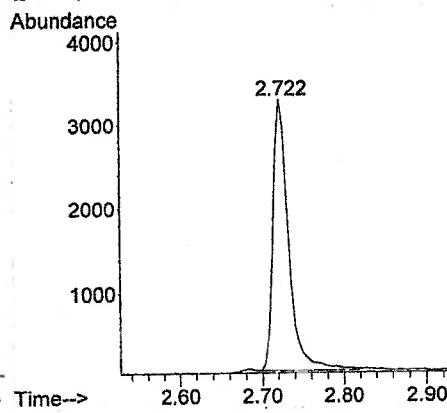
Concentration: 112.79 ng/mL



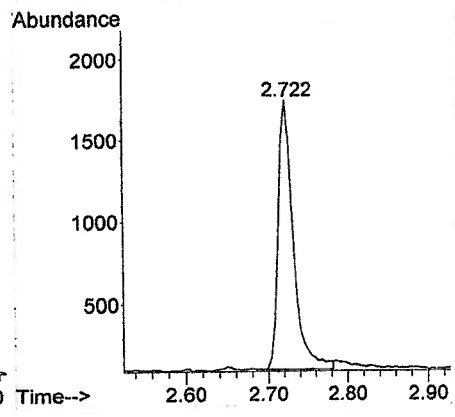
Tgt m/z 189.9(Target)



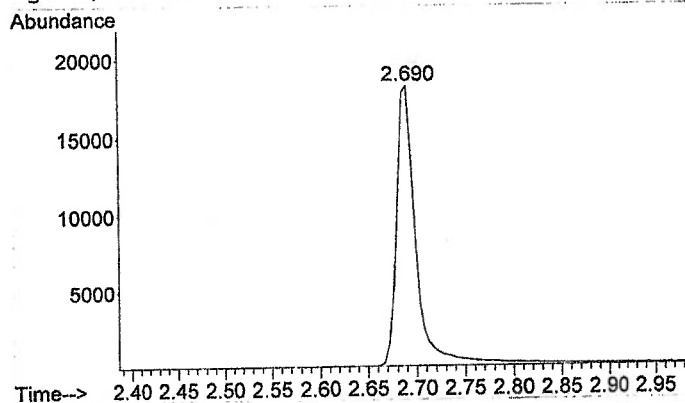
Q1 m/z 118.0



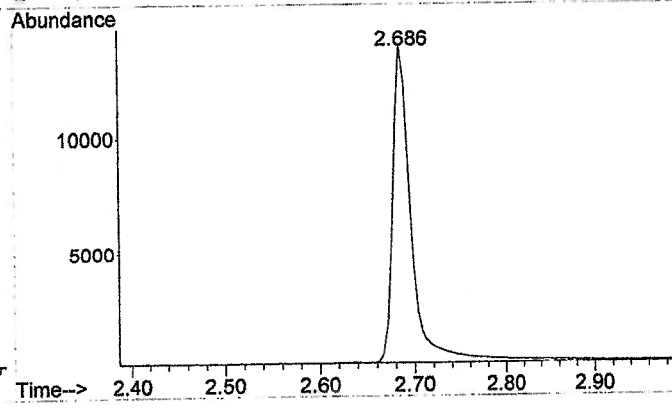
Q2 m/z 91.0



Tgt m/z 194.0(IntStd)



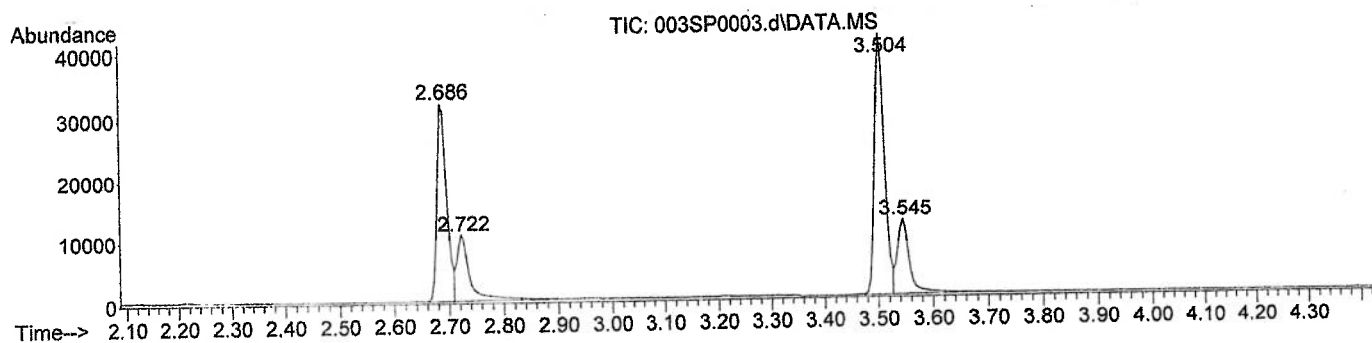
Q1 m/z 128.1



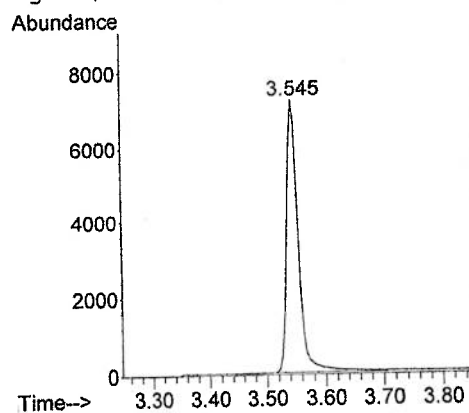
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\003SP0003.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 5:29 pm
Sample Name : 40% CTRL
Misc Info :
Vial Number : 3

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Methamp	D11					
	210.0	3.504	3.434- 3.574	44493		31371- 125484
	163.0			11160	25.1	19.4- 29.2
Methamp	204.0	3.545	3.474- 3.616	9984		
	159.9			2667	26.7	21.7- 32.5
	118.0			2220	22.2	16.6- 24.8

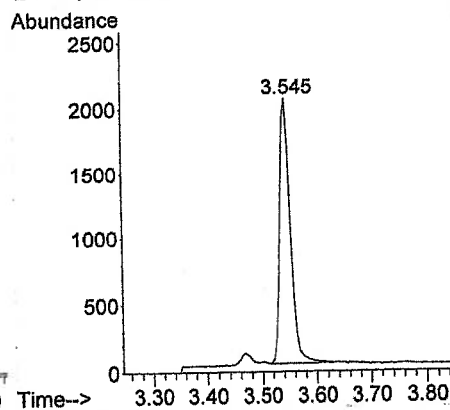
Concentration: 111.57 ng/mL



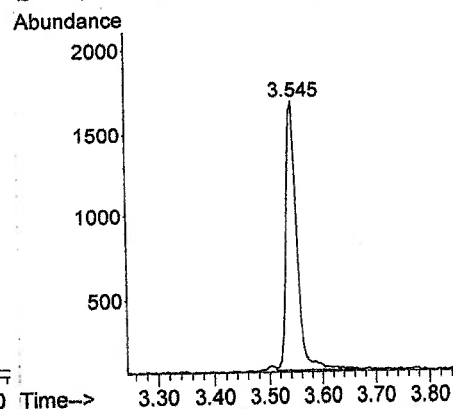
Tgt m/z 204.0 (Target)



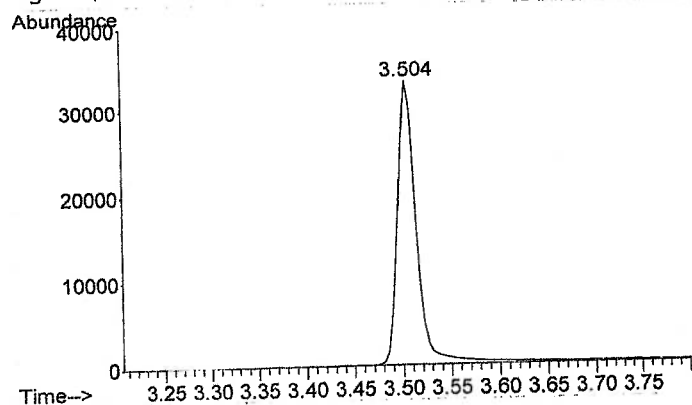
Q1 m/z 159.9



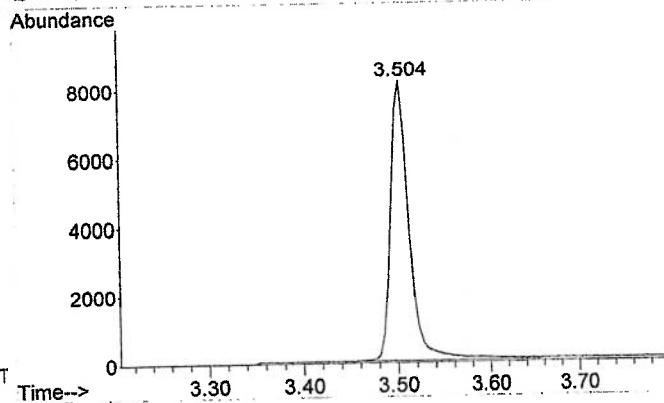
Q2 m/z 118.0



Tgt m/z 210.0 (IntStd)



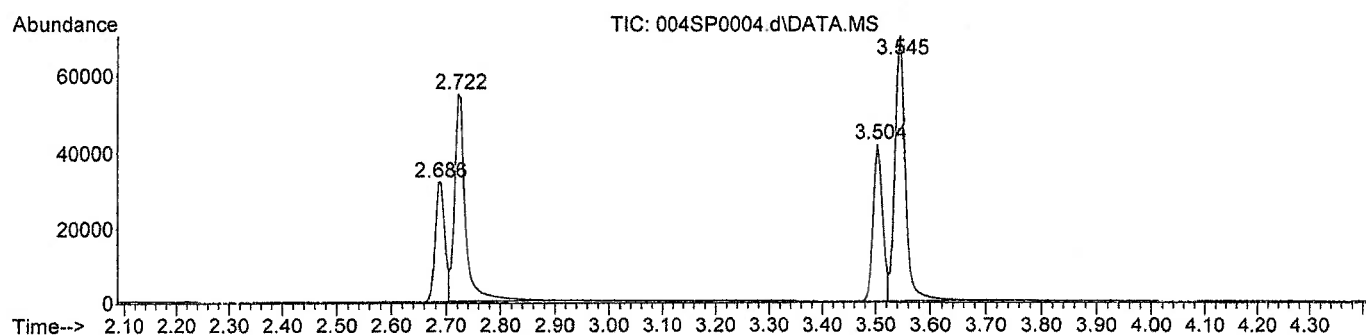
Q1 m/z 163.0



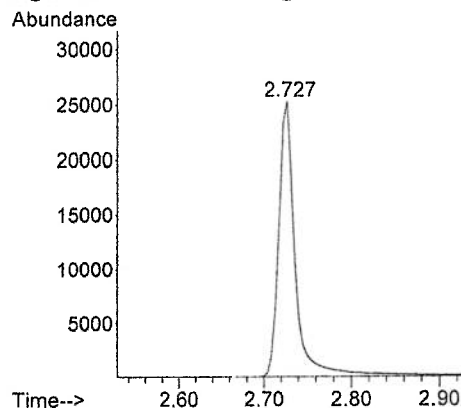
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\004SP0004.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 5:38 pm
Sample Name : 125% NRC
Misc Info :
Vial Number : 4

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Amp D11	194.0	2.690	2.632- 2.739	26459		18810- 75240
	128.1			19211	72.6	56.2- 84.2
Amp	189.9	2.727	2.668- 2.777	34009		
	118.0			26487	77.9	61.6- 92.4
	91.0			13618	40.0	31.4- 47.0

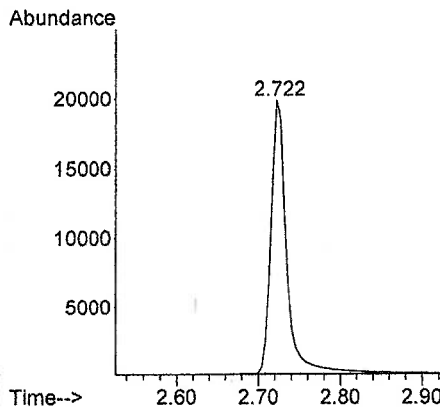
Concentration: 681.09 ng/mL



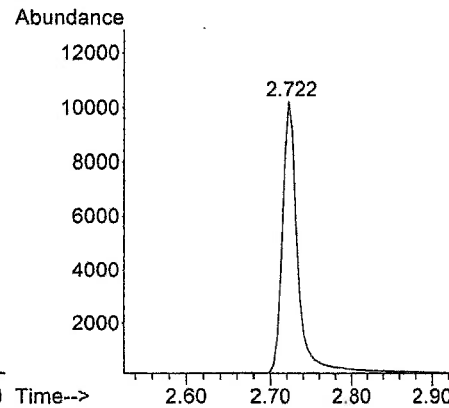
Tgt m/z 189.9 (Target)



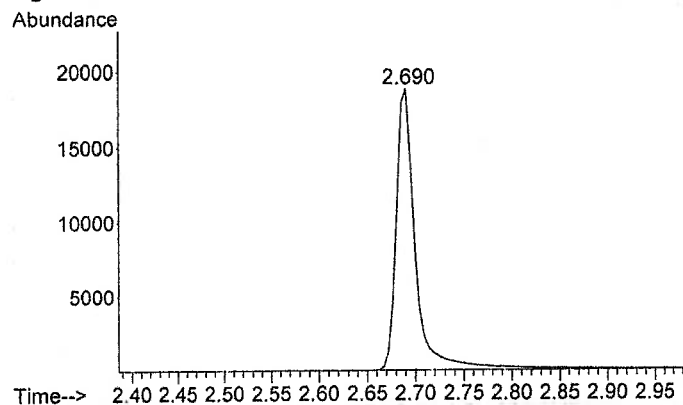
Q1 m/z 118.0



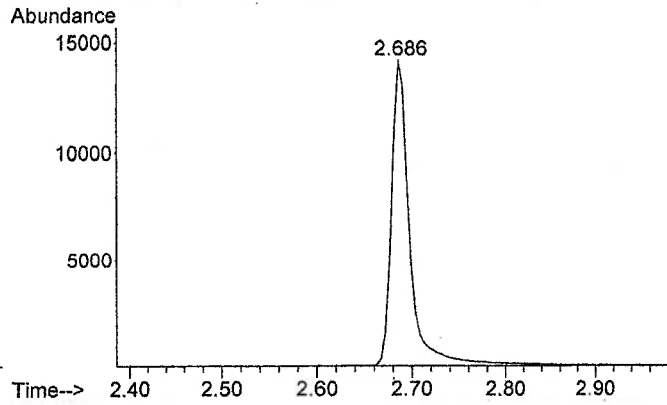
Q2 m/z 91.0



Tgt m/z 194.0 (IntStd)



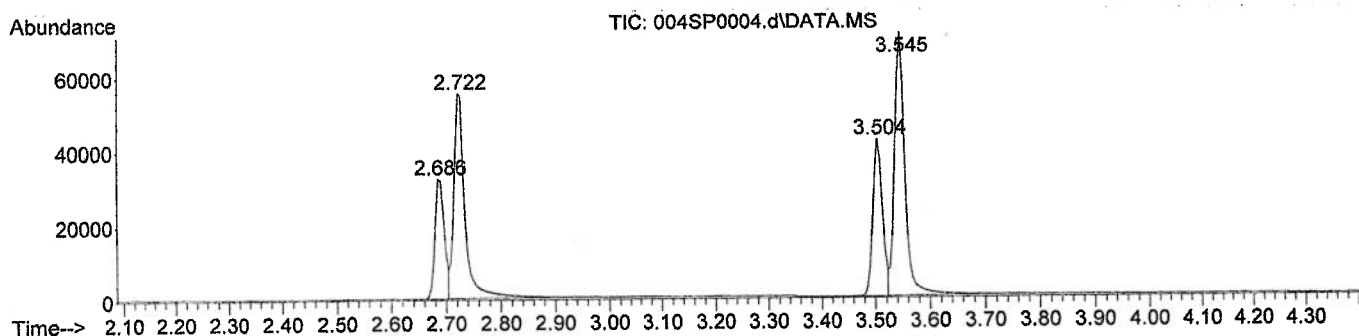
Q1 m/z 128.1



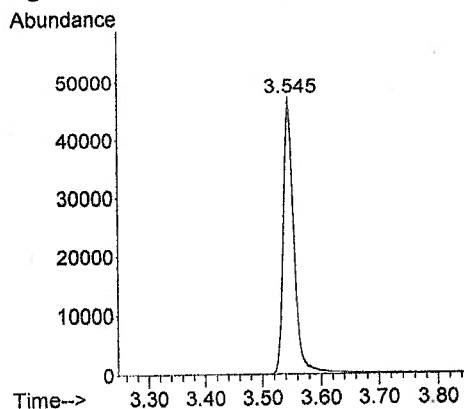
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\004SP0004.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 5:38 pm
Sample Name : 125% NRC
Misc Info :
Vial Number : 4

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Methamp	D11					
	210.0	3.504	3.434- 3.574	44113		31371- 125484
	163.0			11169	25.3	19.4- 29.2
Methamp	204.0	3.545	3.474- 3.616	60278		
	159.9			16484	27.3	21.7- 32.5
	118.0			13356	22.2	16.6- 24.8

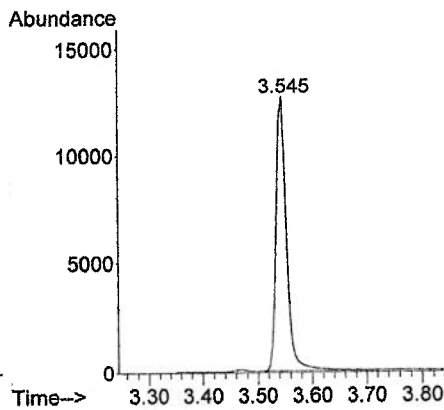
Concentration: 679.43 ng/mL



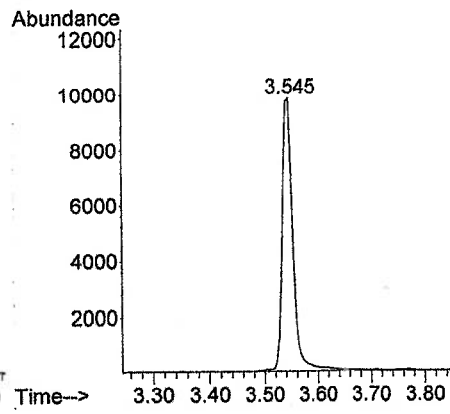
Tgt m/z 204.0 (Target)



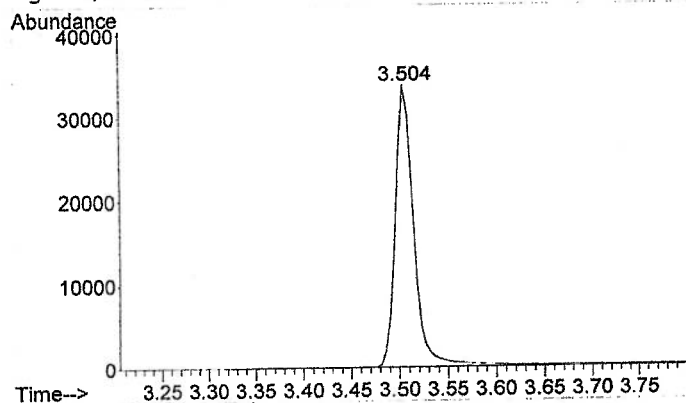
Q1 m/z 159.9



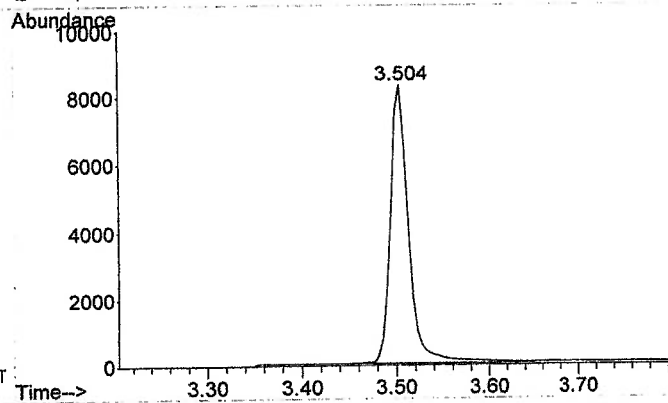
Q2 m/z 118.0



Tgt m/z 210.0 (IntStd)



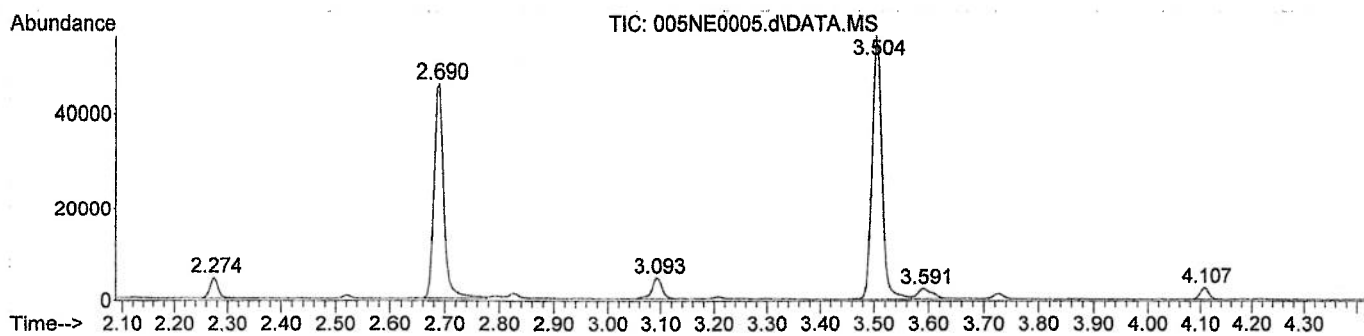
Q1 m/z 163.0



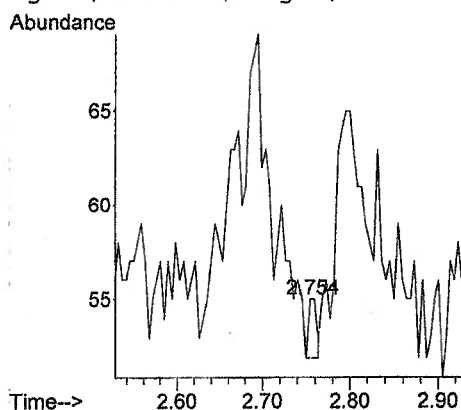
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\005NE0005.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 5:47 pm
Sample Name : NEG INT CTRL
Misc Info :
Vial Number : 5

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Amp D11	194.0	2.690	2.632- 2.739	34150		18810- 75240
	128.1			24595	72.0	56.2- 84.2
Amp	189.9	2.754	2.668- 2.777	2		
	118.0			0	0.0*	61.6- 92.4
	91.0			0	0.0*	31.4- 47.0

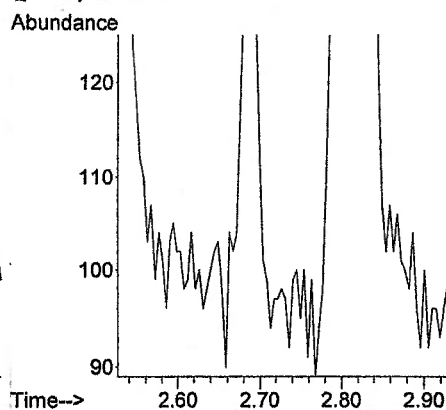
Concentration: 0.03 ng/mL ** GOOD NEGATIVE: CONC. < 25 ng/mL LIMIT **



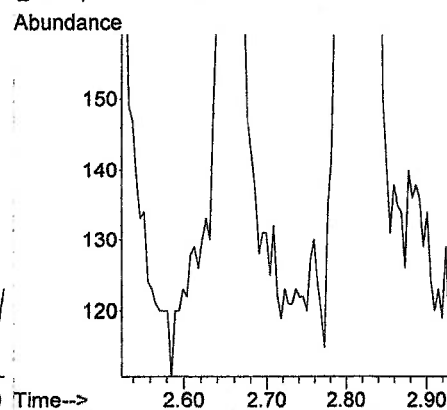
Tgt m/z 189.9 (Target)



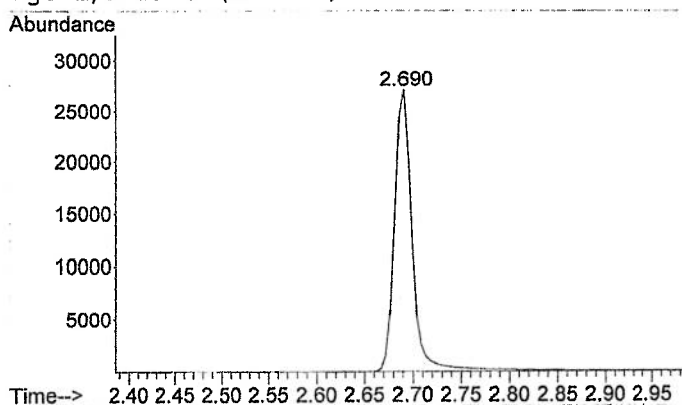
Q1 m/z 118.0



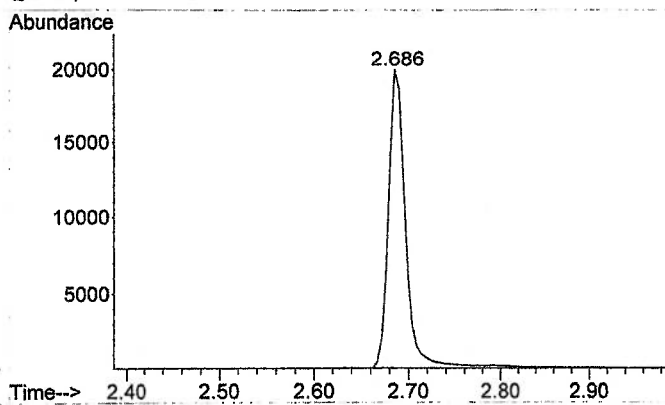
Q2 m/z 91.0



Tgt m/z 194.0 (IntStd)



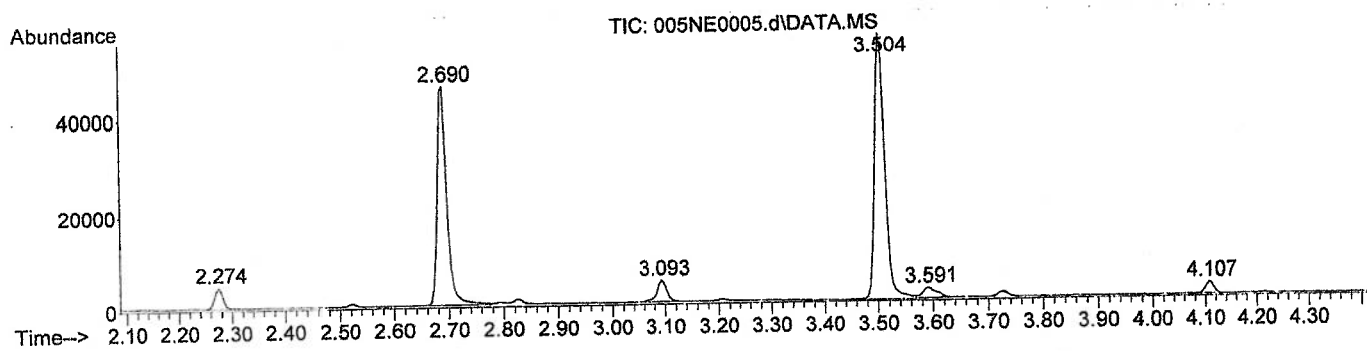
Q1 m/z 128.1



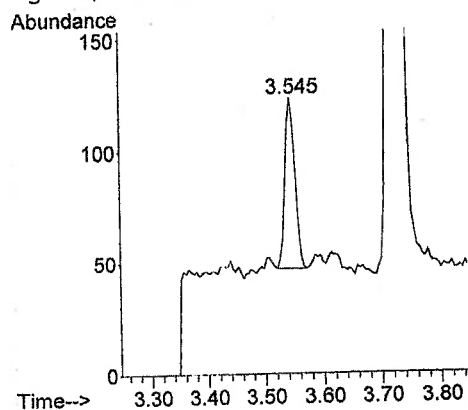
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\005NE0005.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 5:47 pm
Sample Name : NEG INT CTRL
Misc Info :
Vial Number : 5

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Methamp	D11					
	210.0	3.504	3.434- 3.574	56747		31371- 125484
	163.0			14089	24.8	19.4- 29.2
Methamp	204.0	3.545	3.474- 3.616	92		21.7- 32.5
	159.9			0	0.0*	16.6- 24.8
	118.0			0	0.0*	

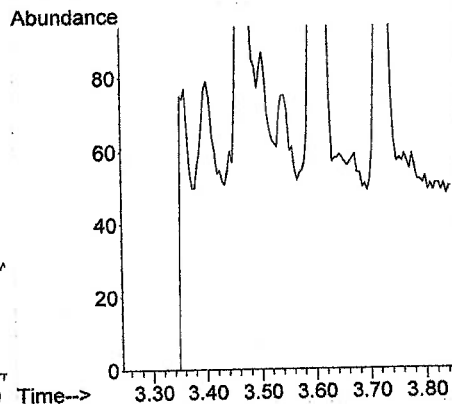
Concentration: 0.80 ng/mL ** GOOD NEGATIVE: CONC. < 25 ng/mL LIMIT **



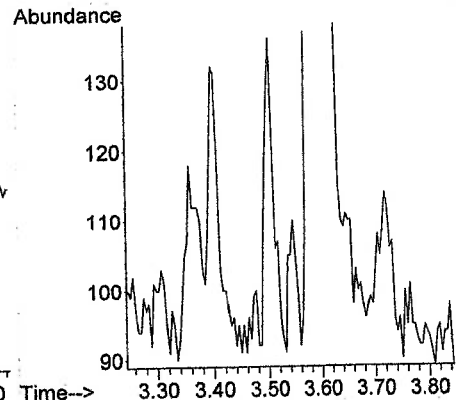
Tgt m/z 204.0 (Target)



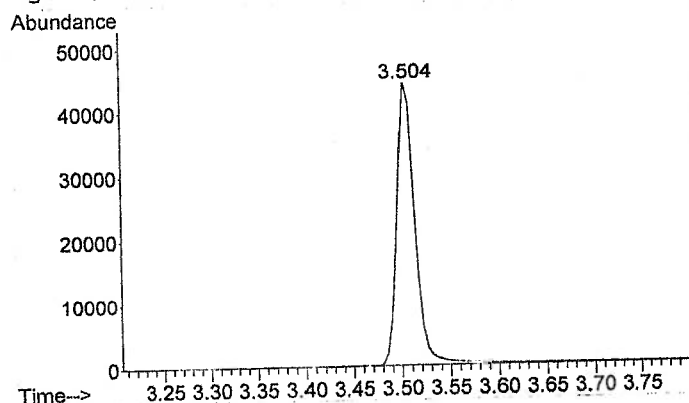
Q1 m/z 159.9



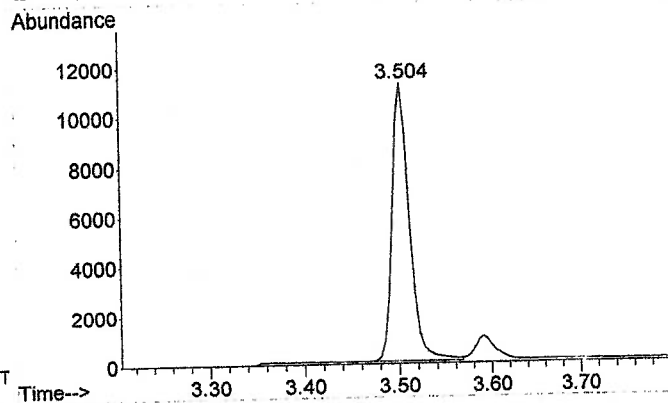
Q2 m/z 118.0



Tgt m/z 210.0 (IntStd)



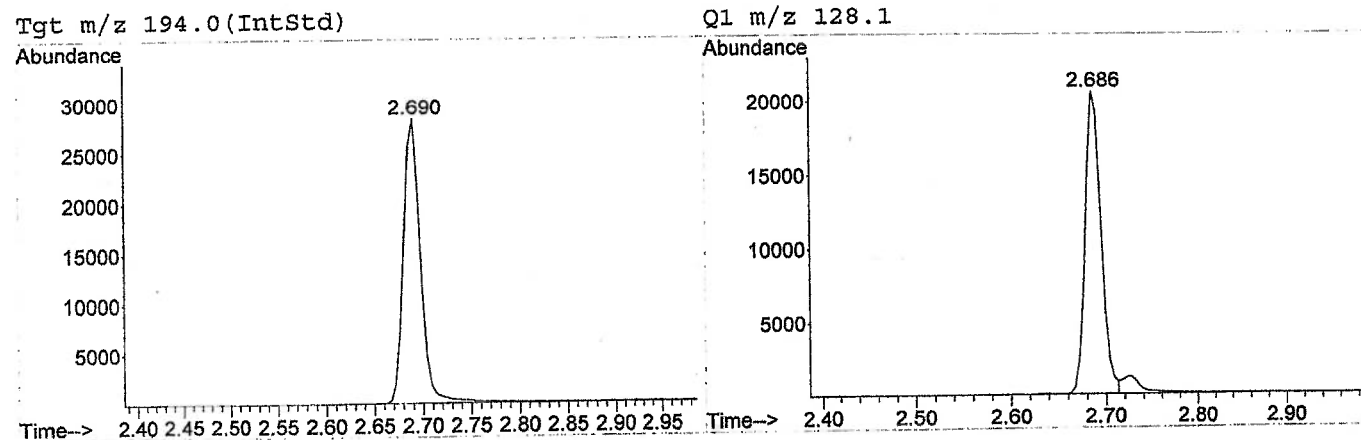
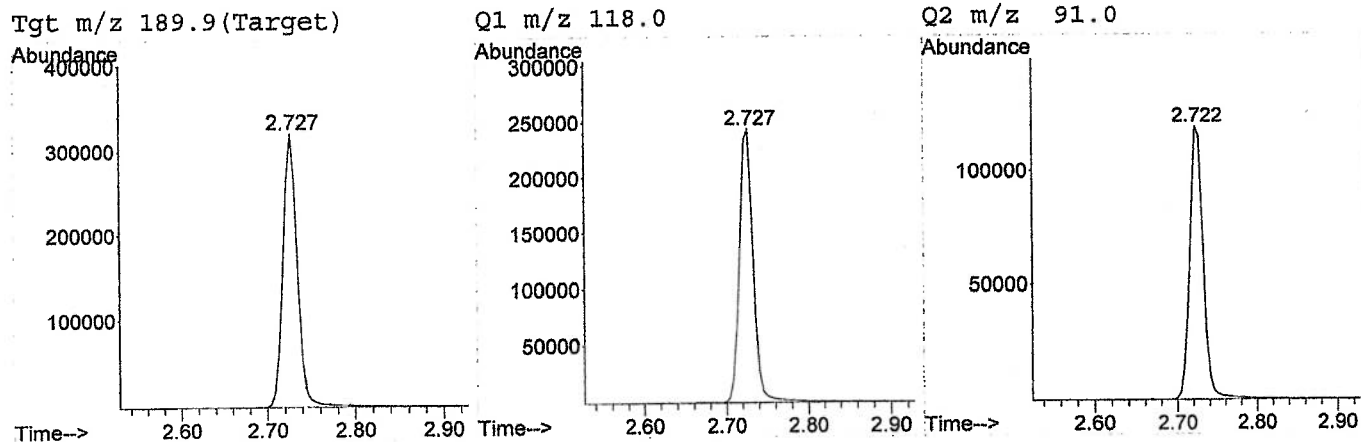
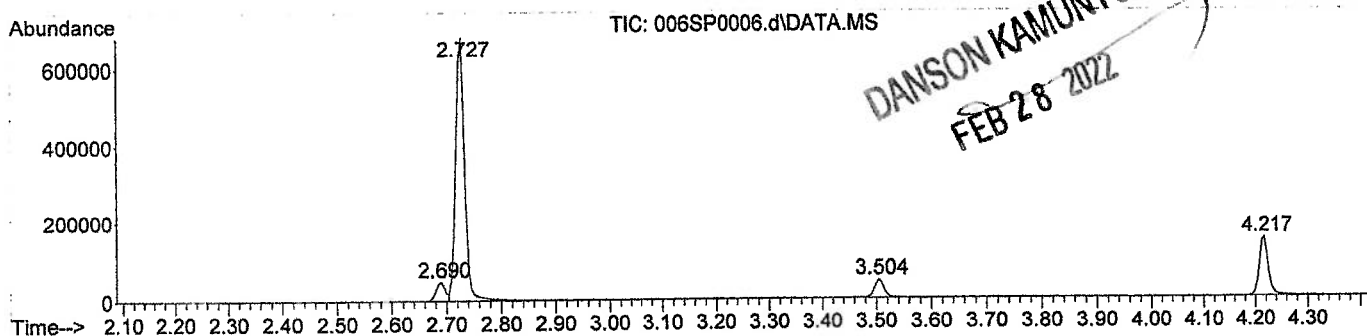
Q1 m/z 163.0



Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\006SP0006.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 5:56 pm
Sample Name : 692504Z
Misc Info :
Vial Number : 6

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Amp D11	194.0	2.690	2.632- 2.739	34111		18810- 75240
	128.1			23826	69.8	56.2- 84.2
Amp	189.9	2.727	2.668- 2.777	367910		
	118.0			285946	77.7	61.6- 92.4
	91.0			141034	38.3	31.4- 47.0

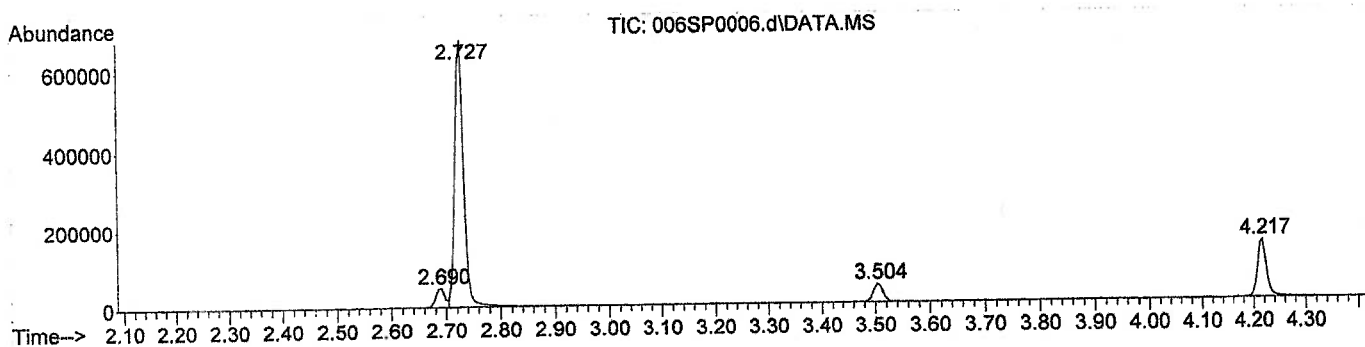
Concentration: 5715.20 ng/mL



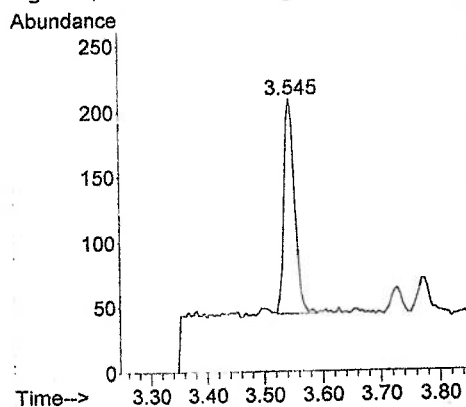
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\006SP0006.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 5:56 pm
Sample Name : 692504Z
Misc Info :
Vial Number : 6

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Methamp	D11					
	210.0	3.504	3.434- 3.574	46004		31371- 125484
	163.0			11618	25.3	19.4- 29.2
Methamp	204.0	3.545	3.474- 3.616	211		21.7- 32.5
	159.9			63	29.9	16.6- 24.8
	118.0			70	33.2*	16.6- 24.8

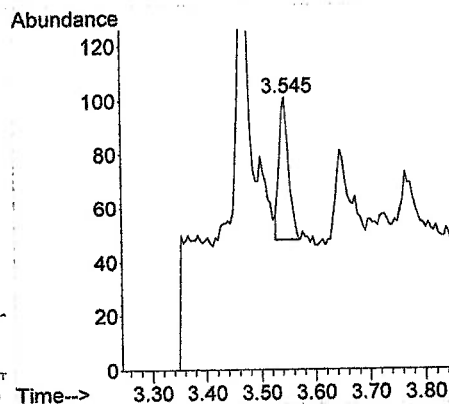
Concentration: 2.28 ng/mL



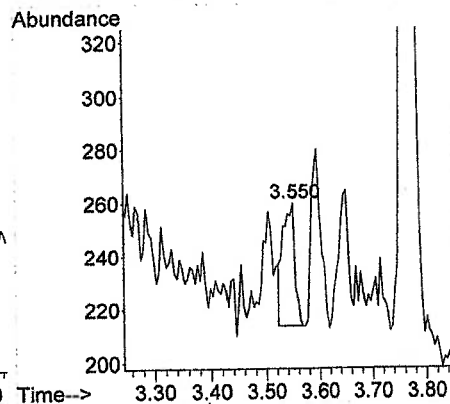
Tgt m/z 204.0 (Target)



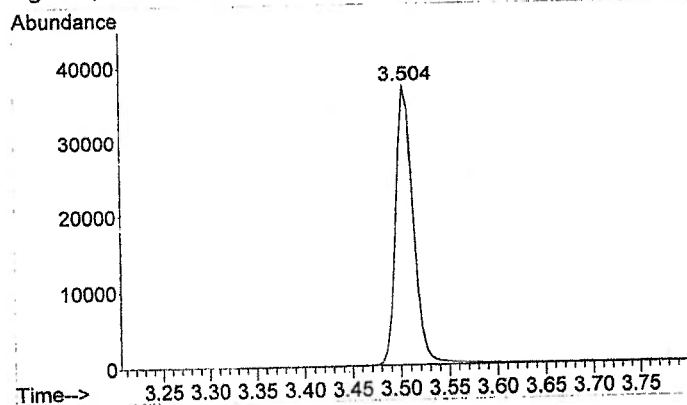
Q1 m/z 159.9



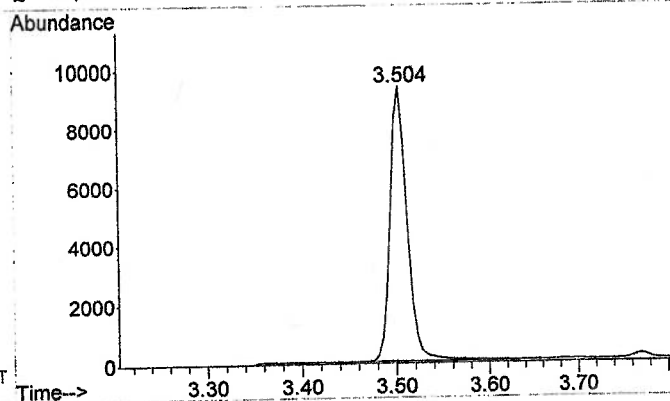
Q2 m/z 118.0



Tgt m/z 210.0 (IntStd)



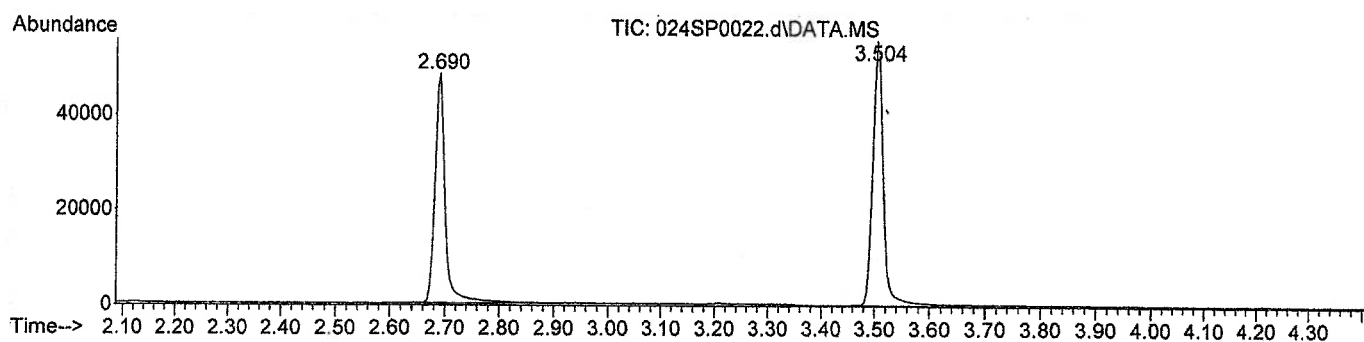
Q1 m/z 163.0



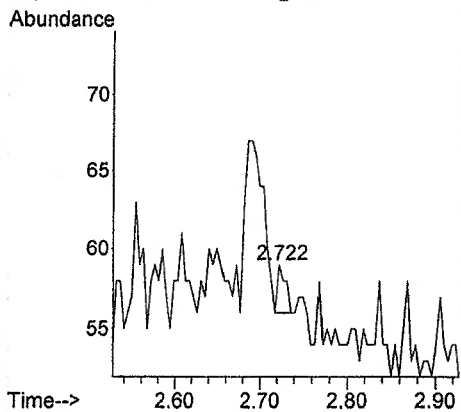
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\024SP0022.d
 Operator :
 Tune File Name : C:\msdchem\1\5975\atune.u
 Tune Date : 25 Feb 2022 3:20 pm Mult : 1
 Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
 Calibration date : 25 Feb 2022 5:27 pm
 Acquisition date : 25 Feb 2022 8:40 pm
 Sample Name : 718546Z***
 Misc Info :
 Vial Number : 22

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Amp D11	194.0	2.690	2.632- 2.739	37329		18810- 75240
	128.1			26724	71.6	56.2- 84.2
Amp	189.9	2.722	2.668- 2.777	2		
	118.0			6	300.0*	61.6- 92.4
	91.0			0	0.0*	31.4- 47.0

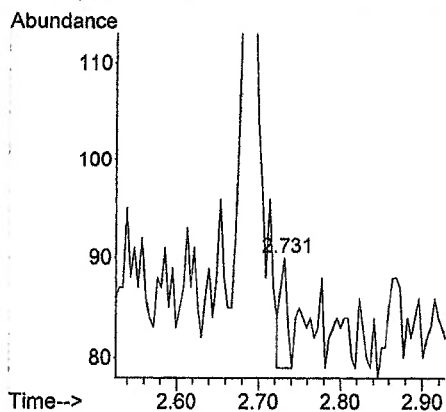
Concentration: 0.02 ng/mL



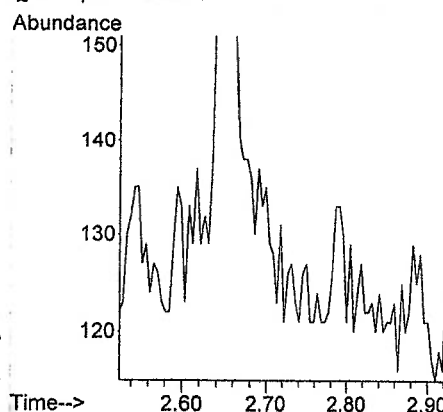
Tgt m/z 189.9 (Target)



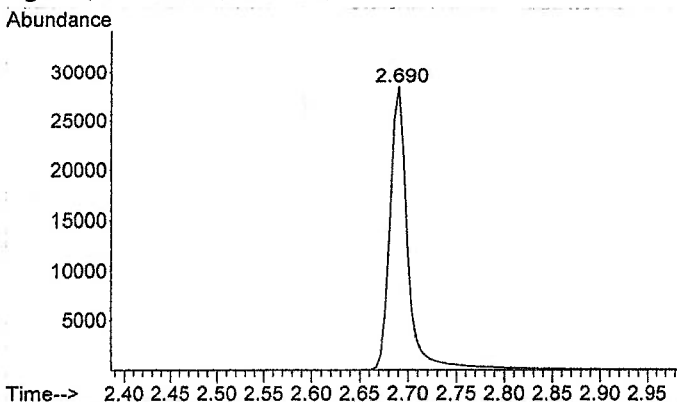
Q1 m/z 118.0



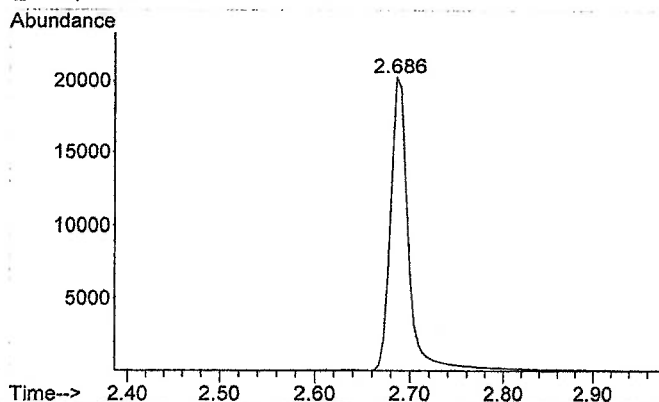
Q2 m/z 91.0



Tgt m/z 194.0 (IntStd)



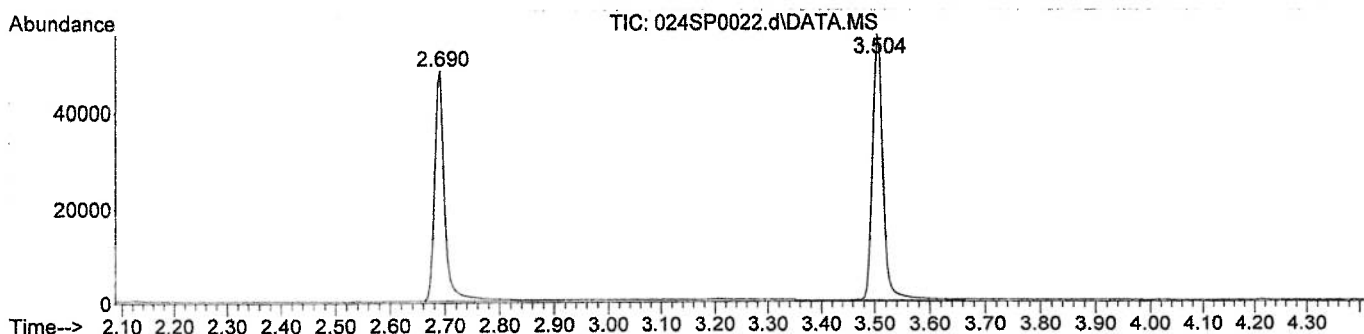
Q1 m/z 128.1



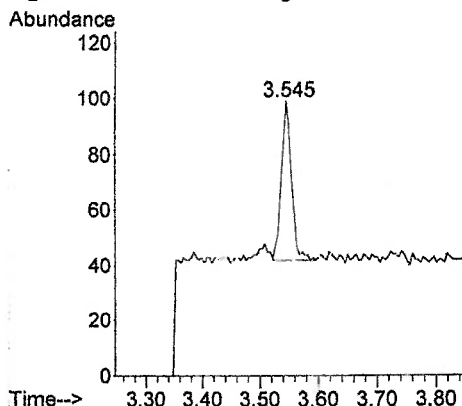
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\024SP0022.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 8:40 pm
Sample Name : 718546Z***
Misc Info :
Vial Number : 22

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Methamp	D11					
	210.0	3.504	3.434- 3.574	58976		31371- 125484
Methamp	163.0			14694	24.9	19.4- 29.2
	204.0	3.545	3.474- 3.616	70		
	159.9			0	0.0*	21.7- 32.5
	118.0			15	21.4	16.6- 24.8

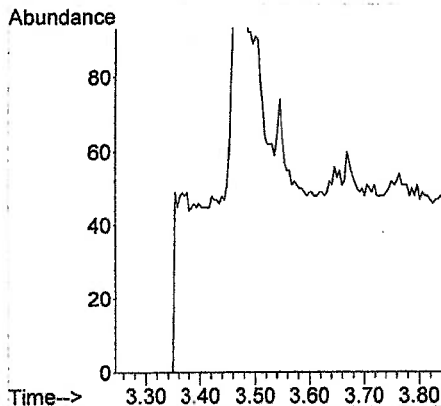
Concentration: 0.59 ng/mL



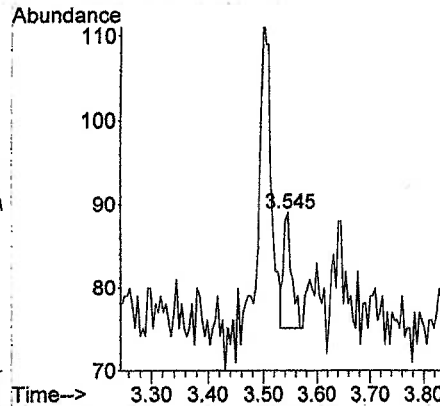
Tgt m/z 204.0 (Target)



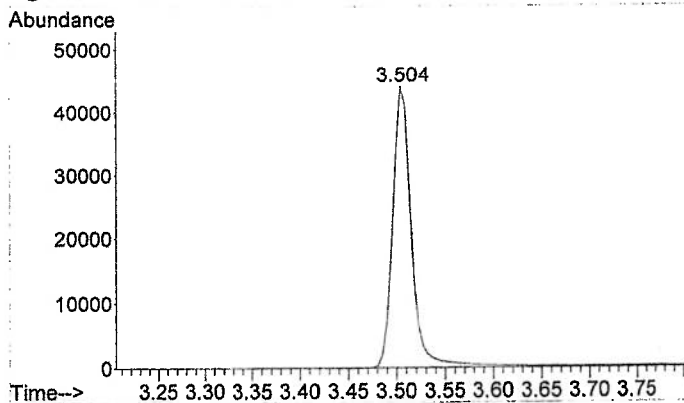
Q1 m/z 159.9



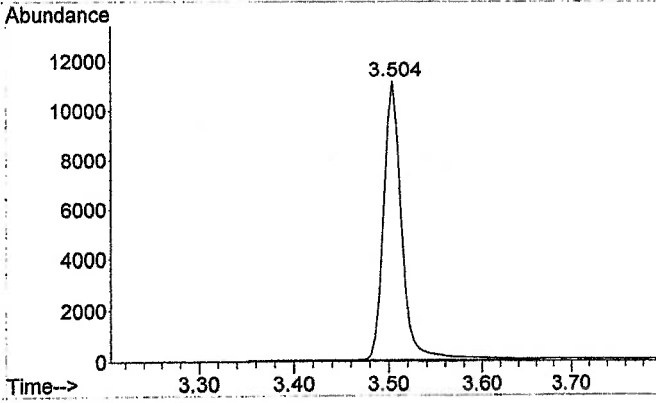
Q2 m/z 118.0



Tgt m/z 210.0 (IntStd)



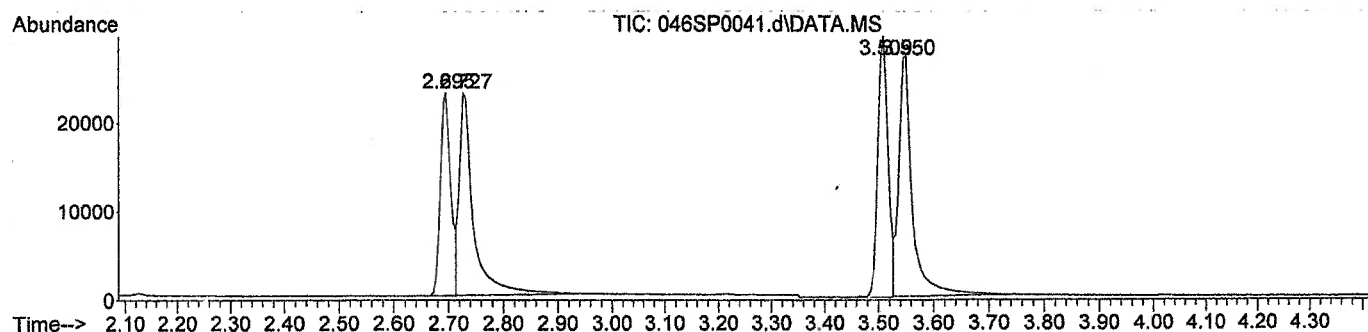
Q1 m/z 163.0



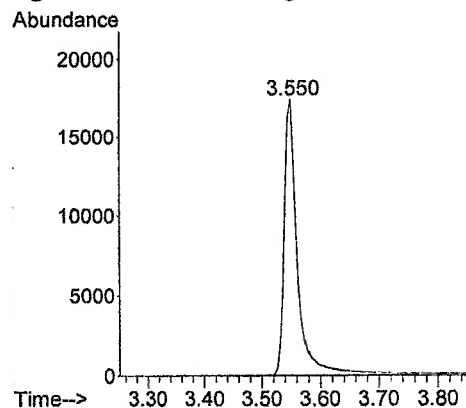
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\046SP0041.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 11:59 pm
Sample Name : 125% CTRL
Misc Info :
Vial Number : 41

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Methamp	D11					
	210.0	3.509	3.434- 3.574	36701		31371- 125484
Methamp	163.0			9205	25.1	19.4- 29.2
	204.0	3.550	3.474- 3.616	27168		
	159.9			7329	27.0	21.7- 32.5
	118.0			5885	21.7	16.6- 24.8

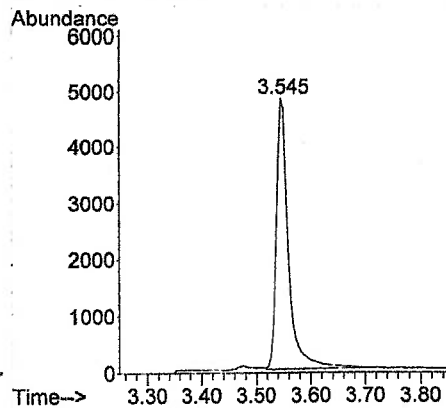
Concentration: 368.07 ng/mL



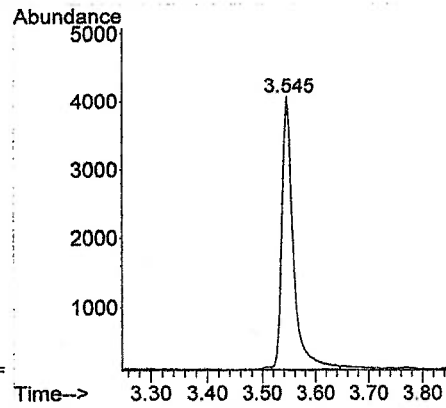
Tgt m/z 204.0 (Target)



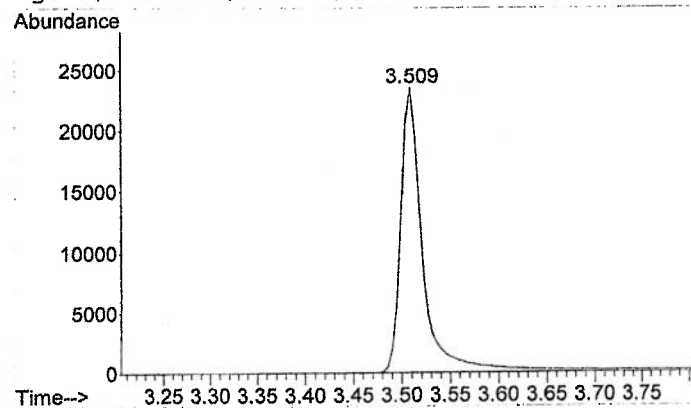
Q1 m/z 159.9



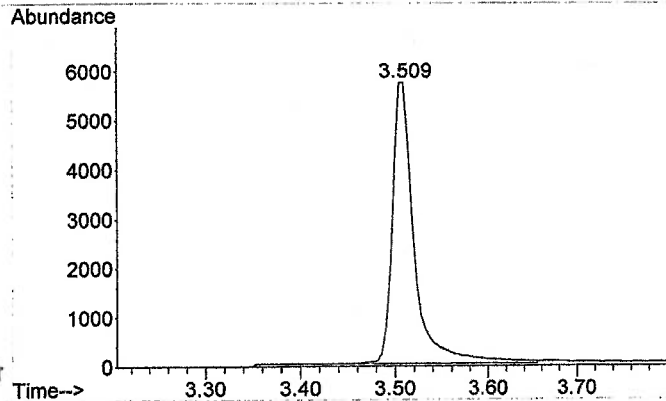
Q2 m/z 118.0



Tgt m/z 210.0 (IntStd)



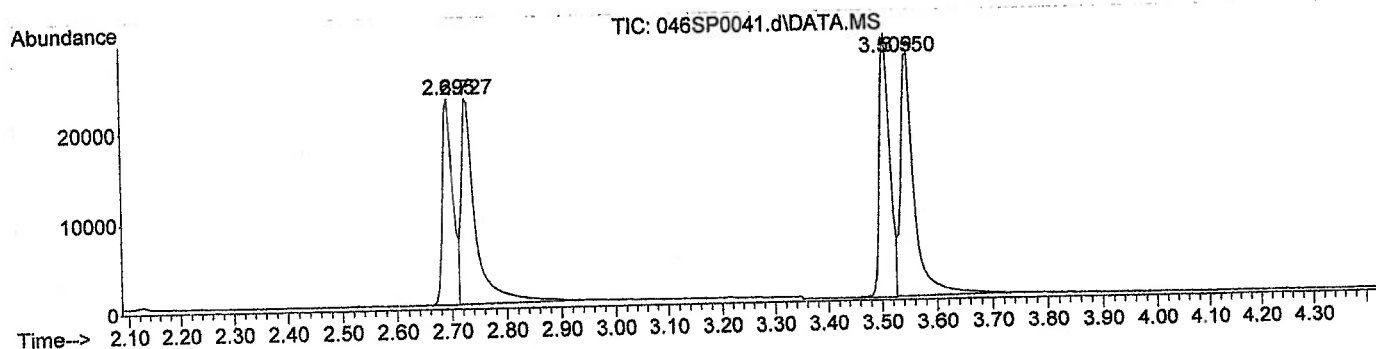
Q1 m/z 163.0



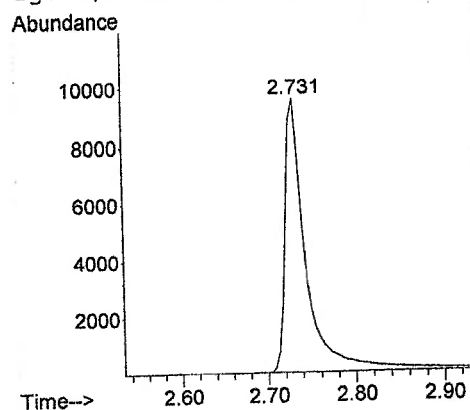
Data File : C:\MSDCHEM\1\DATA\TXNAMMS20224018\046SP0041.d
Operator :
Tune File Name : C:\msdchem\1\5975\atune.u
Tune Date : 25 Feb 2022 3:20 pm Mult : 1
Acq Method Name : C:\MSDCHEM\1\METHODS\AMPSINGLECAL.M
Calibration date : 25 Feb 2022 5:27 pm
Acquisition date : 25 Feb 2022 11:59 pm
Sample Name : 125% CTRL
Misc Info :
Vial Number : 41

Cmpnd	Signal	RT	Limits	Response	QRatio	Limits
Amp D11	194.0	2.695	2.632- 2.739	22440	71.7	18810- 75240
	128.1			16088		56.2- 84.2
Amp	189.9	2.731	2.668- 2.777	15870	77.5	61.6- 92.4
	118.0			12296		31.4- 47.0
	91.0			6286		

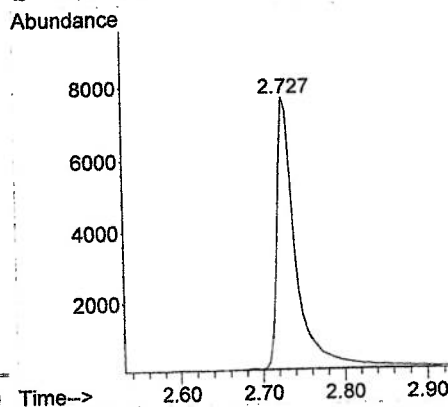
Concentration: 374.74 ng/mL



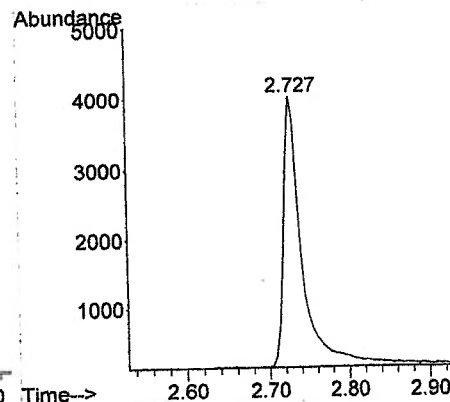
Tgt m/z 189.9 (Target)



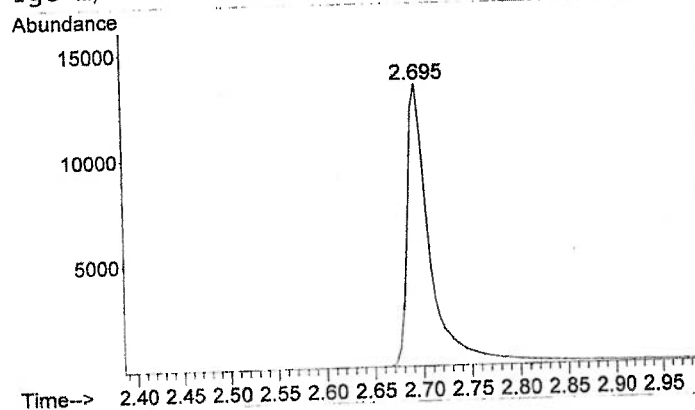
Q1 m/z 118.0



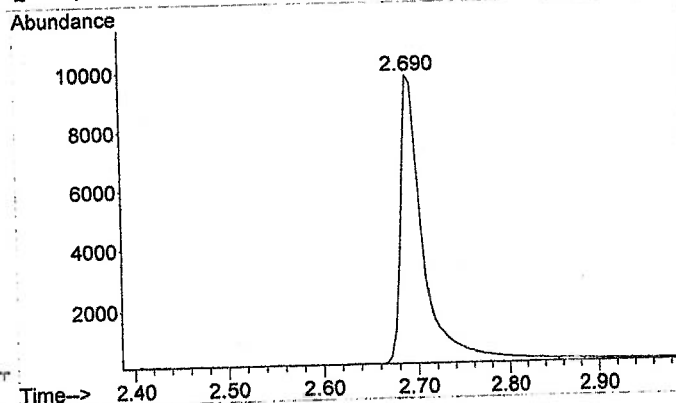
Q2 m/z 91.0



Tgt m/z 194.0 (IntStd)



Q1 m/z 128.1



CERTIFICATION INFORMATION

51030236 AREA/ROUTE/STOP: XXXXXXXX
DESERT VIEW HOSPITAL

360 S LOLA LN
PAHRUMP, NV 89048

276761 BURKINTAS, MICHAEL Specimen ID: 4840481
1 4840481 692504Z 02182022 02232022 02282022 09:54PM
Client Site Location:
REASON FOR TEST: NOT PROVIDED
DONOR ID VERIFIED: PHOTO I.D.

FINAL

Seals Intact: Yes

*** POSITIVE/ABNORMAL REPORT ***

Tests Ordered: 443N (ETHANOL (BLOOD) .01%) 35190N (SAP 10-50/2000 W/NIT)

Urine Specimen Validity Testing

Acceptable Range

CREATININE	47.5 mg/dL	>/= 20 mg/dL
pH	5.8	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Urine Substance Abuse Panel

		Initial Test Level	MS Confirm Test Level
AMPHETAMINES		1000 ng/mL	
AMPHETAMINE	POSITIVE		500 ng/mL
METHAMPHETAMINE	Negative		500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
METHAQUALONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

Urine Quantitative Results

AMPHETAMINE 5715 ng/mL

Blood Alcohol

GC Confirm
Test Level

Rejected for Testing: Fatal Flaw, Bottle A label/seal missing

CERTIFYING TECHNICIAN/SCIENTIST: KSDK02
>> REPORT CONTINUED ON NEXT PAGE <<

CONTINUED REPORT

51030236 AREA/ROUTE/STOP: XXXXXXXX
DESERT VIEW HOSPITAL

360 S LOLA LN
PAHRUMP, NV 89048

276761	BURKINTAS, MICHAEL	Specimen ID: 4840481
2	4840481 692504Z	02182022 02232022 02282022 09:54PM
	Client Site Location:	
	REASON FOR TEST: NOT PROVIDED	
	DONOR ID VERIFIED: PHOTO I.D.	

FINAL

SPECIMEN RECEIVED AND PROCESSED IN THE LENEXA DHHS CERTIFIED LABORATORY.

LAB Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

>> END OF REPORT <<

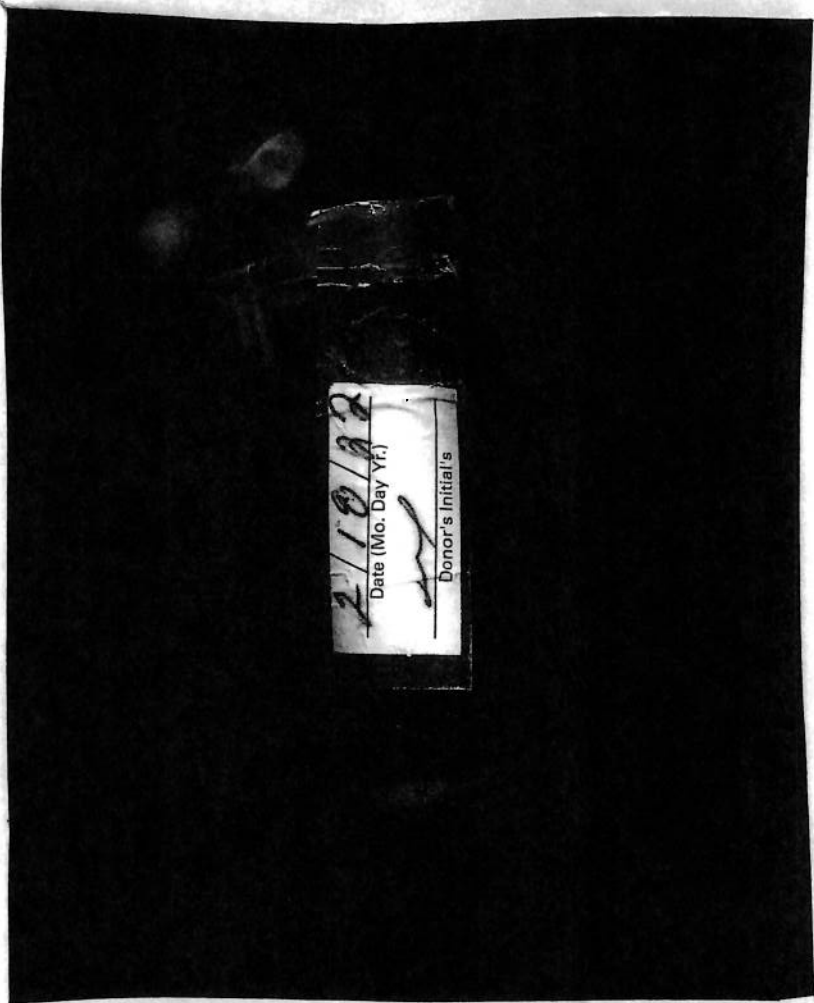
2 ✓

SPECIMEN STORAGE INFORMATION



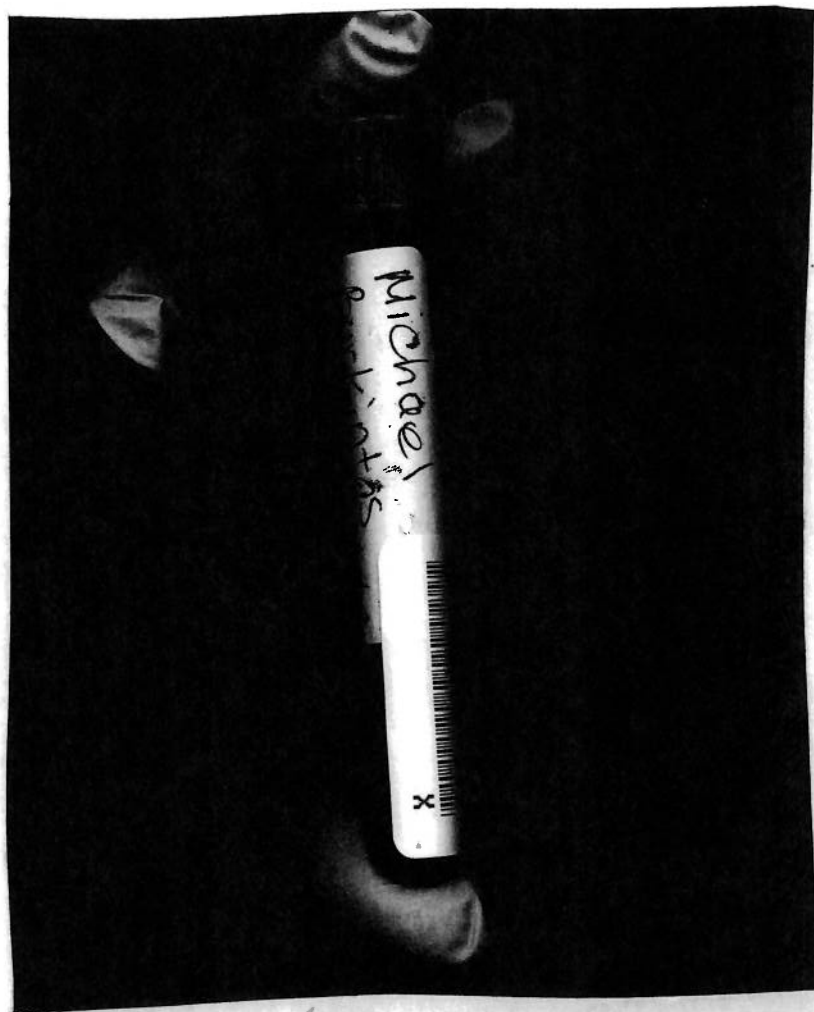






2/18/98
Date (Mo. Day Yr.)
Donor's Initial's











Accession # 692504Z Accession # _____

Accession # 692495Z Accession # _____

Accession # _____ Accession # _____

Accession # _____ Accession # _____

Accession # _____ Accession # _____

DATE	Released By Signature/Printed Name	Received By Signature/Printed Name	Purpose of Chain of Custody
FEB 24 2022	<input checked="" type="checkbox"/> Temp Storage		TRANSFER
	<input type="checkbox"/> Long Term Storage	SERRA GARDNER	
FEB 24 2022		PROCESSING TS	TEMP STORAGE
	SERRA GARDNER		

MANUAL FAT STORAGE LIST

PAGE 1

02/24/2022

CHAIN OF CUSTODY LOG

DATE	RELEASED BY	RECEIVED BY	PURPOSE
02/24/2022	Sign. _____ Name _____	Sign. _____ Name _____	TRANSFER
FEB 24 2022	PROCESSING TS	SHALEAH VOLKMAN	TEMPORARY STORAGE
	Sign. _____ Name _____	Sign. _____ Name _____	SV 2/24/22
	SHALEAH VOLKMAN	EAST COOLER TS	TEMP STORAGE
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	
	Sign. _____ Name _____	Sign. _____ Name _____	

MANUAL FAT STORAGE LIST

PAGE 2

02/24/2022

BOX: 6036550 (open)

LAST ENTRY: 02/24/2022 LAST ID: K85V04

PCW	COL	ACCESSION	PATIENT NAME
A	1	691218ZR1	[REDACTED]
A	2	691208ZR1	[REDACTED]
A	3	691240ZR1	[REDACTED]
A	4	691286ZR1	[REDACTED]
A	5	691309ZR1	[REDACTED]
A	6	691355ZR1	[REDACTED]
A	7	691341ZR1	[REDACTED]
A	8	691276ZR1	[REDACTED]
A	9	691384ZR1	[REDACTED]
A	10	691333ZR1	[REDACTED]
B	1	691331ZR1	[REDACTED]
B	2	690968ZR1	[REDACTED]
B	3	691190ZR1	[REDACTED]
B	4	691173ZR1	[REDACTED]
B	5	691168ZR1	[REDACTED]
B	6	691158ZR1	[REDACTED]
B	7	691148ZR1	[REDACTED]
B	8	691141ZR1	[REDACTED]
B	9	691121ZR1	[REDACTED]
B	10	690929ZR1	[REDACTED]
C	1	690959ZR1	[REDACTED]
C	2	691011ZR1	[REDACTED]
C	3	690999ZR1	[REDACTED]
C	4	691019ZR1	[REDACTED]
C	5	691030ZR1	[REDACTED]
C	6	691038ZR1	[REDACTED]
C	7	691050ZR1	[REDACTED]
C	8	691044ZR1	[REDACTED]
C	9	691084ZR1	[REDACTED]
C	10	690985ZR1	[REDACTED]
D	1	691071ZR1	[REDACTED]
D	2	691105ZR1	[REDACTED]
D	3	691113ZR1	[REDACTED]
D	4	691184ZR1	[REDACTED]
D	5	690835ZR1	[REDACTED]
D	6	690978ZR1	[REDACTED]
D	7	690076ZR1	[REDACTED]
D	8	690914ZR1	[REDACTED]
D	9	690848ZR1	[REDACTED]
D	10	691267ZR1	[REDACTED]
E	1	690864ZR1	[REDACTED]
E	2	691349ZR1	[REDACTED]
E	3	691375ZR1	[REDACTED]
E	4	691366ZR1	[REDACTED]

MANUAL FAT STORAGE LIST

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02/24/2022

BOX 0036559 (Continued)

ROW	COL	ACCESSION	PATIENT NAME
E	5	690898ZR1	[REDACTED]
E	6	692504ZR1	276761
E	7	692495ZR1	[REDACTED]
E	8	692342ZR1	[REDACTED]
E	9	692356ZR1	[REDACTED]
E	10	690923ZR1	[REDACTED]
F	1	690891ZR1	[REDACTED]
F	2	690908ZR1	[REDACTED]

** END **

URINE POS STORAGE LIST

PAGE 1

02/24/2022

CHAIN OF CUSTODY LOG

DATE	RELEASED BY	RECEIVED BY	PURPOSE
02/24/2022	Sign. _____ Name PROCESSING TS	Sign. _____ Name WILLIAM PHILLIPS	TRANSFER TEMPORARY STORAGE
FEB 24 2022	Sign. _____ Name WILLIAM PHILLIPS	Sign. _____ Name _____	TEMP STORAGE
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	
Sign. _____ Name _____	Sign. _____ Name _____	Sign. _____ Name _____	

02/24/2022

BOX: P047241 (open) LAST ENTRY: 02/24/2022 LAST ID: K5WP02

ROW	COL	ACCESSION	PATIENT NAME
A	1	692504ZR1	276761
A	2	692274ZR1	
A	3	660111ZR1	
A	4	715166ZR1	
A	5	693718ZR1	
A	6	712545ZR1	
A	7	713645ZR1	
A	8	703716ZR1	
A	9	704691ZR1	
A	10	710084ZR1	
B	1	699577ZR1	
B	2	701428ZR1	
B	3	710457ZR1	
B	4	712181ZR1	
B	5	712674ZR1	
B	6	713616ZR1	
B	7	713985ZR1	
B	8	712593ZR1	
B	9	709852ZR1	
B	10	713631ZR1	
C	1	713879ZR1	
C	2	633410ZR1	
C	3	713794ZR1	
C	4	714914ZR1	
C	5	714220ZR1	
C	6	714252ZR1	
C	7	715025ZR1	
C	8	714098ZR1	
C	9	715356ZR1	
C	10	714901ZR1	
D	1	714439ZR1	
D	2	714611ZR1	
D	3	714931ZR1	
D	4	715136ZR1	
D	5	638006ZR1	
D	6	638758ZR1	
D	7	659510ZR1	
D	8	660136ZR1	

** END **

03/10/2022

BJX: Y014226 (open)

LAST ENTRY: 03/10/2022

LAST ID: KSR005

ROW	COL	ACCESSION	PATIENT NAME
A	1	687830ZR1	[REDACTED]
A	2	687784ZR1	[REDACTED]
A	3	687743ZR1	[REDACTED]
A	4	687714ZR1	[REDACTED]
A	5	687664ZR1	[REDACTED]
A	6	687618ZR1	[REDACTED]
A	7	687587ZR1	[REDACTED]
A	8	687556ZR1	[REDACTED]
A	9	687525ZR1	[REDACTED]
A	10	687474ZR1	[REDACTED]
B	1	687118ZR1	[REDACTED]
B	2	687347ZR1	[REDACTED]
B	3	687151ZR1	[REDACTED]
B	4	687205ZR1	[REDACTED]
B	5	731212ZR1	[REDACTED]
B	6	697722ZR1	[REDACTED]
B	7	729659ZR1	[REDACTED]
B	8	682609ZR1	[REDACTED]
B	9	730094ZR1	[REDACTED]
B	10	686451ZR1	[REDACTED]
C	1	713631ZR1	[REDACTED]
C	2	709852ZR1	[REDACTED]
C	3	712593ZR1	[REDACTED]
C	4	713985ZR1	[REDACTED]
C	5	713616ZR1	[REDACTED]
C	6	712674ZR1	[REDACTED]
C	7	712181ZR1	[REDACTED]
C	8	710457ZR1	[REDACTED]
C	9	701428ZR1	[REDACTED]
C	10	699577ZR1	[REDACTED]
D	1	710084ZR1	[REDACTED]
D	2	704691ZR1	[REDACTED]
D	3	713645ZR1	[REDACTED]
D	4	693718ZR1	[REDACTED]
D	5	715166ZR1	[REDACTED]
D	6	692274ZR1	[REDACTED]
D	7	692504ZR1	276761
D	8	726164ZR1	[REDACTED]
D	9	726562ZR1	[REDACTED]
D	10	726044ZR1	[REDACTED]
E	1	732271ZR1	[REDACTED]
E	2	728123ZR1	[REDACTED]
E	3	732817ZR1	[REDACTED]
E	4	728976ZR1	[REDACTED]

03/10/2022

BOX Y014226 (Continued)

ROW	COL	ACCESSION	PATIENT NAME
E	5	709945ZR1	[REDACTED]
E	6	725966ZR1	[REDACTED]
E	7	710402ZR1	[REDACTED]
E	8	725982ZR1	[REDACTED]
E	9	703868ZR1	[REDACTED]
E	10	696887ZR1	[REDACTED]
F	1	725645ZR1	[REDACTED]
F	2	725992ZR1	[REDACTED]
F	3	726040ZR1	[REDACTED]
F	4	724119ZR1	[REDACTED]
F	5	723870ZR1	[REDACTED]
F	6	723928ZR1	[REDACTED]
F	7	724739ZR1	[REDACTED]
F	8	724488ZR1	[REDACTED]
F	9	725231ZR1	[REDACTED]
F	10	725516ZR1	[REDACTED]
G	1	737414ZR1	[REDACTED]
G	2	737596ZR1	[REDACTED]
G	3	735790ZR1	[REDACTED]
G	4	736377ZR1	[REDACTED]
G	5	737140ZR1	[REDACTED]
G	6	737835ZR1	[REDACTED]
G	7	737875ZR1	[REDACTED]
G	8	737926ZR1	[REDACTED]
G	9	735778ZR1	[REDACTED]
G	10	736776ZR1	[REDACTED]
H	1	735909ZR1	[REDACTED]
H	2	732001ZR1	[REDACTED]
H	3	733563ZR1	[REDACTED]
H	4	734393ZR1	[REDACTED]
H	5	732167ZR1	[REDACTED]
H	6	734036ZR1	[REDACTED]
H	7	734661ZR1	[REDACTED]
H	8	734320ZR1	[REDACTED]
H	9	719788ZR1	[REDACTED]
H	10	725852ZR1	[REDACTED]
I	1	729288ZR1	[REDACTED]
I	2	730043ZR1	[REDACTED]
I	3	738610ZR1	[REDACTED]
I	4	737420ZR1	[REDACTED]
I	5	737786ZR1	[REDACTED]
I	6	736892ZR1	[REDACTED]
I	7	738608ZR1	[REDACTED]
I	8	738626ZR1	[REDACTED]

LONG TERM STORAGE STORAGE LIST

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03/10/2021

BOX Y014226 (Continued)

ROW	COL	ACCESSION	PATIENT NAME
I	9	738139ZR1	
I	10	738860ZR1	

** END **

BLOOD ETHANOL POS STORAGE LIST

PAGE 1

02/24/2022

CHAIN OF CUSTODY LOG

DATE	RELEASED BY	RECEIVED BY	PURPOSE
02/24/2022	Sign. EAST COOLERTS	Sign. MADISON REEVES	TRANSFER/ADD TO TEMPORARY STORAGE
FEB 24 2022	Sign. MADISON REEVES	Sign. EAST COOLERTS	TEMP STORAGE
OCT 31 2022	Sign. EAST COOLERTS	Sign. ALYSSA LEWIS	copy of seqs 692504Z-B1
OCT 31 2022	Sign. ALYSSA LEWIS	Sign. EAST COOLERTS	TEMP STORAGE
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	
Sign. Name	Sign. Name	Sign. Name	

02/24/2022

BOX: B000435 (open) LAST ENTRY: 02/24/2022 LAST ID: KSMR14

ROW	COL	ACCESSION	PATIENT NAME
A	1	330005ZB1	[REDACTED]
A	2	190797ZB1	[REDACTED]
A	3	507239ZB1	X
A	4	480015ZB1	[REDACTED]
A	5	480044ZB1	[REDACTED]
A	7	480023ZB1	[REDACTED]
A	8	479976ZB1	[REDACTED]
B	1	479982ZB1	[REDACTED]
B	2	480057ZB1	[REDACTED]
B	3	513197ZB1	[REDACTED]
B	4	513189ZB1	[REDACTED]
B	5	513171ZB1	[REDACTED]
B	6	513040ZB1	[REDACTED]
B	7	513180ZB1	[REDACTED]
B	8	513109ZB1	[REDACTED]
C	1	513065ZB1	[REDACTED]
C	2	513140ZB1	[REDACTED]
C	3	513076ZB1	[REDACTED]
C	4	513135ZB1	[REDACTED]
C	5	513087ZB1	[REDACTED]
C	6	513030ZB1	[REDACTED]
C	7	513126ZB1	[REDACTED]
C	8	513161ZB1	[REDACTED]
D	1	513099ZB1	[REDACTED]
D	2	513052ZB1	[REDACTED]
D	4	513153ZB1	[REDACTED]
D	6	556832ZB1	[REDACTED]
D	7	556825ZB1	[REDACTED]
D	8	544056ZB1	[REDACTED]
E	1	544125ZB1	[REDACTED]
E	3	544120ZB1	[REDACTED]
E	4	544119ZB1	[REDACTED]
E	5	544107ZB1	[REDACTED]
E	6	544081ZB1	[REDACTED]
E	7	505873ZB1	[REDACTED]
E	8	556843ZB1	[REDACTED]
F	2	543998ZB1	[REDACTED]
F	3	544021ZB1	[REDACTED]
F	4	544037ZB1	[REDACTED]
F	5	543975ZB1	[REDACTED]
F	6	544029ZB1	[REDACTED]
F	7	544074ZB1	[REDACTED]
F	8	544062ZB1	[REDACTED]

02/24/2022

BOX B000435 (Continued)

ROW	COL	ACCESSION	PATIENT NAME
G	1	556839ZB1	[REDACTED]
H	1	544089ZB1	[REDACTED]
H	2	544009ZB1	[REDACTED]
H	3	583389ZB1	[REDACTED]
H	4	459502ZB1	[REDACTED]
H	5	583714ZB1	[REDACTED]
H	6	583620ZB1	[REDACTED]
H	7	369592ZB1	[REDACTED]
H	8	369655ZB1	[REDACTED]
I	1	369620ZB1	[REDACTED]
I	2	369558ZB1	[REDACTED]
I	3	369523ZB1	[REDACTED]
I	5	583737ZB1	[REDACTED]
I	6	583845ZB1	[REDACTED]
I	7	586475ZB1	[REDACTED]
I	8	583870ZB1	[REDACTED]
J	1	583911ZB1	[REDACTED]
J	2	583758ZB1	[REDACTED]
J	3	632689ZB1	[REDACTED]
J	4	632776ZB1	[REDACTED]
J	5	659201ZB1	X
J	6	649727ZB1	[REDACTED]
J	7	649583ZB1	[REDACTED]
J	8	617665ZB1	[REDACTED]
K	1	692539ZB1	[REDACTED]
K	2	661931ZB1	[REDACTED]
K	3	661950ZB1	[REDACTED]
K	4	661923ZB1	[REDACTED]
K	6	692531ZB1	[REDACTED]
K	7	692519ZB1	[REDACTED]
K	8	692549ZB1	[REDACTED]
L	1	692342ZB1	[REDACTED]
L	2	692386ZB1	[REDACTED]
L	3	692461ZB1	[REDACTED]
L	4	692441ZB1	[REDACTED]
L	5	692516ZB1	[REDACTED]
L	6	692552ZB1	[REDACTED]
L	7	335492ZB1	[REDACTED]
L	8	692555ZB1	[REDACTED]
M	1	556643ZB1	[REDACTED]
M	2	692356ZB1	[REDACTED]

02/24/2022

BOX B000435 (Continued)

ROW	COL	ACCESSION	PATIENT NAME
M	3	692474ZB1	[REDACTED]
M	4	692452ZB1	[REDACTED]
M	5	692566ZB1	[REDACTED]
M	6	692523ZB1	[REDACTED]
M	7	692536ZB1	[REDACTED]
M	8	692543ZB1	[REDACTED]
N	1	692412ZB1	[REDACTED]
N	2	692525ZB1	[REDACTED]
N	3	692529ZB1	[REDACTED]
N	4	661908ZB1	[REDACTED]
N	5	632896ZB1	[REDACTED]
N	6	632737ZB1	[REDACTED]
N	7	658144ZB1	[REDACTED]
N	8	632866ZB1	[REDACTED]
O	1	632998ZB1	[REDACTED]
O	2	632846ZB1	[REDACTED]
O	3	632792ZB1	[REDACTED]
O	4	632977ZB1	[REDACTED]
O	5	632726ZB1	[REDACTED]
O	6	692504ZB1	276761
O	7	661829ZB1	[REDACTED]
O	8	692495ZB1	[REDACTED]
P	1	632985ZB1	[REDACTED]
P	2	632834ZB1	[REDACTED]
P	3	661813ZB1	[REDACTED]
P	4	461062ZB1	[REDACTED]
P	5	632823ZB1	[REDACTED]
P	6	632756ZB1	[REDACTED]
P	7	632944ZB1	[REDACTED]
P	8	632962ZB1	[REDACTED]
Q	1	632933ZB1	[REDACTED]
Q	2	513119ZB1	[REDACTED]
Q	3	471584EB1	[REDACTED]
Q	4	632917ZB1	[REDACTED]
Q	5	661820ZB1	[REDACTED]
Q	6	544047ZB1	[REDACTED]
Q	7	632812ZB1	[REDACTED]

** END **

PERSONNEL QUALIFICATIONS

CURRICULUM VITAE

NAME: Danson Kamunyu

ADDRESS: 10101 Renner Blvd
Lenexa, KS 66219
(913) 888-1770 – work

EDUCATION: Bachelor of Science, Major- Biology-2004
Washburn University, Topeka, KS

EXPERIENCE:

Sep 2015 to Present Quest Diagnostics, Lenexa, KS
Non-Negative Certifying Scientist

Responsibilities as a certifying scientist include reviewing and certifying the screening, confirmation, and specimen validity data for drugs of abuse.

Sep 2013 to Sep 2015 Quest Diagnostics, Lenexa, KS
Negative Certifying Scientist

Responsibilities included certify/review negative Federal/ Non-Federal urine, hair and oral fluid samples.

Sept 2011 to Sept 2013 Quest Diagnostics, Lenexa, KS
Forensic Scientist I

Responsibilities included preparing urine, oral fluid, and blood samples to be tested for drugs of abuse by GC, GC/MS and LC/MS/MS.

July 2006 to Sept 2011 Quest Diagnostics, Lenexa, KS
Laboratory Technologist

Responsibilities included performing urinalysis, blood hemoglobin A1C, complete blood count, fibrinogen, prothrombin time, and partial thromboplastin time.

CERTIFICATIONS: American Society for Clinical Pathologists Board of Registry in chemistry

State of Nevada Department of Health and Human Services
Specialty Technologist-Chemistry/Toxicology

Curriculum Vitae

DAWN M. HAHN

Quest Diagnostics, Inc.
 10101 Renner Boulevard
 Lenexa, KS 66219
 (913) 577-1632; Fax: (913) 895-2622
 E-mail: dawn.m.hahn@questdiagnostics.com

EDUCATION

- 1984 **Bachelor of Arts; Medical Technology**
 Northwestern College; Orange City, Iowa
- 2014 **Masters of Business; Administration**
 John Hancock University, Chicago, Illinois

EXPERIENCE

- September 2013 - Present **Director, Laboratory Operations and Responsible Person**
Quest Diagnostics, Inc.; Lenexa, KS
Responsibilities include: preparing and maintaining standard operating procedures for drug testing; establish training protocol for personnel; ensure training is complete, ensure analytical methods are validated; establish acceptable performance limits on QC; ensure the laboratory follows HHS Guidelines for regulated testing; ensure all appropriate corrective action is implemented for any PT or inspection issue assisting; assisting in maintaining toxicology budget; and interfacing with inspection teams
- September 2010 - September 2013 **Laboratory Operations Manager and Responsible Person**
Quest Diagnostics, Inc.; Lenexa, KS
Responsibilities include: preparing and maintaining standard operating procedures for drug testing; establish training protocol for personnel; ensure training is complete, ensure analytical methods are validated; establish acceptable performance limits on QC; ensure the laboratory follows HHS Guidelines for regulated testing; ensure all appropriate corrective action is implemented for any PT or inspection issue assisting; assisting in maintaining toxicology budget; and interfacing with inspection teams
- November 2005 – September 2010 **Manager of Toxicology**
 Quest Diagnostics, Inc.; Lenexa, KS
- August 2006 - Present **Responsible Person, Laboratory Manager**
 Quest Diagnostics, Inc.; Lenexa, KS
- November 2005 - August 2006 **Alternate Responsible Person**
 Quest Diagnostics, Inc.; Lenexa, KS (formerly LabOne, Inc.)

November 2000 - November 2005	Alternate Responsible Person LabOne, Inc.; Lenexa, KS
July 1999 – November 2005	Director of Toxicology LabOne, Inc.; Lenexa, KS
November 1997 - June 1999	Manager of Toxicology LabOne, Inc.; Overland Park, KS
January 1995 - November 1997	SAT Lab Coordinator LabOne, Inc.; Overland Park, KS
February 1990 - December 1994	GC/MS Operator/Certifying Scientist Forensic Drug Testing Laboratory LabOne, Inc.; Overland Park, KS
October 1987 - February 1990	Generalist, Blood Laboratory Home Office Reference Laboratory; Overland Park, KS
November 1984 - September 1987	Medical Technologist Terrell Community Hospital; Terrell, TX
June 1984 - November 1984	Medical Technologist Newburn Memorial Hospital; Jacksonville, TX

PROFESSIONAL CERTIFICATIONS AND MEMBERSHIPS

Diplomate	American Board of Forensic Toxicology (ABFT) Forensic Drug toxicology
Inspector	National Laboratory Certification Program (Team Leader)
Inspector	College of American Pathologists Forensic Urine Drug Testing Program
Member	Society of Forensic Toxicologists (SOFT)
Member	Midwest Association for Toxicology and Therapeutic Drug Monitoring Vice President 2005 - 2006 President 2006 – 2007
Lab Supervisor	New York State Department of Health

Lab Supervisor Nevada State Department of Health

Lab Technical Supervisor College of American Pathologists (CAP)

Medical Technologist American Society of Clinical Pathologists (ASCP)

PROFESSIONAL MEETINGS

December 2020	National Laboratory Certification Program, NLCP Workshop - Virtual
September 2020	Society of Forensic Toxicologists, Annual Meeting, Virtual
October 2019	Society of Forensic Toxicologists, Annual Meeting, San Antonio, TX
October 2018	Society of Forensic Toxicologists, Annual Meeting, Minneapolis, MN
January 2018	Society of Forensic Toxicologists, Annual Meeting, Boca Raton, FL
October 2016	Society of Forensic Toxicologists, Annual Meeting, Dallas, TX
October 2015	Society of Forensic Toxicologists, Annual Meeting, Atlanta, GA
October 2014	Society of Forensic Toxicologists, Annual Meeting, Grand Rapids, MI
July 2012	Society of Forensic Toxicologists, Annual Meeting, Boston, MA
September 2011	Society of Forensic Toxicologists, Annual Meeting San Francisco, CA
October 2010	Society of Forensic Toxicologists, Annual Meeting, Richmond, VA
October 2009	Society of Forensic Toxicologists, Annual Meeting, Oklahoma City, OK
October 2008	Society of Forensic Toxicologists, Annual Meeting, Phoenix, AZ
October 2007	Society of Forensic Toxicologists, Annual Meeting, RTP, NC
April 2007	Midwest Association for Toxicologists and Therapeutic Drug Monitoring Annual Meeting, Indianapolis, IN
May 2006	Society of Forensic Toxicologists, Annual Meeting, Nashville, TN
May 2005	Society of Forensic Toxicologists, Annual Meeting, Washington, D.C.
August 2004	Society of Forensic Toxicologists, Annual Meeting, Portland, OR
October 2003	Society of Forensic Toxicologists, Annual Meeting, Dearborn, MI

- October 2002 Midwest Association for Toxicology & Therapeutic Drug Monitoring
Annual Meeting; Kansas City, MO
- May 2000 National Laboratory Certification Program, NLCP Workshop
Research Triangle Park, NC
- April 1999 Society of Forensic Toxicologists, Annual Meeting,
Salt Lake City, UT

PUBLICATIONS AND PRESENTATIONS

- 2003 William Seiter, Russell Robinson, Tiffany Porter, Barbara Rowland, Dawn Hahn, Michael Lehrer, Lance Presley. Opiate Prevalence in Oral Fluid. Poster Presentation, SOFT, Oct. 2003 Annual Meeting; Portland, OR.
- 2003 Lance Presley, Michael Lehrer, William Seiter, Dawn Hahn, Barbara Rowland, Melissa Smith, Keith Kardos, Dean Fritch, Sal Salamone, R. Sam Niedbala, Edward Cone. High Prevalence of 6-acetylmorphine in Morphine-Positive Oral Fluid Specimens, Forensic Science International, 133: 22 – 25 (2003).
- October 1997 Dawn M. Hahn, Alan E. Davis; Semi-Automated Urine Extraction by a Hamilton 2200 Microlab Extraction Unit; Society of Forensic Toxicologists, Oral Presentation, Annual Meeting; Salt Lake City, UT

References available upon request.

CURRICULUM VITAE**NAME:** M. SHANE MORRIS**ADDRESS:** 10101 Renner Blvd
Lenexa, KS 66219
800-877-7484**EDUCATION:** Bachelor of Science, Cellular Biology
University of Kansas, Lawrence, KS 1997**EXPERIENCE:**

Jan 2015 to
Present **Laboratory Manager**
Quest Diagnostics, Lenexa, KS
Responsible for daily operations of forensic urine, oral fluid and hair drug testing laboratory.

Dec 2021 to
Present **Responsible Person**
Quest Diagnostics, Lenexa, KS

Feb 2012 to
Dec 2021 **Alternate Responsible Person**
Quest Diagnostics, Lenexa, KS

Nov 2010 to
Jan 2015 **Non-Negative Certification Supervisor**
Quest Diagnostics, Lenexa, KS
Responsibilities include evaluation of non-negative certifying scientists, coordination of area procedures and certifying data for drugs of abuse.

Dec 2009 to
Nov 2010 **Non-Negative Certifying Scientist, Forensic Drug Testing**
Quest Diagnostics, Lenexa, KS
Responsibilities as certifying scientist involve reviewing/certifying the screening, confirmation (GC/MS) and specimen validity data for drugs of abuse

June 2008 to
Nov 2009 **Technical Supervisor**
Oncimmune LLC, DeSoto, KS
Supervise laboratory, which includes scheduling, writing SOPs, performance reviews, staffing, insuring CLEA guidelines are followed, as well as resolving technical issues with ELISA assays.

Aug 2007 to
June 2008 **Research Scientist, Research & Development**
Quest Diagnostics, Lenexa, KS

June 2004 to Aug 2007	Non-Negative Certifying Scientist, Forensic Drug Testing LabOne, Inc./Quest Diagnostics, Lenexa, KS
April 2003 to May 2004	GCMS Operator, Forensic Drug testing Laboratory Clinical Reference Lab, Lenexa, KS
December 2001 to April 2003	Laboratory Technologist LabOne, Inc., Lenexa, KS
July 1997 to Dec 2001	Lead Tech in Research and Development Osborn Laboratories, Olathe, KS

TRAINING, CONTINUING EDUCATION AND CONFERENCE PARTICIPATION:

September 2020	S.O.F.T. Annual Meeting and Workshops,	Remote
October 2019	S.O.F.T. Annual Meeting and Workshops,	San Antonio, TX
October 2018	S.O.F.T. Annual Meeting and Workshops,	Minneapolis, MN
September 2018	SAPAA. Annual Conference,	Kansas City, MO
January 2018	S.O.F.T. Annual Meeting and Workshops,	Boca Raton, FL
October 2016	S.O.F.T. Annual Meeting and Workshops,	Dallas, TX
October 2015	S.O.F.T. Annual Meeting and Workshops,	Atlanta, GA
October 2014	S.O.F.T. Annual Meeting and Workshops,	Grand Rapid , MI
October 2013	S.O.F.T. Annual Meeting and Workshops,	Orlando, FL
July 2012	S.O.F.T. Annual Meeting and Workshops,	Boston, MA
October 2011	S.O.F.T. Annual Meeting and Workshops,	San Francisco, CA

CERTIFICATIONS/MEMBERSHIPS:

- American Board of Forensic Toxicology (ABFT)
Forensic Drug Toxicology Diplomate
- Member – Society of Forensic Toxicologists (SOFT)
- Member – Midwest Association for Toxicology and Therapeutic Drug Monitoring
- Inspector – National Laboratory Certification Program (NLCP)
- State of Nevada Department of Health and Human Services Specialty Technologist
Chemistry/Toxicology

CURRICULUM VITAE**NAME:** Kenneth Reine**ADDRESS:** 10101 Renner Blvd
Lenexa, KS 66219
800-877-7484**EDUCATION:** Bachelor of Science – Microbiology-Aug 1990
Louisiana State University, Baton Rouge, LA**EXPERIENCE:**Dec 2021 to Present **Laboratory Manager**
Quest Diagnostics, Lenexa, KS*Responsible for daily operations of forensic urine, oral fluid and hair drug testing laboratory.*Sep 2019 to Present **Alternate Responsible Person**
Quest Diagnostics, Lenexa, KS: May 2015 to Dec 2021 **Non-Negative Certification Supervisor**
Quest Diagnostics, Inc., Lenexa, KS*Responsibilities include evaluation of non-negative certifying scientists, coordination of area procedures and certifying data for drugs of abuse.*Oct 2013 to May 2015 **Non-Negative Certifying Scientist, Team Lead**
Quest Diagnostics, Inc., Lenexa, KS*Responsibilities as certifying scientist, lead involve reviewing and certifying the screening, confirmation, and specimen validity data for drugs of abuse; provide technical leadership, training and direct workflow in the certification area; consult with clients and physicians regarding testing and results.*July 2011 to Oct 2013 **Non-Negative Certifying Scientist**
Quest Diagnostics, Inc., Lenexa, KS*Responsibilities as certifying scientist involve reviewing and certifying the screening, confirmation, and specimen validity data for drugs of abuse.*

April 2010 to
Jul 2011

GCMS Analyst, Team Lead
Quest Diagnostics, Inc., Lenexa, KS

Responsibilities include operating and maintaining GC/MS instruments, reviewing positive and negative federal/non-federal urine, blood, oral fluid, and hair samples.

Jul 2004 to
Apr 2010

Clinical Reference Laboratory, Lenexa, KS

Confirmation Analyst Supervisor

Supervise toxicology confirmation department, which includes extraction and GC/MS. Daily functions involve scheduling, performance reviews, staffing, GC/MS validation, instrument maintenance as well as resolving technical issues within the department. (1.5 years)

Positive Certifying Scientist- *perform duties of PCS & NCS as workflow dictated for regulated and non-regulated batches (1 year)*

GC/MS analyst – *perform operation and maintenance of instrumentation, initial review of batches and bench level PCS duties for non-regulated batches only. (~3 years)*

Extractions- *perform extraction/derivatization of both regulated and non-regulated batches. (0.5 years)*

July 1998 to
July 2004

Dallas County Institute of Forensic Sciences, Dallas, TX

Drug Chemist II

Perform qualitative and quantitative analysis on suspected controlled substances, poisons, and other drugs of abuse providing court testimony as needed. Identify and quantify by Gas Chromatography/Mass Spectrometry, Infrared Spectrophotometry, Atomic Absorption Spectroscopy, Enzyme-Linked Immunosorbent Assay, Gas Chromatography, and Gas Chromatography/Mass Spectrometry.

Aug 1990 to
July 1998

Louisiana State Police Crime Laboratory, Baton Rouge, LA

Forensic Scientist II

Perform qualitative and quantitative analysis on suspected controlled substances or dangerous drugs according to laboratory policies and procedures, providing court testimony as needed.

Identify and quantify by Gas Chromatography/Mass Spectrometry, Fourier Transform Infrared Spectrophotometry, Ultraviolet Spectrophotometry, and Microcrystalline analysis.

CERTIFICATIONS/MEMBERSHIPS:

State of Nevada Department of Health and Human Services
Specialty Technologist-Chemistry/Toxicology

EXHIBIT 3

Case No. 22-063-RPH-S

Michael Burkintas, RPh.

Dena M. McClish

From: Di Maulo, Christopher <Christopher.DiMaulo@uhsinc.com>
Sent: Thursday, March 17, 2022 11:36 AM
To: Dena M. McClish
Cc: Davila, Susan; Stolzman, Bonnie; Rayfield, Carol; Huntington, Matthew
Subject: Desert View Investigation [Sent securely via TLS]

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hi Dena,

Mr. Burkintas was terminated on March 3, 2022 as a result of the positive drug screen.

He did not provide any verbal or written statements regarding the drug screen since all pharmacy employees were drug tested in response to the drug diversion event.

Ms. Crain was not drug tested as she was suspended immediately once she confessed her actions regarding the drug diversion and she did not go back to the hospital after that point.

The previous pharmacist-in-charge (Elliott Asarch) voluntarily resigned from his position at Desert View Hospital for another employment opportunity.

The pharmacy department and other hospital employees did not notice any suspicious activities with Ms. Crain's transactions outside of the identified discrepancies that occurred between the movement of controlled substances between the Pyxis CII Safe and the patient care area Pyxis Med Stations.

Sincerely,

Christopher Di Maulo, PharmD. | Assistant Director - Pharmacy Operations Acute | christopher.dimaulo@uhsinc.com | Office (610) 382-3356 | Cell (201) 615-0462 | **Universal Health Services, Inc.** | UHS of Delaware, Inc. | 367 South Gulph Road, King of Prussia, PA 19406 | www.uhsinc.com

From: Dena M. McClish <dmcclish@pharmacy.nv.gov>
Sent: Thursday, March 17, 2022 10:14 AM
To: Di Maulo, Christopher <Christopher.DiMaulo@uhsinc.com>
Subject: [External] RE: Desert View Investigation [Sent securely via TLS]

WARNING: This email is from an external source. **DO NOT CLICK** links or attachments unless you recognize the sender and know the content is safe. **REPORT** any suspicious emails by clicking the "**REPORT SPAM**" button in Outlook.

Thank you sir, this brings me to the next questions... Mr. Burkintas: 1) What date was he terminated? 2) Did he provide any verbal or written statements regarding the positive drug screen to anyone? 3) Were all pharmacy employees drug tested in response to the drug diversion event?—If so, did that include Ms. Crain and what was her result?
4) Was RPh Asarch's termination voluntary? 5) Outside of Ms. Crain's transactions, were there any other suspicious or discrepant transactions?

EXHIBIT 4

Case No. 22-063-RPH-S

Michael Burkintas, RPh.

Dena M. McClish

From: Dena M. McClish
Sent: Wednesday, March 30, 2022 1:58 PM
To: Michael Burkintas
Subject: RE: NV Board of Pharmacy case no 22-063

Thank you Mr. Burkintas, as I'm sure you understand, we cannot take an allegation or suspicion of drug use lightly. Since you are stating that this was a false positive test, it would be quite beneficial for you to get additional testing to confirm that statement. To be clear, I am not requiring you to go get tested independently at this time, but I am strongly encouraging it as it would be beneficial for your case to show a negative test as soon as possible after the positive one.

In addition, I am asking that you notify me and/ or Mr. Wuest prior to returning to work in a pharmacy setting.

Dena M McClish, Investigator

Nevada State Board of Pharmacy
1140 N Town Center Dr Ste 300
Las Vegas, NV, 89144



Office: 702.486.6420 ext 154
Cell: 702.494.8672
Fax: 702.486.7903
E-mail: dmcclish@pharmacy.nv.gov
Web Page: www.bop.nv.gov

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This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

From: Michael Burkintas [REDACTED]
Sent: Wednesday, March 30, 2022 12:28 PM
To: Dena M. McClish <dmcclish@pharmacy.nv.gov>
Subject: Re: NV Board of Pharmacy case no 22-063

Hello Dena,
These are the OTC meds and supplements that I take.
Loratadine/Pseudoephedrine
Chlorpheniramine
Phenylephrine
GHR (see attached)
T-Max (see attached)
ThermoRip (see attached)
I hope that this is helpful
Thank You,
Mike Burkintas

-----Original Message-----

From: Dena M. McClish <dmcclish@pharmacy.nv.gov>

To: [REDACTED]

Sent: Thu, Mar 24, 2022 11:55 am

Subject: NV Board of Pharmacy case no 22-063

Good afternoon Mr. Burkintas,

As you know we have received information surrounding the circumstances of your termination from DVH and I'd like to get some information from you as well. Please give me a call at your earliest convenience or at least respond to this email. Please let me know your side of the story and anything you feel we may need to know to assist us in making a determination in this case to include any intentions of rehabilitation or other treatment.

Thank you,

Dena M McClish, Investigator

Nevada State Board of Pharmacy
1140 N Town Center Dr Ste 300
Las Vegas, NV, 89144



Office: 702.486.6420 ext 154
Cell: 702.494.8672
Fax: 702.486.7903
E-mail: dmcclish@pharmacy.nv.gov
Web Page: www.bop.nv.gov

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This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

PipingRock GHR Complex

- GHR Complex (1,480 mg)
- Gluten-Free & Non-GMO
- Quick-Release Capsules

As a leader in Sports Nutrition, PipingRock has crafted the ultimate GHR Complex for wide-ranging nutritional support. This cutting-edge formula features a 1,480 mg GHR Complex, with a 610 mg L-Arginine Base and other key amino acids in convenient quick-release capsules. It's gluten-free and non-GMO with no preservatives, providing bold support to help you enhance your

Supplement Facts

Serving Size: 2 Quick Release Capsules
Servings Per Container: 90

	Amount Per Serving	% Daily Value (DV)
Vitamin C (as Ascorbic Acid)	100 mg	111%
Vitamin B-6 (as Pyridoxine HCl)	15 mg	882%
GHR Complex	1,480 mg	*
L-Arginine Base	610 mg	*
L-Ornithine Alpha-Ketoglutarate (OKG)	340 mg	*
L-Ornithine HCl	220 mg	*
Glycine	220 mg	*
L-Lysine HCl	90 mg	*



Our Testosterone Support Formula is specially designed for men! Our quick-release capsules include time-tested ingredients like Horny Goat Weed and Maca that have been used by men for centuries. So grab a bottle today!

Supplement Facts

Serving Size: 2 Vegetarian Capsules

Servings Per Container: 45

	Amount Per Serving	% Daily Value (DV)
Maca (<i>Lepidium meyenii</i>) (root) (from 150 mg of 4:1 extract)	600 mg	*
Tribulus Extract (<i>Tribulus terrestris</i>) (fruit) (Standardized to contain 45% saponins)	100 mg	*
Horny Goat Weed Extract (<i>Epimedium sagittatum</i>) (aerial) (Standardized to contain 10% icariins)	500 mg	*
Yohimbe Extract (<i>Pausinystallia yohimbe</i>) (bark) (Standardized to contain 2% Yohimbine Alkaloids)	40 mg	*
L-Arginine HCl	40 mg	*

What are Thermogenics?

The word "thermogenics" means heat producing. Thermogenics are ingredients designed to support a healthy metabolism alongside diet and exercise.** There are many standalone thermogenic ingredients that are used for support. However, the best formulas have multiple ingredients from various sources. Our ThermoRip Fat Burner is just that!

Get Optimal Fuel with Thermo Rip!

Supplement Facts

Serving Size: 2 Capsules

Servings Per Container: 60

	Amount Per Serving	% Daily Value (DV)
Thermo Rip® Complex	1,185	*
L-Tyrosine (Free Form), Caffeine (Pharmaceutical Grade) (270 mg), Apple Cider Vinegar, Acetyl L-Carnitine HCl, Green Tea Extract (Camellia sinensis) (leaf) (Standardized to 95% Polyphenols, 75% Catechins, and 45% EGCG), Cayenne Pepper (Capsicum annuum) (fruit) (40,000 heating units), Black Pepper Extract (Piper nigrum) (fruit) (Standardized to contain 95% Piperine)	mg	

EXHIBIT 5

Case No. 22-063-RPH-S

Michael Burkintas, RPh.

Michael Burkintas

DOB: [REDACTED] | Sex: M | Report Prepared: 04/20/2022

Date Range: 04/20/2017 - 04/20/2022

Demographics**Linked Records**

Name	DOB	ID	Gender	Address
Michael Burkintas	[REDACTED]	1	M	[REDACTED] MONEY ST PAHRUMP NV 89048

Search Criteria

First Name	Last Name	DOB
Michael	Burkintas	[REDACTED]

Risk Indicators

NARXCARE SCORES	OVERDOSE RISK SCORE	ADDITIONAL RISK INDICATORS (0)
Narcotic 000	000	
Sedative 000	(Range 000-999)	
Stimulant 000		

This NarxCare report is based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented should be used as sole justification for providing or refusing to provide medications. The information on this report is not warranted as accurate or complete.

*Per CDC guidance, the MME conversion factors prescribed or provided as part of the medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. LME = Lorazepam milligram equivalents. MG = dose in milligrams.

Summary

Summary	Narcotics* (excluding buprenorphine)	Sedatives	Buprenorphine
Total Prescriptions: 9	Current Qty: 0	Current Qty: 0	Current Qty: 0
Total Prescribers: 1	Current MME/day: 0.00	Current mg/day: 0.00	Current mg/day: 0.00
Total Pharmacies: 1	30 Day Avg MME/day: 0.00	30 Day Avg mg/day: 0.00	30 Day Avg mg/day: 0.00

Prescriptions

Fill Date	ID	Written	Sold	Drug	Qty	Days	Prescriber	Rx #	Pharmacy	Refill	Daily Dose *	Pynt Type	PMP
01/06/18	1	01/06/18	01/06/18	Testosterone Cypionate Powder	2.00	60	Da Rod	2450901	Dru (7765)	0/0		Private Pay	NV
11/07/17	1	11/06/17	11/07/17	Testosterone Cyp Micro Powder	2.00	60	Da Rod	2368874	Dru (7765)	0/0		Private Pay	NV
11/07/17	1	11/06/17	11/07/17	Chorionic Gonad 5 Million Unit	0.00	60	Da Rod	2368868	Dru (7765)	0/0		Private Pay	NV
09/06/17	1	09/06/17	09/06/17	Testosterone Cyp Micro Powder	2.00	60	Da Rod	2280521	Dru (7765)	0/0		Private Pay	NV
09/06/17	1	09/06/17	09/06/17	Chorionic Gonad 5 Million Unit	0.00	60	Da Rod	2280514	Dru (7765)	0/0		Private Pay	NV
07/06/17	1	07/06/17	07/06/17	Testosterone Cyp Micro Powder	2.00	60	Da Rod	2192526	Dru (7765)	0/0		Private Pay	NV
07/06/17	1	07/06/17	07/06/17	Chorionic Gonad 5 Million Unit	0.00	60	Da Rod	2192521	Dru (7765)	0/0		Private Pay	NV
05/08/17	1	05/08/17	05/08/17	Testosterone Cyp Micro Powder	2.00	60	Da Rod	2112134	Dru (7765)	0/0		Private Pay	NV
05/08/17	1	05/08/17	05/08/17	Chorionic Gonad 5 Million Unit	0.00	60	Da Rod	2112117	Dru (7765)	0/0		Private Pay	NV

Providers

Name	Address	City	State	Zipcode	Phone
Dagoberto J Rodriguez, Md	5640 W Atlantic Blvd	Margate	FL	33063	(954) 708-2976

Pharmacies

Name	Address	City	State	Zipcode	Phone
Drug Depot, Inc (7765)	34911 Us Highway 19 N Ste 600	Palm Harbor	FL	34684	(888) 547-2654

Disclaimer

Report contents are based on data entered by dispensers and their staff, and may contain errors. The Board of Pharmacy recommends independent verification with dispensers when prudent or necessary. Willful disclosure of prescription information may be subject to disciplinary action, civil penalties or criminal action.

EXHIBIT 6

Case No. 22-063-RPH-S

Michael Burkintas, RPh.

**AGREEMENT NOT TO PRACTICE PHARMACY UNTIL NEXT
SCHEDULED HEARING IN CASE NO. 22-063**

1. My name is Michael Burkintas, RPH, and I am a licensed pharmacist in the State of Nevada. My Nevada pharmacist's certificate of registration number is 15419.
2. The Nevada State Board of Pharmacy ("Board") has investigated and filed a Notice of Intended Action and Accusation ("Accusation") on or about April 25, 2022. The allegations included a positive amphetamine test result which led to my termination at Desert View Hospital Alliance.
3. By signing below, I agree that:
 - a. I will not practice as a pharmacist, or in any capacity, at a place of employment licensed or registered by the Board, where there is access to dangerous drugs and/or controlled substances, during the continuation of the Board hearing of the Accusation in case no. 22-063.
 - b. I understand that violation of this written agreement constitutes my consent in having my pharmacist registration number 15419 summarily suspended.

Dated this 13 day of JULY, 2022.



MICHAEL BURKINTAS, RPH

EXHIBIT 7

Case No. 22-063-RPH-S

Michael Burkintas, RPh.

Attorney Timesheet for Peter Keegan and Courtney Lee

MICHAEL BURKINTAS, RPH. - CASE NO. 22-063-RPH-S

DATE	TIME
-------------	-------------

April 21, 2022	1.6
-----------------------	------------

Courtney Lee - reviewed investigative file with Executive Secretary David Wuest and Deputy Executive Secretary Yen Long; legal research; discuss investigation with Board staff including Investigator Dena McClish, determined to proceed with drafting accusation.

April 22, 2022	1.1
-----------------------	------------

Courtney Lee – Draft Accusation and submit for review and Executive Secretary signature.

July 13, 2022	0.9
----------------------	------------

Courtney Lee – Communications with Michael Burkintas, draft Agreement Not to Practice Pharmacy, send to Burkintas for signature.

August 5, 2022	1.1
-----------------------	------------

Courtney Lee – Receive and review Notice of Representation from Kevin Murphy, Esq. as well as Answer of Notice of Defense filed on behalf of Burkintas. Communications confirming continuance of September hearing.

September 23, 2022	0.3
---------------------------	------------

Courtney Lee – Receive and review Initial Discovery Production

December 6, 2022	0.2
-------------------------	------------

Courtney Lee – Receive and review Supplemental Discovery Production

December 20, 2022	0.8
--------------------------	------------

Courtney Lee – Draft stipulation after discussions with Board Executive Staff, submit to Kevin Murphy for review.

December 22, 2022	0.5
--------------------------	------------

Courtney Lee – Receive and review Quest Toxicity Litigation Packet regarding drug screening for Michael Burkintas

December 28, 2022	0.5
--------------------------	------------

Peter Keegan – Assume responsibility for case from Courtney Lee. Email correspondence with Kevin Murphy and discussion with Board's Executive staff concerning case status.

December 29-30, 2022	0.6
-----------------------------	------------

Peter Keegan – review email correspondence from Kevin Murphy requesting another continuance, discuss with Board Executive staff, prepare stipulation to continue and email to Kevin Murphy.

January 16-18, 2023 0.3

Peter Keegan – Emails with Kevin Murphy regarding rescheduling of continued case based upon Board changing March meeting date. Resolve and agree.8 to reschedule hearing for June 14, 2023.

March 1, 2023 0.3

Peter Keegan – Receive and review 2nd supplemental discovery production

May 19, 2023 0.3

Peter Keegan – Receive and review 3rd supplemental discovery production

May 23, 2023 1.6

Peter Keegan – Review Accusation, investigation, and emails with Kevin Murphy in preparation for June 14, 2023 hearing.

May 24, 2023 0.5

Peter Keegan – Telephone conference with Kevin Murphy regarding upcoming June 14, 2023, hearing and status of settlement negotiations. Discuss exhibit preparation and exchange.

May 26, 2023 1.8

Peter Keegan – Prepare exhibits, timesheets. Emails with Investigator Dena McClish regarding preparations.

June 7, 2023 0.5

Peter Keegan – Zoom conference with Investigator Dena McClish in preparation for June 14, 2023, hearing.

June 13, 2023 1.0

Peter Keegan - Prepare to prosecute Case No. 22-063-RPH-S before Nevada Board of Pharmacy.

June 14, 2023 1.5

Peter Keegan - Prosecute Case No. 22-063-RPH-S before Nevada Board of Pharmacy.

TOTAL 15.4 hours x \$59.97/hour = \$923.54

Investigation hours

Case No 22-063 RPh Burkintas

Investigator Dena McClish

Date	Duties	Hours
3/16/2022	Init case review, phone, email	1
3/24/2022	Recvd info from hospital, internal discuss	1.5
3/29/2022	PMP review, phone interview, emails	1.25
4/21/2022	ROI, case review in South	2
Total		5.75
Hourly wage		46.41
Total billing		266.8575

Timesheet for Kristopher Mangosing –

Michael Burkintas Case No.22-063-RPH-S

DATE	TIME
------	------

5/3/2022	0.25
----------	------

Prepared 21 day notice for mailing.

8/9/2022	0.25
----------	------

Prepared 21 day notice for mailing.

8/30/2022	0.5
-----------	-----

Prepared discovery request

9/27/2022	0.25
-----------	------

Prepared 21 day notice for mailing.

12/13/2022	0.25
------------	------

Prepared 21 day notice for mailing

1/13/2023	0.25
-----------	------

Sent Stipulation and Order continuing hearing by certified mail

5/12/2023	0.25
-----------	------

Prepared 21 day notice for mailing.

5/23/2023	0.25
-----------	------

Prepared documents for Board Book

TOTAL POSTAGE \$8.10 X 5 = 40.50

TOTAL 2.25 hours x \$34.86/hour = \$78.44

TOTAL \$118.94

Timesheet for Darlene Nases –

MICHAEL BURKINTAS - CASE NO. 22-063-S

DATE	TIME	
4/25/2022	0.50	Certified and mailed out NIAA

Certified Mailing Cost: \$9.86

- **TOTAL .50 hours x \$34.86/hour = \$17.43**
- **Total Expenses for Certified Mailings: \$9.86**

TOTAL TIME & COST SUMMARY

Case No. 21-063-CS-S– Dr. Wesley Robertson

Attorney Peter Keegan – 12.5 hours @\$59.97/hr = **\$923.54**

Investigator Dena McClish – 5.75 hours @\$46.41/hr **\$266.86**

Board Coordinator Kristopher Mangosing – 2.25 @34.86/hr = **\$78.44**

Certified Mailing Postage **\$40.50**

Board Coordinator Darlene Nases – 0.5 hours @34.86/hr = **\$17.43**

Certified Mailing Postage **\$9.86**

Total **\$1,336.63**

IN THE MATTER OF:

MICHAEL BURKINTAS, RPh.

CASE NO.: 22-063-RPH-S

HEARING DATE:
JUNE 14, 2023

KEVIN C. MURPHY
Attorney for Respondent



**IN THE MATTER OF MICHAEL BURKINTAS CERTIFICATE OF REGISTRATION
NO.: 15419**

BEFORE THE
NEVADA STATE BOARD OF PHARMACY

CASE No.: 22-063-RPH-S

HEARING DATE: JUNE 14, 2023

Title	Page	Document	I.D.	REC'D
Ex. A.	RESP 0001-0002	"Mr. Burkintas' Resume."	X	X
Ex. B.	RESP 0003-0012	"Character References."	X	X
Ex. C.	RESP 0013	"May 7, 2022, Negative Drug Screen Result."	X	X
Ex. D.	RESP 0014-0016	"Employment Evaluations."	X	X
Ex. E.	RESP 0017-0022	"Letters of Professional Recommendation."	X	X
Ex. F.	RESP 0023-0027	"Mr. Burkintas' Medications and Supplements."	X	X

Michael Burkintas

Pharmacist
Pahrump, NV 89048
hayata@verizon.net
775-537-0931

I have been a pharmacist in retail settings for 28 years and hospital setting for 6 and ½ years. I have active registrations in Nevada and Pennsylvania.

Work Experience

Staff Pharmacist

Desert View Hospital / Universal Health Services Inc. - Pahrump, NV

October 2015 to 03-07-2022

performs clinical and professional pharmaceutical work in the compounding and dispensing of drugs and sterile IV supplies. Monitor drug therapy and provide clinical dosage adjustment as required. Interview patients and family to determine home medication usage and possible interaction with treatment.

ACLS Certified

BLS Certified

Staff Pharmacist

CVS/pharmacy – various locations in Pennsylvania; Las Vegas, Elko and Pahrump, NV

April 2002 to May 2014

Responsibilities

Fill and verify prescriptions, counsel patients, resolve insurance issues, manage workflow, ensure State, Federal and DEA control drug regulations are followed, control inventory. Administer immunizations.

Skills Used

Immunization certified, CPR certified.

Manager

Public Drug Stores - Beaver, PA

October 1991 to April 2002

Counsel patients, fill prescriptions, control inventory, order schedule 2 controlled substances and schedule employees.

Assistant Manager

Olson's Pharmacy - Beaver Falls, PA

May 1989 to October 1991

Intern and Pharmacist

C. G. Huy Pharmacy - Pittsburgh, PA

September 1983 to August 1990

Assistant Manager

Thrift Drug - Butler, PA

August 1988 to May 1989

Intern, Graduate Intern and Pharmacist

Education

BS in Pharmacy

University of Pittsburgh, School of Pharmacy - Pittsburgh, PA

September 1983 to May 1988

Milton Hershey School - Hershey, PA. June 1983

Skills

Management experience, Inventory Control, CPR certified, ACLS Certified, Immunization Certified.

Certifications/Licenses

Registered Pharmacist - Nevada State Board of Pharmacy

Registered Pharmacist - Pennsylvania State Board of Pharmacy

CPR/BLS

ACLS

Immunization Certification

Additional Information

I am a Shriner clown and do what I can to support the Shriners Hospital for Children.

1. Name:

DONALD FORSE

Date:

MAY 10, 2023

2. In what capacity do you know Mr. Burkintas?

☒ a. Personal

☐ b. Professional

3. How long have you known Mr. Burkintas?

a. ~ 40 years/months

4. Circle the personal qualities which you have known Mr. Burkintas to possess. (If possible, describe one or two supportive examples).

☒ a. Honesty

I have never observed Michael cheating or telling a lie.

b. Trustworthiness

— Micheal was my pharmacist for several years and relied on his guidance.

c. Responsibility

We traveled many times together. You could depend on Mike to be present and on time!

d. Morality

Michael has always had a high standard of morals. It's his way of life

e. Ethicality

I am not aware of anything Michael has done that was not ethical.

f. Other

5. State your assessment of Mr. Burkintas's relationship with family, friends, business associates, and the community at large, with particular examples if possible. (*Example: On numerous occasions, John Doe has put himself before others. He is selfless and whenever someone needs anything, he is there.*)

____ When My wife and I visited Las Vegas, Mike always altered his schedule to join us.
____ Also, I know he has done this for several others. He is always willing,
____ to help!

6. Are you personally aware of any hardships that Mr. Burkintas is/has undergone which you think contributed to this offense, please list them below:

Yes

No

If yes, please describe below.

7. Are you planning on employing Mr. Burkintas in the future?

Yes

No

8. Are you planning on working with Mr. Burkintas in the future?

Yes

No

9. State your assessment of Mr. Burkintas's past contribution to the community, and pharmaceutical profession, with particular examples in the space provided. (*Examples: Community Service, Volunteer Work, Church Attendance, School Activities, Sports, etc. ie. Jane Doe has been a volunteer Sunday school instructor for our young adults at our church for several years. Or John Doe has volunteered at the local Salvation Army helping to provide meals to indigent/homeless persons for the last five years.*)

Michael devotes a fair portion of his time helping others via the Shriner's charities.

10. Please rate Mr. Burkintas in terms of the following qualities:

Please note: If the choice does not apply to your relationship with Mr. Burkintas, choose "Not Applicable."

	Outstanding	Excellent	Good	Average	Poor	Not Applicable
Ability to work well with others	1					X
Tenacity; perseverance toward goals						X
Ability to meet deadlines						
Maturity and judgment	X					
Accountability, accepts responsibility for own actions	X					
Clear verbal and written communication	X					
Ability to work without supervision						X
Overall rating	X					

Please add anything additional that you feel the BOP should know about Mr. Burkintas.

I BELIEVE THAT MICHAEL WOULD BE A GREAT ASSET TO ANY TEAM. ALTHOUGH HE IS BEST TRAINED TO BE A PHARMACIST, HE WOULD SUCCEED IN ALMOST ANY FIELD. HE POSSESSES A HIGHLY DESIRABLE BLEND OF TRAINING, INTELLIGENCE, PERSONALITY, DEPENDABILITY AND MORAL STANDARDS!

Do you declare under penalty of perjury of the laws of the State of Nevada, and the United States Constitution, that the foregoing is true and correct to the best of your knowledge?

☒ Yes

☐ No

Signature:

Donald B. Forse

Are you willing to testify regarding the above opinions and information?

☒ Yes

☐ No

Signature:

Donald B. Forse

1. Name:

Beverly J. Gray

Date:

August 27, 2022

2. In what capacity do you know Mr. Burkintas?

☒ (a) Personal

b. Professional

3. How long have you known Mr. Burkintas?

a. 12 years months

4. Circle the personal qualities which you have known Mr. Burkintas to possess. (If possible, describe one or two supportive examples).

☒ (a) Honesty

Mike is the most honest person I know

☒ (b) Trustworthiness

I would trust him with my life.

☒ (c) Responsibility

Mike is very responsible person.

☒ (d) Morality

☒ (e) Ethicality

☒ (f) Other

very generous person! He gives to different charities, animal rescue. He is a mason & a Shriner He plays a clown for the Shriners for all the parades.

5. State your assessment of Mr. Burkintas's relationship with family, friends, business associates, and the community at large, with particular examples if possible. (Example: On numerous occasions, John Doe has put himself before others. He is selfless and whenever someone needs anything, he is there).

Mike is a very selfless person whenever I or when I husband was alive ~~is~~ was always there to help us physically or financially.

6. Are you personally aware of any hardships that Mr. Burkintas is/has undergone which you think contributed to this offense, please list them below:

☐ Yes

☒ No

If yes, please describe below.

7. Are you planning on employing Mr. Burkintas in the future?

☐ Yes

☒ No

8. Are you planning on working with Mr. Burkintas in the future?

☐ Yes

☒ No

9. State your assessment of Mr. Burkintas's past contribution to the community, and pharmaceutical profession, with particular examples in the space provided. (Examples: Community Service, Volunteer Work, Church Attendance, School Activities, Sports, etc. ie. Jane Doe has been a volunteer Sunday school instructor for our young adults at our church for several years. Or John Doe has volunteered at the local Salvation Army helping to provide meals to indigent/homeless persons for the last five years.)

He is a mason & also a Shriner, he plays a clown in the different parades, he sells onions or potatoes for the Shriners. He is a giver not only to his friends but also gives to animal rescue & others.

10. Please rate Mr. Burkintas in terms of the following qualities:

Please note: If the choice does not apply to your relationship with Mr. Burkintas, choose "Not Applicable."

	Outstanding	Excellent	Good	Average	Poor	Not Applicable
Ability to work well with others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenacity; perseverance toward goals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to meet deadlines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity and judgment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability, accepts responsibility for own actions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear verbal and written communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work without supervision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add anything additional that you feel the BOP should know about Mr. Burkintas.

Do you declare under penalty of perjury of the laws of the State of Nevada, and the United States Constitution, that the foregoing is true and correct to the best of your knowledge?

☒ Yes

☐ No

Signature:

Beverly J. Gray

Are you willing to testify regarding the above opinions and information?

☒ Yes

☐ No

Signature:

Beverly J. Gray


08/21/2022

I met Michael Burkintas 5 years ago through a mutual friend while visiting Las Vegas from Arizona. When I decided to move to Pahrump, Nevada, I reached out to him, and he offered to show me around the area. The last day of my move, I had to return a rental truck to the local dealer but did not have a ride back to my new home. At that time taxi service in Pahrump was nearly non-existent. So, I called Mike. He generously offered to pick me up and take me home. Since then he has let me borrow tools, hang shelves and move items around my home.

In February of this year, I accidentally took too much blood pressure medication. I immediately called Mike. He calmed me down. He told me that what I took was not an excessive dose and to take my blood pressure every 15 minutes and to call him back if it starts to drop. He called me about an hour later to see how I was.

I am glad to continue to be friends.

I declare under penalty of perjury of the laws of the State of Nevada and the United States Constitution that the foregoing is true and correct to the best of my knowledge. I am willing to testify regarding the above opinions and information.



William Tilghman

9-1-22

I have lived with Michael Burkintas for 32 years. I have been disabled for over 22 years. Michael has supported me physically and emotionally throughout our many years together.

Michael is a Shriner and does what he can to help support the Shriners Hospital for Children. He has participated with the Pahrump Mason Lodge in their effort to provide children's identification, and giving tablet computers to local schools to promote reading. When he was working, he donated to Tails of Nye County, a group that spays and neuters feral cats.

Michael has never abused controlled substances. Even now, when his body is failing from arthritis and degenerating knees and ankles, He avoids taking anything but ibuprofen.

I declare under penalty of perjury of the laws of the State of Nevada and the United States Constitution that the foregoing is true and correct to the best of my knowledge. I am willing to testify regarding the above opinions and information.


Esther Parasida

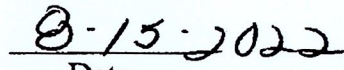

Date

Exhibit C. “May 7, 2022, Negative Drug Screen Result.”

Test Results

Date Results Transmitted: 2022-05-07 12:49 PM

Transmitted By: JAJ

Participant/Donor: Michael Burkintas

SSN/EID: **4768

CCF/Specimen ID: 0234113751

Specimen Type: URINE

Company: NATIONAL DRUG SCREENING

Location: NATIONAL DRUG SCREENING

Lab Account Number: 379856

Reason for Test: OTHER

Date Specimen Collected: 2022-05-05

Laboratory: LabCorp

Collection Site: LABCORP - PAHRUMP, NV (E

Collection Site Phone: 7757519229

Program: NONDOT

Date MRO Received CCF Copy 2:

Date Test Verified by MRO: 2022-05-07

Test Results

Panel - 5 PANEL LOOK ALIKE - 789888 - 379856 8534380008

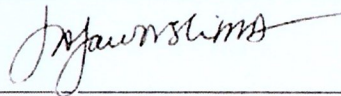
Drug	Results
Amphetamines	NEGATIVE
Cocaine	NEGATIVE
Marijuana	NEGATIVE
Opiates	NEGATIVE
Phencyclidine (PCP)	NEGATIVE

MY DETERMINATION/VERIFICATION IS: **NEGATIVE**

Certified Medical Review Officer

Janelle Jaworski M.D.

Signature



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9501 NORTHFIELD BLVD, DENVER, CO 80238 | Phone: 877-585-7366 | Fax: 855-253-5666

VHS 2020 Performance Review

07.06.20

EMPLOYEE INFORMATION

Employee: Michael Burkintas

Institution Name: 006-Acute Desert View Hospital

Job Title: 520- PHARMACIST

Manager: May, Robert

Department: 006:8290-Pharmacy

ASSESSMENT SUMMARY

Assessment Status: Review

Assessor: Robert May

Assigned Effective Date: 07/04/2020

Due Date: 08/30/2020

Overall Rating: 3 – Meets

Overall Score: 2.875

ASSESSMENT DETAIL

Service Excellence/Great

3 – Meets Expectations

Behavioral Criteria:

Rater: May, Robert

Rated Date: 07/29/2020

Comment:

Michael greets staff and co-workers when they address him first. He is able to communicate verbally when asked specific questions.

Desert View Hospital Employee Performance Review 2018

Employee Name: MICHAEL BURKINTAS

Department: PHARMACY

Position: PHARMACIST- FULL TIME

Supervisor Name: HELEN LOSASSO

Employee's focus on Service Excellence and Great:

Micheal is our full time pharmacist. He staffs six- 12 hour shifts per pay period. He assumed the full time position fall 2017. He is well spoken of. Michael interacts with patients and medical staff.

Employee's accomplishments during past year:

He is developing stronger clinical skills. Micheal supervises technicians, maintains appropriate inventory. He interviews patients and completes med-rec interviews in a timely manner.

Maintains BLS

As he has moved from per-diem to full time position has has taken much responsibility for appropriate inventory and day-to-day operations

Goal(s) for coming year:

- Participate in Antimicrobial Stewardship, complete three ASP patient reviews per month
- Maintain order review turn around time to less than 5 minutes per order 90% of time
- Identify and report at least two suspected adverse drug event per month
- Increase intervention documentation
- Complete CAI proficiency and hazardous drug handling proficiency. (Physical CAI aseptic technique is completed, didactic needs to be completed still
- Obtain ACLS certification

Areas for Improvement:

Become more familiar and comfortable with operations of the pharmacy department
Continue to expand clinical skills

Supervisor's Comments:

Michael is a stable member of our team. He is very quiet, and possibly underestimated. In addition to the hospital, Michael is an active member of the Pahrump community. Since starting at DVH, Michael has made the difficult transition from retail pharmacy to hospital pharmacy. His clinical skills have developed, and my goal would be for those skills to increase

Desert View | 2016
Hospital Employee
Performance
Review

Employee Name: **Mike Bukintas**

Department: Pharmacy

Position: Pharmacist

Supervisor Name: Helen Losasso

Employee's strengths:

- Careful
- Knowledgeable
- Reliable

Employee's accomplishments during past year:

Mike is transitioning from community pharmacy to hospital pharmacy. He has become competent with Healthland.

He is becoming comfortable dosing vancomycin

He has also established an organization method for filing patient orders that makes it much easier to locate a specific order if the need arises

Goal(s) for coming year:

- Professional – Develop and implement one Pharmacy process that improves patient outcomes or increases satisfaction of pharmacy customers
- Personal – Continue personal development with The Shrine Clowns and make a film

Supervisory support requested / needed to achieve goal(s):

- I will work with Mike as he develops/ implements his pharmacy process.

Supervisor's Comments: meets expectation

I am glad Mike has joined our department. I appreciate the challenge of transitioning from community to hospital practice. I am grateful for his flexibility in scheduling.

I expect Mike to continue to grow and be a great asset to the organization

Exhibit E. “Letters of Professional Recommendation.”

08/30/2022

To Whom it may concern:

I am writing this letter to give a little professional insight into one Mr. Michael Burkintas. The purpose of this letter is to let you know my firsthand accounts on his professionalism

I have seen and experienced. I started working at Desert View Hospital in the emergency room in November 2019 as an emergency room technician. Michael Burkintas was a licensed pharmacy at Desert View Hospital, I got to know him through his work there. He always seemed very knowledgeable about medications, effects, side effects and proper dosages. During codes different members of the interdisciplinary teams are called pharmacy, X-ray, respiratory and other registered nurses from the floor to help assist in the code. On many different occasions he was involved in the codes, from mixing IV medications, dose medications on the fly as needed per doctor request. He was very proficient and professional, at no point did he ever seem altered, distant or under the influence. He always seems to ask the right question prior to dose medication mixing -ex: allergies, patients' weight and so on.

Outside of emergency situations he was always professional, polite, and kind to all co-workers. He dressed professional with a button up shirt, tie, and slacks.

In the community outside the hospital setting, he is a pillar of the county being a head Mason and member of the Shriner Club.

I understand the importance of these allegations. I also understand this was a lifetime of schooling, training, and experience for him, this is his livelihood. I hope this letter shines a little light on the professionalism of Michael Burkintas, so that this can be cleared up and he can be reinstated and more on.

Sincerely

Jon Adams

A handwritten signature in black ink, appearing to be 'Jon Adams', with a stylized, flowing script.

BSN, EMT-P

1. Name:

JON ADAMS

Date:

08/30/2022

2. In what capacity do you know Mr. Burkintas?

a. Personal

☒ b. Professional

3. How long have you known Mr. Burkintas?

a. 2yr 10m years/months

4. Circle the personal qualities which you have known Mr. Burkintas to possess. (If possible, describe one or two supportive examples).

☒ a. Honesty

I BELIEVE MICHAEL ON A DAILY

☒ b. Trustworthiness

BASES SHOWED ALL OF THESE QUALITIES, I NEVER SAW HIM

☒ c. Responsibility

SHOW ANYTHING BUT THESE QUALITIES DAILY PROFESSIONAL WORK

☒ d. Morality

☒ e. Ethicality

☒ f. Other

FRIENDLY, KIND & KNOWLEDGEABLE

5. State your assessment of Mr. Burkintas's relationship with family, friends, business associates, and the community at large, with particular examples if possible. (Example: On numerous occasions, John Doe has put himself before others. He is selfless and whenever someone needs anything, he is there).

I KNOW HE TOOK TIME AWAY FROM HIS COMMUNITY TIME & FAMILY WHEN WAS ASKED & SCHEDULED OVERTIME WORK 5-6 DAYS A WEEK. THIS TOOK AWAY FROM HIS FREE MASON & SHRINER CLUB WORK

6. Are you personally aware of any hardships that Mr. Burkintas is/has undergone which you think contributed to this offense, please list them below:

Yes

No

If yes, please describe below.

OTHER THAN NOT BEING EMPLOYED AND NOT HAVING A PAY CHECK COMING IN, I KNOW HE HAD TO DIP INTO HIS SAVINGS TO BE ABLE TO PAY THE BILLS.

7. Are you planning on employing Mr. Burkintas in the future?

Yes

No

8. Are you planning on working with Mr. Burkintas in the future?

Yes

No

9. State your assessment of Mr. Burkintas's past contribution to the community, and pharmaceutical profession, with particular examples in the space provided. (Examples: Community Service, Volunteer Work, Church Attendance, School Activities, Sports, etc. ie. Jane Doe has been a volunteer Sunday school instructor for our young adults at our church for several years. Or John Doe has volunteered at the local Salvation Army helping to provide meals to indigent/homeless persons for the last five years.)

I KNOW HE STATED HE IS A FREE MASON & A MEMBER OF THE SHRINER'S CLUB

10. Please rate Mr. Burkintas in terms of the following qualities:

Please note: If the choice does not apply to your relationship with Mr. Burkintas, choose "Not Applicable."

	Outstanding	Excellent	Good	Average	Poor	Not Applicable
Ability to work well with others	✓					
Tenacity; perseverance toward goals	✓					
Ability to meet deadlines	✓					
Maturity and judgment	✓					
Accountability, accepts responsibility for own actions	✓					
Clear verbal and written communication	✓					
Ability to work without supervision	✓					
Overall rating	OUTSTANDING					

Please add anything additional that you feel the BOP should know about Mr. Burkintas.

PLEASE SEE ATTACHED LETTER!

Do you ~~declare~~ under penalty of perjury of the laws of the State of Nevada, and the United States Constitution, that the foregoing is true and correct to the best of your knowledge?

☒ Yes

☐ No

Signature: _____

Are you ~~willing~~ to testify regarding the above opinions and information?

☒ Yes

☐ No

Signature: _____

Dotty Edwards
2004 N Fairway Drive
St. George, UT.84780

To whom it may concern:

I met Michael Burkintas in 2014 while working at a CVS Pharmacy in Pahrump Nevada. In 2015 he joined our Pharmacy team at Desert View Hospital. It was here I worked closely with him as his pharmacy technician. He was great to work with and always paid close attention to the safety of our patients by watching his physician orders as well as verifying patient home meds for the nurses.

Michael was very aware of the rules and regulations that are necessary to keep in compliance with the state and federal boards. While he had to address a lot of protocol with doctors and nurse he was very professional and enjoyed being part of this important team.

He was a very competent pharmacist overseeing my compounding and filling of medicine cart, code carts, OR trays as well as making and checking IV. Michael was especially careful with the narcotics. The narcotic count had to be correct or we stayed until we found the error. We followed our protocol whenever meds were dispensed. Once the hospital went to Pixas machines Michael was trained as the manager of these machines. He was called back to the hospital often to correct problems.

He was always on time and stayed till his work was done. I never saw him be unethical with the pharmacy charting or drugs. I never saw him act unprofessional or put his Pharmacy license at risk. He donates a lot of his time to the Shriners where he loved to go ride in parades to help children.

Working at Desert View Hospital was difficult at times, due to a poor communication with CEO and Director of Nursing. As any workplace Michael tried to work with Corporate and nursing staff to solve problems.

Please do not hesitate to call me if you need to discuss this further.

Sincerely



Dotty Edwards

7752535204

Exhibit F. “Mr. Burkintas’ Medications and Supplements.”

Michael Burkintas medication, vitamin and supplement list.

Ozempic

Amlodipine
Carvedilol
Cephalexin
Ciprofloxacin
Loratidine/pseudoephedrine
Chlorpheniramine
Gvapesin/dextromethorphan
L-Arginine
Beta Carotene
Melatonin
Glucosamine/chondroitin/msm
Vitamin C
Vitamin E
Super B complex
Potassium iodide
Levothyroxine
Ibuprofen
Acetaminophen
Pepto bismol
Selenium
L-lysine
Black cherry extract
Eye Vision Guard

Glipizide

Allopurinol
Dicyclomine
Amoxicillin/Clavulanate
Famotidine
Phenylephrine
Diphenhydramine
DHEA
Coenzyme Q10
5-Hydroxytryptophan
Alpha Lipoic Acid
Calcium/magnesium/zinc
Vitamin D3
Folic acid
vitamin B12
Century multi-vitamin for men
Sitagliptin
Asprin
Eye vites areds2
Lecithin
Chromium picolinate
Coconut oil
Tadalafil
GHR

Supplement Facts

Serving Size: 1 Quick Release Softgel

Servings Per Container: 200

	Amount Per Serving	% Daily Value (DV)
Vision Shield™ Lutein (from Marigold Petal Extract)	20 mg	*
Vision Shield™ Zeaxanthin (from Marigold Petal Extract)	1 mg	*
Bilberry Extract (<i>Vaccinium uliginosum</i>) (fruit)	2.2 mg	*

Other ingredients: Sunflower Oil and/or Safflower Oil, Gelatin, Vegetable Glycerin, Sunflower Lecithin, Yellow Beeswax, Annatto Extract Color, Titanium Dioxide Color

Directions: For adults, take 1 quick release softgel 2 times daily, preferably with meals.

WARNING: If you are pregnant, nursing, taking any medications or have any medical condition, consult your doctor before use. Avoid this product if you are allergic to daisy-like flowers. If any adverse reactions occur, immediately stop using this product and consult your doctor. If seal under cap is damaged or missing, do not use. Keep out of reach of children. Store in a cool, dry place.

* Daily Value (DV) not established.

48
Go
...

PipingRock GHR Complex

- GHR Complex (1,480 mg)
- Gluten-Free & Non-GMO
- Quick-Release Capsules

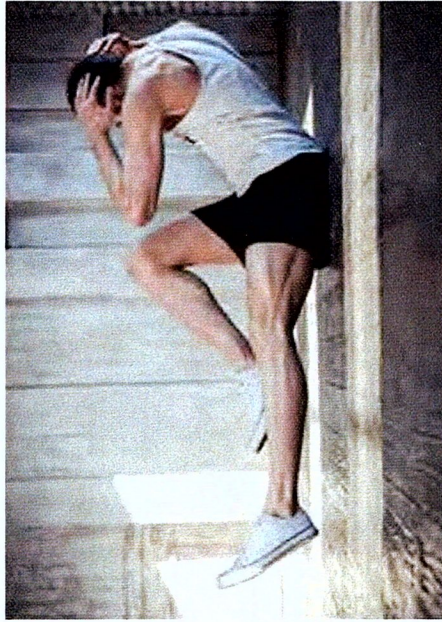
As a leader in Sports Nutrition, PipingRock has crafted the ultimate GHR Complex for wide-ranging nutritional support. This cutting-edge formula features a 1,480 mg GHR Complex, with a 610 mg L-Arginine Base and other key amino acids in convenient quick-release capsules. It's gluten-free and non-GMO with no preservatives, providing bold support to help you supercharge your

Supplement Facts

Serving Size: 2 Quick Release Capsules

Servings Per Container: 90

	Amount Per Serving	% Daily Value (DV)
Vitamin C (as Ascorbic Acid)	100 mg	111%
Vitamin B-6 (as Pyridoxine HCl)	15 mg	882%
GHR Complex	1,480 mg	*
L-Arginine Base	610 mg	*
L-Ornithine Alpha-Ketoglutarate (OKG)	340 mg	*
L-Ornithine HCl	220 mg	*
Glycine	220 mg RESP0028	*
L-Lysine HCl	90 mg	*



Our Testosterone Support Formula is specially designed for men! Our quick-release capsules include time-tested ingredients like Horny Goat Weed and Maca that have been used by men for centuries. So grab a bottle today!

Supplement Facts

Serving Size: 2 Vegetarian Capsules

Servings Per Container: 45

	Amount Per Serving	% Daily Value (DV)
Maca (<i>Lepidium meyenii</i>) (root) (from 150 mg of 4:1 extract)	600 mg	*
Tribulus Extract (<i>Tribulus terrestris</i>) (fruit) (Standardized to contain 45% saponins)	100 mg	*
Horny Goat Weed Extract (<i>Epimedium sagittatum</i>) (aerial) (Standardized to contain 10% icarins)	500 mg	*
Yohimbe Extract (<i>Pausinystalia yohimbe</i>) (bark) (Standardized to contain 2% Yohimbine Alkaloids)	40 mg	*
L-Arginine HCl	40 mg	*

RESP 0026

What are Thermogenics?

The word "thermogenics" means heat producing. Thermogenics are ingredients designed to support a healthy metabolism alongside diet and exercise.** There are many standalone thermogenic ingredients that are used for support. However, the best formulas have multiple ingredients from various sources. Our ThermoRip Fat Burner is just that!

Get Optimal Fuel with Thermo Rip!

Supplement Facts

Serving Size: 2 Capsules

Servings Per Container: 60

	Amount Per Serving	% Daily Value (DV)
Thermo Rip® Complex	1,185	*
L-Tyrosine (Free Form), Caffeine (Pharmaceutical Grade) (270 mg), Apple Cider Vinegar, Acetyl L-Carnitine HCl, Green Tea Extract (Camellia sinensis) (leaf) (Standardized to 95% Polyphenols, 75% Catechins, and 45% EGCG), Cayenne Pepper (Capsicum annuum) (fruit) (40,000 heating units), Black Pepper Extract (Piper nigrum) (fruit) (Standardized to contain 95% Piperine)	mg	

RES-0027

Kristopher Mangosing

From: Joe Dodge
Sent: Thursday, June 1, 2023 8:49 AM
To: Kristopher Mangosing
Subject: Partell Board Meeting supplemental documents
Attachments: Partell Board Meeting Documents.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Kris,

Please include the attached documents in the board book if possible.

Thanks,

Joe Dodge, Pharm D
Inspector

Nevada State Board of Pharmacy
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Las Vegas, NV, 89144

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The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgement, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT OFFICE ADDRESS AND PHONE NUMBER

1431 Harbor Bay Parkway
Alameda, CA 94502-7070
(510)337-6700 Fax:(510)337-6702

DATE(S) OF INSPECTION

02/26/2018- 03/08/2018

FEI NUMBER

3011769075

Industry Information: www.fda.gov/oc/industry

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Eric L. Sparks, PharmD, Pharmacy Manager

FIRM NAME

One Way Drug LLC dba Partell Specialty Pharmacy

STREET ADDRESS

5835 S. Eastern Ave. Suite 101

CITY, STATE AND ZIP CODE

Las Vegas, NV 89119

TYPE OF ESTABLISHMENT INSPECTED

Producer of Sterile and Non-Sterile Drugs

THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OF YOUR FACILITY. THEY ARE INSPECTIONAL OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION REGARDING YOUR COMPLIANCE. IF YOU HAVE AN OBJECTION REGARDING AN OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORRECTIVE ACTION IN RESPONSE TO AN OBSERVATION, YOU MAY DISCUSS THE OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OR SUBMIT THIS INFORMATION TO FDA AT THE ADDRESS ABOVE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER AND ADDRESS ABOVE.

DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:

OBSERVATION 1

The filter intended to render final product sterile is not adequate to accomplish sterilization and/or is not pharmaceutical grade.

Specifically,

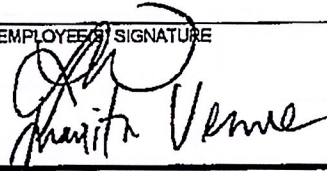
a. Your firm uses the Vacuum Filter, Stericup (Millipore) sterile filter, when compounding large volume batches of sterile finished product.

The Stericup does not appear to be pharmaceutical grade and the labeling for the Stericup states "Do not use these systems in direct patient care applications."

There is no integrity testing method for the Vacuum Filter, Stericup (Millipore) sterile filter. The firm releases finished drug product without determining the suitability of the filter. Examples of products, where the Stericup has been used as the sterilizing filter are Coenzyme Q10, Ascorbic acid, and Vitamin B Complex.

b. There is no assurance that the bubble point testing of filters used to render drug product sterile is adequate to ensure the integrity of such filters. Your firm was unable to confirm what required minimum pressure is used when performing integrity testing on sterilizing filters. There is a discrepancy with the required minimum pressure written in the bubble point test log and the manufacturers requirement. For example, the log states '38psi' required for the PES-50 filter, yet the manufacturer requires 50 psi. Your firm does not document the actual value in the Formula Worksheet and simply enters "PASS or FAIL".

OBSERVATION 2

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED
		Lucila B. Nwatu, Investigator/CSO Juanita P. Versace, Microbiologist	03/08/2018

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
1431 Harbor Bay Parkway Alameda, CA 94502-7070 (510)337-6700 Fax:(510)337-6702	02/26/2018- 03/08/2018
Industry Information: www.fda.gov/oc/industry	FEI NUMBER
	3011769075

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Eric L. Sparks, PharmD, Pharmacy Manager

FIRM NAME	STREET ADDRESS
One Way Drug LLC dba Partell Specialty Pharmacy	5835 S. Eastern Ave. Suite 101
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED
Las Vegas, NV 89119	Producer of Sterile and Non-Sterile Drugs

The cycle parameter (temperature, pressure, and time) used for heat sterilization of product intended to be sterile are not verified to be lethal to heat-resistant microorganisms.

Specifically,

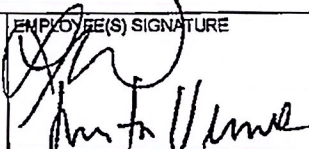
a. Your firm performs all compounding and filling operations for terminally sterilized pellet products in an unclassified Biosafety Cabinet, located in an unclassified room. Pellet products include:

- Estradiol, 10mg, 12.5mg, 15mg, 20mg, 25mg, 35mg, 40mg, 50mg, 55mg Pellets
- Naltrexone, 200mg Pellets
- Pregnenolone, 50mg, 100mg Pellets
- Progesterone, 50mg Pellets
- Testosterone/Anastrozole 120/8mg; 180/12mg; 200/20mg; 60/1mg; 60/4mg Pellets
- Testosterone/Estradiol 60/6 mg Pellets
- Testosterone 100 mg, 200 mg, 25 mg, 37.5 mg, 40 mg, 50 mg, 55 mg, 80 mg Pellets
- Testosterone/ Finasteride 60/5 mg, 80/8mg Pellets
- Testosterone/ Finasteride/Anastrozole 120/10/4 mg Pellets

b. Your firm uses the Hirayama HV-25 Autoclaves for both terminal sterilization and sterilization of container-closures, such as stoppers and final product vials. Effectiveness of Steam Sterilization is verified using Sporview Self-Contained Biological Indicators. The manufacturer recommends incubation conditions of 55°C to 60° C for a minimum of 24 hours. Biological Indicator dry block incubator is not calibrated to ensure the temperature can maintain 55-60°C for 24 hours. The dry block does not contain a visual thermometer to monitor the temperature during BI incubation.

c. Your firm conducts terminal sterilization on sealed vials containing pellet products, using an autoclave cycle of 121°C for 20 minutes. There is no adequate scientific justification for the autoclave cycle used to terminally sterilize implantable pellets, including consideration of heat penetration into the container closure and the pellets themselves. There is no assurance that 121°C for 20 minutes is adequate for pellets in sealed containers.

OBSERVATION 3

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Las Vegas, NV 89119		Producer of Sterile and Non-Sterile Drugs	

The final containers/closures used for drug product intended to be sterile have not been sterilized or de-pyrogenated.

Specifically,

a. Your firm does not depyrogenate the non-sterile stoppers and vials before conducting filling operation for all aseptically filled drug products.

b. Your firm does not depyrogenate the non-sterile stoppers and vials before conducting filling operation for all terminally sterilized pellet drug products.

OBSERVATION 4

Disinfecting agents and cleaning pads or wipes used in the ISO 5 area are not sterile.

Specifically,

To clean and disinfect the ISO- 5 Laminar Air Flow Hood (LAFH), the firm uses non-sterile PolySat Wipers, non-sterile Alpha Wipe Dry Wipes, non-sterile Opti-cide 3, non-sterile Spor-Klenz, and sterile 70% Isopropyl Alcohol spray.

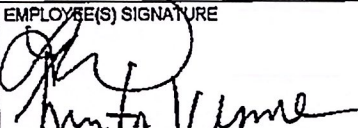
OBSERVATION 5

The use of sporicidal agents in the cleanrooms and/or ISO 5 areas is inadequate.

Specifically,

Your firm has not established sufficient contact time for all disinfectants use in the cleanroom. Your firm failed to follow manufacturer's recommended contact times for the disinfectants used in the controlled environments.

For example, for non-sterile sporicidal agent Spor-Klenz, the manufacturer recommends a contact surface time of

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

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	FEI NUMBER 3011769075

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Eric L. Sparks, PharmD, Pharmacy Manager

FIRM NAME One Way Drug LLC dba Partell Specialty Pharmacy	STREET ADDRESS 5835 S. Eastern Ave. Suite 101
CITY, STATE AND ZIP CODE Las Vegas, NV 89119	TYPE OF ESTABLISHMENT INSPECTED Producer of Sterile and Non-Sterile Drugs

30 minutes. Your daily cleaning/disinfecting log for controlled environments and procedure, does not indicate contact times. Pharmacy Lab Manager and Technicians confirmed that after spraying Spor-Klenz ion the surface, the solution is immediately removed. Demonstration of the effectiveness of the cleaning operations was not assessed due to lack of established contact times.

OBSERVATION 6

You produced hazardous drugs without providing adequate cleaning of utensils to prevent cross-contamination.

Specifically,

Your firm uses non-dedicated glassware and utensils to weigh and mix non-sterile hazardous and non-hazardous ingredients, in preparation for aseptic filling operations. Examples of hazardous ingredients used in your facility include Testosterone Cypionate and Alprostadil.

OBSERVATION 7

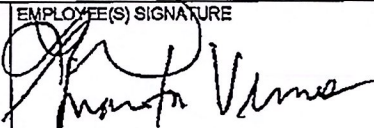
Non-sterilized or non-depyrogenated tools or temporary container were used in sterile production.

Specifically,

Your firm uses glassware and utensils to weigh and mix non-sterile ingredients, in preparation for aseptic filling operations. Your firm does not adequately clean the glassware and utensils to prevent cross-contamination. Glassware, spatulas, and mixing bars are washed in a dishwasher using Reverse Osmosis water. Your firm has not conducted any testing (microbial and analytical) of the water generated through your reverse osmosis (RO) system. The glassware is placed in an oven for approximately 20 minutes at 90°C. There is no assurance that these conditions sterilization or depyrogenation these materials prior to use in compounding sterile drug products.

OBSERVATION 8

Environmental monitoring in your aseptic processing areas is not adequate.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT OFFICE ADDRESS AND PHONE NUMBER 1431 Harbor Bay Parkway Alameda, CA 94502-7070 (510)337-6700 Fax:(510)337-6702 Industry Information: www.fda.gov/oc/industry		DATE(S) OF INSPECTION 02/26/2018- 03/08/2018
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED TO: Eric L. Sparks, PharmD, Pharmacy Manager		FEI NUMBER 3011769075
FIRM NAME One Way Drug LLC dba Partell Specialty Pharmacy	STREET ADDRESS 5835 S. Eastern Ave. Suite 101	
CITY, STATE AND ZIP CODE Las Vegas, NV 89119	TYPE OF ESTABLISHMENT INSPECTED Producer of Sterile and Non-Sterile Drugs	

Specifically,

a. Review of the last biannual Environmental Monitoring report, dated 11/30/17, revealed that Micrococcus species and Aspergillus was detected when viable air sampling was conducted in the ISO-5 Laminar Air Flow Hood. As a corrective action, your firm performed cleaning three times in the controlled environment, and air sampling was repeated. An investigation was not conducted and a root cause was not determined.

b. Monthly surface sampling is part of the firm's Environmental Monitoring program. Surface samples are taken with a EnviroTest Media Paddles, immediately after spraying sterile 70% Isopropyl Alcohol on the surface.

OBSERVATION 9

Inadequate pressure differentials between higher quality air rooms and lower quality air rooms were observed. .

Specifically,

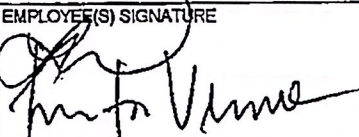
a. Sterile drug filling is conducted inside the ISO 5 core of Laminar Air Flow Hood (LAFH). The evaluation of unidirectional airflow (e.g., smoke studies) for microbiological contamination was not performed under dynamic conditions in the ISO 5 LAFH, which is located in an ISO 7 environment.

b. During filling operations, we observed that the doors from the ISO 8 compounding room to the ISO 7 Ante room, and the door from the ISO 7 Ante-Room to the ISO 7 aseptic filling room, did not stay consistently closed. We heard multiple alarms during the aseptic filling due to loss in pressure. The firm cannot assure continuous positive pressure during filling operations.

OBSERVATION 10

Media fills were not performed that closely simulate aseptic production operations incorporating, as appropriate, worst-case activities and conditions that provide a challenge to aseptic operations.

Specifically,

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION**

DISTRICT OFFICE ADDRESS AND PHONE NUMBER

1431 Harbor Bay Parkway
Alameda, CA 94502-7070
(510)337-6700 Fax: (510)337-6702

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02/26/2018- 03/08/2018

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3011769075

Industry Information: www.fda.gov/oc/industry

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Eric L. Sparks, PharmD, Pharmacy Manager

FIRM NAME

One Way Drug LLC dba Partell Specialty Pharmacy

STREET ADDRESS

5835 S. Eastern Ave. Suite 101

CITY, STATE AND ZIP CODE

Las Vegas, NV 89119

TYPE OF ESTABLISHMENT INSPECTED

Producer of Sterile and Non-Sterile Drugs

Biannual media fill testing is performed, but are not designed to simulate firm's routine aseptic operation.

a. Your firm conducts Media Fill in liquid filled bags versus vials. A commercially purchased kit containing 100 ml flexible container of TSB (Tryptic Soy Broth), 20 ml vial of TSB, and a 3 ml ampule of red TSB, are used to conduct media fills. The content of the ampule is injected into the 20 ml vial of TSB. 1 ml of this solution is injected into the 100 ml TSB bag. This procedure is repeated 19 times. This does not simulate their filling process. The bag is not representative of the container/closures used during routine production.

b. When filling large batch size sterile products, the firm uses a fluid dispensing pump. For example, the fluid dispensing pump is used during filling of Methylcobalamin, 12.5mg/ml injection, whose batch size is 3000ml into 50 ml vials or 500ml into 5 ml vials. This pump is not included during the media fill simulation.

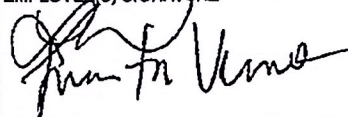
You have a sterility failure as evidence of production under insanitary conditions. Your firm conducted an inadequate Sterility OOS investigation. Review of OOS Sterility failure investigation revealed *Bacillus* species was detected in TM#3 (20 vials, Lot # 20171128@27). The firm's corrective action includes cleaning and disinfecting the controlled environment three times. Demonstration of the effectiveness of the cleaning operations was not assessed because environmental and personnel monitoring was not performed afterward.

***DATES OF INSPECTION**

2/26/2018(Mon), 2/27/2018(Tue), 2/28/2018(Wed), 3/01/2018(Thu), 3/02/2018(Fri), 3/05/2018(Mon), 3/06/2018(Tue), 3/07/2018(Wed), 3/08/2018(Thu)

SEE
REVERSE
OF THIS
PAGE

EMPLOYEE(S) SIGNATURE



EMPLOYEE(S) NAME AND TITLE (Print or Type)

Lucila B. Nwatu, Investigator/CSO
Juanita P. Versace, Microbiologist

DATE ISSUED

03/08/2018



Partell Pharmacy
5835 S. Eastern Avenue #101
Las Vegas, Nevada 89119
(702)791.3800


March 8, 2018

To whom it may concern:

The letter is meant to confirm the position of Partell Specialty Pharmacy on the topic of sterile products and sterile product compounding. The company's management and ownership have decided to voluntarily recall all compounded sterile products that have been shipped to customers. Additionally, the company has agreed to destroy all sterile products stored on site and has officially exited the business of sterile product compounding.

Sincerely,

Eric Sparks, PharmD
Pharmacy Manager



Robert Seik, PharmD
CEO - Owner

Eric Sparks, PharmD
Partell Specialty Pharmacy
5835 S. Eastern Avenue, Suite 101
Las Vegas, NV 89119
Fax: (702) 791-3630

March 29, 2018

Food and Drug Administration
1431 Harbor Bay Parkway
Alameda, CA 94502-7070
Fax: (510) 337-6702

Re: 483 Report dated 03/08/2018

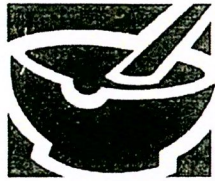
Dear FDA District Office:

With respect to the 483 Report of our pharmacy, based on dates of inspection 2/22/2018 to 03/08/2018, please be advised that Partell Specialty Pharmacy, during the FDA inspection ceased all sterile compounding activities, and is no longer filling any prescriptions for sterile compounded medications. All such inquiries are being referred to sterile compounding pharmacies in and around Las Vegas.

Additionally, Partell Specialty Pharmacy has initiated a voluntary recall of all of its sterile compounded prescriptions. We have been in regular communication regarding same with FDA's recall coordinators at Division of Pharmaceutical Quality Operations.

Sincerely yours,

Eric Sparks, PharmD



PARTELL

SPECIALTY PHARMACY
COMPOUNDING PROFESSIONALS

April 30, 2018

Dear Mr. Seidlinger,

Per your request I am submitting to you this letter which confirms that Partell Pharmacy is no longer engaged in the business of sterile product compounding. I understand, as does the rest of the company, that Partell Pharmacy is not permitted to reengage in any form of sterile product compounding unless we first notify the Nevada Board of Pharmacy and then subsequently undergo inspection and receive final approval. If the company does decide to engage the business in the future we will alert the Board of Pharmacy and discuss the necessary inspection.

Sincerely

Robert Seik
CEO – Partell Pharmacy

BIO-IDENTICAL
HORMONE
REPLACEMENT
THERAPY

MENOPAUSE

PREMENSTRUAL
SYNDROME

ADULT HORMONE
DEFICIENCY

ANTI-AGING
MEDICINE

HUMAN GROWTH
HORMONE

ERECTILE
DYSFUNCTION

PROFESSIONAL
NUTRACEUTICAL
FORMULAS

DERMATOLOGY

PEDIATRICS

AUTISM

PAIN MANAGEMENT

FIBROMYALGIA

DENTISTRY

HEPATITIS C

INFERTILITY

VETERINARY MEDICINE

8751 W. Charleston Blvd. #120 Las Vegas, NV 89117 – Phone: 702.685.3800 Fax: 702-685-3636
5835 S. Eastern Ave. #101 Las Vegas, NV 89119 – Phone: 702.791.3800 Fax: 702-791-3630

WARNING LETTER

One Way Drug LLC dba Partell Specialty Pharmacy

MARCS-CMS 573455 – MARCH 13, 2019

Product:

Drugs

Recipient:

Robert A. Seik

CEO & Owner

One Way Drug LLC dba Partell Specialty Pharmacy

5835 S. Eastern Avenue, Suite 101

Las Vegas, NV 89119

United States

Issuing Office:

Division of Pharmaceutical Quality Operations IV

19701 Fairchild

Irvine, CA 92612-2506

United States

☎ (949) 608-2900

WARNING LETTER

VIA UNITED PARCEL SERVICE

SIGNATURE REQUIRED

February 4, 2019

Robert A. Seik

CEO & Owner

One Way Drug LLC dba Partell Specialty Pharmacy

5835 S. Eastern Avenue, Suite 101

Las Vegas, NV 89119

Dear Mr. Seik:

From July 17, 2017, to July 19, 2017, U.S. Food and Drug Administration (FDA) investigators inspected your facility, One Way Drug LLC, dba Partell Specialty Pharmacy ("West"), located at 8751 W. Charleston Blvd, Suite 120, Las Vegas, NV 89117. Additionally, from February 26, 2018, to March 8, 2018, U.S. FDA investigators inspected your facility, One Way Drug LLC, dba Partell Specialty Pharmacy ("East"), located at 5835 S. Eastern Ave, Suite 101, Las Vegas, NV 89119. During the inspections, the investigators noted that drug products you produced failed to meet the conditions of section 503A of the Federal Food, Drug, and Cosmetic Act (FDCA) [21 U.S.C. § 353a] for exemption from certain provisions of the FDCA. The investigators noted serious deficiencies in your practices for producing drug products, which put patients at risk.

FDA issued a Form FDA 483 to your West facility on July 19, 2017, and to your East facility on March 8, 2018. FDA acknowledges receipt of your responses, dated August 8, 2017, November 7, 2017, March 8, 2018, and March 29, 2018. We acknowledge your statements in your March 29, 2018, letter that, "Partell Specialty Pharmacy ceased all sterile compounding activities...and is no longer filling any prescriptions for sterile compounded medications" and that, "Partell Specialty Pharmacy has initiated a voluntary recall of all its sterile compounded prescriptions." Based on these inspections, it appears that you produced drug products that violate the FDCA.

A. Compounded Drug Products Under the FDCA

Section 503A of the FDCA describes the conditions under which human drug products compounded by a licensed pharmacist in a State licensed pharmacy or a Federal facility, or a licensed physician, qualify for exemptions from three sections of the FDCA: compliance with current good manufacturing practice (CGMP) (section 501(a)(2)(B)); labeling with adequate directions for use (section 502(f)(1)); and FDA approval prior to marketing (section 505) [21 U.S.C. §§ 351(a)(2)(B), 352(f)(1) and 355(a)].^[1] Receipt of valid prescriptions for individually-identified patients is one of the conditions for the exemptions under section 503A.

In addition, for a compounded drug product to qualify for the exemptions under section 503A, bulk drug substances used to compound it must: (I) comply with the standards of an applicable United States Pharmacopeia (USP) or National Formulary (NF) monograph, if a monograph exists, and the USP chapter on pharmacy compounding; (II) if such a monograph does not exist, be components of drugs approved by the Secretary; or (III) if such a monograph does not exist and the drug substance is not a component of a drug approved by the Secretary, appear on a list developed by the Secretary through regulation ("503A bulks list") (section 503A(b)(1)(A)(i) of the FDCA).

B. Failure to Meet the Conditions of Section 503A

During the inspection, the FDA investigators noted that drug products produced by your firm failed to meet the conditions of section 503A. For example, the investigators noted:

1. At your West facility, your firm did not receive valid prescriptions for individually-identified patients for a portion of the drug products you produced.

2. At your West facility, your firm compounded drug products using calendula, comfrey, dimethylaminoethanol bitartrate, saw palmetto, and turmeric. At your East facility, your firm compounded drug products using hydroxytryptophan, indole-3-carbinol, L-carnosine, pimobendan, saw palmetto, and theanine. Drug products compounded using calendula, comfrey, dimethylaminoethanol bitartrate, hydroxytryptophan, indole-3-carbinol, L-carnosine, pimobendane, saw palmetto, theanine, and turmeric are not eligible for the exemptions provided by section 503A(a), because they are not the subjects of applicable USP or NF monographs, are not components of an FDA-approved human drug, and do not appear on the 503A bulks list.[2]

Therefore, you compounded drug products that do not meet the conditions of section 503A and are not eligible for the exemptions in that section from the FDA approval requirement of section 505 of the FDCA, the requirement under section 502(f)(1) of the FDCA that labeling bear adequate directions for use, and the requirement of compliance with CGMP under section 501(a)(2)(B) of the FDCA. In the remainder of this letter, we refer to your drug products that do not qualify for exemptions under section 503A as the "ineligible drug products."

Specific violations are described below.

C. Violations of the FDCA

Adulterated Drug Products

FDA investigators noted that drug products at your East and West facilities were prepared, packed, or held under insanitary conditions, whereby they may have become contaminated with filth or rendered injurious to health, causing your drug products to be adulterated under section 501(a)(2)(A) of the FDCA. For example, at your West facility, the investigators observed a vacuum cleaner being used to clean a powder press used in non-sterile drug production. In addition, at your East facility, the investigators observed that:

1. Your firm used a non-pharmaceutical grade filter to sterilize drug products. Specifically, labeling for the "(b)(4)" states, "Do not use these systems in direct patient care applications."
2. Your firm had no assurance that post-use filter integrity testing of filters, used to sterilize drug products, was performed according to the specifications of the filter manufacturer.
3. Your firm's production of implantable pellets intended to be sterile was inadequate. Specifically, pellets were processed in an unclassified area and then (b)(4) in a sealed container using an (b)(4) which lacks assurance of adequate heat penetration into the container closure and pellets themselves. Furthermore, biological indicators used to verify the adequacy of the (b)(4) were not properly incubated to ensure reliable results.
4. Your firm used a non-sterile cleaning agent as well as non-sterile cleaning wipes as part of your disinfection program for the aseptic processing areas. In addition, your firm did not ensure a sufficient contact time for the sporicidal agent used to disinfect the aseptic processing areas.
5. Your firm did not adequately clean or depyrogenate glassware and utensils used to produce drug products intended to be sterile. Additionally, non-dedicated glassware and utensils were used to weigh and mix hazardous and non-hazardous drug components in preparation for aseptic filling operations. Furthermore, your firm used non-depyrogenated stoppers and vials in the production of drug products intended to be sterile.

6. Your firm performed environmental sampling immediately after cleaning, which could potentially bias the results.
7. Your firm failed to perform adequate smoke studies under dynamic conditions to demonstrate unidirectional airflow within the ISO 5 area. Therefore, your products intended to be sterile were produced in an environment that may not provide adequate protection against the risk of contamination.
8. Your firm failed to maintain adequate pressure differentials between areas of higher quality air and lower quality air.
9. Your media fills were not performed under the most challenging or stressful conditions. Therefore, there is a lack of assurance that your firm can aseptically produce drug products within your facility.

Furthermore, the manufacture of the ineligible drug products is subject to FDA's CGMP regulations, Title 21, Code of Federal Regulations (CFR), parts 210 and 211. The FDA investigators observed significant CGMP violations at your West facility, causing the ineligible drug products to be adulterated within the meaning of section 501(a)(2)(B) of the FDCA. The violations included, for example:

1. Your firm failed to have, for each batch of drug product, appropriate laboratory determination of satisfactory conformance to final specifications for the drug product, including the identity and strength of each active ingredient, prior to release (21 CFR 211.165(a)).
2. Your firm failed to clean, maintain, and, as appropriate for the nature of the drug, sanitize and/or sterilize equipment and utensils at appropriate intervals to prevent malfunctions or contamination that would alter the safety, identity, strength, quality, or purity of the drug product beyond the official or other established requirements (21 CFR 211.67(a)).

It is a prohibited act under section 301(k) of the FDCA [21 U.S.C. § 331(k)] to do any act with respect to a drug, if such act is done while the drug is held for sale after shipment in interstate commerce and results in the drug being adulterated.

Misbranded Drug Products

The ineligible drug products you compounded are intended for conditions not amenable to self-diagnosis and treatment by individuals who are not medical practitioners; therefore, adequate directions for use cannot be written so that a layman can use these products safely for their intended uses. Consequently, their labeling fails to bear adequate directions for their intended uses.[3] Accordingly, these ineligible drug products are misbranded under section 502(f)(1) of the FDCA. It is a prohibited act under section 301(k) of the FDCA to do any act with respect to a drug, if such act is done while the drug is held for sale after shipment in interstate commerce and results in the drug being misbranded.

D. Corrective Actions

We have reviewed your responses to the Form FDA 483s issued at both of your facilities. Regarding your West facility, FDA is aware that this site is no longer operational. Regarding your East facility, we acknowledge your statements in your March 29, 2018, letter that, "Partell Specialty Pharmacy ceased all sterile compounding activities...and is no longer filling any prescriptions for sterile compounded medications" and that, "Partell Specialty Pharmacy has initiated a voluntary recall of all its sterile compounded prescriptions."

Please be aware that section 501(a)(2)(A) of the FDCA concerning insanitary conditions applies regardless of whether drug products you compound meet the conditions of section 503A, including the condition on receipt of a prescription for an identified individual patient prior to compounding and distributing drug products.

Regarding observations related to the conditions of section 503A of the FDCA, some of your corrective actions appear to be adequate. Specifically, in your letter dated March 8, 2018, you agree to "cease to use for compounded prescription products the following items until a USP monograph is available for each one:" indole-3-carbinol, L-carnosine, pimobendan, and saw palmetto. However, you have not addressed the compounding of drug products using calendula, comfrey, dimethylaminoethanol bitartrate, hydroxytryptophan, and theanine. As explained above, drug products compounded using these bulk drug substances are not eligible for the exemptions provided by section 503A(a), because they are not the subjects of an applicable USP or NF monograph, are not components of FDA-approved human drugs, and do not appear on the 503A bulks list.

Should you continue to compound and distribute drug products that do not meet the conditions of section 503A, the compounding and distribution of such drugs would be subject to the new drug approval requirement, the requirement to label drug products with adequate directions for use, and the drug CGMP regulations. Before doing so, you must comply with the requirements of section 505 and 502(f)(1) and fully implement corrections that meet the minimum requirements of the CGMP regulations.[4]

In addition to the issues discussed above, you should note that CGMP requires the implementation of quality oversight and controls over the manufacture of drugs, including the safety of raw materials, materials used in drug manufacturing, and finished drug products. See section 501 of the FDCA. If you choose to contract with a laboratory to perform some functions required by CGMP, it is essential that you select a qualified contractor and that you maintain sufficient oversight of the contractor's operations to ensure that it is fully CGMP compliant. Regardless of whether you rely on a contract facility, you are responsible for assuring that drugs you produce are neither adulterated nor misbranded. [See 21 CFR 210.1(b), 21 CFR 200.10(b)].

FDA strongly recommends that if you decide to resume production of sterile drugs, your management first undertake a comprehensive assessment of operations, including facility design, procedures, personnel, processes, maintenance, materials, and systems. In particular, this review should assess your aseptic processing operations. A third party consultant with relevant sterile drug manufacturing expertise should assist you in conducting this comprehensive evaluation.

E. Conclusion

The violations cited in this letter are not intended to be an all-inclusive statement of violations at your facility. You are responsible for investigating and determining the causes of the violations identified above and for preventing their recurrence or the occurrence of other violations. It is your responsibility to ensure that your firm complies with all requirements of federal law, including FDA regulations.

If you decide to resume sterile operations, you should take prompt action to correct the violations cited in this letter. Failure to promptly correct these violations may result in legal action without further notice, including, without limitation, seizure and injunction.

Within fifteen (15) working days of receipt of this letter, please notify this office in writing if you have taken any specific steps to correct the violations cited in this letter. If you intend to resume production of sterile drugs in the future, please include an explanation of each step being taken to prevent the recurrence of violations, as well as copies of related documentation. If you do not believe that the products discussed above violated the FDCA,

include your reasoning and any supporting information for our consideration. In addition to taking appropriate corrective actions, you should notify this office 15 days prior to resuming production of any sterile drugs in the future.

Your written notification should refer to unique identifier CMS 573455 and sent to:

CDR Steven E. Porter, Jr.

Director, Division of Pharmaceutical Quality Operations IV

19701 Fairchild Road

Irvine, CA 92612

If you have questions regarding the contents of this letter, please contact William V. Millar, Compliance Officer at (510) 337-6896, or by email at william.millar@fda.hhs.gov (<mailto:william.millar@fda.hhs.gov>).

Sincerely,

/S/

CDR Steven E. Porter, Jr.

Director, Division of Pharmaceutical Quality Operations IV

[1] We remind you that there are conditions other than those discussed in this letter that must be satisfied to qualify for the exemptions in section 503A of the FDCA.

[2] On June 9, 2016, FDA issued a final guidance titled, *Interim Policy on Compounding Using Bulk Drug Substances Under Section 503A of the Federal Food, Drug, and Cosmetic Act*. This guidance describes FDA's interim regulatory policy for State-licensed pharmacies, Federal facilities, and licensed physicians that compound human drug products using bulk drug substances that do not otherwise meet the conditions of section 503A(b)(1)(A)(i) while the 503A bulks list is being developed. Specifically, the guidance sets out the conditions under which FDA does not intend to take action against a State-licensed pharmacy, Federal facility, or licensed physician for compounding a drug product using a bulk drug substance that is not the subject of an applicable USP or NF monograph or a component of an FDA-approved drug, until the substance is identified in a final rule as included or not included on the 503A bulks list. These conditions include that the substance may be eligible for inclusion on the 503A bulks list, was nominated with adequate support for FDA to evaluate it, and has not been identified by FDA as a substance that appears to present significant safety risks pending further evaluation. Dimethylaminoethanol bitartrate, indole-3-carbinol, L-carnosine, pimobendan, and saw palmetto were nominated for inclusion on the 503A bulks list; however, they were not nominated with adequate support for FDA to evaluate the substances. Calendula, comfrey, hydroxytryptophan, theanine, and turmeric were not nominated for the 503A bulks list. For additional information, see the guidance at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM469120.pdf> (<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM469120.pdf>).

[3] Your ineligible drug products are not exempted from the requirements of section 502(f)(1) of the FDCA by regulations issued by the FDA (see, e.g., 21 CFR 201.115).

[4] In this letter we do not address whether your proposed corrective actions would resolve the CGMP violations noted above.

➤ More Warning Letters (/inspections-compliance-enforcement-and-criminal-investigations/compliance-actions-and-activities/warning-letters)

Partell Pharmacy
5835 South Eastern Avenue
Suite 101
Las Vegas, NV
March 27, 2019

CDR Steven E. Porter, Jr.
Director, Division of Pharmaceutical Quality Operations IV
U.S. Food and Drug Administration
19701 Fairchild Road
Irvine, CA 92612
Reference#CMS 573455

Dear CDR Steven E. Porter, Jr.:

Partell Pharmacy no longer compounds any sterile products. At this time there are no future plans to revisit sterile compounding.

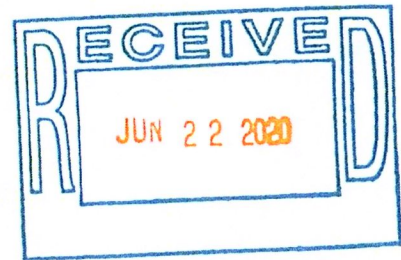
The pharmacy does not and will not compound using the following bulk ingredients until a USP monograph is available for each one:

L-Carnosine, Indole-3-carbinol, L-carnosine, pimobendan, saw palmetto, calendula, comfrey, dimethylaminoethanol bitartrate, hydroxytryptophan, and theanine.

Sincerely,

Jeffrey S. Lang, Pharm D

Pharmacy Manager



June 16, 2020

Robert A. Seik, CEO, Owner
One Way Drug, LLC dba Partell Specialty Pharmacy
5835 S. Eastern Ave. Ste 101
Las Vegas, NV 89119-3031

Dear Mr. Seik:

We are enclosing a copy of the Establishment Inspection Report (EIR) for the inspections conducted at your facilities, One Way Drug, LLC dba Partell Specialty Pharmacy, 5835 S. Eastern Ave. Ste 101, Las Vegas, NV 89119-3031, from February 26, 2018 to March 8, 2018, from November 18, 2019, to November 25, 2019; and One Way Drug LLC, 8751 W. Charleston Blvd. Ste. 120, Las Vegas, NV 89117-5481, from July 17, 2017 to July 19, 2017, by the U.S. Food and Drug Administration (FDA). In addition, we are enclosing the letter sent to the Nevada State Board of Pharmacy for follow up.

When the agency considers an inspection to be "closed" under 21 CFR 20.64(d)(3), it will release a copy of the EIR to the inspected establishment.

The agency continually works to make its regulatory process and activities more transparent for regulated industry. Releasing this EIR to you is part of this effort. The copy being provided to you comprises the narrative portion of the report; it may reflect redactions made by the agency in accordance with the Freedom of Information Act (FOIA) and 21 CFR Part 20. This, however, does not preclude you from requesting and possibly obtaining any additional information under FOIA.

If there is any question about the released information, please contact William V. Millar, Compliance Officer, at (503) 671-9711 Ext. 30, or by email at william.millar@fda.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Porter", is located below the "Sincerely," text.

CDR Steven E. Porter, Jr.
Director, Division of Pharmaceutical Quality Operations IV

SP:wm

Division of Pharmaceutical Quality Operations IV
19701 Fairchild Road, Irvine CA 92612-25006
Telephone: (949) 608-2900
Fax: (949) 608-4417
www.fda.gov

Page 2

FEI 3011769075, 3010839113

CMS WA 168903, 206036, 306483

Enclosure: EIR and State Referral Letter

Cc: Nevada State Board of Pharmacy (cover letter only)
Dave Wuest
Executive Secretary
985 Damonte Ranch Pkwy Ste 206
Reno, Nevada 89521

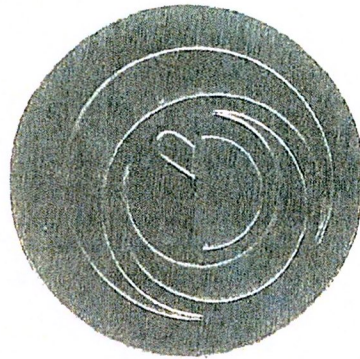
Sterility Assurance Training

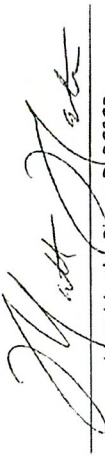
Certificate of Completion


Presented to

Jeff Lang, PIC

Has completed 30 hours of live presentations and hands-on
training in Sterility Assurance at PCCA in Houston, Texas –
May 8-11, 2023




Matt Martin, PharmD, BCSCP
PCCA Director of Clinical Services


Jerra Banwarth, RPh, FAPC
PCCA Education and Training Manager

This certificate does not
convey any CE hours.



Aseptic Technique Compounding Training

Certificate of Completion

Presented to

Chris Peters, PharmD

Attended Aseptic Technique Compounding Training
at PCCA in Houston, Texas - October 23-25, 2019.

Megan Liotta

Megan Jeffrey Liotta, MS
Quality and Regulatory Affairs
Director

Keisha Lovoi

Keisha Lovoi, RPh
Compounding Training Consultant

This certificate does not
convey any CE hours.



[MyRx Request](#)[MyRx History](#)Advanced Options REQUESTOR LAST NAME:

MyRx History

Prescriber First Name	Prescriber Last Name	Role	DEA	Date Requested	Status
Jonathan	Sorelle	Physician (MD DO)	FS0191166	08/13/2022 10:20 AM	
Jonathan	Sorelle	Physician (MD DO)	FS0191166	08/13/2022 10:18 AM	
Jonathan	Sorelle	Physician (MD DO)	FS0191166	08/13/2022 10:14 AM	
Jonathan	Sorelle	Physician (MD DO)	FS0191166	08/13/2022 10:13 AM	
Jonathan	Sorelle	Physician (MD DO)	FS0191166	09/23/2016 04:52 PM	



STATE LICENSE SERVICING
1751 Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicensesservicing.com

Date: 12/14/2022
To: Nevada State Board of Pharmacy
Re: VistaPharm, Inc.
License # WH02256
Facility Address: 13701 66th Street North, Largo, FL 33771

Dear Sir/Madam:

Please be advised that I represent **VistaPharm, Inc.** as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check/money order # N/A for your fee in the amount of \$ N/A. As required, the following documents are also being submitted:

☒ Change of DR

If you have any questions or need any additional documentation, please contact our Compliance Department at compliance@slnsupport.com

Kind regards,

Jennifer Schneider
VP, Client Services

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler InformationName of Pharmacy/Wholesaler VistaPharm, LLCPharmacy/Wholesaler License # (if applicable) WH02256Physical Address 13701 66th Street NorthCity LargoState FLZip 33771Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3City FloridaState NYZip 10921Telephone (845) 544-2482Website www.vistapharm.comLicensing Company Email VLL@slny.com**Section 2: Personal Information**First Marcelino

Middle _____

Last Rodriguez CarrasquilloAlias(es, nicknames, name changes, etc.) Marcelino Rodriguez

Date of Birth _____

SSN or ITIN _____

Sex ☒ M ☐ F ☐ XMailing Address Grand Ave AptCity Pinellas ParkState FLZip 33782

Telephone _____

Email mcrodriguez@paipharma.comAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

Yes

No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

X

2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

X

3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)

X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)

Yes

No

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

X

2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?

X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of Puerto Rico, Rio Piedras Campus		From - To (MM/YY - MM/YY) 1984 - 1990	
Address 6, 2526, 601 Av. Universidad	City San Juan	Country Puerto Rico	State Zip 00925
Diploma/Degree obtained, if any BS Chemistry			
School Name Jose Campeche		From - To (MM/YY - MM/YY) 1980 - 1984	
Address Calle Emilio Buitrago	City San Lorenzo	Country Puerto Rico	State Zip
Diploma/Degree obtained, if any High School Diploma			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY) 08/2021 - Present	Address Grand Ave, Apt	City Pinellas Park	State FL	Zip 33782
From - To (MM/YY - MM/YY) 02/2018 - 08/2021	Address Martin Luther King St N	City St. Petersburg	State FL	Zip 33716
From - To (MM/YY - MM/YY) 05/2004 - 02/2018	Address Sabanera del Rio,	City Gurabo	Country Puerto Rico	State Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name VistaPharm, LLC		From - To (MM/YY – MM/YY) 11/2022 - Present	
Business Address 13701 66th Street North		City Largo	State FL
		Zip 33771	
Phone (727) 530-1633	Title Site Quality Leader, Designated Representative		Number of Employed Hours ~ 40 hrs
Description of Duties Ensure the implementation, management, and continuous improvement of the Quality Management System (QMS). Chair Quality Council reviews to identify, evaluate and provide mitigation strategies for any compliance risks. Development and implementation of site's inspection readiness plans (e.g. FDA, DEA. Direct the activities of the site's quality team and support facility inspections. Responsible for interaction with third parties to include FDA audits and customer audits			

Business Name VistaPharm, Inc.		From - To (MM/YY – MM/YY) 02/2018 - 11/2022	
Business Address 13701 66th Street North		City Largo	State FL
		Zip 33771	
Phone (727) 530-1633	Title Director of Quality Control		Number of Employed Hours ~ 9,877 hrs
Description of Duties Lead a team of managers and Scientists responsible for the coordination and test methods execution for Raw Materials, Finished products and Stability testing (team of over 30 associates). Lead the implementation of Empower III CDS, including the implementation of new HPLC and GC systems, assuring the required validation and Quality systems were completed accordingly. Implementation of the QC Laboratory work center and daily huddle meetings			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
		Zip	
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
		Zip	
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State
		Zip	
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.		Yes	No
1.	Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2.	If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3.	Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4.	Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8.	Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9.	Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10.	Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Marcelino Rodriguez Carrasquillo, certify that as the designated representative for

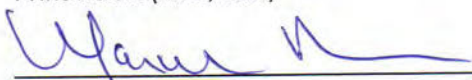
VistaPharm, LLC

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MR I am at least 21 years of age;
3. MR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Marcelino Rodriguez Carrasquillo

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

12 December 2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marcelino Rodriguez Carrasquillo

Print Name (First, Last)

Marcelino Rodriguez Carrasquillo

Original Signature (electronic, copies or stamps not accepted)

12 December 2022
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Pinellas

I, Marcelino Rodriguez Carrasquillo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Marcelino Rodriguez Carrasquillo

Original Signature

Marcelino Rodriguez Carrasquillo

13 December 2022
Date

Subscribed and Sworn to before me this 13th day of December.

Amy M. Craven
Notary Public Signature



AMY M. CRAVEN
Notary Public
State of Florida
Comm# HH235899
Expires 3/19/2026

(Seal)

June 2023 Temporary Licenses since the last Board Meeting

Name	License Type
Darlene Lawson	Pharmacist
Ryan Fennick	Pharmacist
Michael Choe	Pharmacist
Dustin Hirsh	Pharmacist
Joseph McDonald	Pharmacist
Ilirjana Amzovski	Pharmacist
Crystal Isaacs	Pharmacist
Kristina Wallace	Pharmacist
Annie Chhay	Pharmacist
Mariam Ayoub	Pharmacist
Can Ergenekan	Pharmacist
Helga Jorge	Pharmacist
Derek Hendry	Pharmacist
Amy Moore	Pharmacist
Roman Kulchitskiy-Gust	Pharmacist
David Joseph	Pharmacist
Connor Aldridge	Pharmacist
Hitesh Patel	Pharmacist
Timothy Young	Pharmacist
Connor Wilson	Pharmacist
Doris Glasu	Pharmacist
Adonis Ducre	Pharmacist
Johanna Lopez	Pharmacist
Yassmine Sianaki	Pharmacist
Desiree Hamler	Pharmacist

2023 - NVBOP Business Address Change Only

Date of Request	Business Name	License Number	New Location Address
5/2/2023	Lincare Inc	MP00297	2177 W Williams Ave Fallon, NV 89406