



DEPARTMENT OF HEALTH AND HUMAN SERVICES

BCR-EP clnPharma

Food and Drug Administration
555 Winderly Place, Suite 200
Maitland, FL 32751
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Date: August 16, 2011

Responsible Firm

Walgreens Co., dba Chroniscript
1250 NW 7th St. Suite 205
Miami, FL 33125

To: Edwin J. Gorney, SCSO

FEI: 3006723358

From: Kelly M. McNeill, Craig A. Garmendia
Investigators, Florida District

Subject: Investigation into the contamination of Avastin and the subsequent outbreak of
Streptococcus mitis/oralis in patients with wet age-related macular degeneration (AMD).

FACTS assignment # 1305865 requested a visit to Walgreens for information regarding recalled lots of Avastin in which 12 cases of *Streptococcus mitis/oralis* were reported to have infected patients' eyes. The assignment also instructed to collect samples of product still available from affected lots.

Avastin (bevacizumab) for Intravenous Use is an anti-angiogenesis neoplastic prescription drug approved for the treatment of metastatic colorectal cancer, non-small cell lung cancer, glioblastoma, and metastatic kidney cancer; but Avastin has an off-label use for the treatment of wet age-related macular degeneration (AMD). Through this application, Avastin functions in binding to and inactivating the growth of blood vessels in the macula that can lead to the leakage of blood and fluids into the macula. The product comes from the manufacturer in a one-time-use vial as a clear liquid that is to be partitioned into individual one-time-use syringes.

TO:

This memo summarizes the investigation into Avastin contamination that was distributed by Walgreens, dba Chroniscript, and the subsequent outbreak of *Streptococcus mitis/oralis* in patients with AMD. Investigators obtained information from the distributor and doctors that treated the patient's with the infection, along with culture reports from (b) (4).


Edwin J. Gorney, Supervisory Investigator

O: HFR-SE250/HFR-SE240 (MBT)/HFR-SE230

cc: HFR-SE2595 (Recall-WAL)

✓ cc: HFR-SE2590 (MSD)

cc: HFR-SE2585 (DAD)

On 07/20/11, Investigator McNeill and I arrived at Walgreens and spoke with an Eduardo (nmi) Ruiz, General Manager of Walgreens Store # 15106. The Florida Department of Health (DOH) arrived at Walgreens shortly thereafter. We spoke with an Ann Schmitz, Regional Epidemiologist, and Luis Nieves, Operations Management Consultant Manager, and indicated that we were there about the Avastin issue. DOH notified us that they were there for a routine inspection of the facility.

Through discussions with Mr. Ruiz, it was determined that Walgreens bought Chroniscript in May 2011 and is now dba Chroniscript. Mr. Ruiz described the operations of his Walgreens facility as it pertains to Avastin. Doctors at various eye centers in South Florida write a prescription for Avastin, the prescription is sent to Walgreens who in return orders the pharmaceutical which is obtained from (b) (4). Please see **Attachment # 1** for copies of the Avastin invoice from (b) (4) as the distributor. The Avastin is delivered from Walgreens to Infupharma LLC. where the product is partitioned into separate one-time-use syringes for each prescription and returned to Walgreens. Please see **Attachment # 2** for copies of Walgreens pick-up/ delivery slips. Finally, the product is delivered to each individual doctor's office for use, after Walgreens has labeled each syringe package with the patient's information on it. Please see **Attachment # 3** for a copy of the legal agreement between Walgreens and Infupharma.

Mr. Ruiz indicated that the firm became aware of infections with regards to the Avastin on July 10, 2011, and that by July 11, 2011 all doctors had been notified of the potential issue via phone call. In addition Walgreens released a primary recall notice identifying the indicated lots, 06222011 thru 07072011 and instructing that the lots be quarantined. Walgreens released a second notice on July 15, 2011 broadening the recall to include every lot of Avastin. The recall instructed consignees to discontinue the use and distribution of Avastin. The instructions went on to request quarantining the product and contacting Chroniscript for further instructions. In addition, the clinics were to count and record the number of syringes they possessed. Please see **Attachment # 4** for a copy of the two recall notices released. Please see **Attachment # 5** for a copy of a report of Avastin lots prepared. Please see **Attachment # 6** for a copy of a report of patients who received Avastin from May 4, 2011 thru July 7, 2011. Please see **Attachment # 7** for an Avastin MD distribution list.

In regards to the infections, Mr. Ruiz indicated that the firm was aware of 12 infections that had occurred. Mr. Ruiz was aware of nine infections at (b) (4), two infections at the (b) (4), and one infection at the (b) (4). To Mr. Ruiz's knowledge (b) (4) which handled the medication for some of the doctors, had six unused syringes and (b) (4) had four syringes. Mr. Ruiz had no knowledge of syringes at the (b) (4). The syringes not at Walgreens were sampled by DOH. An overview of the lots in quarantine at Walgreens found no unused syringes for the lots associated with the initial recall. However, numerous syringes were identified as being of interest to HQ, and thus were sampled on July 21, 2011; these included: Sample # 704999 (14 – 1 cc unused syringes – lot # 07072011 and 1 – unopened [not used to fill syringes but reported to be same parent Genentech lot] 16 mL vial of Avastin – lot # 8834496), Sample # 705000 (1 – 1 cc used syringe – lot # 06222011), and Sample # 705001 (2 – 1 mL unused syringes – lot # 07112011 and 1 – opened [reported to be used in the filling of syringes] 16 mL vial of Avastin – lot # 8834496).

A documentary sample was collected (DOC 679739) in which Mr. Ruiz signed an affidavit on July 21, 2011 stating the documents dealing with shipments of Avastin in which Walgreens received the pharmaceutical from (b) (4), delivered the pharmaceutical to Infupharma, received the filled syringes from Infupharma, and delivery of the syringes to customers. The affidavit also stated the information

about the recall. Please see **Attachment # 8** for a copy of the signed affidavit with sample number DOC 679739.

On July 25, 2011 Investigator McNeill and I visited (b) (4) s. (b) (6), (b) (4), Administrator and COO, informed us that 45 patients were injected with the affected lot, but only two patients were infected. Please see **Attachment # 9** for a list of patients injected with Avastin since June 23, 2011. He notified us that Holly Montejano from DOH had been in contact with him. (b) (6), (b) (4) indicated that only (b) (6), (b) (4) performed the injections of Avastin. We were able to talk with (b) (6), (b) (4) via telephone call. (b) (6), (b) (4) was able to describe the procedure for the Avastin injections. Please see **Attachment # 10** for the procedure. The following day the patients were seen, two patients showed signs of an infection, taps were taken, and were subsequently prescribed vancomycin and amikcain. Three days later taps showed patients were positive and were subsequently prescribed vancomycin and terramycin. The following day the patients received a vitrectomy. (b) (6), (b) (4) indicated that the patients are progressing well but that at least minor eye damage will be permanent. (b) (6), (b) (4) provided the documentation from the patients' charts from the date of the procedure that caused the infection to July 25, 2011.

On July 25, 2011 Investigator McNeill and I visited (b) (4) (b) (4). We spoke to a (b) (6), (b) (4), Ophthalmology Technician, in the waiting room of the facility. Investigator McNeill asked if we could go somewhere quieter in order to discuss why we were there. (b) (6), (b) (4) stated no and instructed us to contact (b) (6), (b) (4) and schedule a meeting with her. She went on to say that they were instructed by DOH and the Center for Disease Control and Prevention (CDC) not to give documents to the FDA without the meeting. I asked (b) (6), (b) (4) who told them this and she responded with the names (b) (6), (b) (4), (b) (6), (b) (4), and a fourth person for which she had no name. I then clarified with (b) (6), (b) (4) that (b) (4) would not be willing to give us the documents we requested, she confirmed this statement, and we left the firm. After talking (b) (6), (b) (4) in a conference call between FDA, CDC, and DOH on July 27, 2011, (b) (6), (b) (4) was offered an invitation to join FDA in attempting to retrieve records from (b) (4). (b) (6), (b) (4) declined the invitation.

On July 28, 2011 I called (b) (4) at 10:22am and spoke with a (b) (6), (b) (4), Office Manager. After describing the documents we were attempting to collect, (b) (6), (b) (4) indicated she needed to deliver the message to (b) (6), (b) (4) and she would have to return our call in roughly an hour after (b) (6), (b) (4) was out of a meeting. After not receiving a call, I called (b) (4) at 1:18pm at which point (b) (6), (b) (4) indicated that (b) (6), (b) (4) from the CDC told (b) (6), (b) (4) to have the FDA contact him. I explained to (b) (6), (b) (4) that (b) (6), (b) (4) is from DOH, which is a state agency, and not CDC, which is a federal agency. I went on to explain that we had talked with (b) (6), (b) (4) the previous day and that the FDA, a federal agency, has no direct connection to the state agency. I further stated the laws and regulations that give FDA the authority to request and receive the patients' records as it relates to the outbreak that was linked to an FDA regulated product. (b) (6), (b) (4) indicated she would relay the message to (b) (6), (b) (4) and we would be contacted within the half hour. I contacted (b) (4) at 2:43pm and was told by the receptionist that (b) (6), (b) (4) and (b) (6), (b) (4) were not available. I stressed the importance of the matter and that the failure to contact me in a half hour would result in my supervisors being notified and the issue would have to be resolved through them.

On August 3, 2011 I was instructed by management to return to (b) (4) to obtain the medical records. I was also instructed to take a box of office paper to the firm in order to obtain the records. Upon arriving I showed my credentials to (b) (6) and (b) (6), (b) (4). The records for the nine infected patients were provided, but (b) (6) requested a receipt to prove that I had acquired the documents. After

approval from Supervisor Gorney, I provided a hand written note indicating I had acquired the patients' records. Please see **Attachment # 11** for the hand written note. Upon my departure from (b) (4) I left the box of office paper as instructed.

On July 26, 2011 Investigator McNeill and I visited (b) (4) also known as (b) (4) according to Walgreens, and spoke with (b) (6), (b) (4), Administrator. (b) (6), (b) (4) indicated that she was notified of the issue on July 10, 2011 via a telephone message from Walgreens and received a recall notice on July 12, 2011, but complained that the recall notice did not provide good instructions. (b) (6), (b) (4) indicated that the firm had issues with tracing back the lot numbers with the syringes used because the syringes did not have the lot code on the syringe packages. Per the example she gave us, the outer package did not have the lot code but the inner packaging did have the lot code on it, please see **Attachment # 12**. (b) (6), (b) (4) did provide a list of patients that were injected with Avastin obtained from Walgreens from June 22, 2011 to July 11, 2011, please see **Attachment # 13**. (b) (6), (b) (4) stated that all patients on the list provided had checkups and only one patient presented with symptoms of an infection. (b) (6), (b) (4) provided that patient's medical record for the treatment through July 26, 2011 at their facility, but that the patient was referred to (b) (4). Also, (b) (4) sent three unused syringes of Avastin to (b) (4) for sterility testing. (b) (6), (b) (4) was aware that one syringe tested positive for contamination, one syringe tested negative, and one syringe she had no results for. She notified us that Holly Montejano from DOH had been in contact with her.

On July 27, 2011 I contacted (b) (4) via telephone in order to obtain the sterility report for the tested syringes and medical records for the patients' from (b) (4). (b) (6), (b) (4) provided the contact information for (b) (6), (b) (4) Microbiologist, and (b) (6), (b) (4) Ophthalmologist. While trying to get into contact with (b) (6), (b) (4) I spoke with (b) (6), (b) (4) Laboratory Technician, who explained to me that (b) (6), (b) (4) was currently on vacation. She went on to explain that (b) (6), (b) (4) had provided the information to the Miami-Dade Health Department. The contacts at the location to which the reports were sent are (b) (6), (b) (4) and (b) (6), (b) (4). This information was provided to management. I attempted to contact (b) (6), (b) (4) and in the course of doing so spoke with (b) (6), (b) (4). She explained to me that (b) (6), (b) (4) was on vacation and that the medical records would have to be obtained from the Medical Records Department. (b) (6), (b) (4) an ophthalmologist who has seen the (b) (4) patient, called me. He explained to me that he has seen the patient, but that (b) (6), (b) (4) is the physician of record. (b) (6), (b) (4) also explained that (b) (4) has not prescribed any treatment different from her doctors at (b) (4). He went on to say that he believes that the patient's vision is permanently damaged. I contacted the Medical Records Department and spoke with (b) (6), (b) (4) she stated that she would not be able to release the records without the patient's signature. I explained to (b) (6), (b) (4) the applicable regulations and laws that give FDA the authority to obtain the medical records in question without the patient's signature. She indicated that this would have to be handled by individuals higher up and to fax the information over.

On July 29, 2011 I visited (b) (4) and obtained medical records. I met with (b) (6), (b) (4) Chief Nursing Officer, and (b) (6), (b) (4) Executive Director of Quality Management. (b) (6), (b) (4) spoke with (b) (6), (b) (4) Interim Privacy Officer, who requested a signed document from FDA requesting the information. I informed (b) (6), (b) (4) that FDA is not required to provide such documentation; I did offer her an unsigned form FDA 461 with the patient in question's name. (b) (6), (b) (4) agreed this would be acceptable and that (b) (6), (b) (4) would provide the documentation I requested. (b) (6), (b) (4) also explained that (b) (4) had also examined nine other patients linked to this outbreak and subsequently provided the names of these patients. I amended the form FDA 461 to include the names of the additional nine individuals. (b) (6), (b) (4) explained that the (b) (4) patient had an incomplete

medical record because a proper medical file was not created on the first visit; this led to documents from that visit to disappear. She indicated that they were in the process of trying to track down the missing documents. I received all the medical records for the (b) (4) patients that were seen by (b) (4) (b) (6), (b) (4) Administrative Assistant, explained to me that the copies provided do not include the ultrasounds, because of the recording materials inability to be photocopied with clarity.

On August 8, 2011 I contacted (b) (6), (b) (4) in order to obtain results from (b) (6), (b) (4) culture results from nine separate patients with known infections and five unused syringes. All nine of the patients' cultures were positive for *Streptococcus mitis/ oralis*. The lot number used on these patients was 07062011. As for the syringes all three syringes of lot 07062011 were positive for *Streptococcus mitis/ oralis*. Lot 06222011 showed no growth; while lot 07012011 was positive for *Streptococcus mitis/ oralis*. Please see Attachment # 14 for a copy of (b) (6), (b) (4) culture report.


For a summary of Avastin lots and infections by clinics, please see Attachment # 15.


Per request from OEO, the medical records were sent directly to CDER's Office of New Drugs, Dr. Wiley A. Chambers, without being photocopied or included as an exhibit in this memo.

On August 16, 2011, two syringes were collected from DOH. These syringes were apart of a sample collection they had conducted. That sample collection was sent to CDC from analysis, but the two syringes obtained from DOH were not analyzed. The sample number for these two syringes is INV 601149.

Attachments

1. (b) (4) Medical Invoice documenting the sale of Avastin to Walgreens (3 pgs)
2. Walgreens Pick-up/ Delivery Slips for InfuPharma and eye clinics (11 pgs)
3. Contract between Walgreens and InfuPharma (2 pgs)
4. Drug Recall Notices dated July 11, 2011 and July 15, 2011 (2 pgs)
5. Avastin Lots Prepared (1 pg)
6. Avastin Orders (6 pgs)
7. Avastin MD Distribution List (1 pg)
8. Signed Affidavit copy (1 pg)
9. (b) (4) Avastin Injection List (28 pgs)
10. Avastin Injection Procedure (1 pg)
11. Hand Written Receipt Note to (b) (4) (1 pg)
12. Photocopy of Avastin Labeling from Walgreens at (b) (4) (1 pg)
13. (b) (4) Patient Summary of Avastin from Walgreens (1 pg)
14. (b) (4) Patient and Avastin Culture Results (1 pg)
15. Avastin Lot Flow Chart (1 pg)


Craig A. Garmendia, CSO
MIA-RP Domestic Operations


Kelly M. McNeill, CSO
MIA-RP Domestic Operations

(b) (4)

(b) (4)

(b) (4)



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



11674

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 5/5/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP Avastin	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 5/5/11 11:11 AM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



11674

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 5/5/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP Avastin	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 5/5/11 11:11 AM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



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CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 5/5/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP Avastin	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 5/5/11 11:11 AM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

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CHARGE TO:

Chroniscript Pharmacy



12217

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 5/11/11	# PIECES 1
SPECIAL INSTRUCTIONS ROUND TRIP	
ROUND TRIP Yes	TOTAL WEIGHT 1 lbs.
READY TIME 5/11/11 4:36 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

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CHARGE TO:

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12217

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 5/11/11	# PIECES 1
SPECIAL INSTRUCTIONS ROUND TRIP	
ROUND TRIP Yes	TOTAL WEIGHT 1 lbs.
READY TIME 5/11/11 4:36 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



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DELIVER TO INFU FARMA	CONTACT
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CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

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SPECIAL INSTRUCTIONS ROUND TRIP	
ROUND TRIP Yes	TOTAL WEIGHT 1 lbs.
READY TIME 5/11/11 4:36 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



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CHARGE TO:

Chroniscript Pharmacy



13237

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 5/25/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP MEDS AND RETURN	
ROUND TRIP Yes	TOTAL WEIGHT 1 lbs.
READY TIME 5/25/11 1:41 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



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CHARGE TO:

Chroniscript Pharmacy



13237

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

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SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



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DELIVER TO INFU FARMA	CONTACT
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CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

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SPECIAL INSTRUCTIONS PICK UP MEDS AND RETURN	
ROUND TRIP Yes	TOTAL WEIGHT 1 lbs.
READY TIME 5/25/11 1:41 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



13255

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFUPHARMA	CONTACT
ADDRESS (b) (4)	PHONE
CITY MIAMI	ZIP CODE 33135
SIGNATURE (PLEASE PRINT) X	

DATE 5/25/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP 1 NYSTATIN SHROTTED ON ORDER FROM (b) (4)	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 5/25/11 3:32 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



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13255

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFUPHARMA	CONTACT
ADDRESS (b) (4)	PHONE
CITY MIAMI	ZIP CODE 33135
SIGNATURE (PLEASE PRINT) X	

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DELIVER TO INFUPHARMA	CONTACT
ADDRESS (b) (4)	PHONE
CITY MIAMI	ZIP CODE 33135
SIGNATURE (PLEASE PRINT) X	

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _2_ Total pgs _11_ Page 4

DATE 5/25/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP 1 NYSTATIN SHROTTED ON ORDER FROM (b) (4)	
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READY TIME 5/25/11 3:32 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



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CHARGE TO:

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14082

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 6/8/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP AVASTING AT CHRONIScript AND DELIVER TO HOLLYWOOD. RETURN WITH NEW AVASTIN INJECTABLES	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 6/8/11 10:29 AM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



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14082

PICKUP AT Chroniscript Pharmacy	CONTACT
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CITY Miami	ZIP CODE 33125
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SIGNATURE (PLEASE PRINT) X	

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SPECIAL INSTRUCTIONS PICK UP AVASTING AT CHRONIScript AND DELIVER TO HOLLYWOOD. RETURN WITH NEW AVASTIN INJECTABLES	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 6/8/11 10:29 AM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



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SIGNATURE (PLEASE PRINT) X	

DATE 6/8/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP AVASTING AT CHRONIScript AND DELIVER TO HOLLYWOOD. RETURN WITH NEW AVASTIN INJECTABLES	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 6/8/11 10:29 AM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



14130

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 6/8/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP AND RETURN AVASTIN ORDER DELIVERED EARLIER	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 6/8/11 2:26 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



14130

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 6/8/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP AND RETURN AVASTIN ORDER DELIVERED EARLIER	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 6/8/11 2:26 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



14130

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 6/8/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP AND RETURN AVASTIN ORDER DELIVERED EARLIER	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 6/8/11 2:26 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



15104

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 6/22/11	# PIECES 1
SPECIAL INSTRUCTIONS TAKE AVASTIN AND RETURN	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 6/22/11 11:39 AM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



15104

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 6/22/11	# PIECES 1
SPECIAL INSTRUCTIONS TAKE AVASTIN AND RETURN	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 6/22/11 11:39 AM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



15104

PICKUP AT Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 6/22/11	# PIECES 1
SPECIAL INSTRUCTIONS TAKE AVASTIN AND RETURN	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 6/22/11 11:39 AM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



15785

PICKUP AT INFU FARMA	CONTACT
ADDRESS 2013 HARDING ST	PHONE 954-923-3839
CITY HOLLYWOOD	ZIP CODE 33020
DELIVER TO Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
SIGNATURE (PLEASE PRINT) X	

DATE 7/1/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP MEDS AND DELIVER TO CHRONISCRIP TODAY.	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 7/1/11 4:13 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



15785

PICKUP AT INFU FARMA	CONTACT
ADDRESS 2013 HARDING ST	PHONE 954-923-3839
CITY HOLLYWOOD	ZIP CODE 33020
DELIVER TO Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
SIGNATURE (PLEASE PRINT) X	

DATE 7/1/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP MEDS AND DELIVER TO CHRONISCRIP TODAY.	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 7/1/11 4:13 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



15785

PICKUP AT INFU FARMA	CONTACT
ADDRESS 2013 HARDING ST	PHONE 954-923-3839
CITY HOLLYWOOD	ZIP CODE 33020
DELIVER TO Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
SIGNATURE (PLEASE PRINT) X	

Walgreens Co. FEI: 3006723358
E1: 07/20/11 - 08/16/11 KMM, CAG
Attachment _2_ Total pgs _11_ Page 8

DATE 7/1/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP MEDS AND DELIVER TO CHRONISCRIP TODAY.	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 7/1/11 4:13 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



15886

PICKUP AT INFU FARMA	CONTACT
ADDRESS 2013 HARDING ST	PHONE 954-923-3839
CITY HOLLYWOOD	ZIP CODE 33020
DELIVER TO Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
SIGNATURE (PLEASE PRINT) X	

DATE 7/5/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP MEDS AND DELIVER TO (b) (6)	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 7/5/11 3:46 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



15886

PICKUP AT INFU FARMA	CONTACT
ADDRESS 2013 HARDING ST	PHONE 954-923-3839
CITY HOLLYWOOD	ZIP CODE 33020
DELIVER TO Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
SIGNATURE (PLEASE PRINT) X	

DATE 7/5/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP MEDS AND DELIVER TO (b) (6)	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 7/5/11 3:46 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



15886

PICKUP AT INFU FARMA	CONTACT
ADDRESS 2013 HARDING ST	PHONE 954-923-3839
CITY HOLLYWOOD	ZIP CODE 33020
DELIVER TO Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
SIGNATURE (PLEASE PRINT) X	

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _2_ Total pgs _11_ Page 9

DATE 7/5/11	# PIECES 1
SPECIAL INSTRUCTIONS PICK UP MEDS AND DELIVER TO (b) (6)	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 7/5/11 3:46 PM	
SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE

(b) (4)

10072

CHARGE TO:
CHRONIScript

PICKUP AT CHRONIScript	CONTACT CLYDE
ADDRESS 1250 NW 7 ST 205	PHONE 305-547-4790
CITY MIAMI	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 7/6/11	# PIECES 1
SPECIAL INSTRUCTIONS	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 7/6/11 3:28 PM	
SERVICE TYPE STAT	PACKAGE TYPE PHARMACEUT
DRIVER # PICK/DEL	REFERENCE

(b) (4)

10072

CHARGE TO:
CHRONIScript

PICKUP AT CHRONIScript	CONTACT CLYDE
ADDRESS 1250 NW 7 ST 205	PHONE 305-547-4790
CITY MIAMI	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 7/6/11	# PIECES 1
SPECIAL INSTRUCTIONS	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 7/6/11 3:28 PM	
SERVICE TYPE STAT	PACKAGE TYPE PHARMACEUT
DRIVER # PICK/DEL	REFERENCE

(b) (4)

10072

CHARGE TO:
CHRONIScript

PICKUP AT CHRONIScript	CONTACT CLYDE
ADDRESS 1250 NW 7 ST 205	PHONE 305-547-4790
CITY MIAMI	ZIP CODE 33125
DELIVER TO INFU FARMA	CONTACT
ADDRESS 2013 HARDING DR	PHONE
CITY HOLLYWOOD	ZIP CODE
SIGNATURE (PLEASE PRINT) X	

DATE 7/6/11	# PIECES 1
SPECIAL INSTRUCTIONS	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 7/6/11 3:28 PM	
SERVICE TYPE STAT	PACKAGE TYPE PHARMACEUT
DRIVER # PICK/DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



16002

PICKUP AT INFU FARMA	CONTACT
ADDRESS 2013 HARDING ST	PHONE 954-923-3839
CITY HOLLYWOOD	ZIP CODE 33020
DELIVER TO Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
SIGNATURE (PLEASE PRINT) X	

DATE 7/7/11	# PIECES 1
SPECIAL INSTRUCTIONS pick up meds and deliver to: (b) (4), (b) (6) [REDACTED] 5	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 7/7/11 12:52 PM SERVICE TYPE [REDACTED]	(b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



16002

PICKUP AT INFU FARMA	CONTACT
ADDRESS 2013 HARDING ST	PHONE 954-923-3839
CITY HOLLYWOOD	ZIP CODE 33020
DELIVER TO Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
SIGNATURE (PLEASE PRINT) X	

DATE 7/7/11	# PIECES 1
SPECIAL INSTRUCTIONS pick up meds and deliver to: (b) (4), (b) (6) [REDACTED]	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 7/7/11 12:52 PM SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE



Chroniscript, A Walgreens Pharmacy

305.547.4790

CHARGE TO:

Chroniscript Pharmacy



16002

PICKUP AT INFU FARMA	CONTACT
ADDRESS 2013 HARDING ST	PHONE 954-923-3839
CITY HOLLYWOOD	ZIP CODE 33020
DELIVER TO Chroniscript Pharmacy	CONTACT
ADDRESS 1250 NW 7 St 205	PHONE 305.547.4790
CITY Miami	ZIP CODE 33125
SIGNATURE (PLEASE PRINT) X	

DATE 7/7/11	# PIECES 1
SPECIAL INSTRUCTIONS pick up meds and deliver to: [REDACTED] (b) (4), (b) (6)	
ROUND TRIP No	TOTAL WEIGHT 1 lbs.
READY TIME 7/7/11 12:52 PM SERVICE TYPE Stat	PACKAGE TYPE (b) (4)
DRIVER # PICK / DEL	REFERENCE

AMENDMENT TO PHARMACY SERVICES AGREEMENT

THIS AMENDMENT TO PHARMACY SERVICES AGREEMENT (this "Amendment") is entered into effective as of the ____ day of April, 2011, by and between InfuPharma LLC ("InfuPharma"), a Florida limited liability company, and Talanco One, Inc. d/b/a Chroniscript, a Florida corporation ("Chroniscript").

(b) (4)

(b) (4)

INFUPHARMA LLC

By: 

Printed Name: Michael Piro

Its: President

TALANCO ONE, INC. d/b/a
CHRONIScript

By: 

Printed Name: Wayne Talan

Its: President

URGENT: DRUG RECALL

July, 11 2011

Re: AVASTIN

Package Size: .10ML Injection

Lot Number: 06222011 - 07072011

Dear Customer:

Chroniscript Pharmacy is recalling **AVASTIN - .10ml Injection Lots number 06222011 through 07072011**. This lot is being recalled because it is suspect in contamination.

Please examine your inventory immediately and **DO NOT USE**. Call us at 305-547-4790 to arrange return all units of **AVASTIN - .10ml Injection Lots number 06222011 through 07072011**.

Stop distributing and immediately quarantine the referenced lot number only. Please carry out a physical count and record this data.

Thank you for your cooperation.

We appreciate your immediate attention and cooperation. Chroniscript Pharmacy remains committed to product quality, integrity, and patient satisfaction and we sincerely regret any inconvenience this action may cause.

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _4_ Total pgs _2_ Page 1

URGENT: DRUG RECALL

July, 15 2011

Re: AVASTIN RECALL (EXPANDED)

Package Size: .10ML Injection

Lot Number: ALL

Dear Customer:

The Florida Department of Health has requested an expanded recall of AVASTIN injection syringes dispensed by Chroniscript pharmacy. Chroniscript requests that ANY and EVERY AVASTIN syringe that might be in your practice be removed from use and contact us for further instructions.

Please examine your inventory immediately and DO NOT USE. Call us at 305-547-4790 to arrange return all units of **AVASTIN**.

Stop distributing and immediately quarantine the referenced Avastin. Please carry out a physical count and record this data.

Thank you for your cooperation.

We appreciate your immediate attention and cooperation. Chroniscript Pharmacy remains committed to product quality, integrity, and patient satisfaction and we sincerely regret any inconvenience this action may cause.

Avastin Lots Prepared

Lot Date	Lot Number	Units In Lot	Avatin Lot	Avastin Exp.
5/5/2011	5052011	11	878460	6/30/2012
5/11/2011	5112011	26	878463	6/30/2012
5/25/2011	5/25/2011	60	852712	4/30/2012
6/8/2011	6082011	48	878460	6/30/202
6/21/2011	6212011	16	879296	7/30/2012
7/1/2011	7012011	4	879296	7/30/2012
7/5/2011	7052011	30	879296	7/30/2012
7/6/2011	7062011	15	879296	7/30/2012

Avastin Orders

RX No	Disp Date	Customer Name	Doctor	Date of Delivery	Location
124705	4-May-11	(b) (6)	(b) (4), (b) (6)	5/4/2011	(b) (4)
124704	4-May-11	(b) (6)	(b) (4), (b) (6)	5/4/2011	(b) (4)
124690	4-May-11	(b) (6)	(b) (4), (b) (6)	5/4/2011	(b) (4)
124700	4-May-11	(b) (6)	(b) (4), (b) (6)	5/4/2011	(b) (4)
124696	4-May-11	(b) (6)	(b) (4), (b) (6)	5/4/2011	(b) (4)
124629	4-May-11	(b) (6)	(b) (4), (b) (6)	5/4/2011	(b) (4)
124701	4-May-11	(b) (6)	(b) (4), (b) (6)	5/4/2011	(b) (4)
124649	4-May-11	(b) (6)	(b) (4), (b) (6)	5/4/2011	(b) (4)
124699	4-May-11	(b) (6)	(b) (4), (b) (6)	5/4/2011	(b) (4)
124698	4-May-11	(b) (6)	(b) (4), (b) (6)	5/4/2011	(b) (4)
124702	4-May-11	(b) (6)	(b) (4), (b) (6)	5/4/2011	(b) (4)
124707	4-May-11	(b) (6)	(b) (4), (b) (6)	5/4/2011	(b) (4)
124881	5-May-11	(b) (6)	(b) (4), (b) (6)	5/5/2011	(b) (4)
125397	10-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125370	10-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125383	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125386	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125390	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125385	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125399	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125397	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125384	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125403	11-May-11	(b) (6)	(b) (4), (b) (6)	5/13/2011	(b) (4)
125409	11-May-11	(b) (6)	(b) (4), (b) (6)	5/13/2011	(b) (4)
125387	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125392	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125394	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125396	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125388	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125370	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125374	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125371	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)
125375	11-May-11	(b) (6)	(b) (4), (b) (6)	5/12/2011	(b) (4)

128424	8-Jun-11
127218	8-Jun-11
127237	8-Jun-11
128536	8-Jun-11
128537	8-Jun-11
128539	8-Jun-11
126286	9-Jun-11
128680	9-Jun-11
128690	9-Jun-11
128689	9-Jun-11
128740	9-Jun-11
128686	9-Jun-11
128688	9-Jun-11
128676	9-Jun-11
128733	9-Jun-11
128841	10-Jun-11
128794	10-Jun-11
128828	10-Jun-11
128872	10-Jun-11
128873	10-Jun-11
128981	13-Jun-11
128983	13-Jun-11
128977	13-Jun-11
128980	13-Jun-11
128976	13-Jun-11
129332	14-Jun-11
129161	14-Jun-11
129338	15-Jun-11
129331	15-Jun-11
129330	15-Jun-11
129339	15-Jun-11
129367	15-Jun-11
129181	15-Jun-11
129371	15-Jun-11
129474	16-Jun-11
129471	16-Jun-11
129959	20-Jun-11

(b) (6), (b) (4)

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129962	20-Jun-11
127192	21-Jun-11
129972	21-Jun-11
129953	21-Jun-11
129958	21-Jun-11
130139	21-Jun-11
128565	21-Jun-11
128549	21-Jun-11
129969	21-Jun-11
130097	21-Jun-11
129967	21-Jun-11
129973	21-Jun-11
129956	21-Jun-11
129974	21-Jun-11
129952	21-Jun-11
130093	21-Jun-11
126982	21-Jun-11
129949	21-Jun-11
129959	21-Jun-11
129962	21-Jun-11
130112	22-Jun-11
131167	01-Jul-11
131168	01-Jul-11
131169	01-Jul-11
131406	05-Jul-11
131404	05-Jul-11
131394	05-Jul-11
131303	05-Jul-11
131397	06-Jul-11
131403	06-Jul-11
131387	06-Jul-11
131405	06-Jul-11
131406	06-Jul-11
131404	06-Jul-11
131399	06-Jul-11
131412	06-Jul-11
131390	06-Jul-11

(b) (6)

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(b) (4)

(b) (6), (b) (4)

AFFIDAVIT

SAMPLE NO.
DOC 679739

STATE OF
Florida

COUNTY OF
Miami-Dade

Before me, Kelly M. McNeill and Craig A. Garmendia, an employee of the Department of Health and Human Services, Food and Drug Administration, designated by the Secretary, under authority of the Act of January 31, 1925, 43 Statutes at Large 803; Reorganization Plan No. IV, Secs. 12-15, effective June 30, 1940; Reorganization Plan No. 1 of 1953, Secs. 1-9, effective April 11, 1953; and P.L. 96-88, Sec. 509, 93 Statutes at Large 965 (20 U.S.C. 3508) effective May 4, 1980; to administer or take oaths, affirmations, and affidavits, personally appeared Eduardo (NMI) Ruiz in the county and state aforesaid, who, being duly sworn, deposes and says:

I am the General Manager of Walgreen's Pharmacy Store #15106 DBA Chroniscript, and as such I have knowledge of the firm's receipt, storage, and delivery of Avastin. I have held the position of General Manager at Chroniscript since 2005. When Chroniscript was bought by Walgreen's Pharmacy on 5/1/11, I continued to hold the same position.

On 5/31/11, my firm received 4 - 100MG vials of Avastin Lot #879296(4) from (b) (4). This shipment was delivered to my firm, and is documented by Invoice #12010189133, dated 5/31/11. This invoice acts as a Bill of Lading. This shipment was sent to Infupharma of Hollywood, FL in sealed bags. My firm received reconstituted Avastin in syringes packaged in sealed bags from this lot on 6/22/11, 7/1/11, 7/5/11, and 7/7/11. The corresponding lots assigned to the syringes by Infupharma are 6222011, 7012011, 7052011, and 7072011, respectively. However, documentation provided to Walgreen's by Infupharma shows the lot dates as 6/21/2011 and 7/6/2011.

I verified and provided the following documents to CSOs Kelly M. McNeill and Craig A. Garmendia: Invoice #12010189133, dated 5/31/11, Invoice #12010173806, dated 5/11/11, Invoice #12010218946, dated 7/5/11, the pharmacy agreement between Walgreen's and Infupharma, the distribution list of Avastin, Avastin patient information, shipment documentation of bulk Avastin vials to Infupharma and shipment documentation of reconstituted Avastin from Infupharma to Chroniscript from 5/5/11 through 7/6/11, and the two recall notices of Avastin dated 7/11/11 and 7/15/11. My firm first became aware of adverse reactions to Avastin on 7/10/11. Wayne Talamas, Pharmacy Manager of Chroniscript received a phone call from a physician whose patient who took Avastin and consequently became infected. I have received 12 reports of infection from Avastin patients from physicians.

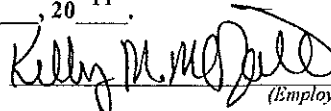

I read this statement and acknowledge that is true.


AFFIANT'S SIGNATURE AND TITLE


FIRM'S NAME AND ADDRESS (Include ZIP Code)

Walgreen's Pharmacy DBA Chroniscript 1250 NW 7th St. Ste 205 Miami, FL 33136

Subscribed and sworn to before me at Miami, Florida,
(City and State)
this 21st day of July, 20 11.

 
(Employee's Signature)

Employee of the Department of Health and Human Services designated under Act of January 31, 1925, Reorganization Plan IV effective June 30, 1940; Reorganization Plan No. 1 of 1953, effective April 11, 1953; and P.L. 96-88, effective May 4, 1980.

All Avastin 6-20 through 7-6-2011 To Date

From 6/20/2011 to 7/6/2011

(b) (6), (b) (4)

07/13/2011 1:57 PM

E/I	Dt of Svc	Name	Narrative	Eye	Lot #	Exp Date	Drug Pharmacy	visit
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			(b) (4)					
686191	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OS	06222011	7/22/2011	(b) (4)/Chroniscript	
686125	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OD	06222011	7/22/2011	(b) (4)/Chroniscript	
686217	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OU	06222011	7/22/2011	(b) (4)/Chroniscript	
686152	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OS	06222011	7/22/2011	(b) (4)/Chroniscript	
686210	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OU	06222011	7/22/2011	(b) (4)/Chroniscript	
686136	06/23/2011		Avastin 1.25mg NDC#50242-0060-01	OS	06212011	7/21/2011	(b) (4)/Chroniscript	
686197	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OD	06222011	7/22/2011	(b) (4)/Chroniscript	
686128	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OS	06212011	7/21/2011	(b) (4)/Chroniscript	
686117	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OS	06212011	7/21/2011	(b) (4)/Chroniscript	
686114	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OS	06212011	6/21/2011	(b) (4)/Chroniscript	
686119	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OS	06212011	7/21/2011	(b) (4)/Chroniscript	
686209	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OS	06212011	7/21/2011	(b) (4)/Chroniscript	
686198	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OD	06212011	7/21/2011	(b) (4)/Chroniscript	
686140	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OS	06222011	7/22/2011	(b) (4)/Chroniscript	
686132	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OD	06222011	7/22/2011	(b) (4)/Chroniscript	
686130	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OS	06222011	7/31/2011	(b) (4)/Chroniscript	
686133	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OD	06222011	7/22/2011	(b) (4)/Chroniscript	
686139	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OU	06222011	7/22/2011	(b) (4)/Chroniscript	
686118	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OS	0622/2011	7/22/2011	(b) (4)/Chroniscript	
686116	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OD	06212011	7/21/2011	(b) (4)/Chroniscript	
686212	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OU	06222011	7/22/2011	(b) (4)/Chroniscript	
686208	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OU	06212011	7/21/2011	(b) (4)/Chroniscript	
686206	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OD	06222011	7/22/2011	(b) (4)/Chroniscript	
686148	06/23/2011		Avastin 1.25mg ndc#50242-0060-01	OD	06212011	7/21/2011	(b) (4)/Chroniscript	
Totals for								
			(b) (4)					
			SR					
685575	06/21/2011		Avastin 1.25mg ndc#50242-0060-01	OS	878463	6/30/2011	in house	
								tbs 7/14 at
688701	07/05/2011		Avastin 1.25mg ndc#50242-0060-01	OS	06212011	7/21/2011	Chroniscript	SR w/ (b) (4)

Totals for (b) (4) (2)

TOTALS (26)

Appointments Listing (b) (4) Office

From 7/7/2011 to 7/7/2011

(b) (6), (b) (4)

MD N/A

Pat Name	Lot Number	Exp date	Prepared by	Event	Referring
(b) (6), (b) (4)	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	*7062011	*8/6/2011		Avastin Inj	
	878460	6/30/2012		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	
	7052011	8/5/2011		Avastin Inj	

① OD = RIGHT EYE
OS = LEFT EYE

6/23/2011

(b) (4)

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

6222011 - 7/22/2011 65.

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 3

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY	POLICY#
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(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

6222011 - 07/22/2011 DT

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 4

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY

POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

6222011 7/22/2011 00

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 5

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

06222011 7/22/2011 OS

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 6

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle)

DOB

SSN#

BIRTHDATE

LANGUAGE

SEX

(b) (6)

PRIMARY EMPLOYER

SECONDARY EMPLOYER (if Applicable)

ADDRESS

ADDRESS

CITY, STATE ZIP

CITY, STATE ZIP

WORK PHONE

WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)

SSN#

BIRTHDATE

LANGUAGE

SEX

LOCAL ADDRESS

SECONDARY/BILLING ADDRESS (if Applicable)

CITY, STATE ZIP

CITY, STATE ZIP

HOME PHONE

HOME PHONE

RELATIONSHIP TO PATIENT

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY

POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY

POLICY#

NAME OF INSURED

GROUP#

ADDRESS OF INSURANCE COMPANY

COPAY AMT

CITY, STATE ZIP

DEDUCTIBLE

RELATIONSHIP TO PATIENT

EFFECTIVE DATE

EXPIRATION DATE

06222011 - 7/22/2011 on

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 7

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MON SSN BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

06212011 - 7/21/2011 05

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 8

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

06222011 7/22/2011 01

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 9

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#
NAME OF INSURED	GROUP#
ADDRESS OF INSURANCE COMPANY	COPAY AMT
CITY, STATE ZIP	DEDUCTIBLE
RELATIONSHIP TO PATIENT	EFFECTIVE DATE EXPIRATION DATE

06/21/2011 7/21/2011 05

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 10

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

06212011 07/21/2011 OS

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 11

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

06212011 - 07/21/2011 OS

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 12

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

06212011 7/21/2011 OS

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 13

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

06212011 7/21/2011 05

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 14

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

06212011 07/21/2011 OD

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 15

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

06222011 07/21/2011 OS

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment_9_ Total pgs_28_ Page 16

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

06222011 07/22/2011

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 17

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

OS 6/22/2011 07/31/2011

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 18

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

OD 06222011 07/22/2011

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 19

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

04 06222011 7/22/2011

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 20

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

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NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

OS

06222011

07/22/2011

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 21

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle) SSN# BIRTHDATE LANGUAGE SEX

LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)
CITY, STATE ZIP	CITY, STATE ZIP
HOME PHONE	HOME PHONE
RELATIONSHIP TO PATIENT	

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#
NAME OF INSURED	GROUP#
ADDRESS OF INSURANCE COMPANY	COPAY AMT
CITY, STATE ZIP	DEDUCTIBLE
RELATIONSHIP TO PATIENT	EFFECTIVE DATE EXPIRATION DATE

05 06/20/11 07/21/2011

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 22

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle) SSN# BIRTHDATE LANGUAGE SEX

LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)
CITY, STATE ZIP	CITY, STATE ZIP
HOME PHONE	HOME PHONE
RELATIONSHIP TO PATIENT	

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#
NAME OF INSURED	GROUP#
ADDRESS OF INSURANCE COMPANY	COPAY AMT
CITY, STATE ZIP	DEDUCTIBLE
RELATIONSHIP TO PATIENT	EFFECTIVE DATE EXPIRATION DATE

on 06222011 07/22/2011

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 23

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (4)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

OR 06222011 07/22/2011
06212011 07/21/2011

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 24

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

08 06222011 07/22/2011

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 25

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

OD

06/21/2011

07/21/2011

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 26

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY#

(b) (6)

SECONDARY INSURANCE (if Applicable)

NAME OF INSURANCE COMPANY	POLICY#	
NAME OF INSURED	GROUP#	
ADDRESS OF INSURANCE COMPANY	COPAY AMT	
CITY, STATE ZIP	DEDUCTIBLE	
RELATIONSHIP TO PATIENT	EFFECTIVE DATE	EXPIRATION DATE

Walgreens Co. FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 27

SIGNATURE OF PATIENT/GUARDIAN

DATE

(b) (4)

PATIENT INFORMATION

NAME (Last, First Middle) MRN SSN# BIRTHDATE LANGUAGE SEX

(b) (6)

PRIMARY EMPLOYER	SECONDARY EMPLOYER (if Applicable)
ADDRESS	ADDRESS
CITY, STATE ZIP	CITY, STATE ZIP
WORK PHONE	WORK PHONE

RESPONSIBLE PARTY INFORMATION (if Different than above)

NAME (Last, First Middle)	SSN#	BIRTHDATE	LANGUAGE	SEX
LOCAL ADDRESS	SECONDARY/BILLING ADDRESS (if Applicable)			
CITY, STATE ZIP	CITY, STATE ZIP			
HOME PHONE	HOME PHONE			
RELATIONSHIP TO PATIENT				

PRIMARY INSURANCE

(b) (4)	

(if Applicable)	
NAME OF INSURANCE COMPANY	POLICY#
NAME OF INSURED	GROUP#
ADDRESS OF INSURANCE COMPANY	COPAY AMT
CITY, STATE ZIP	DEDUCTIBLE
RELATIONSHIP TO PATIENT	EFFECTIVE DATE
	EXPIRATION DATE

Walgreens Co. FEI: 3006723358
Ei: 07/20/11 - 08/16/11 KMM, CAG
Attachment _9_ Total pgs _28_ Page 28

SIGNATURE OF PATIENT/GUARDIAN

DATE

These are the procedures as stated to us by (b) (6):

(b) (6) applied 2 drugs (undecipherable) to the eye. He then applied one drop of butadiene to the eye. He then removed the sterile lid speculum and injected Avastin. He applied a drop of antibacterial medicine, and replaced the sterile lid. (b) (6) followed up with patients. He administered Vancomycin and Amikacin. He conducted a vitreous tap and anterior chamber tap, which are typical procedures. The taps came back positive for growth. He administered more vancomycin and triamcinolone intraventricularly. He conducted a vitrectomy and a vitreous biopsy, and administered more vancomycin. For the second affected patient, the vitrectomy was conducted, and the patient was administered triamcinolone.

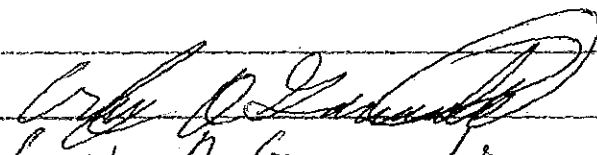
813/11

I, Craig A. Garmendia, Investigator with
the U.S. Food and Drug Administration, have
obtained from (b) (4)

the following nine patients records:

(b) (6)

These records were to include the
patients date of injection thru today.


Craig A. Garmendia
Investigator, FDA

label outside outer envelope only

CHRONIScript, A WALGREENS PHARMACY
1250 NW 7TH STREET SUITE 205 MIAMI, FL 33125
Tel: (305) 547-4790 - Fax: (305) 547-4796 TOLL FREE 866-469-6337

Rx#: 130450 06/29/2011 (b) (6), (b) (4) Pharm DEATH FW2370524
(b) (6), (b) (4)

INTRAVITREAL INJECTION INTO THE LEFT EYE
(DOSE TO BE ADMINISTERED IS 1.25 MG/0.05 ML)
DISCARD REMAINDER

AVASTIN 2.5 MG/0.1 ML PFS SYR This Pharmacy
BEVACIZUMAB Qty: 1.0 EACH
ORIG RX DATE: 06/23/2011 3 REFILLS BEFORE 06/22/2012
00000-0000-00 Use Before 07/13/2011 AP

KEEP IN REFRIGERATOR
DO NOT FREEZE

Walgreens Co.
FEI: 3006723358
EI: 07/20/11 - 08/16/11 KMM, CAG
Attachment_12_Totals Page 1

label on
inside package
only

May cause dizziness

Keep in refrigerator. Do not
freeze.

CHRONIScript, A WALGREENS PHARMACY
1250 NW 7TH STREET SUITE 205 MIAMI, FL 33125
Tel: (305) 547-4790 - Fax: (305) 547-4796 TOLL FREE 866-469-6337

Rx#: 130441 06/24/2011 (b) (6), (b) (4)
(b) (6), (b) (4) (b) (6), (b) (4)

INTRAVITREAL INJECTION INTO THE RIGHT EYE
(DOSE TO BE ADMINISTERED IS 1.25 MG/0.05 ML)
DISCARD REMAINDER

AVASTIN 2.5 MG/0.1 ML PFS SYR This Pharmacy
BEVACIZUMAB Qty: 1.0 EACH
ORIG RX DATE: 06/23/2011 6 REFILLS BEFORE 06/22/2012
00000-0000-00 Use Before 07/08/2011 OA

AVASTIN 2.5MG/0.1ML
OT: 07012011 EXP: 8/01/11

Jul 12, 2011 2:33PM

Page No. 7985 P. 2

(b) (4) patient summary

PATIENTS ON CHRONISCRIP LIST LOT#/RX# INJECTION DATE/DRUG RECEIVED ADDITIONAL COMMENTS

(b) (4)

131303	7/8/2011	7/6/2011	Patient dx with infection & treated on 7/11/11 sent to (b) (4) on 7/13/11
57619	7/11/2011	6/29/2011	Patient examined 7/12/11 thru 7/13/11 No infection
07012011	No inj given	7/5/2011	Prefilled syringe sent to (b) (4) 7/12/11
130450	No inj given	7/5/2011	Prefilled syringe sent to (b) (4) 7/12/11
	6/17/2011	6/14/2011	Patient examined 7/15/11 No infection
06082011	6/22/2011	6/15/2011	Patient phone disconnected
06082011	6/30/2011	6/15/2011	Patient examined 7/18/11 No infection

(b) (4) PATIENTS FROM 6/1/11 TO 7/18/11

(b) (6)

57442	7/1/2011	6/27/2011	Patient examined 7/14/11 No infection
57547	7/5/2011	6/28/2011	Patient examined 7/14/11 No infection
57447	7/5/2011	6/28/2011	Patient examined 7/15/11 No infection
57624	7/11/2011	6/29/2011	Patient examined 7/12/11 & 7/14/11 No infection

(b) (4) Patient And Avastin Culture Results
Outbreak 2011

Patients-Avastin Study		Culture Results/organism	Source	Lot Number
1.	(b) (6) med watch FP?	positive/Streptococcus mitis/oralis	vit (thio only)	7062011
2.		positive/Streptococcus mitis/oralis	vit (thio only)	7062011
3.		positive/Streptococcus mitis/oralis	vitreous	7062011
4.		positive/Streptococcus mitis/oralis	vitreous	7062011
5.		positive/Streptococcus mitis/oralis	ac/vit	7062011
6.		positive/Streptococcus mitis/oralis	ac/vit	7062011
7.		positive/Streptococcus mitis/oralis	vit (thio only)	7062011
8.		positive/Streptococcus mitis/oralis	vitreous	7062011
9.		positive/Streptococcus mitis/oralis	ac/vit	7062011

SAMPLES (Avastin)		Culture Results/Organisms	Source	Lot Number
	1	positive/Streptococcus mitis/oralis	Avastin	7062011
	2	positive/Streptococcus mitis/oralis	Avastin	7062011
	3	positive/Streptococcus mitis/oralis	Avastin	7062011
	4	No growth	Avastin	6222011
	5	positive/Streptococcus mitis/oralis	Avastin	7012011

FEI: 3006723358
KMM, CAG
Walgreens Co.
EI: 07/20/11 - 08/16/11
Attachment -14- Total pgs -1- Page 1

(b) (4), (b) (5), (b) (7)(A)