

Dear Valued Customer,

Recently the Drug Enforcement Administration has become aggressive in it's efforts to counter the diversion of controlled pharmaceuticals. The DEA has defined "orders of interest" as orders that are of an unusual size, unusual frequency or deviating from a normal order pattern. Genetco, Inc. has always supported the DEA in this effort and has implemented a computerized orders of interest detection system.

Genetco monitors all orders looking for those orders that fit the definition of "orders of interest". Our system looks at both units ordered, and dollars ordered. To help minimize interruptions to our customers, we look at the account type, sales volume and percent of controlled substances compared to the total sales volume in evaluating your order.

Genetco is dedicated to securing the pharmaceutical supply chain and ensuring the integrity of our products. As a valued partner in providing safe pharmaceuticals to the public, Genetco values your business. This questionnaire is only a part of our efforts to comply with the DEA's guidelines. They DEA guidelines require that we obtain information about our customers. We have included suggested questions from the DEA in our questionnaire. This information will become part of your customer file at Genetco and may be reviewed by any government regulatory agency. Please mail it back to us at your convenience.

Thank you for your continued support.

Bill Carney
Vice President of Operations



Name of Business _____

Address _____

City, State, Zip _____, _____, _____

Phone & Fax # _____ & _____

Email _____

Pharmacist in Charge _____

1) Has your pharmacy/facility ever operated under a different name? No Yes

If Yes please provide the Name _____

2) Is your pharmacy/facility affiliated with another pharmacy/facility? No

Yes

If Yes please provide the name(s) and Address(s)

3) Has the pharmacy/facility ever had a DEA registration suspended or revoked? No Yes

4) Has the pharmacy/facility ever had a state registration/license suspended or revoked? No Yes

5) Has the pharmacy/facility ever had disciplinary action taken against them? No Yes

6) Has the owner ever had a registration/license suspended or revoked? No Yes

7) Has the owner ever had disciplinary action taken against them? No Yes

8) Does your pharmacy/facility ship outside the state in which it is located? No Yes

9) What is the percentage (or approximate number) of customers outside your state? _____

10) Is your pharmacy/facility licensed in all states which it mails or fills prescriptions/orders? No Yes

11) Does your pharmacy/facility report to all states that have a prescription drug monitoring program in which your customers reside and to whom you dispense/ship? No Yes

12) Does your pharmacy/facility have a website? No

Yes

If yes please provide the Web Address _____

13) Does your pharmacy/facility fill prescriptions/orders via the internet? No Yes

13a) If Yes - is the pharmacy/facility registered with the DEA under the Ryan Haight Act? No Yes

15) Is this a mail order pharmacy/facility (e.g. filling prescriptions for insurance, etc.)? No Yes

16) Does your pharmacy provide services to Pain Clinics? No Yes

17) Does the pharmacy/facility provide services to specialty customers such as (Hospital, Long term care, Term health care, Assisted living, Oncology etc.)? No Yes

If Yes please answer (17a, 17b, & 17c)

17a) Is the pharmacist comfortable with the prescribing practices of the practitioner/customer? No Yes

17b) Has the pharmacist ever questioned or been uncomfortable the prescribing practices of the practitioners? No Yes

17c) Has the pharmacy ever refused to fill prescriptions for a practitioner? No Yes

18) Are there particular practitioners/customers who constitute most of the prescription that your pharmacy/facility fills? No Yes

18a) If YES Please give name and DEA Registration numbers

Genetco, Inc

711 Union Parkway
Ronkonkoma, NY 11779
631 585-1000
fax: 631 585-1289
www.genetcoinc.com



- 19) Does the pharmacy/facility order a full variety of controlled substances and are they evenly dispersed? No Yes
- 20) Is the pharmacist comfortable with the prescribing practices of the practitioner? No Yes
- 21) How many prescriptions/orders do you fill/ship daily? _____
- 22) How many controlled substance prescriptions/orders do you fill/ship daily? _____
- 23) What is the ratio of drugs that your pharmacy/facility purchases?
Non Controlled substances _____% Controlled substances _____%
- 24) Does the pharmacy/facility offer an assortment of sundries (snacks, cosmetics, etc.)? No Yes
- 25) What are the days of operation? Mon Tues Wed Thu Fri Sat Sun
- 26) What are the hours of operation _____
- 27) What methods of payment does the pharmacy/facility accept and in what ratios?
Cash _____ Insurance _____ Medicaid _____
- 28) Does the pharmacy have security guards on premises No Yes
- 28a) If so why? _____
- 29) Who is the pharmacy/facility's main Supplier? _____
- 30) What ratio of controlled drugs that will Genetco be supplying compared to other suppliers? _____
- 31) Does the pharmacy/facility have a staff or contract with a private firm to solicit practitioners to get more business? No Yes
- 32) Does the pharmacy have any exclusive contracts, agreements, arrangements with any particular practitioner. If yes please provide details of the agreements. No Yes
- 33) Does the pharmacy/facility supply for, order for, or sell to practitioners or other pharmacies/facilities? No Yes
- 33a) If yes – How does the pharmacy sell/transfer controlled substances to the practitioners or other Pharmacy? **Via Prescription** Sales Invoice DEA form 222
- 34) Is the pharmacist comfortable enough with the prescribing practices of any and all practitioners for which the fill to stake their professional livelihood on it? No Yes

This document contains confidential information it is intended for the sole use of Genetco, Inc and it's regulatory agencies. Use of this material for other purposes is prohibited.



GENETCO, INC.

711 Union Parkway

Ronkonkoma, NY 11779

Tel: (631)-585-1000 or 1-(800)-969-8007

Fax: (631)-585-1289

Sales Rep Name: _____

APPLICATION FOR CREDIT

Business Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____

SHIPPING DESTINATION (S) (if necessary, attach listing of additional authorized shipping destinations, include DEA#'s)

Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 DEA# _____ Exp. Date: _____

DEA SCHEDULE: 2-2N-3-4-5

{ } CORPORATION { } PROPRIETORSHIP { } PARTNERSHIP # OF YEARS IN BUSINESS: _____
 # OF EMPLOYEES: _____ STATE PHARMACY LIC#: _____

TAX ID #: _____
 BANKRUPTCY FILED BY COMPANY DURING LAST SEVEN YEARS. { } YES { } NO

PREVIOUS ACCOUNT WITH GENETCO, INC { } YES { } NO IF YES, ACCOUNT #: _____

NAME OF PRINCIPALS/OFFICERS	TITLE	ADDRESS
1		
2		
3		

BOOKKEEPER NAME: _____**BANKING REFERENCES:**

GENETCO, INC is authorized by the undersigned to receive banking information for the purpose of completing this application for credit.

BANK:	CITY/STATE:	PHONE:
CONTACT:	ACCOUNT NUMBERS(S):	
BANK:	CITY/STATE:	PHONE:
CONTACT:	ACCOUNT NUMBERS(S):	

GENETCO, INC. (to whom this applicatoin is made) or any credit bureau or investigative agency employed by them, is authorized to investigate the credit record of the undersigned. It is also agreed that payment will be made according to the published terms and conditions of sale, and finance charges of 1-1/2% per month assessed on past due balances. Should it become necessary to forward your account to a licensed collection agency or attorney for legal action, all subsequent collection charges and legal fees will be the responsibility of the applicant.

SIGNATURE:	TITLE:	DATE:
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This application must be signed by an officer of the company.