

From: Kernan, Scott@CDCR
To: [REDACTED]@CDCR; Duffy, Brian@CDCR
Subject: FW:
Date: Thursday, September 30, 2010 8:29:22 AM

From: McAuliffe, John@CDCR
Sent: Thursday, September 30, 2010 8:29:20 AM
To: Kernan, Scott@CDCR
Subject: Re:
Auto forwarded by a Rule

Scott
Talked to Tony all set. AZ is waiting for them.
John

From: Kernan, Scott@CDCR
To: McAuliffe, John@CDCR
Cc: Chaus, Anthony@CDCR
Sent: Thu Sep 30 08:26:01 2010
Subject: FW:

Fyi

Thanks Tony. John is trying to get a hold of them now. Sure appreciate your assistance on this.

Scott

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 8:25 AM
To: Kernan, Scott@CDCR
Subject: RE:

Scott,
Another callback number for [REDACTED] if the first one doesn't work is [REDACTED]
Tony

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 7:56 AM
To: Chaus, Anthony@CDCR
Cc: McAuliffe, John@CDCR
Subject: RE:

Great. As soon as we get a hold of warden I will have John contact agents with instructions. I would like confirmation when they get the drugs in hand and hit the road. Thanks.

Scott

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 7:42 AM
To: Kernan, Scott@CDCR
Subject: Re:

Scott,
They are about 15 minutes from the prison. The direct number to them is [REDACTED] Telephone reception is not very good and e-mails don't work. [REDACTED] is the supervisor on site. They are ready and waiting for instructions.
Tony

From: Kernan, Scott@CDCR
To: Chaus, Anthony@CDCR
Sent: Thu Sep 30 07:05:50 2010
Subject:

Tony,

What time can your guys be at prison once we get green light? May need a phone number to talk directly so we can give them instructions on documenting chain of custody.

Scott

From: Kernan, Scott@CDCR
To: [REDACTED]@CDCR; Duffy, Brian@CDCR
Subject: FW: ETA
Date: Thursday, September 30, 2010 9:10:20 AM

From: McAuliffe, John@CDCR
Sent: Thursday, September 30, 2010 9:09:33 AM
To: Kernan, Scott@CDCR
Subject: RE: ETA
Auto forwarded by a Rule

Scott
The agents are doing inventory and transfer as we speak.....they will be leaving the prison in 30 minutes. Agents will call with ETA later.
John

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 8:39 AM
To: McAuliffe, John@CDCR
Subject: RE:

Great. Just need confirmation that we have in hand and ETA to SQ.

Scott

From: McAuliffe, John@CDCR
Sent: Thursday, September 30, 2010 8:29 AM
To: Kernan, Scott@CDCR
Subject: Re:

Scott
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Sent: Thu Sep 30 07:05:50 2010
Subject:

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Scott

From: Kernan, Scott@CDCR
To: [REDACTED]@CDCR; Duffy, Brian@CDCR
Subject: FW: Thiopental Injection
Date: Thursday, September 30, 2010 9:19:58 AM
Attachments: Master Service Agreement Template. 06.05.09.05.DOC

From: McAuliffe, John@CDCR
Sent: Thursday, September 30, 2010 9:19:31 AM
To: Kernan, Scott@CDCR
Subject: FW: Thiopental Injection
Auto forwarded by a Rule

FYI
John

From: [REDACTED]
Sent: Thursday, September 30, 2010 9:15 AM
To: McAuliffe, John@CDCR
Cc: [REDACTED]
Subject: RE: Thiopental Injection

Received.

I have attached our standard contract (MSA). A Statement of Work (SOW) will define exact work to be conducted.

Please review and redline any issues.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: McAuliffe, John@CDCR [mailto:John.McAuliffe@cdcr.ca.gov]
Sent: Thursday, September 30, 2010 12:05 PM
To: [REDACTED]
Subject: FW: Thiopental Injection
Importance: High

[REDACTED]
Thank you again here is the information and email.

John McAuliffe

From: [REDACTED]
Sent: Thursday, September 30, 2010 5:27 AM
To: McAuliffe, John@CDCR
Subject: Thiopental Injection
Importance: High

30-09-10

Dear Mr. McAuliffe,

Thank you for your call and thank you for your interest in [REDACTED]
I would be happy to supply you:

Thiopental Injection , powder for reconstitution, thiopental sodium, 500-mg vial packs of 25's £196.75 (pounds sterling)
The current expiry date is February 2014.

POTASSIUM CHLORIDE 1.5GM 10ML INJ. PACKS OF 10 £15.55
Expiry date: 01/13

Pancuronium Injection, pancuronium bromide 2 mg/mL, 2-mL amp packs of 10's £58.73
Expiry date: 11/11

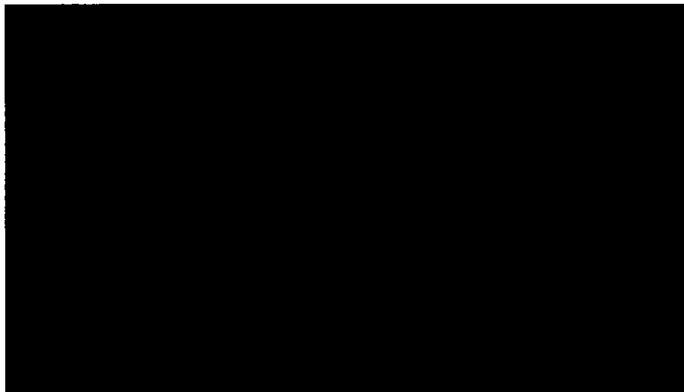
If you could supply me with the following information, I can produce a proforma invoice:
Invoice address
Delivery address, including contact person and contact person phone number

I will dispatch the goods to you by FedEx,
FedEx delivery charges is separate item.

In order to get the product easier through US customs, I think it would be a goods idea for you to write a letter in the department letterhead, attention of US custom and let them know why you need this product. I would include this letter in your shipment.
Please also email or fax me a copy of your DEA license, to include it in your shipment.

Please let me know if you need further information.

Many thanks,
Kind regards



[REDACTED]

MASTER SERVICE AGREEMENT TO PROVIDE PHARMACEUTICAL SUPPORT SERVICES

THIS MASTER SERVICE AGREEMENT TO PROVIDE PHARMACEUTICAL SUPPORT SERVICES this MSA is made and entered into as of the _____ day of _____, 20____, by and between _____, a n _____, having its principal place of business at _____ the Client and _____ an _____ the Facility. As used in this MSA, the term Facility will also include any additional facilities which may be operated by _____ in the future, so long as such facilities meet the same quality standards as the Facility.

Preliminary Statements

WHEREAS, _____ is in the business of providing biological, pharmaceutical and medical device support services including, but not limited to, storage and distribution of products under controlled temperatures the "Services"

WHEREAS, the Client wishes to store certain of its products and supplies individually, a Product, and collectively, the Products at the Facility

WHEREAS, this MSA sets forth the general terms and conditions under which _____ will store the Client's Products

NOW, THEREFORE, in consideration of the covenants, representations, warranties and mutual agreements in this MSA contained, and other good and valuable consideration, the receipt and sufficiency of which are acknowledged, _____ and the Client agree as follows:

Terms and Conditions

Section 1. General Terms.

Section 1.1 Definitions. When used herein, the capital ed terms above shall have the meanings therein stated and the following capital ed terms shall have the meaning ascribed to them below. Any capital ed term used but not defined in this MSA has the same meaning as used in the SOW or any subse uent Statement of Work.

- a "Client Parties" shall have the meaning ascribed thereto in Section .2.
- b "Confidential Information" shall have the meaning ascribed thereto in Section .1.
- c "Indemnatee" shall have the meaning ascribed thereto in Section . . .
- d "Indemnitor" shall have the meaning ascribed thereto in Section . . .
- e "Initial Period" shall have the meaning ascribed thereto in Section 2.1.
- f "Offer Period" shall have the meaning ascribed thereto in Section .2 a .
- g "Renewal Period" shall have the meaning ascribed thereto in Section 2.1.
- h _____ Claims" shall have the meaning ascribed thereto in Section .1.
- i _____ Parties" shall have the meaning ascribed thereto in Section .1.

j "SOW" shall have the meaning ascribed thereto in Section 1.2.

k "Statement of Work" shall have the meaning ascribed thereto in Section 1.2.

l "Term" shall have the meaning ascribed thereto in Section 2.1.

Section 1.2 Relationship Between MSA and Statements of Work. [REDACTED] will store the Products in accordance with the terms set forth in this MSA and a separate work order specific to a particular Product or Products each, a Statement of Work. A Statement of Work may be modified from time to time by way of an amended or supplemental Statement of Work signed by both parties. The parties have contemporaneously executed a Statement of Work, the "SOW", which is attached as Exhibit 1 to this MSA. Additional future Statements of Work will be attached as Exhibits in consecutive order. In the event of any conflict or contradiction between the provisions of the SOW or any other Statement Of Work and this MSA, the SOW will control, but to the maximum extent reasonably practicable each Statement of Work will be deemed to be a supplement to this MSA.

Section 1.3 Right to Store Goods. The Client represents and warrants that the Client is in lawful possession and has full legal title to every Product to be stored in the Facility or to be handled in any manner by [REDACTED] and has the right and authority to store them at the Facility and to engage [REDACTED] to perform the Services. The Client will provide [REDACTED] with information concerning the Products which is accurate, complete and sufficient to enable [REDACTED] to comply with all laws and regulations concerning the storage, handling and transportation of the Products, including, but not limited to, any facts or circumstances that may make either the Products, the transportation of the Products, or the storage of the Products in any way hazardous to health.

Section 1.4 Packaging and Labeling. To the extent that any Statement of Work provides that [REDACTED] will provide packaging and/or labeling services for the Client, the Client will deliver to [REDACTED] either: a) the applicable packaging materials and/or labels or b) detailed instructions, including label text and artwork, for all packages and labels, including all information required by applicable law to be included on the label of the applicable Product and the Client acknowledges that [REDACTED] will rely on the accuracy of such information without additional independent investigation.

Section 1.5 Domestic Distribution of Commercial Pharmaceutical Products. If applicable, [REDACTED] will distribute pharmaceutical products within the continental United States in compliance with its AWD accreditation and license, and in compliance with the various state licenses which it currently holds. If Client requests distribution to states in which [REDACTED] does not currently hold a state license which permits them to do so, then Client must notify [REDACTED] of this request and give [REDACTED] reasonable time to secure that state license. [REDACTED] retains the right to refuse distribution to the given state if, in its sole discretion, it decides that the burden of securing the license outweighs the current business opportunity.

Section 2. Term/Termination.

Section 2.1 Term. This MSA will commence on the date set forth above and will have an initial term of three years the Initial Period and will automatically renew for additional one-year periods each a Renewal Period at the end of the Initial Period and each Renewal Period thereafter unless the Client or [REDACTED] provides written notice to the other of its decision not to renew the MSA at least sixty (60) days prior to the expiration of the Initial Period or the then-current Renewal Period. Notwithstanding the foregoing, this MSA will continue until satisfaction of any obligations under any Statement of Work which is executed during the Initial Period or any applicable Renewal Period. The period that this MSA is actually in effect in accordance with the provisions hereof is referred to in this MSA as the "Term".

Section 2.2 Termination of this MSA for Breach. In the event of a material breach of this MSA or a Statement of Work by either party including, but not limited to, the Client's failure to pay all Charges as specified in this MSA by the due date the other party may terminate this MSA upon thirty 0 days prior written notice to the breaching party, provided that such breach is not cured as contemplated below. The notice will describe the material breach in reasonable detail. The receiving party will be entitled to cure the material breach during such thirty 0 day period and, if not cured, this MSA and all Statements of Work will terminate effective at the end of the thirty 0 day period provided, however, all accrued rights and obligations, including the Client's obligations to pay any and all Charges due hereunder with respect to the period prior to the termination date, will survive the termination of this MSA and the Statements of Work until fully discharged.

Section 2.3 Termination of Statement of Work. A Statement of Work may be terminated by either party, with or without cause, upon ninety 0 days prior written notice to the other party provided, however, all accrued rights and obligations, including the Client's obligations to pay any and all Charges due thereunder with respect to the period prior to the termination date, will survive the termination of the Statement of Work and this MSA until fully discharged. Termination of a Statement of Work will not terminate this MSA unless the terminating party is entitled to terminate this MSA in accordance with Section 2.2 and properly exercises such right in accordance with such section.

Section 3. Compensation.

Section 3.1 Terms of Payment. [REDACTED] will provide the Client a monthly invoice setting forth all of the Charges then due. Payment of the Charges is due within thirty 0 days of date of the applicable invoice. In the event any Charges are not paid when due, a late payment fee equal to five percent of the Charges then due will be assessed against the Client. Any Charges not paid within thirty 0 days of the date of invoice will accrue interest at the maximum rate allowed by law, in addition to the five percent late payment fee. The Client will reimburse [REDACTED] or all costs [REDACTED] incurs including reasonable attorneys fees and collection costs in collecting amounts owed by the Client.

Section 3.2 Offer Period.

a The Charges quoted on a Statement of Work will remain valid for a period of thirty 0 days from the date the Statement of Work is signed by [REDACTED] the Offer Period. The Client must indicate its acceptance of the quoted Charges by signing and delivering the Statement of Work to [REDACTED] within the Offer Period. In the absence of written acceptance, the act of tendering the Product for storage or other Services by [REDACTED] within the Offer Period will constitute acceptance by the Client of the terms and conditions specified in the applicable Statement of Work.

b If a Product does not conform to the description on the applicable Statement of Work, or if a Product is tendered to [REDACTED] after the Offer Period, or if a Product is delivered to the Facility after the delivery date specified on the Statement of Work, [REDACTED] may refuse to accept such Product, in its sole discretion. If [REDACTED] accepts such Product, the parties shall negotiate in good faith for the charges for handling such Product consistent with the Charges outlined in the Statement of Work.

Section 4. Risk of Loss.

Section 4.1 Risk of Loss. The Client will bear the risk of any loss of or to any and all Products at all times, even when the Product is in the possession of [REDACTED] at the Facility or otherwise. [REDACTED] will not be liable for loss, delay or damage of any kind resulting from defects in containers or other storage media furnished by or on behalf of the Client. Release of a Product to a person in accordance with the instruction of a Client Representative will be considered delivery to the Client, and [REDACTED] responsibilities in respect of such Product will cease upon such delivery.

Section 4.2 Limits on Liability. Notwithstanding anything in this MSA or any Statement of Work to the contrary, [REDACTED] total liability to the Client and all "Client Parties" as defined below for damages arising out of or relating to this MSA, any Statement of Work, any attachment to this MSA or any other written agreement made pursuant to this MSA, regardless of the legal theory of the claim and including any claim for indemnification under Section 4.1, will not exceed, and [REDACTED] will not be required to pay or reimburse the Client or any other Client Parties for any amount in excess of, the amount actually paid to [REDACTED] by Client under this MSA and the applicable Statements of Work with respect to the Products which are involved in the claim. The Client's claim for a return of such amounts paid will be the Client's exclusive remedy for any damages under this MSA and the applicable Statements of Work.

Notwithstanding anything in this MSA, any Statement of Work, any attachment to this MSA or any other written agreement made pursuant to this MSA to the contrary, in the event of a loss of Product by Client in which the loss is adjudged to be directly attributable to [REDACTED] gross negligence and/or willful misconduct, [REDACTED] damages to Client will not exceed the limits of insurance coverages identified in Section 4.3 below. Notwithstanding anything in this MSA, any Statement of Work, any attachment to this MSA or any other written agreement made pursuant to this MSA to the contrary, under no circumstances will either party be entitled to a incidental, indirect, consequential or special damages or b punitive or exemplary damages arising in connection with the default or breach of either party in the performance of any of its obligations under this MSA or any Statement of Work. The parties expressly waive any right or claim to incidental, indirect, consequential, special, punitive or exemplary damages each may have or which may arise in the future in connection with any proceeding, claim or controversy directly or indirectly involving this MSA, any Statement of Work, or any of the Services. Damages to the Products shall be calculated on the basis of the replacement cost for the Products.

Section 4.3 Insurance. Products are not insured by [REDACTED] against loss or injury however caused.

a The Client agrees to obtain, at its own cost, insurance coverage for each Product, and to provide [REDACTED] with evidence of such insurance upon request. The Client agrees to maintain adequate commercial general liability limits, such limits will not be less than 1,000,000 per occurrence and 2,000,000 in aggregate. Client also agrees to list [REDACTED] as additional insured on its policies and to provide [REDACTED] with thirty (30) days written notice upon the cancellation of any insurance coverage.

b [REDACTED] will, at its own expense, during the term of this MSA maintain insurance as follows: i Errors and Omissions insurance in an amount not less than 1,000,000 of coverage ii Comprehensive General Liability Insurance with a combined single limit for bodily injury and property damage liability of not less than 2,000,000 with respect to any one occurrence iii Warehousemen Legal Liability insurance in an amount not less than 2,000,000 and iv Workers Compensation and Employers Liability Insurance as required by the State of Indiana carried under a co-employer contract.

Section 4.4 Environmental Costs. Where damage, loss or injury occurs to stored Products other than as a result of a material breach by [REDACTED] of its obligations hereunder which results in a release or a threatened release of Product constituents in, on or at the Facility, the Client will be responsible for the cost of removing and disposing of such Products and the cost of any environmental clean up and site remediation resulting from the damage, loss or injury to the Products.

Section 4.5 Notice of Loss, Claim and Filing of Suit. The Client will promptly give [REDACTED] notice of any loss of, or damage to, any Product that the Client believes was caused in whole or in part by [REDACTED]. Claims against [REDACTED] by the Client and any other persons claiming by or through the Client must be presented in writing to [REDACTED] within a reasonable time, and in no event longer than either sixty (60) days after delivery of the Product by [REDACTED] or sixty (60) days after the Client or the last known holder of a negotiable warehouse receipt is notified by [REDACTED] that damage, loss or injury to part or all of the

Products has occurred, whichever time is shorter. No action may be maintained by the Client or any third parties against [REDACTED] for damage, loss or injury to stored Products unless timely written notice has been given as provided in this Section 4. and unless such claim is commenced either within six months after date of delivery by [REDACTED] or within six months after the Client or the last known holder of a negotiable warehouse receipt is notified that damage, loss or injury to part or all of the Product has occurred, whichever time is shorter. When Products have not been delivered, notice may be given of known damage, loss or injury to the Products by mailing of a registered or certified letter to the Client or to the last known holder of a negotiable warehouse receipt.

Section 4.6 Liability for Mis-Shipment. If [REDACTED] negligently mis-ships any Product, [REDACTED] will pay the reasonable transportation charges incurred to return the mis-shipped Product to the Facility. [REDACTED] will have no liability for damages due to the consignee's acceptance or use of the Product whether such Product be those of the Client or a third party unless the Client establishes such loss occurred because of [REDACTED] failure to exercise the care required of [REDACTED] under Section 4. below.

Section 4.7 Representations and Warranties. [REDACTED] represents and warrants that a the Services will be performed in a professional manner by qualified, competent personnel and in accordance with all applicable laws and in accordance with generally accepted industry standards applicable to such Services b [REDACTED] obligations under this MSA do not materially conflict with and will not cause [REDACTED] to be in breach of any other agreement to which it is bound, including, but not limited to, any lease for the Facility and c [REDACTED] has or will obtain all necessary government or regulatory authority permits for storage and handling of the Product at the Facility.

Section 4.8 Client Representations and Warranties. Client represents and warrants that a Client's obligations under this MSA do not materially conflict with and will not cause Client to be in breach of any other agreement to which it is bound b Client has or will obtain all necessary government or regulatory authority permits to own, ship, store and distribute the Product and c any undersigned person signing on behalf of any Client that is a corporation, limited liability company, or other entity warrants and represents that i said person is fully empowered and duly authorized to execute and deliver this MSA for and on behalf of said Client ii that said Client has full capacity, power and authority to enter into and carry out the obligations under this MSA and iii that this MSA has been duly authorized, executed and delivered, and constitutes a legal, valid and binding obligation of the Client.

Section 5. Confidentiality; Disclosure.

Section 5.1 Confidentiality. Each of [REDACTED] and the Client agree not to disclose any proprietary and/or confidential information, directly or indirectly, involving or concerning [REDACTED] or the Client collectively, the Confidential Information which is furnished or disclosed by one party to the other party during the course of the performance of this MSA or a Statement of Work. Confidential Information, however, does not include information which a is generally available to the public other than through any act or omission by the non-disclosing party and is not subject to a confidentiality agreement with an obligation of secrecy to the disclosing party or a third party b the receiving party can show was in its possession at the time of the disclosure and was not acquired directly or indirectly from the disclosing party or c becomes available to the receiving party on a non-confidential basis from a source other than the disclosing party, provided it is not subject to a confidentiality agreement with an obligation of secrecy to the disclosing party or a third party. This obligation of confidentiality pursuant to the terms of this MSA will be in addition to and will not supersede any other confidentiality agreements entered into between [REDACTED] and the Client.

Section 5.2 Ownership of Confidential Information. Ownership of all right, title and interest in each party's Confidential Information will remain at all times with the disclosing party, and nothing in this MSA or a Statement of Work will give any right, title or interest in one party's Confidential Information to the other party.

Section 5.3 Non-Disclosure and Non-Use of Confidential Information. In furtherance of this MSA and in order to assure adequate protection of both parties against the wrongful use or disclosure of the Confidential Information, [REDACTED] and the Client agree to hold all Confidential Information in strict confidence. Each party acknowledges that any use or attempted use of any Confidential Information or any disclosure of the Confidential Information to any third party would constitute immediate and irreparable harm to the disclosing party and would be of significant benefit to any competitor of the disclosing party. Each party will be deemed to have a fiduciary duty to protect all Confidential Information from improper disclosure or use. Except with the prior written consent of the disclosing party or as required by law, each party agrees not to directly or indirectly disclose or use, or authorize any third party to disclose or use, any Confidential Information for an indefinite duration, or b in the event that a court of competent jurisdiction determines that an indefinite period is unreasonable, five years following the date hereof. The rights and remedies with respect thereto, whether legal or equitable, will remain in full force and effect during the period described in a or b above, as applicable.

Section 6. Indemnification.

Section 6.1 Indemnification by Client. The Client will indemnify, defend and hold harmless [REDACTED] and its affiliated entities, and all of [REDACTED] and such affiliates respective shareholders, directors, managers, partners, members, officers, employees, subcontractors and agents collectively, [REDACTED] Parties from and against any and all liabilities, obligations, penalties, claims, judgments, demands, actions, disbursements of any kind and nature, suits, losses, damages, costs and expenses including, but not limited to, reasonable attorneys' fees arising out of or in connection with property damage or personal injury including, but not limited to, death of third parties collectively, [REDACTED] Claims which may be incurred by any of the [REDACTED] Parties by reason of or arising out of: a any person filing any lien against any property of [REDACTED] or any [REDACTED] Claims in which the person claims payment from [REDACTED] for services provided to the Client b any injury including, but not limited to, death to any person arising from the services provided to Client pursuant to this MSA c any personal injury including, but not limited to, death or property damage caused by the gross negligence or willful misconduct acts or omissions of any employees, agents or contractors of the Client d any damages that [REDACTED] may incur as a direct or proximate result of the inaccuracy or incompleteness of the i packaging or labels or ii packaging or labeling information provided to [REDACTED] under Section 1.4 or e the material breach of any representations, warranties, covenants, agreements or obligations of the Client under this MSA.

Section 6.2 Indemnification by [REDACTED] will indemnify, defend and hold harmless the Client and its affiliated entities, and all of Client's and such affiliates respective shareholders, directors, managers, partners, members, officers, employees, subcontractors and agents collectively, Client Parties from and against any and all liabilities, obligations, penalties, claims, judgments, demands, actions, disbursements of any kind and nature, suits, losses, damages, costs and expenses including, but not limited to, reasonable attorneys' fees arising out of or in connection with property damage or personal injury including, but not limited to, death of third parties which may be incurred by the Client Parties by reason of or arising out of: a any personal injury including, but not limited to, death or property damage caused by the gross negligence or willful misconduct acts or omissions of any employees, agents or contractors of [REDACTED] and b the material breach of any representations, warranties, covenants, agreements or obligations of [REDACTED] under this MSA.

Section 6.3 Indemnification Procedure. If any of the [REDACTED] Parties or the Client Parties intends to seek indemnification pursuant to this Section, any such person seeking indemnification, an Indemnitee, the Indemnitee will promptly give notice to the party obligated to provide indemnification hereunder any such person from whom indemnification is sought, an Indemnitor describing the claim in reasonable detail provided, however, the failure to provide such notice will not affect the obligations of the Indemnitor unless and only to the extent the Indemnitor is actually prejudiced. Within thirty (30) days after receipt of such notice, the Indemnitor will give notice to the Indemnitee whether i the Indemnitor agrees to indemnify the Indemnitee and undertake, conduct and control, through counsel of its own choosing and at its own expense, the settlement or defense of such Claim, ii to reserve its rights to

indemnify the Indemnitee and undertake, conduct and control, through counsel of its own choosing, the settlement or defense of such claim, or iii to affirmatively refuse to indemnify the Indemnitee. If the Indemnitor takes the actions described in subparagraph i or ii immediately above, the Indemnitee will cooperate with it in connection therewith provided, however, that the Indemnitee may participate in such settlement or defense through counsel chosen by it provided, further, however, that the fees and expenses of such counsel will be borne by the Indemnitee. The Indemnitor will not, without the written consent of the Indemnitee, settle or compromise any action if such settlement or consent will impose any obligations on the Indemnitee. If the Indemnitor fails to take the actions described in subparagraph i or ii immediately above, the Indemnitee will have the right to contest, settle or compromise any claim without the consent of the Indemnitor provided, however, that in such case, the Indemnitee will not waive any right to indemnity therefor pursuant to this MSA. In all events, the Indemnitee and Indemnitor will cooperate fully in all aspects of any investigation, defense, pretrial activities, trial, compromise, settlement or discharge of any claim in respect of which indemnity is sought hereunder including, but not limited to, providing the other party with reasonable access to employees and officers including as witnesses and other information necessary for defense of the claim.

Section 7. Miscellaneous.

Section 7.1 Independent Status. [REDACTED] status will be that of an independent contractor and not that of a servant, agent or employee of the Client. No employee of [REDACTED] will be regarded as an employee of the Client for any purpose, including, but not limited to, tax and insurance matters. The Client is not responsible for the payment of employer-related taxes which may be imposed with respect to any employees or agents of [REDACTED] including, but not limited to, FICA, unemployment taxes, state and federal income tax withholding payments.

Section 7.2 Non-Raiding. During the Term and for a period of one 1 year after the expiration or termination of the Term, both Client and [REDACTED] will not offer employment to, employ or enter into a services arrangement, as an independent contractor or otherwise, with any person employed by the other party during the Term that is or was directly or indirectly involved in the performance of any of the Services. The parties recognize that any breach of this Section 7.2 may cause irreparable injury to the goodwill and proprietary rights of either party, inadequately compensable in monetary damages. Accordingly, in addition to any other legal or equitable remedies that may be available to a party hereunder if the other party threatens to breach or breaches any provision of this Section 7.2, the parties agree that the non-breaching party will be entitled to seek and obtain immediate injunctive relief in the form of a temporary restraining order without notice, preliminary injunction or permanent injunction against the breaching party to enforce this provision and to enjoin any violation or threatened violation of this provision. Either party will be required to post any bond or other security and will not be required to demonstrate any actual injury or damage to obtain injunctive relief from the courts.

Section 7.3 Counterparts. This MSA may be executed in one or more counterparts, including a facsimile counterpart with a printed acknowledgement of receipt received, or an e-mail counterpart with a printed acknowledgement of receipt received, each of which will be deemed to be an original, but all of which together will constitute one and the same MSA. Only one counterpart signed by the party against which enforceability is sought needs to be produced to evidence the existence of this MSA.

Section 7.4 Severability. If a court of competent jurisdiction makes a final determination that any term or provision of this MSA is invalid or unenforceable, and all rights to appeal the determination have been exhausted or the period of time during which any appeal of the determination may be perfected has been exhausted, the remaining terms and provisions will be unimpaired and the invalid or unenforceable term or provision will be deemed replaced by a term or provision that is valid and enforceable and that most closely approximates the intention of the parties with respect to the invalid or unenforceable term or provision, as evidenced by the remaining valid and enforceable terms and conditions of this MSA.

Section 7.5 Assignment. either party may assign or delegate this MSA without the express written consent of the other party, except that either party may assign, delegate or transfer this MSA and all of its respective rights and obligations under this MSA to any business entity that by sale, merger, consolidation or otherwise acquires all or substantially all of the assets of such party to which this MSA relates provided that such assignee of the party shall be reasonably qualified to perform the Services hereunder and shall have assumed in writing all of the assignor's obligations under this MSA. Upon such assignment and novation as provided hereunder, any such successor entity will be deemed to be substituted for the assignor for all purposes of this MSA.

Section 7.6 Modification. This MSA may not be modified, amended, or waived in any manner except by an instrument in writing signed by all parties to this MSA.

Section 7.7 Governing Law, Venue and Jurisdiction. The validity, performance, enforcement, interpretation and any other aspect of this MSA will be governed by the laws of the State of Indiana, notwithstanding the choice of law provisions of the venue where the action is brought, where the violation occurred, or where the Client may be located. The Client agrees and consents to the exclusive jurisdiction of any state or federal court located in Indianapolis, Indiana, and waives any defense of lack of personal jurisdiction or improper venue to a claim brought in such court, except that [REDACTED] may elect, at its sole discretion, to litigate the action in the county or state where any breach by the Client occurred or where the Client can be found.

Section 7.8 Headings. The headings of the Sections of this MSA are inserted for convenience only and will not be deemed to constitute part of this MSA or to affect the construction of this MSA.

Section 7.9 Force Majeure. [REDACTED] will be relieved of its obligations under this MSA if, despite its reasonable effort to do so, it is unable to perform its duties hereunder as a result of acts of God, war, fires, terrorism, public enemies, seizure under legal process, strikes, lockouts, riots and civil commotions or any other reason beyond the control of [REDACTED]

Section 7.10 Offsets. The Client waives any existing and future claims and offsets against payments due [REDACTED] hereunder, and agrees to pay such amounts regardless of any offset or claim that may be asserted by the Client or on the Client's behalf.

Section 7.11 Binding Effect. This MSA will be binding upon and inure to the benefit of the parties hereto, and any permitted successors or assigns thereof.

Section 7.12 Survival. The rights and obligations set forth in Sections 1, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, 7.10, 7.11, 7.12, 7.13, 7.14, 7.15, 7.16, 7.17, 7.18, 7.19, 7.20, 7.21, 7.22, 7.23, 7.24, 7.25, 7.26, 7.27, 7.28, 7.29, 7.30, 7.31, 7.32, 7.33, 7.34, 7.35, 7.36, 7.37, 7.38, 7.39, 7.40, 7.41, 7.42, 7.43, 7.44, 7.45, 7.46, 7.47, 7.48, 7.49, 7.50, 7.51, 7.52, 7.53, 7.54, 7.55, 7.56, 7.57, 7.58, 7.59, 7.60, 7.61, 7.62, 7.63, 7.64, 7.65, 7.66, 7.67, 7.68, 7.69, 7.70, 7.71, 7.72, 7.73, 7.74, 7.75, 7.76, 7.77, 7.78, 7.79, 7.80, 7.81, 7.82, 7.83, 7.84, 7.85, 7.86, 7.87, 7.88, 7.89, 7.90, 7.91, 7.92, 7.93, 7.94, 7.95, 7.96, 7.97, 7.98, 7.99, 8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9, 8.10, 8.11, 8.12, 8.13, 8.14, 8.15, 8.16, 8.17, 8.18, 8.19, 8.20, 8.21, 8.22, 8.23, 8.24, 8.25, 8.26, 8.27, 8.28, 8.29, 8.30, 8.31, 8.32, 8.33, 8.34, 8.35, 8.36, 8.37, 8.38, 8.39, 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Section 7.14 Notices. All notices and other communications provided to any party hereto under this MSA will be in writing or by facsimile and addressed or delivered to such party at their addresses below. Any notice, if mailed and properly addressed with postage prepaid, will be deemed given three business days after being sent any notice, when transmitted by facsimile if sent during normal business hours of the recipient, will be deemed given on such day if receipt is confirmed and if not so confirmed, then on the next business day any notice, if delivered by hand or courier, will be deemed given when delivered to the address set forth thereon any notice, when transmitted by confirmed electronic mail if sent during normal business hours of the recipient, will be deemed given on such day if receipt is confirmed and if not so confirmed, then on the next business day , and addressed as follows:

a If to [REDACTED] to:

[REDACTED]

b If to the Client, to:

Facsimile:
Telephone:
Attn:

Any party may, by giving written notice to the other parties, change the address to which notice will be sent.

Section 7.15 Interpretation. Both parties acknowledge and agree that the terms and conditions of this MSA and any applicable Statement of Work will supersede and control over any terms contained in any invoice or other documents exchanged or entered into between [REDACTED] and the Client that contradict or conflict with any term in this MSA or any SOW attached hereto.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties hereto have signed this Master Service Agreement as of the day and year first above written by officials authorized to bind their respective organizations.

[REDACTED]

"CLIENT"

[REDACTED]

[CLIENT'S COMPANY NAME]

By:

[REDACTED]

By:

Printed:

Title:

Date:

Date:

From: Kernan, Scott@CDJR
To: [REDACTED]@CDJR; Duffy, Brian@CDJR
Subject: FW: Thiopental Injection
Date: Thursday, September 30, 2010 11:28:29 AM

From: Alston, Steve M@CDJR
Sent: Thursday, September 30, 2010 11:20:56 AM
To: Kernan, Scott@CDJR
Subject: RE: Thiopental Injection
Auto forwarded by a Rule

Scott,

Pulling our team together this afternoon to discuss in detail after which I will get back to you on this. A few questions for you:

1. Looks like a proposed three year agreement, right?
2. Estimated cost?
3. Will the proposed contractor store the inventory and ship it to CDJR on an as needed basis?

THANKS!

Steve

From: McAuliffe, John@CDJR
Sent: Thursday, September 30, 2010 9:20 AM
To: Kernan, Scott@CDJR
Subject: FW: Thiopental Injection

FYI
John

From: [REDACTED]
Sent: Thursday, September 30, 2010 9:15 AM
To: McAuliffe, John@CDCR
Cc: [REDACTED]
Subject: RE: Thiopental Injection

Received.

I have attached our standard contract (MSA). A Statement of Work (SOW) will define exact work to be conducted.

Please review and redline any issues.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: McAuliffe, John@CDCR [mailto:John.McAuliffe@cdcr.ca.gov]
Sent: Thursday, September 30, 2010 12:05 PM
To: [REDACTED]
Subject: FW: Thiopental Injection
Importance: High

[REDACTED]
Thank you again here is the information and email.
John McAuliffe

From: [REDACTED]
Sent: Thursday, September 30, 2010 5:27 AM
To: McAuliffe, John@CDCR
Subject: Thiopental Injection
Importance: High

30-09-10

Dear Mr. McAuliffe,

Thank you for your call and thank you for your interest in [REDACTED]
I would be happy to supply you:

Thiopental Injection , powder for reconstitution, thiopental sodium, 500-mg vial packs of 25's £196.75 (pounds sterling)
The current expiry date is February 2014.

POTASSIUM CHLORIDE 1.5GM 10ML INJ. PACKS OF 10 £15.55

Expiry date: 01/13

Pancuronium Injection, pancuronium bromide 2 mg/mL, 2-mL amp packs of 10's

£58.73

Expiry date: 11/11

If you could supply me with the following information, I can produce a proforma invoice:

Invoice address

Delivery address, including contact person and contact person phone number

I will dispatch the goods to you by FedEx,

FedEx delivery charges is separate item.

In order to get the product easier through US customs, I think it would be a goods idea for you to write a letter in the department letterhead, attention of US custom and let them know why you need this product. I would include this letter in your shipment.

Please also email or fax me a copy of your DEA license, to include it in your shipment.

Please let me know if you need further information.

Many thanks,

Kind regards



From: Kernan, Scott@CDCR
To: [REDACTED]@CDCR; Duffy, Brian@CDCR
Subject: FW: Thiopental Injection
Date: Thursday, September 30, 2010 12:55:52 PM
Attachments: 236_blank.pdf

From: McAuliffe, John@CDCR
Sent: Thursday, September 30, 2010 12:55:44 PM
To: Kernan, Scott@CDCR
Subject: FW: Thiopental Injection
Auto forwarded by a Rule

Scott
Please look at and advise and I will complete.....
John

From: [REDACTED]
Sent: Thursday, September 30, 2010 12:50 PM
To: McAuliffe, John@CDCR
Subject: RE: Thiopental Injection

I need to know the entity that will serve as the actual importer...

- Name of entity (California Department of Corrections)
- Address of entity
- DEA Registration #

- Quantity of Thiopental Sodium you will be ordering

FORM 236 will be used for this transaction. Once we have all the data, the product will be ordered and this will be submitted with the order. A summary of the different Parts of Form 236 are included below. [REDACTED] will coordinate the shipment and importation of the drug to its warehouse for clearance. Once released by customs and FDA, [REDACTED] will ship to you when requested. Part of 5 would be [REDACTED] address and DEA registration.

Part "IMPORTER" means the authorized DEA registrant who receives the controlled substance;
1. "EXPORTER" means the authorized DEA registrant who ships the controlled substance.

Part
2. Typical entries might read

Strength:	10 mg tablets
Size or	1,000 tablets/bottle
Weight (Bulk):	100 kilo/drum

Quantity: 100 bottles, 2 drums

If needed, use additional forms and distribute in the prescribed manner after the required documents are attached to each copy.

Part Self-explanatory.

3.

Part Insert name of vessel or airline and flight number, together with all intermediate carriers.

4. Furnish all information concerning the transportation of the goods known at the time of preparing form DEA-236.

Part Enter DEA registration number, if known, for "Import Declaration", or foreign registration

5. number, if applicable, for "Export Declaration".

If this form is prepared as a **Controlled Substance Import Declaration**, distribute as follows:

Copies 1, 2, and 3 must be forwarded to the foreign shipper. These copies will accompany the shipment to certain points.

Upon receipt of **Copies 1, 2, and 3**, the foreign shipper will present **Copy 1** to the proper foreign government agency or authority, if required, as a prerequisite to export authorization. **Copy 1** shall then accompany the shipment to its final destination and shall be retained in the files of the importer for a period of at least two years.

Copy 2 shall be detached by the customs official at the foreign port.

Copy 3 shall be removed by an official of the United States Customs and Border Protection at the port of entry, certified and signed by the customs official (after noting any discrepancies), and forwarded to the Drug Enforcement Administration, Office of Diversion Control, Import / Export (ODGI) 8701 Morrisette Drive, Springfield, VA 22152.

Copy 4 must be forwarded at least 15 days prior to importation to the Drug Enforcement Administration, Office of Diversion Control, Import / Export Unit.

Copy 5 must be retained by the importer until receipt of **Copy 1**.

If this form is prepared as a **Controlled Substance Export Declaration**, distribute as follows:

Copies 1, 2, and 3 shall accompany the shipment to certain points.

Copy 1 shall remain with the shipment to its final destination.

Copy 2 shall remain with the shipment, to be detached and retained by the customs official of the foreign port of importation.

Copy 3 shall be removed by an official of the United States Customs Service at the domestic port of exportation, certified and signed by the customs official (after noting any discrepancies), and

forwarded to the Drug Enforcement Administration, Office of Diversion Control, Import / Export Unit (ODGI), 8701 Morrisette Drive, Springfield, VA 22152

Copy 4 shall be forwarded at least 15 days prior to exportation to the Drug Enforcement Administration, Office of Diversion Control, Import / Export Unit (ODGI), 8701 Morrisette Drive, Springfield, VA 22152. In cases where the 15 day notice cannot be given, a special waiver may be requested from the Administration.

Copy 5 shall be retained by the exporter as part of his records for a period of at least two years.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: McAuliffe, John@CDCR [mailto:John.McAuliffe@cdcr.ca.gov]
Sent: Thursday, September 30, 2010 12:05 PM
To: [REDACTED]
Subject: FW: Thiopental Injection
Importance: High

[REDACTED]
Thank you again here is the information and email.
John McAuliffe

From: [REDACTED]
Sent: Thursday, September 30, 2010 5:27 AM
To: McAuliffe, John@CDCR
Subject: Thiopental Injection
Importance: High

30-09-10

Dear Mr. McAuliffe,

Thank you for your call and thank you for your interest in [REDACTED]
I would be happy to supply you:

Thiopental Injection , powder for reconstitution, thiopental sodium, 500-mg vial packs of 25's £196.75 (pounds sterling)
The current expiry date is February 2014.

POTASSIUM CHLORIDE 1.5GM 10ML INJ. PACKS OF 10 £15.55
Expiry date: 01/13

Pancuronium Injection, pancuronium bromide 2 mg/mL, 2-mL amp packs of 10's

£58.73

Expiry date: 11/11

If you could supply me with the following information, I can produce a proforma invoice:

Invoice address

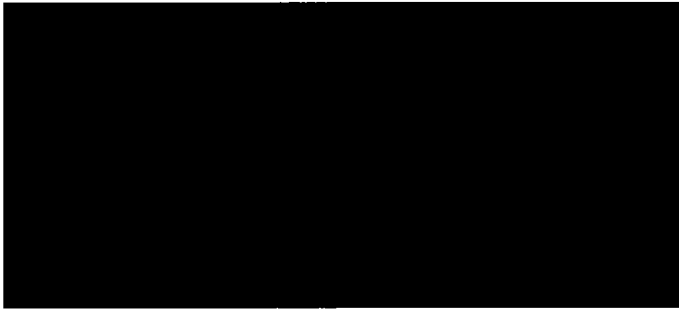
Delivery address, including contact person and contact person phone number

I will dispatch the goods to you by FedEx,
FedEx delivery charges is separate item.

In order to get the product easier through US customs, I think it would be a good idea for you to write a letter in the department letterhead, attention of US custom and let them know why you need this product. I would include this letter in your shipment.
Please also email or fax me a copy of your DEA license, to include it in your shipment.

Please let me know if you need further information.

Many thanks,
Kind regards



U. S. Department of Justice / Drug Enforcement Administration CONTROLLED SUBSTANCES IMPORT / EXPORT DECLARATION <i>(Read Instructions on reverse before completing)</i>		OMB APPROVAL No. 1117 - 0009
		See reverse for Privacy Act
1. CHECK ONE <input type="checkbox"/> IMPORT DECLARATION Nonnarcotic Substances in Schedules III, IV, V <input type="checkbox"/> EXPORT DECLARATION Nonnarcotic Substances in Schedules III, and IV and all substances in Schedule V		U.S. CUSTOMS CERTIFICATION Date of Departure / Arrival
IMPORTER/EXPORTER (Name and Address) DEA REGISTRATION NO.	BROKER OR FORWARDING AGENT, IF USED (Name and Address)	Name of Carrier / Vessel Date of Certification Signature of Customs Official
2. CONTROLLED SUBSTANCES TO BE IMPORTED OR EXPORTED		
2a. NAME AND QUANTITY OF DRUG or PREPARATION <i>(Enter names as shown on labels; numbers and sizes of packages; strength of tablets, capsules, etc., CSA Drug Code and NDC Number)</i>	2b. CONTROLLED SUBSTANCE CONTENT OF DRUG OR PREPARATION expressed as acid, base or alkaloid. <i>(Enter names of controlled substances contained in the drug; compound, or preparation)</i>	2c. DATE IMPORTED/EXPORTED AND ACTUAL QUANTITY <i>(Completed by registrant at time of transaction)</i>
3. <input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. DEPARTURE DATE		<input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF IMPORTATION (first U.S. Customs Port) AND APPROX. ARRIVAL DATE
4. MODE OF TRANSPORT; NAME OF VESSEL / CARRIER (if known)		NAME OF ALL INTERMEDIATE CARRIERS
5. NAME AND ADDRESS OF FOREIGN CONSIGNEE/CONSIGNOR		
I hereby certify that the above named substance(s) to be <input type="checkbox"/> Imported, <input type="checkbox"/> Exported, are intended for <input type="checkbox"/> Legitimate medical need, <input type="checkbox"/> Scientific research, <input type="checkbox"/> Other (If intended for reexport beyond the country of destination described in block 5 above, attach documentation per Title 21, CFR 1312.27.) If used as "Export Declaration", attach documentation that importation is not contrary to the laws or regulations of the country of destination.		
SIGNATURE OF AUTHORIZED INDIVIDUAL OF IMPORTER/EXPORTER, BROKER OR FORWARDING AGENT	DATE	NAME OF FIRM AND TELEPHONE NUMBER

U. S. Department of Justice / Drug Enforcement Administration CONTROLLED SUBSTANCES IMPORT / EXPORT DECLARATION <i>(Read Instructions on reverse before completing)</i>		OMB APPROVAL No. 1117 - 0009 See reverse for Privacy Act
1. CHECK ONE <input type="checkbox"/> IMPORT DECLARATION Nonnarcotic Substances in Schedules III, IV, V <input type="checkbox"/> EXPORT DECLARATION Nonnarcotic Substances in Schedules III, and IV and all substances in Schedule V		U.S. CUSTOMS CERTIFICATION Date of Departure / Arrival Name of Carrier / Vessel Date of Certification Signature of Customs Official
IMPORTER/EXPORTER (Name and Address) DEA REGISTRATION NO.	BROKER OR FORWARDING AGENT, IF USED (Name and Address)	
2. CONTROLLED SUBSTANCES TO BE IMPORTED OR EXPORTED		
2a. NAME AND QUANTITY OF DRUG or PREPARATION <i>(Enter names as shown on labels; numbers and sizes of packages; strength of tablets, capsules, etc., CSA Drug Code and NDC Number)</i>	2b. CONTROLLED SUBSTANCE CONTENT OF DRUG OR PREPARATION expressed as acid, base or alkaloid. <i>(Enter names of controlled substances contained in the drug; compound, or preparation)</i>	2c. DATE IMPORTED/EXPORTED AND ACTUAL QUANTITY <i>(Completed by registrant at time of transaction)</i>
3. <input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. DEPARTURE DATE		<input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF IMPORTATION (first U.S. Customs Port) AND APPROX. ARRIVAL DATE
4. MODE OF TRANSPORT; NAME OF VESSEL / CARRIER (if known)		NAME OF ALL INTERMEDIATE CARRIERS
5. NAME AND ADDRESS OF FOREIGN CONSIGNEE/CONSIGNOR		
I hereby certify that the above named substance(s) to be <input type="checkbox"/> Imported, <input type="checkbox"/> Exported, are intended for <input type="checkbox"/> Legitimate medical need, <input type="checkbox"/> Scientific research, <input type="checkbox"/> Other (If intended for reexport beyond the country of destination described in block 5 above, attach documentation per Title 21, CFR 1312.27.) If used as "Export Declaration", attach documentation that importation is not contrary to the laws or regulations of the country of destination.		
SIGNATURE OF AUTHORIZED INDIVIDUAL OF IMPORTER/EXPORTER, BROKER OR FORWARDING AGENT	DATE	NAME OF FIRM AND TELEPHONE NUMBER

U. S. Department of Justice / Drug Enforcement Administration		OMB APPROVAL No. 1117 - 0009
CONTROLLED SUBSTANCES IMPORT / EXPORT DECLARATION (Read Instructions on reverse before completing)		See reverse for Privacy Act
1. CHECK ONE <input type="checkbox"/> IMPORT DECLARATION Nonnarcotic Substances in Schedules III, IV, V <input type="checkbox"/> EXPORT DECLARATION Nonnarcotic Substances in Schedules III, and IV and all substances in Schedule V		U.S. CUSTOMS CERTIFICATION
IMPORTER/EXPORTER (Name and Address) DEA REGISTRATION NO.		Date of Departure / Arrival
		Name of Carrier / Vessel
		Date of Certification
BROKER OR FORWARDING AGENT, IF USED (Name and Address)		Signature of Customs Official
2. CONTROLLED SUBSTANCES TO BE IMPORTED OR EXPORTED		
2a. NAME AND QUANTITY OF DRUG or PREPARATION <i>(Enter names as shown on labels; numbers and sizes of packages; strength of tablets, capsules, etc., CSA Drug Code and NDC Number)</i>	2b. CONTROLLED SUBSTANCE CONTENT OF DRUG OR PREPARATION expressed as acid, base or alkaloid. <i>(Enter names of controlled substances contained in the drug; compound, or preparation)</i>	2c. DATE IMPORTED/EXPORTED AND ACTUAL QUANTITY <i>(Completed by registrant at time of transaction)</i>
3. <input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. DEPARTURE DATE		<input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF IMPORTATION (first U.S. Customs Port) AND APPROX. ARRIVAL DATE
4. MODE OF TRANSPORT; NAME OF VESSEL / CARRIER (if known)		NAME OF ALL INTERMEDIATE CARRIERS
5. NAME AND ADDRESS OF FOREIGN CONSIGNEE/CONSIGNOR		
I hereby certify that the above named substance(s) to be <input type="checkbox"/> Imported, <input type="checkbox"/> Exported, are intended for <input type="checkbox"/> Legitimate medical need, <input type="checkbox"/> Scientific research, <input type="checkbox"/> Other (If intended for reexport beyond the country of destination described in block 5 above, attach documentation per Title 21, CFR 1312.27.) If used as "Export Declaration", attach documentation that importation is not contrary to the laws or regulations of the country of destination.		
SIGNATURE OF AUTHORIZED INDIVIDUAL OF IMPORTER/EXPORTER, BROKER OR FORWARDING AGENT		NAME OF FIRM AND TELEPHONE NUMBER
DATE		

U. S. Department of Justice / Drug Enforcement Administration		OMB APPROVAL No. 1117 - 0009	
CONTROLLED SUBSTANCES IMPORT / EXPORT DECLARATION			
(Read Instructions on reverse before completing)		See reverse for Privacy Act	
1. CHECK ONE <input type="checkbox"/> IMPORT DECLARATION Nonnarcotic Substances in Schedules III, IV, V <input type="checkbox"/> EXPORT DECLARATION Nonnarcotic Substances in Schedules III, and IV and all substances in Schedule V		U.S. CUSTOMS CERTIFICATION	
IMPORTER/EXPORTER (Name and Address) DEA REGISTRATION NO.		BROKER OR FORWARDING AGENT, IF USED (Name and Address)	
		Date of Departure / Arrival	
		Name of Carrier / Vessel	
		Date of Certification	
		Signature of Customs Official	
2. CONTROLLED SUBSTANCES TO BE IMPORTED OR EXPORTED			
2a. NAME AND QUANTITY OF DRUG or PREPARATION (Enter names as shown on labels; numbers and sizes of packages; strength of tablets, capsules, etc., CSA Drug Code and NDC Number)		2b. CONTROLLED SUBSTANCE CONTENT OF DRUG OR PREPARATION expressed as acid, base or alkaloid. (Enter names of controlled substances contained in the drug; compound, or preparation)	
		2c. DATE IMPORTED/EXPORTED AND ACTUAL QUANTITY (Completed by registrant at time of transaction)	
3. <input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. DEPARTURE DATE		<input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF IMPORTATION (first U.S. Customs Port) AND APPROX. ARRIVAL DATE	
4. MODE OF TRANSPORT; NAME OF VESSEL / CARRIER (if known)		NAME OF ALL INTERMEDIATE CARRIERS	
5. NAME AND ADDRESS OF FOREIGN CONSIGNEE/CONSIGNOR			
I hereby certify that the above named substance(s) to be <input type="checkbox"/> Imported, <input type="checkbox"/> Exported, are intended for <input type="checkbox"/> Legitimate medical need, <input type="checkbox"/> Scientific research, <input type="checkbox"/> Other (If intended for reexport beyond the country of destination described in block 5 above, attach documentation per Title 21, CFR 1312.27.)			
If used as "Export Declaration", attach documentation that importation is not contrary to the laws or regulations of the country of destination.			
SIGNATURE OF AUTHORIZED INDIVIDUAL OF IMPORTER/EXPORTER, BROKER OR FORWARDING AGENT		NAME OF FIRM AND TELEPHONE NUMBER	

U. S. Department of Justice / Drug Enforcement Administration		OMB APPROVAL No. 1117 - 0009
CONTROLLED SUBSTANCES IMPORT / EXPORT DECLARATION		
(Read Instructions on reverse before completing)		See reverse for Privacy Act
1. CHECK ONE <input type="checkbox"/> IMPORT DECLARATION Nonnarcotic Substances in Schedules III, IV, V <input type="checkbox"/> EXPORT DECLARATION Nonnarcotic Substances in Schedules III, and IV and all substances in Schedule V		U.S. CUSTOMS CERTIFICATION
IMPORTER/EXPORTER (Name and Address)		Date of Departure / Arrival
BROKER OR FORWARDING AGENT, IF USED (Name and Address)		Name of Carrier / Vessel
DEA REGISTRATION NO.		Date of Certification
2. CONTROLLED SUBSTANCES TO BE IMPORTED OR EXPORTED		Signature of Customs Official
2a. NAME AND QUANTITY OF DRUG or PREPARATION (Enter names as shown on labels; numbers and sizes of packages; strength of tablets, capsules, etc., CSA Drug Code and NDC Number)	2b. CONTROLLED SUBSTANCE CONTENT OF DRUG OR PREPARATION expressed as acid, base or alkaloid. (Enter names of controlled substances contained in the drug; compound, or preparation)	2c. DATE IMPORTED/EXPORTED AND ACTUAL QUANTITY (Completed by registrant at time of transaction)
3. <input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. DEPARTURE DATE		<input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF IMPORTATION (first U.S. Customs Port) AND APPROX. ARRIVAL DATE
4. MODE OF TRANSPORT; NAME OF VESSEL / CARRIER (if known)		NAME OF ALL INTERMEDIATE CARRIERS
5. NAME AND ADDRESS OF FOREIGN CONSIGNEE/CONSIGNOR		
I hereby certify that the above named substance(s) to be <input type="checkbox"/> Imported, <input type="checkbox"/> Exported, are intended for <input type="checkbox"/> Legitimate medical need, <input type="checkbox"/> Scientific research, <input type="checkbox"/> Other (If intended for reexport beyond the country of destination described in block 5 above, attach documentation per Title 21, CFR 1312.27.) If used as "Export Declaration", attach documentation that importation is not contrary to the laws or regulations of the country of destination.		
SIGNATURE OF AUTHORIZED INDIVIDUAL OF IMPORTER/EXPORTER, BROKER OR FORWARDING AGENT	DATE	NAME OF FIRM AND TELEPHONE NUMBER

INSTRUCTIONS FOR COMPLETING FORM DEA-236

This form is to be used in notifying D A of all Imports or Exports as required by Title III, PL 1- 1, Sections 1002 and 100, as amended, Controlled Substances Import and Export Act, 21 U.S.C. 2 and . This form may be prepared and signed by the actual Importer or Exporter or by the Broker or Forwarding Agent used. The following instructions supplement the parts of the D A-2 which are not completely self-explanatory.

- Part 1.** "IMPORTER" means the authorized D A registrant who receives the controlled substance "EXPORTER" means the authorized D A registrant who ships the controlled substance.
- Part 2.** Typical entries might read:
- | | |
|---------------|----------------------|
| Strength: | 10 mg tablets |
| Size or | 1,000 tablets/bottle |
| Weight Bulk : | 100 kilo/drum |
| Quantity: | 100 bottles, 2 drums |
- Part 3.** If needed, use additional forms and distribute in the prescribed manner after the required documents are attached to each copy. Self-explanatory.
- Part 4.** Insert name of vessel or airline and flight number, together with all intermediate carriers. Furnish all information concerning the transportation of the goods known at the time of preparing form D A-2.
- Part 5.** Enter D A registration number, if known, for "Import Declaration", or foreign registration number, if applicable, for "Export Declaration".

INSTRUCTIONS FOR DISTRIBUTING FORM DEA-236

If this form is prepared as a **Controlled Substance Import Declaration**, distribute as follows:

Copies 1, 2, and 3 must be forwarded to the foreign shipper. These copies will accompany the shipment to certain points. Upon receipt of **Copies 1, 2, and 3**, the foreign shipper will present **Copy 1** to the proper foreign government agency or authority, if required, as a prerequisite to export authorization. **Copy 1** shall then accompany the shipment to its final destination and shall be retained in the files of the importer for a period of at least two years.

Copy 2 shall be detached by the customs official at the foreign port.

Copy 3 shall be removed by an official of the United States Customs and Border Protection at the port of entry, certified and signed by the customs official after noting any discrepancies, and forwarded to the Drug Enforcement Administration, Office of Diversion Control, Import / Export Unit OD I, 01 Morrisette Drive, Springfield, A 221 2.

Copy 4 must be forwarded at least 1 days prior to importation to the Drug Enforcement Administration, Office of Diversion Control, Import / Export Unit OD I, 01 Morrisette Drive, Springfield, A 221 2.

Copy 5 must be retained by the importer until receipt of **Copy 1**.

If this form is prepared as a **Controlled Substance Export Declaration**, distribute as follows:

Copies 1, 2, and 3 shall accompany the shipment to certain points.

Copy 1 shall remain with the shipment to its final destination.

Copy 2 shall remain with the shipment, to be detached and retained by the customs official of the foreign port of importation.

Copy 3 shall be removed by an official of the United States Customs and Border Protection at the domestic port of exportation, certified and signed by the customs official after noting any discrepancies, and forwarded to the Drug Enforcement Administration, Office of Diversion Control, Import / Export Unit OD I, 01 Morrisette Drive, Springfield, A 221 2.

Copy 4 shall be forwarded at least 1 days prior to exportation to the Drug Enforcement Administration, Office of Diversion Control, Import / Export Unit OD I, 01 Morrisette Drive, Springfield, A 221 2. In cases where the 1 day notice cannot be given, a special waiver may be requested from the Administration.

Copy 5 shall be retained by the exporter as part of his records for a period of at least two years.

PRIVACY ACT INFORMATION

AUTHORITY: Sections 1002 and 100 of the Controlled Substances Act of 1970 PL 1- 1, as amended 21 U.S.C. 2 and .

PURPOSE: To obtain information regarding the importation of nonnarcotic substances in Schedules III, I, and and the exportation of nonnarcotic substances in Schedules III and I and all substances in Schedule .

ROUTINE USES: The Controlled Substances Import/ Export Declaration produces special reports as required for statistical and law enforcement purposes. Disclosure of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to complete this form will preclude requested importation or exportation of the referenced controlled substances.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, FOI and Records Management Section, Washington, D.C. 20 and to the Office of Management and Budget, Paperwork Reduction Project No. 111 -000, Washington, D.C. 2000.

From: Kernan, Scott@CDCR
To: [REDACTED]@CDCR; Duffy, Brian@CDCR
Subject: FW:
Date: Thursday, September 30, 2010 1:35:10 PM

From: Cullen, Vincent@CDCR
Sent: Thursday, September 30, 2010 1:34:57 PM
To: Kernan, Scott@CDCR; Chaus, Anthony@CDCR
Cc: McAuliffe, John@CDCR
Subject: RE:
Auto forwarded by a Rule

Scott/Tony,
I personally called the agent while he was at Florence and provided the information. His point of contact is the Team Administrator, [REDACTED] It will be AW [REDACTED] and the Team Leader, [REDACTED] who will meet the agent at the East Gate. [REDACTED] has multiple numbers to call.

VINCENT S. CULLEN
Warden (A)
San Quentin State Prison
[REDACTED]

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 1:33 PM
To: Chaus, Anthony@CDCR
Cc: Cullen, Vincent@CDCR; McAuliffe, John@CDCR
Subject: RE:

Vince,

Can you provide information to Tony on who will be at prison to receive and store drug?

Scott

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 12:58 PM
To: Kernan, Scott@CDCR
Subject: RE:

Scott,
Who will be the contact at SQ for my people to turn over the goods (probably around 2300 hrs or midnight)?
Tony

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 9:49 AM

To: Chaus, Anthony@CDCR
Subject: RE:

Thanks.

Scott

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 9:40 AM
To: Kernan, Scott@CDCR
Subject: RE:

Scott,

My people have made the pick-up and are headed back now. We will change teams in Bakersfield. I will keep you updated.

Tony

ANTHONY CHAUS
Assistant Secretary
Office of Correctional Safety

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 8:26 AM
To: McAuliffe, John@CDCR
Cc: Chaus, Anthony@CDCR
Subject: FW:

Fyi

Thanks Tony. John is trying to get a hold of them now. Sure appreciate your assistance on this.

Scott

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 8:25 AM
To: Kernan, Scott@CDCR
Subject: RE:

Scott,

Another callback number for [REDACTED] if the first one doesn't work is [REDACTED]

Tony

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 7:56 AM
To: Chaus, Anthony@CDCR
Cc: McAuliffe, John@CDCR
Subject: RE:

Great. As soon as we get a hold of warden I will have John contact agents with instructions. I

would like confirmation when they get the drugs in hand and hit the road. Thanks.

Scott

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 7:42 AM
To: Kernan, Scott@CDCR
Subject: Re:

Scott,
They are about 15 minutes from the prison. The direct number to them is [REDACTED] Telephone reception is not very good and e-mails don't work. [REDACTED] is the supervisor on site. They are ready and waiting for instructions.
Tony

From: Kernan, Scott@CDCR
To: Chaus, Anthony@CDCR
Sent: Thu Sep 30 07:05:50 2010
Subject:

Tony,

What time can your guys be at prison once we get green light? May need a phone number to talk directly so we can give them instructions on documenting chain of custody.

Scott

From: Kernan, Scott@CDCR
To: [REDACTED]@CDCR; Duffy, Brian@CDCR
Subject: FW:
Date: Thursday, September 30, 2010 2:08:48 PM

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 2:08:42 PM
To: Cullen, Vincent@CDCR; Kernan, Scott@CDCR
Cc: McAuliffe, John@CDCR
Subject: RE:
Auto forwarded by a Rule

Vince,
Thank you.
Tony

ANTHONY CHAUS
Assistant Secretary
Office of Correctional Safety

From: Cullen, Vincent@CDCR
Sent: Thursday, September 30, 2010 1:35 PM
To: Kernan, Scott@CDCR; Chaus, Anthony@CDCR
Cc: McAuliffe, John@CDCR
Subject: RE:

Scott/Tony,
I personally called the agent while he was at Florence and provided the information. His point of contact is the Team Administrator, [REDACTED]. It will be AV [REDACTED] and the Team Leader, [REDACTED] who will meet the agent at the East Gate. [REDACTED] has multiple numbers to call.

VINCENT S. CULLEN
Warden (A)
San Quentin State Prison
[REDACTED]

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 1:33 PM
To: Chaus, Anthony@CDCR
Cc: Cullen, Vincent@CDCR; McAuliffe, John@CDCR
Subject: RE:

Vince,

Can you provide information to Tony on who will be at prison to receive and store drug?

Scott

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 12:58 PM
To: Kernan, Scott@CDCR
Subject: RE:

Scott,
Who will be the contact at SQ for my people to turn over the goods (probably around 2300 hrs or midnight)?
Tony

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 9:49 AM
To: Chaus, Anthony@CDCR
Subject: RE:

Thanks.

Scott

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 9:40 AM
To: Kernan, Scott@CDCR
Subject: RE:

Scott,
My people have made the pick-up and are headed back now. We will change teams in Bakersfield. I will keep you updated.
Tony

ANTHONY CHAUS
Assistant Secretary
Office of Correctional Safety

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 8:26 AM
To: McAuliffe, John@CDCR
Cc: Chaus, Anthony@CDCR
Subject: FW:

Fyi

Thanks Tony. John is trying to get a hold of them now. Sure appreciate your assistance on this.

Scott

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 8:25 AM

To: Kernan, Scott@CDCR
Subject: RE:

Scott,

Another callback number for [REDACTED] if the first one doesn't work is [REDACTED]

Tony

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 7:56 AM
To: Chaus, Anthony@CDCR
Cc: McAuliffe, John@CDCR
Subject: RE:

Great. As soon as we get a hold of warden I will have John contact agents with instructions. I would like confirmation when they get the drugs in hand and hit the road. Thanks.

Scott

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 7:42 AM
To: Kernan, Scott@CDCR
Subject: Re:

Scott,

They are about 15 minutes from the prison. The direct number to them is [REDACTED] Telephone reception is not very good and e-mails don't work. [REDACTED] is the supervisor on site. They are ready and waiting for instructions.

Tony

From: Kernan, Scott@CDCR
To: Chaus, Anthony@CDCR
Sent: Thu Sep 30 07:05:50 2010
Subject:

Tony,

What time can your guys be at prison once we get green light? May need a phone number to talk directly so we can give them instructions on documenting chain of custody.

Scott

From: Kernan, Scott@CDJR
To: [REDACTED]@CDJR; Duffy, Brian@CDJR
Subject: FW: Thiopental Injection
Date: Thursday, September 30, 2010 3:54:36 PM
Importance: High

From: Alston, Steve M@CDJR
Sent: Thursday, September 30, 2010 3:51:41 PM
To: Kernan, Scott@CDJR
Cc: McAuliffe, John@CDJR
Subject: RE: Thiopental Injection
Importance: High
Auto forwarded by a Rule

Scott,

Here is our take on the issue:

- The attached MSA is a vendor provided agreement covering a number of services, which, based on your note below, we should not sign.
- Based on your note this appears to be a straight purchase and not a service contract. Consequently, if [REDACTED] is in fact the vendor of choice, we will need to see if they will accept a CDJR issued purchase order.
- If you want to pursue a non-competitive bid purchase, then a justification will need to be developed explaining why this cannot go out for bid.
- The dollar value of the purchase will dictate required approvals:
 - Less than \$5,000 can be approved by OBS without an NCB.
 - If the purchase is \$5-25,000 an NCB will be required, but will not require DGS review / approval.
 - If the purchase is in excess of \$25,000 then DGS review / approval will be required.

Hope this helps!

Steve

From: Kernan, Scott@CDJR
Sent: Thursday, September 30, 2010 1:44 PM
To: Alston, Steve M@CDJR
Cc: McAuliffe, John@CDJR
Subject: RE: Thiopental Injection

Steve,

Thanks for your help. Needs to be addressed confidentially.

I assume the 3 year noted in the agreement is standard. Fact is we are buying enough of the drugs to last until 2014 and would not think, but not impossible, that we would need any more during the three years. So one time transaction.

I'll have to get back to you on cost. Don't know.

The contractor would facilitate the one time purchase of the drug and we would take possession for storage at SQ. no need for them to store it.

Scott

From: Alston, Steve M@CDCR
Sent: Thursday, September 30, 2010 11:21 AM
To: Kernan, Scott@CDCR
Subject: RE: Thiopental Injection

Scott,

Pulling our team together this afternoon to discuss in detail after which I will get back to you on this. A few questions for you:

1. Looks like a proposed three year agreement, right?
2. Estimated cost?
3. Will the proposed contractor store the inventory and ship it to CDCR on an as needed basis?

THANKS!

Steve

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 9:27 AM
To: Rice, Benjamin@CDCR; Alston, Steve M@CDCR
Subject: FW: Thiopental Injection

Ben/Steve,

This is a "agent" firm in [REDACTED] that would facilitate the procurement of drugs internationally. I need to know if this is something we could do or if there are legal/procurement rules that preclude us entering into such a non-competitive bid process for these services. Please advise.

Scott

From: McAuliffe, John@CDCR

Sent: Thursday, September 30, 2010 9:20 AM
To: Kernan, Scott@CDCR
Subject: FW: Thiopental Injection

FYI
John

From: [REDACTED]
Sent: Thursday, September 30, 2010 9:15 AM
To: McAuliffe, John@CDCR
Cc: [REDACTED]
Subject: RE: Thiopental Injection

Received.

I have attached our standard contract (MSA). A Statement of Work (SOW) will define exact work to be conducted.

Please review and redline any issues.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: McAuliffe, John@CDCR [mailto:John.McAuliffe@cdcr.ca.gov]
Sent: Thursday, September 30, 2010 12:05 PM
To: [REDACTED]
Subject: FW: Thiopental Injection
Importance: High

[REDACTED]
Thank you again here is the information and email.
John McAuliffe

From: [REDACTED]
Sent: Thursday, September 30, 2010 5:27 AM
To: McAuliffe, John@CDCR
Subject: Thiopental Injection
Importance: High

30-09-10

Dear Mr. McAuliffe,

Thank you for your call and thank you for your interest in [REDACTED]

I would be happy to supply you:

Thiopental Injection , powder for reconstitution, thiopental sodium, 500-mg vial packs of 25's £196.75 (pounds sterling)

The current expiry date is February 2014.

POTASSIUM CHLORIDE 1.5GM 10ML INJ. PACKS OF 10 £15.55

Expiry date: 01/13

Pancuronium Injection, pancuronium bromide 2 mg/mL, 2-mL amp packs of 10's £58.73

Expiry date: 11/11

If you could supply me with the following information, I can produce a proforma invoice:

Invoice address

Delivery address, including contact person and contact person phone number

I will dispatch the goods to you by FedEx,
FedEx delivery charges is separate item.

In order to get the product easier through US customs, I think it would be a goods idea for you to write a letter in the department letterhead, attention of US custom and let them know why you need this product. I would include this letter in your shipment.

Please also email or fax me a copy of your DEA license, to include it in your shipment.

Please let me know if you need further information.

Many thanks,
Kind regards



From: Kernan, Scott@CDJR
To: [REDACTED]@CDJR; Duffy, Brian@CDJR
Subject: FW: Thiopental Injection
Date: Thursday, September 30, 2010 4:01:39 PM
Importance: High

From: McAuliffe, John@CDJR
Sent: Thursday, September 30, 2010 4:01:35 PM
To: Kernan, Scott@CDJR
Subject: Fw: Thiopental Injection
Importance: High
Auto forwarded by a Rule

Scott

I meet with you tomorrow at 10 and we can discuss options in detail if ok with you? Still no call from DEA but I have names and numbers.
John

From: Alston, Steve M@CDJR
To: Kernan, Scott@CDJR
Cc: McAuliffe, John@CDJR
Sent: Thu Sep 30 15:51:41 2010
Subject: RE: Thiopental Injection

Scott,

Here is our take on the issue:

- The attached MSA is a vendor provided agreement covering a number of services, which, based on your note below, we should not sign.
- Based on your note this appears to be a straight purchase and not a service contract. Consequently, if [REDACTED] is in fact the vendor of choice, we will need to see if they will accept a CDCR issued purchase order.
- If you want to pursue a non-competitive bid purchase, then a justification will need to be developed explaining why this cannot go out for bid.
- The dollar value of the purchase will dictate required approvals:
 - Less than \$5,000 can be approved by OBS without an NCB.
 - If the purchase is \$5-25,000 an NCB will be required, but will not require DGS review / approval.
 - If the purchase is in excess of \$25,000 then DGS review / approval will be required.

Hope this helps!

Steve

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 1:44 PM
To: Alston, Steve M@CDCR
Cc: McAuliffe, John@CDCR
Subject: RE: Thiopental Injection

Steve,

Thanks for your help. Needs to be addressed confidentially.

I assume the 3 year noted in the agreement is standard. Fact is we are buying enough of the drugs to last until 2014 and would not think, but not impossible, that we would need any more during the three years. So one time transaction.

I'll have to get back to you on cost. Don't know.

The contractor would facilitate the one time purchase of the drug and we would take possession for storage at SQ. no need for them to store it.

Scott

From: Alston, Steve M@CDCR
Sent: Thursday, September 30, 2010 11:21 AM
To: Kernan, Scott@CDCR
Subject: RE: Thiopental Injection

Scott,


Pulling our team together this afternoon to discuss in detail after which I will get back to you on this. A few questions for you:

1. Looks like a proposed three year agreement, right?
2. Estimated cost?
3. Will the proposed contractor store the inventory and ship it to CDCR on an as needed basis?

THANKS!

Steve





From: McAuliffe, John@CDCR
Sent: Thursday, September 30, 2010 9:20 AM
To: Kernan, Scott@CDCR
Subject: FW: Thiopental Injection

FYI
John

From: [REDACTED]
Sent: Thursday, September 30, 2010 9:15 AM
To: McAuliffe, John@CDCR
Cc: [REDACTED]
Subject: RE: Thiopental Injection

Received.

I have attached our standard contract (MSA). A Statement of Work (SOW) will define exact work to be conducted.

Please review and redline any issues.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: McAuliffe, John@CDCR [mailto:John.McAuliffe@cdcr.ca.gov]
Sent: Thursday, September 30, 2010 12:05 PM
To: [REDACTED]
Subject: FW: Thiopental Injection
Importance: High

[REDACTED]
Thank you again here is the information and email.
John McAuliffe

From: [REDACTED]
Sent: Thursday, September 30, 2010 5:27 AM
To: McAuliffe, John@CDCR
Subject: Thiopental Injection
Importance: High

30-09-10

Dear Mr. McAuliffe,
Thank you for your call and thank you for your interest in [REDACTED]
I would be happy to supply you:

Thiopental Injection , powder for reconstitution, thiopental sodium, 500-mg vial packs of 25's £196.75 (pounds sterling)
The current expiry date is February 2014.

POTASSIUM CHLORIDE 1.5GM 10ML INJ. PACKS OF 10 £15.55
Expiry date: 01/13

Pancuronium Injection, pancuronium bromide 2 mg/mL, 2-mL amp packs of 10's
£58.73
Expiry date: 11/11

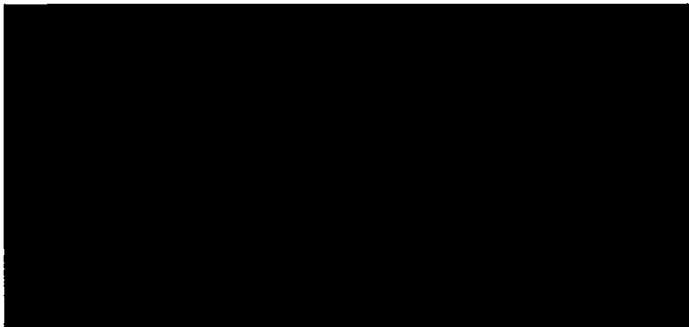
If you could supply me with the following information, I can produce a proforma invoice:
Invoice address
Delivery address, including contact person and contact person phone number

I will dispatch the goods to you by FedEx,
FedEx delivery charges is separate item.

In order to get the product easier through US customs, I think it would be a goods idea for you to write a letter in the department letterhead, attention of US custom and let them know why you need this product. I would include this letter in your shipment.
Please also email or fax me a copy of your DEA license, to include it in your shipment.

Please let me know if you need further information.

Many thanks,
Kind regards



From: Kernan, Scott@CDCR
To: [REDACTED]@CDCR; Duffy, Brian@CDCR
Subject: FW: Thiopental Injection
Date: Friday, October 01, 2010 1:44:41 PM

From: McAuliffe, John@CDCR
Sent: Friday, October 01, 2010 1:44:34 PM
To: Kernan, Scott@CDCR
Subject: Re: Thiopental Injection
Auto forwarded by a Rule

Scott
DEA
[REDACTED]
John

From: Kernan, Scott@CDCR
To: Alston, Steve M@CDCR
Cc: McAuliffe, John@CDCR
Sent: Thu Sep 30 16:47:46 2010
Subject: RE: Thiopental Injection

Helps. Thanks. I'll let you know if in fact we have to go this way to procure the drugs.

Scott

From: Alston, Steve M@CDCR
Sent: Thursday, September 30, 2010 3:52 PM
To: Kernan, Scott@CDCR
Cc: McAuliffe, John@CDCR
Subject: RE: Thiopental Injection
Importance: High

Scott,

Here is our take on the issue:

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- Based on your note this appears to be a straight purchase and not a service contract. Consequently, if [REDACTED] is in fact the vendor of choice, we will need to see if they will accept a CDCR issued purchase order.
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Hope this helps!

Steve

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Sent: Thursday, September 30, 2010 1:44 PM
To: Alston, Steve M@CDCR
Cc: McAuliffe, John@CDCR
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Sent: Thursday, September 30, 2010 11:21 AM
To: Kernan, Scott@CDCR
Subject: RE: Thiopental Injection

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THANKS!

Steve



From: McAuliffe, John@CDJR
Sent: Thursday, September 30, 2010 9:20 AM
To: Kernan, Scott@CDJR
Subject: FW: Thiopental Injection

FYI
John

From: [REDACTED]
Sent: Thursday, September 30, 2010 9:15 AM
To: McAuliffe, John@CDJR
Cc: [REDACTED]
Subject: RE: Thiopental Injection

Received.

I have attached our standard contract (MSA). A Statement of Work (SOW) will define exact work to be conducted.

Please review and redline any issues.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: McAuliffe, John@CDCR [mailto:John.McAuliffe@cdcr.ca.gov]
Sent: Thursday, September 30, 2010 12:05 PM
To: [REDACTED]
Subject: FW: Thiopental Injection
Importance: High

[REDACTED]
Thank you again here is the information and email.
John McAuliffe

From: [REDACTED]
Sent: Thursday, September 30, 2010 5:27 AM
To: McAuliffe, John@CDCR
Subject: Thiopental Injection
Importance: High

30-09-10

Dear Mr. McAuliffe,

Thank you for your call and thank you for your interest in [REDACTED]
I would be happy to supply you:

Thiopental Injection , powder for reconstitution, thiopental sodium, 500-mg vial packs of 25's £196.75 (pounds sterling)
The current expiry date is February 2014.

POTASSIUM CHLORIDE 1.5GM 10ML INJ. PACKS OF 10 £15.55
Expiry date: 01/13

Pancuronium Injection, pancuronium bromide 2 mg/mL, 2-mL amp packs of 10's
£58.73
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If you could supply me with the following information, I can produce a proforma invoice:
Invoice address
Delivery address, including contact person and contact person phone number

I will dispatch the goods to you by FedEx,
FedEx delivery charges is separate item.

In order to get the product easier through US customs, I think it would be a good idea for you to write a letter in the department letterhead, attention of US custom and let them know why you need this product. I would include this letter in your shipment.
Please also email or fax me a copy of your DEA license, to include it in your shipment.

Please let me know if you need further information.

Many thanks,
Kind regards
[REDACTED]



From: Kernan, Scott@CDCR
To: [REDACTED]@CDCR; Duffy, Brian@CDCR
Subject: FW: DEA Registered Importers of Thiopental
Date: Monday, October 04, 2010 1:19:22 PM
Attachments: [Importers of Thiopental.xml](#)

From: [REDACTED]
Sent: Monday, October 04, 2010 1:18:42 PM
To: Kernan, Scott@CDCR
Subject: DEA Registered Importers of Thiopental
Auto forwarded by a Rule

Attached is a spreadsheet containing companies who are specifically registered with DEA to import Thiopental. We are looking to send you an expanded list of companies as Thiopental belongs to a larger class of barbiturates. I'll send additional information if the additional importers are pertinent to your issue.

<<Importers of Thiopental.xml>>

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]