



**U.S. Department of Justice**  
Drug Enforcement Administration  
FOI/Records Management Section  
8701 Morrisette Drive  
Springfield, Virginia 22152

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**MAY 23 2011**

Case Number: 11-00264-F

Subject: FORM 236 IMPORT DECLARATIONS RELATING TO THE IMPORTATION OF THIOPENTAL MADE BY OR ON BEHALF OF STATES, INCLUDING BUT NOT LIMITED TO THE TWO DECLARATIONS, ETC.

Natasha Minsker  
American Civil Liberties Union  
of Northern California  
39 Drumm Street  
San Francisco, California 94111

Dear Ms. Minsker:

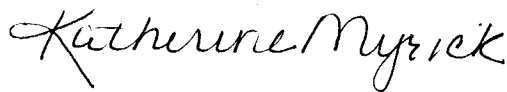
This letter responds to your Freedom of Information/Privacy Act (FOI/PA) request dated May 20, 2011, addressed to the Drug Enforcement Administration (DEA), Freedom of Information/Privacy Act Unit (SARF), seeking access to information regarding the above subject.

The processing of your request identified four (4) responsive pages which are released to you in part as enclosed. Because the pages contain business information provided by third-party companies, we must provide notice of your request to the submitters of this business information and allow them a reasonable time to object to disclosure. 28 CFR § 16.8 (d), (e), (f). The portions of these pages that have been sent out for submitter notice and objection are indicated by a "Consultation" designation on the enclosed.

The enclosed four (4) pages were sent via fax on May 23, 2011 to the four submitters with a requested reply date of the close of business, June 3, 2011. Once DEA receives the submitter replies/objections, a final release determination can be made. Note that if objections to release are received and DEA determines to disclose such information, DEA must provide the submitter a Notice of Intent to Disclose to allow the submitter sufficient time to enjoin the agency from disclosure. 28 CFR § 16.8 (g).

If you have any questions regarding this letter, you may contact FOI Specialist Rita A. Cuellar on 202-307-7610.

Sincerely,



Katherine L. Myrick, Chief  
Freedom of Information/Privacy Act Unit  
FOI/Records Management Section

Enclosure

Number of pages withheld: 0

Number of pages released: 0

Number of pages referred: 0

Number of pages consulted: 4

**APPLICABLE SECTIONS OF THE FREEDOM OF INFORMATION AND/OR PRIVACY ACT:**

**Freedom of Information Act  
5 U.S.C. 552**

**Privacy Act  
5 U.S.C. 552a**

(b)(1)     (b)(5)     (b)(7)(C)

(d)(5)     (k)(2)

(b)(2)     (b)(6)     (b)(7)(D)

(j)(2)     (k)(5)

(b)(3)     (b)(7)(A)     (b)(7)(E)

(k)(1)     (k)(6)

(b)(4)     (b)(7)(B)     (b)(7)(F)

U.S. Department of Justice / Drug Enforcement Administration <b>CONTROLLED SUBSTANCES IMPORT / EXPORT DECLARATION</b> <i>(Read Instructions on reverse side before completing)</i>		OMB APPROVAL No. 1117 - 0009
		See Reverse for Privacy Act
1. CHECK ONE	<input checked="" type="checkbox"/> <b>IMPORT DECLARATION</b> Nonnarcotic Substances in Schedules III, IV, V	<b>U.S. CUSTOMS CERTIFICATION</b>
	<input checked="" type="checkbox"/> <b>EXPORT DECLARATION</b> Nonnarcotic Substances in Schedules III, and IV and all substances in Schedule V	Date of Departure / Arrival
IMPORTER/EXPORTER (Name and Address) <b>HOSPIRA INC.</b> <b>10501 80TH AVENUE</b> <b>PLEASANT PRAIRIE, WI 53158</b>  DEA REGISTRATION NO.: <b>RH0399116</b>		FREIGHT FORWARDER, IF USED (Name and Address) Consultation
		Name of Carrier / Vessel  Date of Certification
2. CONTROLLED SUBSTANCES TO BE IMPORTED OR EXPORTED		Signature of Customs Official  <b>1007195</b>
2a. NAME AND QUANTITY OF DRUG or PREPARATION <i>Enter name 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>
THIOPIENTAL /PENTOTHAL POWDER Consultation	BARBITURIC ACID DERIVATIVE Consultation	N/A
3. <input checked="" type="checkbox"/> FOREIGN <input checked="" type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. DEPARTURE DATE  <b>MILAN, ITALY 07/02/2010</b>		<input checked="" type="checkbox"/> FOREIGN <input checked="" type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. ARRIVAL DATE  <b>CHICAGO, IL 07/06/2010</b>
4. MODE OF TRANSPORT; NAME OF VESSEL / CARRIER (if known)  <b>AIR</b>		NAME OF INTERMEDIATE CARRIERS
5. NAME AND ADDRESS OF FOREIGN CONSIGNEE/CONSIGNOR  Consultation		
I hereby certify that the above named substance(s) to be <input checked="" type="checkbox"/> Imported, <input checked="" type="checkbox"/> Exported, are intended for <input checked="" type="checkbox"/> Legitimate medical need, <input checked="" type="checkbox"/> Scientific Research, <input checked="" type="checkbox"/> Other (if intended for reexport beyon 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  Consultation	DATE  <b>06/11/2010</b>	NAME OF FIRM AND TELEPHONE NUMBER  <b>HOSPIRA INC.</b>

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**COPY 1**

DEA Form - 236  
(Apr. 1988)

U.S. Department of Justice / Drug Enforcement Administration <b>CONTROLLED SUBSTANCES IMPORT / EXPORT DECLARATION</b> <i>(Read Instructions on reverse side before completing)</i>		OMB APPROVAL No. 1117 - 0009
		See Reverse for Privacy Act
1. CHECK ONE	<input checked="" type="checkbox"/> <b>IMPORT DECLARATION</b> Nonnarcotic Substances in Schedules III, IV, V	<b>U.S. CUSTOMS CERTIFICATION</b>  Date of Departure / Arrival
	<input checked="" type="checkbox"/> <b>EXPORT DECLARATION</b> Nonnarcotic Substances in Schedules III, and IV and all substances in Schedule V	
IMPORTER/EXPORTER (Name and Address) <b>PROF COMPOUNDING CTS OF AMERI</b> <b>9901 S. WILCREST</b> <b>HOUSTON, TX 770995132</b>  DEA REGISTRATION NO.: <b>RP0244929</b>		FREIGHT FORWARDER, IF USED (Name and Address) Consultation
		Name of Carrier / Vessel  Date of Certification
2. CONTROLLED SUBSTANCES TO BE IMPORTED OR EXPORTED		Signature of Customs Official  <b>1006561</b>
2a. NAME AND QUANTITY OF DRUG or PREPARATION <i>Enter name 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>
THIOPIENTAL Consultation	BARBITURIC ACID DERIVATIVE Consultation	N/A
3. <input checked="" type="checkbox"/> FOREIGN <input checked="" type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. DEPARTURE DATE <b>HAMBURG, GERMANY 11/15/2010</b>		<input checked="" type="checkbox"/> FOREIGN <input checked="" type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. ARRIVAL DATE <b>HOUSTON, TX 11/16/2010</b>
4. MODE OF TRANSPORT; NAME OF VESSEL / CARRIER (if known) <b>AIR</b>		NAME OF INTERMEDIATE CARRIERS
5. NAME AND ADDRESS OF FOREIGN CONSIGNEE/CONSIGNOR Consultation		
I hereby certify that the above named substance(s) to be <input checked="" type="checkbox"/> Imported, <input checked="" type="checkbox"/> Exported, are intended for <input checked="" type="checkbox"/> Legitimate medical need, <input checked="" type="checkbox"/> Scientific Research, <input checked="" 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 Consultation	DATE 10/27/2010	NAME OF FIRM AND TELEPHONE NUMBER PROF COMPOUNDING CTS OF AMERI

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DEA Form - 236  
(Apr. 1988)

**COPY 1**

U.S. Department of Justice / Drug Enforcement Administration		OMB APPROVAL No. 1117-0009	
<b>CONTROLLED SUBSTANCES IMPORT / EXPORT DECLARATION</b> <i>(Read Instructions on reverse side before completing)</i>		See Reverse for Privacy Act	
1. CHECK ONE	<input checked="" type="checkbox"/> <b>IMPORT DECLARATION</b>	Nonnarcotic Substances in Schedules III, IV, V	<b>U.S. CUSTOMS CERTIFICATION</b>
	<input checked="" type="checkbox"/> <b>EXPORT DECLARATION</b>	Nonnarcotic Substances in Schedules III, and IV and all substances in Schedule V	Date of Departure / Arrival
<b>IMPORTER/EXPORTER (Name and Address)</b> CHEMIQUE PHARMACEUTICAL INC 13306 E WHITTIER BLVD WHITTIER, CA 90602  DEA REGISTRATION NO.: RC0138417		<b>FREIGHT FORWARDER, IF USED (Name and Address)</b>  NOT LISTED BY COMPANY	Name of Carrier / Vessel  Date of Certification
2. CONTROLLED SUBSTANCES TO BE IMPORTED OR EXPORTED			Signature of Customs Official  1006057
2a. NAME AND QUANTITY OF DRUG or PREPARATION <i>Enter name 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>
SODIUM PENTOTHAL Consultation		BARBITURIC ACID DERIVATIVE Consultation	N/A
3. <input checked="" type="checkbox"/> FOREIGN <input checked="" type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. DEPARTURE DATE  LONDON, ENGLAND, UNITED KINGDOM 11/10/2010		<input checked="" type="checkbox"/> FOREIGN <input checked="" type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. ARRIVAL DATE  MEMPHIS, TN 12/15/2010	
4. MODE OF TRANSPORT; NAME OF VESSEL / CARRIER (if known)  AIR; FEDEX		NAME OF INTERMEDIATE CARRIERS	
5. NAME AND ADDRESS OF FOREIGN CONSIGNEE/CONSIGNOR  Consultation			
I hereby certify that the above named substance(s) to be <input checked="" type="checkbox"/> Imported, <input checked="" type="checkbox"/> Exported, are intended for <input checked="" type="checkbox"/> Legitimate medical need, <input checked="" type="checkbox"/> Scientific Research, <input checked="" type="checkbox"/> Other (if intended for reexport beyon 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  Consultation		DATE 10/14/2010	NAME OF FIRM AND TELEPHONE NUMBER CHEMIQUE PHARMACEUTICAL INC

Previous edition dated 4/80 is OBSOLETE

**COPY 1**

DEA Form - 236  
(Apr. 1988)

U.S. Department of Justice / Drug Enforcement Administration		OMB APPROVAL No. 1117 - 0009	
<b>CONTROLLED SUBSTANCES IMPORT / EXPORT DECLARATION</b> <i>(Read Instructions on reverse side before completing)</i>		See Reverse for Privacy Act	
1. CHECK ONE	<input checked="" type="checkbox"/> <b>IMPORT DECLARATION</b>	Nonnarcotic Substances in Schedules III, IV, V	<b>U.S. CUSTOMS CERTIFICATION</b>
	<input checked="" type="checkbox"/> <b>EXPORT DECLARATION</b>	Nonnarcotic Substances in Schedules III, and IV and all substances in Schedule V	
IMPORTER/EXPORTER (Name and Address) <b>SIEGFRIED (USA) 33 INDUSTRIAL PARK RD PENNSVILLE, NJ 08070</b>		FREIGHT FORWARDER, IF USED (Name and Address) Consultation	Name of Carrier / Vessel
DEA REGISTRATION NO.: <b>RG0145652</b>			Date of Certification
2. CONTROLLED SUBSTANCES TO BE IMPORTED OR EXPORTED			Signature of Customs Official <b>1010532</b>
2a. NAME AND QUANTITY OF DRUG or PREPARATION <i>Enter name 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>
THIOPENTAL / PENTOTHAL Consultation		BARBITURIC ACID DERIVATIVE Consultation	N/A
3. <input checked="" type="checkbox"/> FOREIGN <input checked="" type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. DEPARTURE DATE <b>TAIPEI, TAIWAN 03/30/2011</b>		<input checked="" type="checkbox"/> FOREIGN <input checked="" type="checkbox"/> DOMESTIC PORT OF EXPORTATION (last U.S. Customs Port) AND APPROX. ARRIVAL DATE <b>PHILADELPHIA, PA 04/01/2011</b>	
4. MODE OF TRANSPORT; NAME OF VESSEL / CARRIER (if known) <b>AIR</b>		NAME OF INTERMEDIATE CARRIERS	
5. NAME AND ADDRESS OF FOREIGN CONSIGNEE/CONSIGNOR Consultation			
I hereby certify that the above named substance(s) to be <input checked="" type="checkbox"/> Imported, <input checked="" type="checkbox"/> Exported, are intended for <input checked="" type="checkbox"/> Legitimate medical need, <input checked="" type="checkbox"/> Scientific Research, <input checked="" type="checkbox"/> Other <i>(if intended for reexport beyond the country of destination described in block 5 above, attach documentation per Title 21, CFR 1312.27.)</i> 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 Consultation		DATE <b>03/08/2011</b>	NAME OF FIRM AND TELEPHONE NUMBER <b>SIEGFRIED (USA)</b>

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DEA Form - 236  
(Apr. 1988)

**COPY 1**