

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, 17th Floor; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@pharmacy.ohio.gov
Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2017**.

Identification Number: **WH.S.010726000-02**

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

RESPONSIBLE PERSON:
RONALD SACHSER DIR



SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

**HOXWORTH BLOOD CTR, U OF CINCINNATI
3130 HIGHLAND AVE. ML0055
CINCINNATI, OH 452670055**

**CLASS: Wholesaler/Manufacturer - Category Two
BUSINESS TYPE: FS - Full Service**

(KEEP THIS SECTION FOR FUTURE REFERENCE)

General Information

A **CHANGE** in business name, address, ownership (not officers-see next paragraph for officer changes), or category requires **RE-APPLICATION & FEE**. In the event of an address change, **notify** the Board of Pharmacy **BEFORE** moving any dangerous drugs. [Sections 4729.51 and 4729.52, O.R.C.; Rule 4729-9-16, O.A.C.]

For more information go to: <http://www.pharmacy.ohio.gov/licensing/WDDDD.aspx>, and choose the appropriate application.

In accordance with 19171 of 4729.9-16 (OAC) effective January 1, 2009, if a wholesale distributor is incorporated, a criminal