

CRC

Check Requisition

10:25:38 05/10/01

req # 6337434

model req #

Status PY MGR WAIT

user index RIS GRANTS

Date 05/10/01

+ Commodity 00990001 CHECK REQ ONLY,GRANTS,HONORARI

Description Harrisburg ST Hospit (Description will appear on the check stub)

comment PA OMH to meet with TIMA group. Sepecifically Dr. Trevedi to assist on implementation of algorithm

Subtotal 4,000.00

freight

tax

Total Amt 4,000.00

+ currency code USD

+ tax code E

+ send check to R

Pay to: + supp pay pt

+ alt supv

name HARRISBURG STATE HOSPITAL

phone 717-705-8331

address CAMERON & MACLAY STREETS

tax id 23-6003113

+ city HARRISBURG

St PA

+ zip code 17120

postal zone

district

+ country US

certified? N

domestic wire? N

originator RUTH

M VALPREDA

609-730-2120 JP10 A22101

+ Bus Unit 174P

+ franchise

d/l

Dept 40000

Acct 613006

subcode M3111

ref LS

EZGL026I Send request initiated

F1=Help

F2=View

F3=Exit

F4=Prompt

F5=AcctDist

F6=Index

F8=WireData

F9=Send

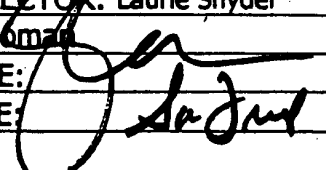
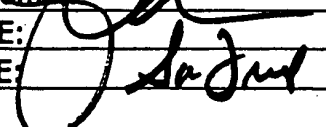
F10=RptPay

F11=InvcReq

F12=Cancel

**PUBLIC SECTOR &
INSTITUTIONAL BUSINESS
GRANT/FUNDING REQUEST
FORM**

FOR HOME OFFICE USE ONLY
REQ #: <u>6337434</u>
CHECK #: <u>3430202</u>

EDUCATION GRANTS Customer Sponsored (Non CME) 97	RESEARCH GRANTS Drop Down Choice FREE GOODS/SERVICES Drop Down Choice ** Discuss with Manager	CONSULTING & SERVICES Drop Down Choice * T&E Form Enclosed
Market Segment: D/OMH	RISPERDAL <input checked="" type="checkbox"/> Check One REMINYL <input type="checkbox"/>	
REASON FOR SUPPORT:	Pennsylvania OMH to meet with TIMA group. Specifically Dr. Trevedi to assist on implementation of algorithm	
DELIVERABLE:	Successful implementation of PennMap	
AMOUNT REQUESTED: \$4000.00	EVENT DATE: May 8, 2001	
MAKE CHECK PAYABLE TO: Harrisburg State Hospital		
SEND CHECK TO THE ATTENTION OF: (Only use this if check is being sent directly to vendor)	Steve Fiorello, Rph	
ADDRESS:	Harrisburg State Hospital Cameron and MacClay Streets	
CITY: Harrisburg	STATE: PA	ZIP: 17120
SOCIAL SECURITY # OR FEDERAL TAX ID #	236003113E	
501 (C)(3) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
TELEPHONE: 717-705-8331		
<input type="checkbox"/> SEND CHECK DIRECTLY TO THE VENDOR – Default check will go to requester (No paperwork accompanies the check – will the vender know what this is for?)		
<input checked="" type="checkbox"/> CUSTOMER SUPPORT REQUEST ENCLOSED <input checked="" type="checkbox"/> APPROPRIATE HEALTH CARE COMPLIANCE CHECKLIST ENCLOSED <input checked="" type="checkbox"/> APPROPRIATE HEALTH CARE CUSTOMER AGREEMENT ENCLOSED <input checked="" type="checkbox"/> IF REQUIRED, DETAILED BUDGET ENCLOSED <input type="checkbox"/> CHARITABLE ORGANIZATION SUPPORT REQUEST ENCLOSED (e.g., NAMI, NMHA)		
REQUESTING MANAGER/DIRECTOR: Laurie Snyder	DATE SUBMITTED: April 18, 2001	
AUTHORIZATION: Yolanda Roman	DATE APPROVED: <u>5/3/01</u>	
AUTHORIZATION SIGNATURE: 	DATE ENTERED INTO PACT: <u>5/11/01</u>	
SID FRANK/PACT SIGNATURE: 	DATE APPROVED: <u>5/11/01</u>	

Provider / Patient Education Materials

EDUCATIONAL GRANT

Checklist

To meet Janssen Health Care Compliance guidelines, a program must meet all of the following criteria:

- | | Criteria Met |
|---|-------------------------------------|
| Grant will be used to develop provider or patient educational material and not To subsidize customer's ordinary business overhead. | <input checked="" type="checkbox"/> |
| Janssen will receive the rights to use educational materials developed with Janssen's funds. | <input checked="" type="checkbox"/> |
| Amount of grant will be limited to items specifically identified in the customer's Budget and consistent with fair market value of those items. | <input checked="" type="checkbox"/> |
| Support is unrelated to Janssen product commitments. | <input checked="" type="checkbox"/> |
| Customer is not financially committed to providing this service under an existing capitated agreement. | <input checked="" type="checkbox"/> |
| Written agreement used to document terms of the Grant. | <input checked="" type="checkbox"/> |

Describe Deliverable: Successful TIMA implementation for Penn Map

Tracking Procedure: Measurement of State Hospital data via Power play

Internal Sponsor-Name: Laurie P. Snyder Signature: Laurie Snyder
(or Sales Representative)
Department: _PHS&R_ Date: _4/19/2001_

Final Approval - Name: _____ Signature: _____
Department: _____ Date: _____

JANSSEN• PHARMACEUTICA •
• RESEARCH FOUNDATION •**Educational Grant
Letter of Agreement**

Between Janssen Pharmaceutica Products, L.P., 1125 Trenton-Harbourton Road, Titusville, New Jersey 08560 ("JANSSEN") and Harrisburg State Hospital

Title of Program Implementation Strategies for TMAP.

Date, Location & Time of Program May 6 and 8 6-8 pm. New Orleans

Institution has requested support for the above-named Program in the form of an educational grant in the amount of \$ 4000.00. It is the intent of this Agreement to ensure that the Program is conducted in a manner consistent with the Food and Drug Administration's Policy Statement on Industry Supported Scientific and Educational Activities, AMA Guidelines on Gifts to Physicians, and the Accreditation Council for Continuing Medical Education (ACCME)

To that end, Institution and JANSSEN agree as follows:

1. **Statement of Purpose:** The Program is for scientific and educational purposes only and is not intended to promote a JANSSEN product directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** Institution is responsible for control of content and selection of presenters and moderators. JANSSEN agrees not to direct the content of the program. JANSSEN, or its agents, may provide suggestions of presenters or sources of possible presenters. JANSSEN may suggest more than one name (if possible) and provide speaker qualifications.
3. **Disclosure of Financial Relationships:** Institution will ensure meaningful disclosure to the audience, at the time of the Program of (a) JANSSEN funding and (b) any significant relationship between the Institution and JANSSEN (e.g. grant recipient) or between individual speakers or moderators and JANSSEN.
4. **Involvement in Content:** There will be no "scripting," emphasis, or direction of content by JANSSEN or its agents.
5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room or obligate path as the Program. No product advertisement will be permitted in the Program room.

6. **Objectivity & Balance:** Institution will make every effort to ensure that data regarding JANSSEN's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balance discussion of prevailing information on the product(s) and/or alternative treatments.
7. **Limitations on Data:** Institution will ensure, to the extent possible, meaningful disclosure of limitations of data, e.g. ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. **Discussion of Unapproved Uses:** Institution will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** Institution will ensure meaningful opportunities for questioning or scientific debate.
10. No party shall use the other party's or its affiliate's name or trademarks for publicity or advertising purposes without the prior written consent of the other party.
11. Payment will be directed as follows:

Payee: Harrisburg State Hospital

In Care Of: Steve Fiorello, Rph

Address Harrisburg State Hospital

Cameron and McClay Streets, Harrisburg PA 17120

Tax ID. # 2360031131

THIS AGREEMENT IS NOT EFFECTIVE AND NO GRANT MONIES SHALL BE PAID UNTIL SIGNED BY AN AUTHORIZED REPRESENTATIVE OF JANSSEN AND Institution.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the last of the respective dates below.

Institution:

Name (Print) Steve Fiorello, RPh
Signature *Steve J. Fiorello RPh, MS*
Title OMH SAS Pharmacy Director
Date: April 9, 2001

JANSSEN:

Name (Print) Laurie Snyder
Signature *Laurie Snyder*
Title Manager, Public Health Systems
Date: April 9, 2001

Check Request Form



White Plains - CNS
 Maryland - CNS
 D.C. - CBR

DATE: 4/4/02

Vendor Information:

Name: Stephen Fiorello
 Street: 1113 Darlene Avenue
(Only if New Vendor)
 City: Harrisburg
 State: PA Zip: 17015

Approvals:

Requested By: C. Butler Date Needed: 17-Apr
 Accounting Approval: _____ Date: / /
 Administrative Approval: _____ Date: / /

Expenditure Information:

Protocol: _____ (if applicable)
 Date(s) of Visit(s): _____ (if applicable)

Invoice Sponsor Check if reimbursable from sponsor

Purpose of Expenditure:

Janssen 02 Schizophrenia Faculty Honoraria \$2000 per meeting
Hershey, PA +\$2000

706-5413-83

Total Expenditure per Category:

	Amount (\$)
Study Related:	
Hospital	_____
Physician	_____
Testing	_____
Patient Transportation	_____
Patient Payments	_____
Other _____	_____
Non-Study Related:	
Furniture	_____
Computer Hardware	_____
Computer Software	_____
Office Supplies	_____
Other _____	_____
	\$2,000.00 Total

Accounting Use Only:

G/L Account
500
5204
5208
5103
5102
1708
1702
1700
690

7678

COMPREHENSIVE NEUROSCIENCE, INC.

NET AMOUNT 2,000.00

DISCOUNT 0.00

AMOUNT 2,000.00

DATE	INVOICE NO	COMMENT
04/04/2002	4/402	Jana Honoraria meeting

2,000.00

CHECK TOTAL:

Stephen Fiorello

06/14/2002

007678

614323 (262) 172071

Sandra Forquer

From: Ann Boughtin [aboughtin@comcast.net]
Sent: Monday, August 12, 2002 12:25 PM
To: Forquer Sandy
Subject: Fw: Slides for April 17



PERFOR.LPPT

This was my confirming e-mail to him. If you need something more, please let me know.

----- Original Message -----

From: "Ann Boughtin" <aboughtin@comcast.net>
To: <sfiorello@state.pa.us>
Cc: <Sforquer@cnsclinicaltrials.com>; "Chantel Butler (E-mail)" <cbutler@cnsclinicaltrials.com>
Sent: Tuesday, March 19, 2002 4:35 PM
Subject: Slides for April 17

Dear Dr. Fiorello: I left you a voicemail earlier today, and thought I would follow up with an e-mail. Things are well underway for the upcoming symposia for the state Dept. of Corrections. As one of the presenters for the April 17 meeting in Hershey, that is led by Dr. Maue, we will need copies of your slides in advance of the session. Would you please send:

CV's: Please send your CV and bio for CE/CME purposes this week me. You can send it via e-mail or fax it to 615-771-0408.

Slides (Powerpoint) I have attached the slides that were used for last year's Janssen symposia series to use as a model for this year. We would like to make sure that this year's slides are similar in format and use the same color and design scheme. At each session we will discuss issues that are of interest to clinicians working with the special populations in the correctional system. This year, however, we are asking that each of you personalize your own slides relative to the session you are presenting. Please have your personalized set of slides (please send a maximum of 20-25 slides) back to me by March 21st. We will return any feedback CNS & Janssen might have on your slides to you by March 25 with final revisions due back to me from you by March 28.

Chantel Bulter (cbutler@cnsclinicaltrials) is handling administrative issues and she will send you copies of all communications, e.g. invitations, etc.

Please call me at 615-771-0908, if you have any questions. Thank you.