

CompanyName	RecipientLastName	RecipientFirstName
ACADIA Pharmaceuticals Inc		

RecipientMI	StateLicenseNumber/IDNumber	NPINumber

DateSampleDelivered	CProduct	CVoucher

COther	PProductType1	PProductName1

PSamples1	PUnits1	PDosage1

PDescription1	PNDCNumber1	PProductType2

PProductName2	PSamples2	PUnits2

PDosage2	PDescription2	PNDCNumber2

PProductType3	PProductName3	PSamples3

PUnits3	PDosage3	PDescription3

PNDCNumber3	VProductType1	VProductName1

Vouchers1	VUnits1	VDescription1

VNDCNumber1	VProductType2	VProductName2

VVouchers2	VUnits2	VDescription2

VNDCNumber2	VProductType3	VProductName3

VVouchers3	VUnits3	VDescription3

VNDCNumber3	OProductType1	OProductName1

OOther1	OOtherSampleType1	ODescription1

ONDCNumber1	OProductType2	OProductName2

OOther2	OOtherSampleType2	ODescription2

ONDCNumber2	OProductType3	OProductName3

OOther3	OOtherSampleType3	ODescription3

ONDCNumber3	Submit Date
	03/08/2023