

867 PRODUCT TRANSFER AND RESALE REPORT - VERSION 5010

This example represents a sales tracing being sent from a wholesaler to a manufacturer. This example is for a contract sale/requested rebate. Sample below includes two loops - one for contract sales and one for non-contract sale.

867 Product Transfer and Resale Report  
Example 2

**TRANSACTION SET HEADER**

ST\*867\*100000103

**Transaction Set Identifier Code**

ST01 867 X12 Product Transfer and Resale Report

**Transaction Set Control Number**

ST02 100000103

**BEGINNING SEGMENT FOR PRODUCT TRANSFER and RESALE**

BPT\*00\*ABC123\*20070501\*SS

**Transaction Set Purpose Code**

BPT01 00 Original Qualifier

**Reference Identification**

BPT02 ABC123 Assigned by Seller

**Date**

BPT03 20070501 Date file is created.

**Report Type Code**

BPT04 SS Seller Sales Report

**DATE/TIME REFERENCE**

DTM\*090\*20070401

**Date/Time Qualifier**

DTM01 090 Report Start Qualifier

**Date**

DTM02 20070401 Report Start Date

**DATE/TIME REFERENCE**

DTM\*091\*20070430

**Date/Time Qualifier**

DTM01 091 Report End Qualifier

**Date**

DTM02 20070430 Report End Date

**DISTRIBUTOR NAME**

N1\*DB\*M & D OF SHREVEPORT\*21\*BZ0521P00

**Entity Identifier Code**

N101 DB Distributor Branch Qualifier

**Name**

N102 M & D OF SHREVEPORT

**Identification Code Qualifier**

N103 21 HIN Number Qualifier  
**Identification Code**  
N104 BZ0521P00 HIN Number

**DISTRIBUTOR ADDRESS INFORMATION**

N3\*One First Street\*Storage Location 1

**Address Information**

N301 One First Street Address 1  
N302 Storage Location 1 Address 2

**DISTRIBUTOR GEOGRAPHIC LOCATION**

N4\*Shreveport\*LA\*60054

**City**

N401 Shreveport City

**State**

N402 LA State

**Postal Code**

N403 60054 Postal Code

**MAUFACTURER NAME**

N1\*MF\*ACME FLEXIBLES\*21\*ARV2LP100

**Entity Identifier Code**

N101 MF Manufacturer Code Qualifier

**Name**

N102 ACME FLEXIBLES

**Qualifier**

N103 21 HIN Number Qualifier

**DEA Number**

N104 ARV2LP100 HIN Number

**MANUFACTURER ADDRESS INFORMATION**

N3\*One Second Street

**Address Information**

N301 One Second Street Address 1

**MANUFACTURER GEOGRAPHIC LOCATION**

N4\*Shreveport\*LA\*60054

**City**

N401 Shreveport City

**State**

N402 LA State

**Postal Code**

N403 60054 Postal Code

**PRODUCT TRANSFER AND RESALE DETAIL**

PTD\*SS

**Product Transfer Type Code**

PTD01 SS Stock Sale

**END USER NAME**

N1\*ST\*UTMB - GALVESTON OP\*21\*AYSAL4Z00

**Entity Identifier Code**

N101 ST Ship To Qualifier

**Name**

N102 UTMB – GALVESTON OP

**Identification Code Qualifier**

N103 21 HIN Number Qualifier

**Identification Code**

N104 AYSAL4Z00 HIN Number

**END USER ADDRESS INFORMATION**

N3\*One Hospital Drive\*2nd Flr Nurse's Stat.

**Address Information**

N301 One Hospital Drive Address 1

N302 2nd Flr Nurse's Stat. Address 2

**END USER GEOGRAPHIC LOCATION**

N4\*Galveston\*TX\*77555

**City**

N401 Galveston City

**State**

N402 TX State

**Postal Code**

N403 77555 Postal Code

**QUANTITY INFORMATION**

QTY\*32\*5\*CA

**Quantity Qualifier**

QTY01 32 Quantity Sold Qualifier

**Quantity**

QTY02 5 Quantity

**Unit or Basis for Measurement Code**

QTY03 CA Case

**Product/Servie ID Qualifier**

LIN02 MG Manufacturer's Part Number Qualifier

**Product/Servie ID**

LIN03 371123 Manufacturer's Part Number

**UNIT DETAIL**

UIT\*CA\*5.00\*DR

**Composite Unit of Measure**

UIT01 CA Case

**Unit Price**

UIT02 5.00

**Basis of Unit Price Code**

UIT03 DR Dealer Price Qualifier

**REFERENCE INFORMATION**

REF\*DI\*0718535

**Reference Identification Qualifier**

REF01 DI Distributor Invoice Number Qualifier

**Reference Identification**

REF02 0718535 Distributor Invoice Number

**DATE/TIME REFERENCE**

DTM\*003\*20070305

**Date/Time Qualifier**

DTM01 003 Invoice Qualifier

**Date**

DTM02 20070415 Invoice Date

**PRODUCT TRANSFER AND RESALE DETAIL**

PTD\*SS\*\*VC\*1000456456

**Product Transfer Type Code**

PTD01 SS Stock Sale

**Reference Identification Qualifier**

PTD04 CT Contract Number Qualifier

**Reference Identification**

PTD05 1000456456

**REFERENCE INFORMATION**

REF\*DL\*ABCX321

**Reference Identification Qualifier**

REF01 DL Seller's Debit Memo Qualifier

**Reference Identification**

REF02 ABCX123 Debit Memo Reference Number

**END USER NAME**

N1\*ST\*UTMB - GALVESTON OP\*21\*AYSAL4Z00

**Entity Identifier Code**

N101 ST Ship To Qualifier

**Name**

N102 UTMB - GALVESTON OP

**Identification Code Qualifier**

N103 21 HIN Number Qualifier

**Identification Code**

N104 AYSAL4Z00 HIN Number

**END USER ADDRESS INFORMATION**

N3\*One Hospital Drive\*2nd Flr Nurse's Stat.

**Address Information**

N301 One Hospital Drive Address 1  
N302 2nd Flr Nurse's Stat. Address 2

**END USER GEOGRAPHIC LOCATION**

N4\*Shreveport\*LA\*60054

**City**

N401 Shreveport City

**State**

N402 LA State

**Postal Code**

N403 60054 Postal Code

**QUANTITY INFORMATION**

QTY\*32\*5\*CA

**Quantity Qualifier**

QTY01 32 Quantity Sold Qualifier

**Quantity**

QTY02 5 Quantity

**Unit or Basis for Measurement Code**

QTY03 CA Case

**ITEM IDENTIFICATION**

LIN\*\*MG\*372234

**Product/Servie ID Qualifier**

LIN02 MG Manufacturer's Part Number Qualifier

**Product/Servie ID**

LIN03 372234 Manufacturer's Part Number

**UNIT DETAIL**

UIT\*CA\*5.00\*DR

**Composite Unit of Measure**

UIT01 CA Case

**Unit Price**

UIT02 5.00

**Basis of Unit Price Code**

UIT03 DR Dealer Price Qualifier

**MONETARY AMOUNT INFORMATION**

AMT\*CC\*25.00\*D

**Amount Qualifier Code**

AMT01 CC Chargeback Claim Amount Qualifier

**Monetary Amount**

AMT02 25.00 Requested Rebate Amount  
**Credit/Debit Flag Code**  
AMT03 D

**REFERENCE INFORMATION**

REF\*DI\*0718535

**Reference Identification Qualifier**

REF01 DI Distributor Invoice Number Qualifier

**Reference Identification**

REF02 0718535 Distributor Invoice Number

**DATE/TIME REFERENCE**

DTM\*003\*20070415

**Date/Time Qualifier**

DTM01 003 Invoice Qualifier

**Date**

DTM02 20070415 Invoice Date

**TRANSACTION TOTALS**

CTT\*1

**Number of Line Items**

CTT01 1 Total Number LIN Segments

**MONETARY AMOUNT**

AMT\*1\*25.00

**Amount Qualifier Code**

AMT01 1 Line Item Total Qualifier

**Monetary Amount**

AMT02 25.00 Total Requested Rebate Amount

**TRANSACTION SET TRAILER**

SE\*16\*1000000103

**Number of Included Segments**

SE01 16

**Transaction Set Control Number**

SE02 1000000103

Transmission File:

ST^867^1000000103

BPT\*00\*ABCX123\*20070501\*SS

DTM\*090\*20070401

DTM\*091\*20070430

N1\*DB\*M&D of Shreveport\*21\*BZ0521P00

N3\*One First Street\*Storage Location 1

N4\*Shreveport\*LA\*60054

N1\*MF\*Acme Flexibles\*21\*ARV2LP100

N3\*1 Second Street  
N4\*Shreveport\*LA\*60054  
PTD\*SS  
REF\*DL\*ABCX123  
N1\*ST\*UTMB-Galveston OP\*21\*AYSAL4Z00  
N3\*One Hospital Drive\*2nd Floor Nurse's Station  
N4\*Galveston\*TX\*77555  
QTY\*32\*5\*CA  
LIN\*\*MG\*371123  
UIT\*CA\*5.00\*DR  
REF\*DI\*0718535  
DTM\*003\*20070415  
PTD\*SS\*\*VC\*1000456456  
REF\*DL\*ABCX123  
N1\*ST\*UTMB-Galveston OP\*21\*AYSAL4Z00  
N3\*One Hospital Drive\*2nd Floor Nurse's Station  
N4\*Galveston\*TX\*77555  
QTY\*32\*5\*CA  
LIN\*\*MG\*372234  
UIT\*CA\*5.00\*DR  
AMT\*CC\*25.00  
REF\*DI\*0718535  
DTM\*003\*20070415  
CTT\*2  
AMT\*1\*25.00  
SE\*16\*1000000103