URGENT DRUG RECALL UPDATE

BUSINESS RESPONSE FORM

04/26/2024

PRODUCT DESCRIPTION	NDC#	LOT#	EXP DATE
Ipratropium Bromide and Albuterol Sulfate Inhalation Solution USP 0.5 mg & 3mg/3ml	69097-173-48 (Pouch), NDC-69097-173-53 (Carton)	IA30390 IA30517	April 2025 June 2025

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand the withdrawal instructions and have taken the appropriate action.

Customer Name _____ DEA #_____

Address_____

City_____ State_____ Zip_____

Contact Name (please print)_____ Telephone #_____

Fax # _____

Contact Email _____

Contact Signature _____ Date_____

[ ] I have read and understand the recall instructions provided in the letter.

[ ] I have identified and notified my customers that were shipped this product.

I have checked my stock and:

[ ] Do not have any stock of the recalled items.

OR

[ ] I have quarantined and listed in the table below the quantity of recall units I will be returning to Inmar as soon as possible. Upon receipt of this Response Form Inmar will issue a Return Authorization to be included with the product.

Product Description	NDC	Lot Numbers	Sealed Container quantity to be returned	Open Container quantity to be returned
Ipratropium Bromide and Albuterol Sulfate Inhalation Solution USP 0.5 mg & 3mg/3ml	69097-173-48 (Pouch), NDC-69097-173-53 (Carton)	IA30390		
		IA30517		

If you did not purchase the product directly from the Manufacturer, please complete the below section.

Purchased From: Wholesaler Name _____ Wholesaler DEA#_____

Any adverse events associated with recalled/failed product?   No [   ]   Yes [   ] If yes, please explain:

_____

_____

If you have any questions regarding this form or product return please contact Inmar Customner Service (1-877-857-0818) during the hours of 9am to 5pm EST, Monday through Friday.

Please fax both pages of this form to: 1-817-868-5362, or E-mail to: rxrecalls@inmar.com