



Lupin Pharmaceuticals, Inc.

RECALL

Lisinopril Tablets USP, 10mg (1000's pack)

Retail Level

9/7/2022

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

Customer Name:		DEA#:
<i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i>		
Address:		
City:	State:	Zip:
Contact Name (Please Print):		
Telephone#:	Email:	
Contact Signature:	Date:	
DEBIT MEMO# (If unsure, leave blank):		

Wholesaler Information if not directly purchased from Lupin:

Wholesaler Name:	DEA#:	
City:	State:	Zip:

I have checked my stock and:

_____ I do not have any stock of the recalled items.

OR

I have quarantined and listed in the box below the quantity of recalled units and I will be returning to Inmar, as soon as possible. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) Please indicate the # of needed box labels_____.

Item Description	NDC#	Lot#	Exp Date	Full Bottle Count	Partial Bottle Count	Total Bottle Count
Lisinopril Tablets USP, 10mg (1000's pack)	68180-980-03	Q201182	3/31/2024			

If you have any questions regarding this form or product return please contact Inmar at 855-244-7265 Office hours 9am to 5pm EST Mon thru Fri.

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