



**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](mailto:rxrecalls@inmar.com)**