



## **URGENT: DRUG RECALL – RESPONSE FORM**

**Please Complete This Form and Fax to: 817-868-5362**

**or Email to: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**

<b>Product Name</b>	<b>Package Description</b>	<b>Lot Number</b>	<b>NDC Number</b>	<b>Expiration Date</b>
Testosterone Cypionate Injection, USP, 200mg/ml	Carton containing single 1 ml Vial	HAC1974A	62756-015-40	6/2023
		HAC1978A	62756-015-40	6/2023

**Please check ALL appropriate boxes.**

I have read and understand the recall instructions provided in the June 3<sup>rd</sup>, 2022 letter.

I have checked our stock and have quarantined inventory consisting of \_\_\_\_\_ units.

Indicate disposition of recalled product:

returned (**specify quantity, date and method**)/held for return;

Number of Labels Required for Return to Inmar: \_\_\_\_\_

previously destroyed (**specify quantity, date and method**);

I have identified and notified my retail customers that were shipped or may have been shipped this product by (**specify date and method of notification**); or

Attached is a list of retail customers who received/may have received this product. Please notify my customers.

Any adverse events associated with recalled product?  Yes  No

If yes, please explain: \_\_\_\_\_

For return of affected product, please email [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com) or call 1-855-892-9500.



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Please check the appropriate box(es) to describe your business

- |   |  |
|---|--|
| <input type="checkbox"/> wholesaler/distributor         | <input type="checkbox"/> retailer                  |
| <input type="checkbox"/> grocery corporate headquarters | <input type="checkbox"/> hospital pharmacies       |
| <input type="checkbox"/> repacker                       | <input type="checkbox"/> hospital/medical facility |
| <input type="checkbox"/> pharmacy                       | <input type="checkbox"/> Other:                    |

Customer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ DEA Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Customer Debit Memo Number: \_\_\_\_\_

Wholesaler: \_\_\_\_\_ City\State: \_\_\_\_\_

Wholesaler DEA Number: \_\_\_\_\_

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