URGENT: DRUG RECALL – RESPONSE FORM

Please Complete This Form and Fax to: 817-868-5362
or Email to: rxrecalls@inmar.com

Product Name	Package Description	Lot Number	NDC Number	Expiration Date
Testosterone Cypionate Injection, USP, 200mg/ml	Carton containing single 1 ml Vial	HAC3427A	62756-015-40	8/2023

Please check ALL appropriate boxes.

□ I have read and understand the recall instructions provided in the June 8, 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 or call 1-855-893-5571.

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

□ wholesaler/distributor
□ grocery corporate headquarters
□ repacker
□ pharmacy
□ retailer
□ hospital pharmacies
□ hospital/medical facility
□ 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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