

**RECALL STOCK RESPONSE FORM**

**Lupin Pharmaceuticals Inc**  
**Recall**  
**Imipramine Pamoate Capsules, 125mg**  
**Retail Level**  
**10/6/2021**

**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 # \_\_\_\_\_  
*\*DEA # is required, if it is not provided, the processing of your form will be delayed.*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name (please print) \_\_\_\_\_ Telephone # \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

Wholesaler Information if not directly purchased from Lupin:

Wholesaler Name: \_\_\_\_\_ Wholesaler DEA#: \_\_\_\_\_

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

**I have checked my stock and:**

\_\_\_\_\_ 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 #	Qty Returning
Imipramine Pamoate Capsules, 125mg	68180-316-06	H002205	

If you have any questions regarding this form or product return please contact Inmar at 855-823-0249  
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)**