RECALL STOCK RESPONSE FORM

Recall-Ibuprofen and Famo□dine Tablets, 800/26.6 mg

Lot Number: 23140190

Customer Name: _____ DEA #:_____

Please note that DEA # is required. If it is not provided, the processing of your form will be delayed.

Address:_____

City:_____ State:_____ Zip Code:_____

Contact Name (please print): _____Telephone #:_____

Contact Signature: _____ Date:_____

Wholesaler Informa□on if not directly purchased from Ascend:

Wholesaler Name: _____Wholesaler DEA#:_____

Wholesaler City:_____ Wholesaler State:_____ Wholesaler Zip: _____

Please check and fill out each sec□on accordingly.

- □ I have read and understand the recall instruc□ons provided in the Recall Leter.
- □ I have checked my stock for the quaran□ned inventory indicated in the table below.

Product Name	Lot Number	Strength	Expira□on Date	Pack Size	NDC	Ini□al Distribu□on Date	Quan□ty on Hand to Return
Ibuprofen and Famo□dine Tablets	23140190	800/26.6 mg	December 2024	90's HDPE Botle Pack	67877-626-90	March 29, 2023	

- □ Indicate disposi□on of recall product:
  - Returned/Held for Return (Yes / No)
    - Quan□ty: _____
    - Date: _____
    - Method: _____

  OR

  - No recall product on hand (Yes / No)

D I have iden﷽fied and no﷽fied my customers that were shipped/received or may have been shipped this product by:

- Date: _____
- Method of No﷽fica﷽on: _____

Were there any adverse events associated with the recalled product?

D Yes
D No

If yes, please explain: _____

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

☐ Wholesaler/distributor	☐ Retailer
☐ Grocery corporate headquarters	☐ Food service/restaurant
☐ Repacker	☐ Manufacturer
☐ Pharmacy - retail	☐ Hospital/medical facility
☐ Hospital pharmacies	☐ Medical laboratory
☐ Other: _____	

Please return this form by fax to 1-87-868-5362 or E-mail rxrecalls@inmar.com.

A﷽er receipt of this response form, a return kit will be provided for affected product return to:

Inmar Rx Solu﷽ons

3845 Grand Lakes Way

Grand Prairie, TX, 75050

Inmar Recall Event ID: RCL265-23 / N131113