



Camber Pharmaceuticals, Inc.
800 Centennial Ave., Suite 1
Piscataway, NJ 08854
Tel: 732-529-0430

March 26th, 2026

Re: Recall Return Response Form

Product Name: Pantoprazole Sodium Delayed Release Tablets, USP 40 mg

Package Size: 1000 ct

NDC: 31722-713-10

Batch No: FD253967

Please check all appropriate boxes:

I have read and understand the recall instructions provided in the letter dated March 26th, 2026

I have checked my stock and have quarantined inventory consisting of _____ bottles.

Indicate disposition of recalled product:

Returned (Specify Quantity _____ bottles, Date _____, and Method _____)

Held for Return (Specify Quantity _____ bottles)

Destroyed (Specify Quantity _____ bottles, Date _____, and Method _____)

Customer notification:

I have identified and notified my customers who were shipped or may have been shipped this product by (Specify Date _____, and Method of Notification _____), or

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

Any reported adverse events associated with recalled product? Yes No

If yes, please explain: _____

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

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Wholesaler/ Distributor

Retailer

Grocery Corporate Headquarters

Repacker

Manufacturer

Pharmacy - Retail

Hospital Pharmacies

Medical Laboratory

Hospital/ Medical Facility

Other: _____

Name: _____

Title: _____

Telephone Number: () _____

Firm Name: _____

Street Address: _____

City / State / Zip: _____

DEA Number: _____

Debit Memo Number (if known) _____

Credit through: Wholesaler Name: _____

Wholesaler DEA Number _____

PLEASE FAX COMPLETED RESPONSE TO: ATTN: Recall Coordinator - FAX Number 817-868-5362 or

EMAIL TO: rxrecalls@inmar.com. or

MAIL TO:

Inmar

One West Fourth Street, Suite 500

Winston-Salem, North Carolina 27101

Telephone 1-877-411-4281

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