N131403

# Lupin Pharmaceuticals, Inc.

**RECALL**

***Ganirelix Acetate Injection 250 mcg/0.5ml, 1s Pack***

**Retail Level**

**12/9/2025**

**Please fill out this form completely.** By doing so, this will acknowledge that you have read andunderstand 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#: | Email: | |
| Contact Signature: | Date: | |

**DEBIT MEMO# (If unsure, leave blank):**_____

**Wholesaler Information if not directly purchased from Lupin:**

| Wholesaler Name: | DEA#: | |
|---|---|---|
| City: | State: | Zip: |

**I have checked my stock and communicated to my customers at the appropriate level:**

☐ I confirm that all locations that received the impacted products have been notified to the retail level. (Circle One) **YES** **YES-Corporate Notified** **NO (Why?)**_____

_____

☐ I 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_____.

| Product Name | NDC# | Lot# | Expiration Date | Total Full Syringes | Total Partial Syringes |
|---|---|---|---|---|---|
| Ganirelix Acetate Injection 250 mcg/0.5ml, 1s Pack | 70748-274-01 | WB00006 | 12/31/2026 | | |

If you have any questions regarding this form or product return please contact Inmar at 877-409-4025 Office hours 9am to 5pm EST Mon thru Fri.

**Please fax this form to: 1-817-868-5362 or E-mail rxrecalls@inmar.com**