



ALVOGEN
URGENT: DRUG RECALL
RESPONSE FORM for Wholesalers/Retailers to Complete
 Levothyroxine Sodium Tablets, USP 150mcg (1000Ct) Lot MHA21825
Retail Level

1. **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 #:
<i>DEA # is required; if it is not provided, the processing of your form will be delayed.</i>	

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 Alvogen Inc.:

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

I have checked my stock and:

- I confirm that all locations that received the impacted product have been notified to the retail level _____ (Initial and date)
- 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 these units 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	Package Description	NDC#	Lot#	Expiration Date	Input Total Number of Bottles to Return
Levothyroxine Sodium Tablets, USP (Thyro-Tabs®)	150mcg (1000 Ct)	47781-662-10	MHA21825	December 2027	

Any adverse events associated with recalled product? Yes NO
 If yes, please contact Alvogen, Inc. at 1-866-770-3024 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

If you have any questions regarding this form or product return, please contact Inmar at **877-427-2481** (office hours 9:00 AM to 5:00 PM EST Monday through Friday).

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

Event ID: RCL316-25 / N131415