URGENT: DRUG RECALL – RESPONSE FORM
(REVISED TO RETAIL LEVEL)

Please Complete This Form and Fax to: 817-868-5362

or Email to: rxrecalls@inmar.com

Product Name	Package Description	Lot Number	NDC Number	Expiration Date
Medroxyprogesterone Acetate Injectable Suspension USP, 150 mg/ml	1 ml Pre-Filled Syringe	JKX4312A	50102-591-40	09/2022
		JKX4313A	50102-591-40	09/2022
		JKX4827A	50102-591-40	09/2023
		HAC1290A	50102-591-40	06/2023
		HAC2082B	50102-591-40	06/2023
		HAC1289A	16714-999-01	06/2023
		JKX2679A	16714-999-01	06/2022
		JKX3762A	16714-999-01	08/2022
		HAC0164A	16714-999-01	06/2023
		HAC1951A	62756-091-40	06/2023
	1 ml Vial	HAC2075A	16714-981-01	06/2023
		HAC2076A	16714-981-01	07/2023
		HAC2077A	16714-981-01	08/2023
		HAC2078A	16714-981-01	08/2023
		HAC3803A	16714-981-01	09/2023
		HAC0551A	16714-981-01	02/2023
		HAC0562A	16714-981-01	03/2023
		HAC1183A	16714-981-01	03/2023
		HAC1807A	16714-981-01	06/2023
		JKX6017A	16714-981-01	12/2022
		JKX6018A	16714-981-01	12/2022
		HAC0163A	16714-981-01	01/2023
		HAC1184A	16714-981-01	04/2023
		HAC0162A	16714-981-01	12/2022
		HAC2074A	62756-090-40	06/2023
		HAC0163B	62756-090-40	01/2023
		HAC1741A	62756-090-40	04/2023

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URGENT: DRUG RECALL – RESPONSE FORM (REVISED)

Please Complete This Form and Fax to: 817-868-5362 or Email to: rxrecalls@inmar.com

Please check ALL appropriate boxes.

□ I have read and understand the recall instructions provided in the May 17, 2022 letter.

□ I have checked our stock and have quarantined inventory consisting of _____ units.

□ Indicate disposition of recalled product:

□ returned (**specify quantity, date and method**)/held for return;

Number of Labels Required for Return to Inmar: _____

□ previously destroyed (**specify quantity, date and method**);

□ I have identified and notified my retail customers that were shipped or may have been shipped this product by (**specify date and method of notification**); or

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

Any adverse events associated with recalled product? □ Yes □ No
If yes, please explain: _____

For return of affected product, please email rxrecalls@inmar.com or call 1-855-884-7515.

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or Email to: rxrecalls@inmar.com

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

- □ wholesaler/distributor
- □ grocery corporate headquarters
- □ repacker
- □ pharmacy
- □ retailer
- □ hospital pharmacies
- □ hospital/medical facility
- □ Other:

Customer Name: _____ Title: _____

Company: _____ DEA Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Customer Debit Memo Number: _____

Wholesaler: _____ City\State: _____

Wholesaler DEA Number: _____