



URGENT: DRUG RECALL – RESPONSE FORM

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
Ganirelix Acetate Injection, 250 mcg/0.5 mL	250 mcg Sterile Prefilled syringe 27 gauge by ½" needle	JKU1212A	55566-1000-1	03/2021
		JKU1503A	55566-1000-1	03/2021
		JKU1504A	55566-1000-1	03/2021
		JKU1505A	55566-1000-1	03/2021
		JKU1506A	55566-1000-1	03/2021
		JKU3313A	55566-1000-1	08/2021
		JKU3314A	55566-1000-1	08/2021

Please check ALL appropriate boxes.

☒ I have read and understand the recall instructions provided in the April 5, 2021 letter.

☒ I have checked our stock and have quarantined inventory consisting of 0 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 1-877-393-0257.



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Product Name	Package Description	Affected Lots
Ganirelix Acetate Injection, 250 mcg/0.5 mL	250 mcg Sterile Prefilled syringe 27 gauge by 1/2" needle	JKU1212A, JKU1503A, JKU1504A, JKU1505A, JKU1506A, JKU3313A, JKU3314A

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: Paul Stapel Title: Director, Quality Operations

Company: Ferring Pharmaceuticals Inc DEA Number: N/A

Address: 100 Interpace Parkway

City: Parsippany State: NJ Zip Code: 07054

Phone Number: 973 796 1636

Customer Debit Memo Number: N/A

Wholesaler: N/A City\State: N/A

Wholesaler DEA Number: N/A

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