



## **URGENT: DRUG RECALL – RESPONSE FORM**

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

**or Email to: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**

<b>Product Name</b>	<b>Package Description</b>	<b>Lot Number</b>	<b>NDC Number</b>	<b>Expiration Date</b>
Fyremadel (ganirelix acetate) Injection, 250 mcg / 0.5 mL	250 mcg Sterile Prefilled syringe 27 gauge by ½” needle in 1 carton	HAD1190A	55566-1010-1	02/2024

**Please check ALL appropriate boxes.**

- I have read and understand the recall instructions provided in the Apr 18, 2023 letter.
- I have checked our stock and have quarantined inventory consisting of \_\_\_\_\_ units (number of full cartons) or \_\_\_\_\_ prescription packs (partial cartons).
- 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 notified my direct customers to conduct this recall to the consumer level.

Any adverse events associated with recalled product?  Yes  No

If yes, please explain: \_\_\_\_\_

For return of affected product, please email [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com) or call 1-877-619-7520.



## **URGENT: DRUG RECALL – RESPONSE FORM**

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

**or Email to: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**

Product Name	Package Description	Lot Number	NDC Number	Expiration Date
Fyremadel (ganirelix acetate) Injection, 250 mcg / 0.5 mL	250 mcg Sterile Prefilled syringe 27 gauge by ½” needle in 1 carton	HAD1190A	55566-1010-1	02/2024

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

- |   |  |
|---|--|
| <input type="checkbox"/> wholesaler/distributor         | <input type="checkbox"/> retailer                  |
| <input type="checkbox"/> grocery corporate headquarters | <input type="checkbox"/> hospital pharmacies       |
| <input type="checkbox"/> repacker                       | <input type="checkbox"/> hospital/medical facility |
| <input type="checkbox"/> pharmacy                       | <input type="checkbox"/> Other:                    |

Customer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ DEA Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Customer Debit Memo Number: \_\_\_\_\_

Wholesaler: \_\_\_\_\_ City\State: \_\_\_\_\_

Wholesaler DEA Number: \_\_\_\_\_

For return of affected product, please email [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com) or call 1-877-619-7520.