

URGENT: RECALL RETURN RESPONSE FORM

Product Name: Ibuprofen oral suspension, USP 100mg/5ml (OTC) (120mL)

Product Name	NDC #	Lot #	Expiry Date
Ibuprofen oral suspension, USP 100mg/5ml(OTC) (120mL) Colorless with Mixed Berry Flavor [1x1's]	51672-5321-8	7261973A	January 2027
Ibuprofen oral suspension, USP 100mg/5ml(OTC) (120mL) Colorless with Mixed Berry Flavor [1x1's]	51672-5321-8	7261974A	January 2027

Please check ALL appropriate boxes. (All sections must be completed)

- I have read and understand the recall instructions provided in the recall notification letter dated March 2, 2026. I further understand that this recall is to be carried out to the Retail Level and that it is my company’s responsibility as a distributor/wholesaler to contact my customers at the Retail Level to request return of recall product.

Any adverse events received associated with recalled products? Yes No

If yes, please explain: _____ [Attach additional sheets if needed]

Please email / mail or fax your completed form to Inmar at rxrecalls@inmar.com or fax 817-868-5362. Mail to: Recall Coordinator, One West Fourth Street, Suite #500, Winston Salem, NC 27101

Customer information:

Company DEA: _____
Company Name: _____
Company Address: _____
Company City: _____ **State:** _____ **Zip:** _____
Form Completed by: _____ **Title:** _____
(Print Name)

Signature: _____ **Date:** _____
Email: _____

If you did not purchase directly from Strides Pharmaceuticals, please complete the below
 Company you purchased product from (**Wholesaler**): _____

Wholesaler City/ State _____ **Wholesaler DEA#** _____
Form Completed by: _____ **Title:** _____
Signature: _____ **Date:** _____
Email: _____ **Phone:** _____

I have checked my stock for the recalled lot listed above <YES> or <NO> (Must circle one)

I have identified and notified my sub-accounts (retailers/pharmacies) that were shipped or may have been shipped affected recalled product <YES> or <NO> (Must circle one)

Do you have inventory of the recalled product from the lot number listed above <YES> or <NO> (Must circle one)

Please list inventory in your possession to be returned:

Lot #	Sealed Bottles Count	Unsealed / Partial Bottles Count
7261973A		
7261974A		