BUSINESS RESPONSE FORM

RECALL of Haloperidol Decanoate Injection 50mg/mL
(Retail Level)
(05/21/2024)

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 #_____
DEA # is required, if it is not provided, the processing of your form will be delayed.

Address_____

City_____ State_____ Zip_____

Contact Name (please print)_____ Telephone #_____

Contact Signature _____ Date_____

I have checked my stock and:

_____Do not have any stock of recalled **items**.

OR

I have quarantined and listed in the box below the quantity of recall units, and I will be returning 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 _____.

Item Description	NDC	Lot #	Qty returning
Haloperidol Decanoate Injection 50mg/mL, 1's count	70069-381-01	A230412A	
Haloperidol Decanoate Injection 50mg/mL, 10's count	70069-381-10	A230412B	

Wholesalers and Distributors only

☐ I have identified my customers that were shipped or may have been shipped this product. Attached is a list of customers with their contact details who received/may have received this product.

Event ID: RCL114-24 / N131163

If you did not purchase the product directly from the Manufacturer, please complete the below section.

Purchased from: Wholesaler Name _____DEA #_____

City_____ State_____

If you have any questions regarding this form or product return, please contact Inmar at 1-877-861-5871. Office hours 9am to 5pm EST Monday through Friday.

Please fax this form to: 1-817-868-5362 or E-mail to Rxrecalls@inmar.com or mail to: Inmar Pharmaceutical Services, Attn: Recall Coordinator, One West Fourth Street, Suite 500, Winston Salem, NC 27101

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