Glenmark Pharmaceuticals Inc.
RECALL RETURN RESPONSE FORM
Clindamycin Phosphate Foam 1%
100 g
(NDC 68462-605-94)
Retail Level
9/10/2026

Please fill out this form completely. By doing so, this will acknowledge that you have read and understood 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#:	Email:	
Contact Signature:	Date:	
DEBIT MEMO# (If unsure, leave blank):		

Wholesaler Information if not directly purchased from Glenmark Pharmaceuticals Inc.:

Wholesaler Name:	DEA#:	
City:	State:	Zip:

I have checked my stock and communicated to my customers at the appropriate level:

□ I confirm that all locations that received the impacted products have been notified to the Retail level _____(Initial and date)

□ I do not have any stock of the recall 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_____.

Recall Event ID N131524 RCL271-26

Clindamycin Phosphate foam 1% 100 g

Sr. No.	Item Description	NDC#	Lot#	Exp. Date	Total Full/ Sealed and Partial/ Open Can Count
1	Clindamycin Phosphate foam 1% 100 g	68462-605-94	14240600	November-2026	
2	Clindamycin Phosphate foam 1% 100 g	68462-605-94	14250040	December-2026	
3	Clindamycin Phosphate foam 1% 100 g	68462-605-94	14250207	April-2027	
4	Clindamycin Phosphate foam 1% 100 g	68462-605-94	14250213	April-2027	
5	Clindamycin Phosphate foam 1% 100 g	68462-605-94	14250363	July-2027	

If you have any questions regarding this form or product return, please contact Inmar at 888-270-0963.

Office hours are 9 AM to 5 PM EST, Mon through Fri.

Please fax this form to: 1-817-868-5362 or E-mail rxrecalls@inmar.com

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