

ANI Pharmaceuticals
URGENT: DRUG RECALL – RESPONSE FORM
Estradiol Gel 0.1%, 0.25mg, Lot Number M251109
Retail Level
5/12/2026



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: _____

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 ANI:

Wholesaler Name: _____

DEA#: _____

City: _____

State: _____

Zip: _____

Wholesalers:

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

I have checked my stock and:

I do not have any stock of the recalled items. **OR**

I have quarantined and listed in the box below the quantity of recalled units and I will be returning to Inmar, as soon as possible. Upon receipt of this Response Form, Inmar, will issue a return authorization label(s). Please indicate the # of needed box labels _____.

Product Name	NDC#	Lot#	Expiration Date	Total Quantity of Units to Return
Estradiol Gel 0.1%, 0.25mg	70954-531-20	M251109	Nov. 2027	

Any adverse events associated with recalled product No Yes (If Yes, explain on separate sheet)

If you have any questions regarding this form or product return please contact Inmar at **855.761.8938** (office hours 9am to 5pm EST Monday through Friday).

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

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