

PRODUCT RECALL RESPONSE FORM
URGENT DRUG RECALL- RETAIL

Please complete the required information and fax it to
or email to

1-817-868-5362
rxrecalls@inmar.com

To the Attention of Drug Safety/ Recall Services-Zydus Pharmaceuticals USA Inc.

Product Detail	NDC	Lot No.	Exp Date	No. of Bottle Purchased	No of the Bottles consumed	No. of bottles in Possession	No of Bottles to be returned
Fulvestrant Injection 250mg/5mL, (50mg/mL)	70710-1688-8	B200076	January 2024				

No. of Returns kit required: _____

Please mark as applicable

☐ We currently do not have any inventory of the above-listed Lot/bottles

☐ We are notifying our customers

☐ We have identified and notified my customers that were shipped or may have been shipped
this product by _____;

☐ Attached is the list of customers who received/ may have received this product. Please
notify my customers.

Any adverse event associated with recalled product? ☐ Yes ☐ No

If yes, please explain:

Please check appropriate box to describe your business

☐ Wholesaler/Distributor

☐ Retailers

Office of Regulatory Affairs

Zydus Pharmaceuticals (USA) Inc.

(A wholly owned subsidiary of Zydus Lifesciences Limited)

73 Route 31 North • Pennington, NJ 08534 | Phone: 609-730-1900 | Fax: 609-730-1999

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___ Repackager
___ Manufacturer
___ Pharmacy- Retail
___ Hospital/ Medical Facility
___ Hospital Pharmacies
___ Medical Laboratory
___ Other: _____

Name: _____

Title: _____

Tel Number: _____

Firm Name: _____

DEA# _____

Address: _____

City/ State: _____

If you have not purchased, the concerned lot directly from Zydus Pharmaceuticals USA Inc.,
then please provide details of your wholesaler: _____ (Name,
City) DEA# _____

Signature: _____

Date: _____

