



## PRODUCT RECALL RESPONSE FORM

### Mycophenolate Mofetil for Injection, USP 500mg /Vial

Product Description	NDC Number	Lot #	Date of Expiry
Mycophenolate Mofetil for Injection, USP	42023-172-04	AD812	09/2020

**NOTE:** NO other lots of Mycophenolate Mofetil for Injection, USP are affected by this market action.

**Please check ALL appropriate boxes:**

- ☐ I have read and understand the instructions provided in the Product Recall Letter.
- ☐ I have checked and I do not possess any quantity of Lot AD812
- ☐ I have checked and I do possess a quantity of Lot AD812.
  - Number of units on hand to be returned: \_\_\_\_\_
  - I have listed in the line above the quantity of units on hand to be returned.
  - Upon Inmar receipt of this Product Recall Response Form, Inmar will issue Return Authorization Labels. Please indicate the number of labels needed: \_\_\_\_\_

**Please fill out this section completely (Where Applicable):**

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Firm Name \_\_\_\_\_

DEA Number \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

**Non-Wholesale customers (Retail or Clinical Pharmacies) only: Please complete the following:**

Wholesaler Name \_\_\_\_\_ DEA# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Please fax this form to: 1-817-868-5362, or E-mail to: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**

If you have any questions regarding this form or product return please contact Inmar at extension 1 at 1-800-967-5952. Hours: Monday through Friday 9am to 5pm EST.