UNICHEM

RECALL STOCK RESPONSE FORM

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_____

Please complete; check ALL applicable

☐ I have read and understand the recall instructions provided in the recall letter and that this recall is now being carried out to the wholesale/retail level.

☐ I have checked my inventory and have quarantined the product consisting of _____ units.

☐ I have or will contact those further distributed to, to recall out to the wholesale/retail user level.

☐ Indicate disposition of this recalled product:

Item Description	Lot Number	NDC Number	QTY Returning
Clonidine Hydrochloride Tablets, USP, 0.3 mg, 100's pack	GCLH22005 Exp.: 02/29/2024	29300-137-01	

☐ Other: _____

Check the appropriate box(es) to describe your business:

☐ Wholesaler/distributor ☐ Hospital/medical facility

☐ Pharmacy-retail ☐ Other:_____

If you have any questions regarding this form or product return, please contact us at:

1-855-247-7487. Office hours Monday – Friday (9 am – 5 pm; EST).

PLEASE SEND THIS COMPLETED RECALL RESPONE FORM TO:

FAX: **1-817-868-5362** EMAIL TO: **rxrecalls@inmar.com**