Dr.Reddy's

RECALL STOCK RESPONSE FORM

RECALL of Imatinib Mesylate Tablets 100mg
(Retail Level)
02/17/2021

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.

Company Name _____DEA #_____

Debit Memo # _____Original Invoice # _____

DEA # and Debit Memo # is required, without it, processing of your form will be delayed.

Address_____

City_____ State_____Zip_____

Contact Name (please print)_____Telephone #_____

Contact Signature _____Date_____

I have checked my stock and:

_____Do not have any stock of the recalled **items**.

OR

I have quarantined and listed in the box below the quantity of recalled units I will be returning to Inmar. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) and will need_____ # of box labels.

Product Name	Batch #	NDC	Quantity Returned
Imatinib Mesylate Tablets 100mg, 90ct	H2000206	43598-344-90	
Imatinib Mesylate Tablets 100mg, (3X10) Blister pack	H2000138	43598-344-31	

Wholesalers and Distributors only

☐ I have identified my customers that were shipped or may have been shipped this product. Attached is a list of customers with their contact details who received/may have received this product.

Any adverse events associated with recalled product? □ Yes □ No

If yes, please explain: _____

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If you did not purchase the product directly from the Manufacturer please complete the below section.

Purchased from: Wholesaler Name _____DEA #_____

City_____ State_____

If you have any questions regarding this form or product return, please contact Inmar at 855-466-5261
Office hours 9am to 5pm (EST) Monday through Friday.

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