

MARKET WITHDRAWAL RETURN RESPONSE FORM

PRODUCT NAME: Ranitidine Tablets USP 300 mg and 150 mg

NDC#s

NDC#	Strength	Count	NDC#	Strength	Count
64380-803-03	150 mg	60's	64380-804-04	300 mg	30's
64380-803-06	150 mg	100's	64380-804-06	300 mg	100's
64380-803-07	150 mg	500's	64380-804-38	300 mg	250's
64380-803-08	150 mg	1000's	64380-937-38	300 mg	250's
64380-936-08	150 mg	1000's			

Lot Numbers: Refer to lot listing provided as Attachment 1

Please check ALL appropriate boxes.

☐ I have read and understand the market withdrawal instructions provided in the letter from Strides Pharma Inc. dated Apr 15 2020. I further understand that this market withdrawal is to be carried out to the retail level, and that it is my company's responsibility, as the distributor/wholesaler, to contact my customers at the retail level to request that they return all applicable lots to me.

☐ I have checked my stock and have quarantined inventory consisting of _____ <units or cases>. Lot numbers: _____

☐ I have contacted my customers (to the retail level) and have requested that they return to me all lots listed in Attachment 1 that were still within their inventory. My customers reported that they (collectively) had inventory consisting of _____ <units or cases>. Lot numbers: _____

☐ Indicate disposition of withdrawn product:

☐ returned (**specify quantity, date**) / held in Quarantine for return:

Any adverse events associated with withdrawn product? ☐ Yes ☐ NO

If yes, please explain: _____

Please complete this form and return via fax 817-868-5362 or email to rxrecalls@inmar.com

[Address: **Inmar Inc., 635 Vine St, Winston Salem, NC, 27101**]

Customer information:

Company DEA: _____ Company Name: _____

Company Address: _____

Company City: _____ State: _____ Zip: _____

Wholesaler: _____ Whsler DEA # _____

Whsler City : _____ Whsler State : _____

Email: _____

Sign/Date: _____

Name: _____

Title: _____

Tel. number: (_) _____