RECALL RESPONSE FORM

Product Recall Date: January 28, 2021

Glycopyrrolate Injection USP, 0.4mg/2mL

Voluntary Recall: Retail/Hospital Level

Please fill out this form completely. By doing so, you acknowledge and agree that you have read and understand the recall instructions and have taken the appropriate action.

Distributor Name_____DEA # *_____

**DEA # is required, if not provided the processing of your form will be delayed.*

Address_____

City_____State_____

Zip_____

Contact Name (please print)_____Telephone #_____

Contact Signature_____Date_____

Item description	NDC	Lot	Expiry	Quantity Returning
Glycopyrrolate Injection USP, 0.4mg/2mL	16729-472-08	M2013645	Aug 2022	

If you did not purchase the product directly from the Manufacturer please complete the following section:

Purchased from: Name _____

DEA #_____

Address_____

City_____State_____

Zip_____

I have checked my stock and:

_____Do not have any stock of the recalled product.

OR

_____Have quarantined and listed in the box above the quantity of units of Glycopyrrolate Injection USP, 0.4mg/2mL, NDC 16729-472-08, Lot M2013645 and will be returning them to Inmar, as soon as possible. Upon receipt of this Response Form, Inmar will issue a shipping label(s).

Please indicate the number of labels needed:_____

Please fax this form to: 1-817-868-5362 or E-mail at: rxrecalls@inmar.com. Questions - 1-855-667-8712.