



A Member of the Roche Group

RECALL STOCK RESPONSE FORM

April 20, 2021

RECALL at the Pharmacy Level of two specific lots of **Evrysdi™ (risdiplam) 0.75mg/1mL, NDC 50242-175-07**

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 _____

I have checked my inventory and:

_____ do not have any stock of the recalled **items**.

OR

I have quarantined and listed in the box below the quantity of recall units and I will be returning to Inmar, as soon as possible. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) Please indicate the # of needed box labels _____.

Item Description	NDC	Lot #	Qty returning
Evrysdi™ (risdiplam)	50242-175-07	B1001B05	
		B1001B08	

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

Purchased from:

Specialty Distributor Name: _____ DEA # _____

City _____ State _____

If you have any questions regarding this form or product return, please contact Inmar at 1-800-967-5952. Office hours 9am to 5pm EST Mon thru Fri.

Please fax this form to 1-817-868-5362 or e-mail rxrecalls@inmar.com