Kogenate FS

Product Name	NDC No.	Lot No.	Exp. Date	Quantity Returned
Kogenate FS 2000 IU w/ Vial Adapter	0026-3786-65	27118RK	06/2021	
Kogenate FS 2000 IU w/ Vial Adapter	0026-3786-65	27119CG	06/2021	

BUSINESS REPLY CARD

Bayer
Drug Recall Program
7/18/2019 (rev 8/21/2019)

Your timely response to this drug warning notification is requested. Please fill out and return this form within five (5) business days. Please FAX or EMAIL form to:

ATTN: INMAR - RECALL
Email: BayerRecalls@inmar.com
PHONE: 855-707-7518
FAX: 817-868-5362

Please make one selection in each section below.

Section A:

- ☐ We **have** stock of the above recalled product and will return the stock.
- ☐ We **do not have** stock of the above recalled product and will not be making a return.

Section B:

- ☐ We **have** notified all of our Consignees to the retail level to return the recalled product.
- ☐ We **do not have** any Consignees at the retail level for this lot.

Section C:

- ☐ We **have** received recalled patient-level product and it **will be** replaced
- ☐ We **have** received recalled patient-level product and it **will not be** replaced
- ☐ We **have not** received recalled patient-level product.

Bayer Account No. to Credit: _____

Date:
Name:
Company:
DEA Number:
Phone No.:
Email:
Signature:

Return Tracking No. For Reference:

***IF you have recalled product under multiple Bayer Account numbers, please complete this form for each account.*