



RECALL STOCK RESPONSE FORM

Clindamycin Injection USP 300mg/2mL ADD-Vantage (NDC #47781-462-69)

Clindamycin Injection USP 600mg/4mL ADD-Vantage (NDC #47781-463-69)

Clindamycin Injection USP 900mg/6mL ADD-Vantage (NDC #47781-464-69)

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.

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 _____

I have checked my stock and:

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

OR

Have quarantined and listed in the table below the quantity of recalled units. I will be returning the recalled units 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 _____.

Lot #	Exp. Date	Strength	Pkg Size	NDC	Quantity Being returned

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 1-800-967-5952 Office hours 9am to 5pm EST, Monday thru Friday.

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