



## **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](mailto:rxrecalls@inmar.com)**