RECALL STOCK RESPONSE FORM

RECALL of Product	Lot	NDC
Nystatin Oral Suspension, USP	C98F, C990, C9C2	00121-0868-16
Nystatin Oral Suspension, USP	C9E1	00121-0868-02
Cimetidine Hydrochloride Oral Solution	C62F	00121-0649-08
Ethosuximide Oral Solution	C9BC	00121-0670-16

Retail LEVEL
07/29/2021

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 stock 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
Nystatin Oral Suspension, USP	00121-0868-16	C98F	
Nystatin Oral Suspension, USP	00121-0868-16	C990	
Nystatin Oral Suspension, USP	00121-0868-16	C9C2	
Nystatin Oral Suspension, USP	00121-0868-02	C9E1	
Cimetidine Hydrochloride Oral Solution	00121-0649-08	C62F	
Ethosuximide Oral Solution	00121-0670-16	C9BC	

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

Purchased From: Wholesaler/Retailer Name _____DEA #_____

City_____ State_____
If you have any questions regarding this form or product return, please contact Inmar at 1-855-767-9755 Office hours 9am to 5pm EST Mon thru Fri.

Please Note: If you have further distributed any of the affected product lots, we ask that you notify these customers down to the Retail/Health Care Provider level. In the notification to your customers, you may want to include a copy of this form for reference.

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