

BUSINESS REPLY FORM

RECALL of Testosterone Cypionate Injection, USP 200 mg/ml

RETAIL LEVEL

February 15, 2023

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 _____.

Please indicate if you have notified all of your consignees to return the recalled product __Yes__No

Please indicate if you do not have any consignees for these lots _____



Item Description	NDC	Lot #	EXP DATE	Qty returnin g
Testosterone Cypionate Injection, USP 200 mg/ml 10 ml multi-does vial	52536-625-10	23804.034 A	SEP 2024	
Testosterone Cypionate Injection, USP 200 mg/ml 1 ml single dose vial	52536-625-01	23803.061 A	SEP 2024	

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 855-216-6215. Office hours 9am to 5pm EST Mon thru Fri.

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