

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