

URGENT DRUG RECALL

02/15/2023

Sr. No.	Product Name	NDC	Batch No.	Exp. Date
1.	Warfarin Sodium Tablets, USP 1 mg	57237-119-01	NB101596	4/30/2023

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand the withdrawal instructions and have taken the appropriate action.

Customer Name _____ DEA # _____

Address _____

City _____ State _____ Zip _____

Contact Name (please print) _____ Telephone # _____

Fax # _____

Contact Email _____

Contact Signature _____ Date _____

☐ I have read and understand the recall instructions provided in the letter.

☐ I have identified and notified my customers that were shipped this product.

I have checked my stock and:

☐ Do not have any stock of the recalled items.

OR

☐ I have quarantined and listed in the table below the quantity of recall units I will be returning to Inmar as soon as possible. Upon receipt of this Response Form, Inmar will issue a Return Authorization to be included with the product.

Product Description	NDC	Batch Numbers	Sealed bottle quantity to be returned	Open bottle quantity to be returned
Warfarin Sodium Tablets, USP 1 mg	57237-119-01	NB101596		

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

Purchased From: Wholesaler Name _____ Wholesaler DEA# _____

Any adverse events associated with recalled/failed product? No [☐] Yes [☐] If yes, please explain:

If you have any questions regarding this form or product return please contact Inmar Customer Service (1-866-256-7284) during the hours of 9am to 5pm EST, Monday through Friday.

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