



## **RECALL STOCK RESPONSE FORM**

### **RECALL of Lansoprazole Delayed-Release ODT (Retail Level) 04/15/2022**

**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. **If this form is not filled out correctly and in its entirety, you may not be eligible for credit.**

Company Name \_\_\_\_\_ DEA # \_\_\_\_\_

Debit Memo # \_\_\_\_\_ Original Invoice # \_\_\_\_\_

*\*DEA # and Debit Memo # is required, without it, 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 recalled units and will be returning to Inmar. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) and will need \_\_\_\_\_ # of box labels.

| Product Name  | Lot Number | NDC Number   | Quantity Returned |
|---|------------|--------------|-------------------|
| Lansoprazole Delayed Release Orally Disintegrating tablets (ODT), 30mg, 10 x 10 blister count | T2000645   | 43598-561-78 |                   |

#### **Wholesalers and Distributors only**

☐ I have identified my customers that were shipped or may have been shipped this product. Attached is a list of customers with their contact details who received/may have received this product.

Any adverse events associated with recalled product? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_



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**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 855-876-9895 office hours 9am to 5pm (EST) Monday through Friday.

**Please fax this form to: 1-817-868-5362 or E-mail: [RXrecalls@inmar.com](mailto:RXrecalls@inmar.com)**