Lannett

RECALL STOCK RESPONSE FORM

Triamterene and Hydrochlorothiazide Capsules USP 37.5 mg / 25 mg
VOLUNTARY RECALL – 11/09/2022

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.

Company Name _____

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

_____Have quarantined and listed in the box below the qty of recalled units 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 _____.

If Returning Pallets please indicate the number of pallets and the weight of each. _____pallet(s)_____weight

Email address for freight contact person _____

Lot #	Exp. Date	Strength	Pkg Size	NDC	Qty of btls returning

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

Purchased From: Wholesaler Name _____

City _____ State _____

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952 Office hours 9am to 5pm EST, Mon thru Fri.

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