

Leading Pharma, LLC

RECALL

Product Name – Clomipramine Hydrochloride Capsules USP, 25 mg

100 (Count)

Batch # B14221

Retailer Level

08/23/2022

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

Customer Name:		DEA #:
<i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i>		
Address:		
City:	State:	Zip:
Contact Name (Please Print):		
Telephone#:	Email:	
Contact Signature:	Date:	
DEBIT MEMO# (If unsure, leave blank):		

Wholesaler Information if not directly purchased from Leading Pharma LLC:

Wholesaler Name:	DEA#:
City:	State: Zip:

I have checked my stock and communicated to my customers at appropriate level:

- I confirm that all locations that received the impacted product have been notified to the retail level _____ (Initial and date)
- _____ I do not have any stock of the recalled item. **OR**

I have quarantined and listed in the box below the quantity of recalled 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_____.

Item Description	NDC#	Lot#	Exp Date	Total Quantity Returning (at lowest scannable unit level)
Clomipramine Hydrochloride Capsules USP, 25 mg	69315-167-01	B14221	02/2023	

If you have any questions regarding this form or product return, please contact Inmar at (855)-891-2097 Office hours 9am to 5pm EST Mon thru Fri.

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