

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 #: _____
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#: _____ 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