

RECALL STOCK RESPONSE FORM

RECALL of Guanfacine Extended-Release Tablets 2 mg

(Consumer Level)
(03/31/2021)

Please fill out this form completely. By doing so, this will acknowledge that you have read and understood the recall 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 # _____

Contact Signature _____ Date _____

Wholesaler Information if not directly purchased from Apotex:

Wholesaler Name: _____ Wholesaler DEA#: _____

Wholesaler City: _____ Wholesaler State: _____ Wholesaler Zip: _____

I have checked my stock and:

_____ Do not have any stock of the recalled **items**.

I confirm that all locations that have received the impacted products have been notified to the consumer level _____ (Initial and date)

OR

I have quarantined and listed in the box(es) below the quantity of recall 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 required box labels _____.

I confirm that all locations that have received the impacted products have been notified to the consumer level _____ (Initial and date)

Please see following table and indicate amount of product you have on hand in the appropriate column / row of the table.

Please return all pages together to avoid delays in return of product.

Product	Pack Size	Strength	NDC #	UPC Code	Lot #	Expiry Date	Qty. of Full Bottles to return	Qty. of Partial Bottles to return
Guanfacine Extended-Release Tablets	100 Tablets	2 mg	6050539281	360505392810	RX1662	11/2022		
					RX1663	11/2022		
					RX1664	11/2022		

If you have any questions regarding this form or product return, please contact Inmar at 1-855-697-4722. Office hours 9am to 5pm EST Mon thru Fri.

Please return this form by fax to: 1-817-868-5362 or E-mail rxrecalls@inmar.com or by mail to Inmar, Attn: Recall Coordinator, Inmar, 635 Vine Street, Winston Salem, NC 27101