Recall Return Response Form

RECALL RESPONSE FORM:
Dabigatran Etexilate Mesylate Capsules, 75 mg and 150 mg
Lot(s): 22142448, 22142449, 22142450, 22143845, 22142462, 22142463, 22142464, 22143000, 22143001, 22143002

Please check ALL appropriate boxes.

☐ I have read and understand the recall instructions provided in the Recall letter.

☐ I have checked my stock and have quarantined inventory consisting of
Lot number _____
Bottles _____ Tablets/Bottle (if opened) _____

☐ Indicate disposition of recalled product:
- Returned/Held for return- Quantity: _____, Date: _____ and Method: _____

☐ I have identified and notified my customers that were shipped/received or may have been shipped this product by Date: _____; Method of Notification: _____

Any adverse events associated with recalled product? ☐ Yes ☐ NO
If yes, please explain: _____

Please check the appropriate box (es) to describe your business

☐ Wholesaler/distributor	☐ Retailer
☐ Grocery corporate headquarters	☐ Food service/restaurant
☐ Repacker	☐ Manufacturer
☐ Pharmacy - retail	☐ Hospital/medical facility
☐ Hospital pharmacies	☐ Medical laboratory
☐ Other: _____	

Customer Name _____ DEA #_____

**DEA # is required, if not provided the processing of your form will be delayed.*

Address_____ City_____ State_____ Zip_____

Contact Name (please print)_____Telephone #_____

Contact Signature _____Date_____

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If you did not purchase the product directly from the Manufacturer, please complete the following section:

Purchased from: Name _____ DEA #_____

Address _____ City_____ State_____Zip_____

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