



Hikma Pharmaceuticals USA Inc.

## Recall Return Response Form Retail Level – 12/16/2022

### Ganciclovir for Injection, USP 500mg/ vial

Please complete and return this form immediately by FAX 1-817-868-5362 or email to [HikmaEvent@inmar.com](mailto:HikmaEvent@inmar.com).

**Please check ALL appropriate boxes:**

- ☐ I have read and understand the instructions provided in the enclosed **Ganciclovir for Injection, USP 500mg per vial** recall packet.
- ☒ I **have** checked my stock of the recalled product listed below and have quarantined inventory and will be returning the number of units shown below. Upon receipt of this Return Response Form, Inmar Rx Solutions, Inc., will issue return authorization shipping label(s) and a return kit.
- Please indicate the number of needed box labels \_\_\_\_\_.
- ☐ I **do not have** any stock of the below recalled product and will not be making a return.
- ☐ I **have** informed all my customers of the Retail Level Recall

**Recalled Products: Ganciclovir for Injection USP 500mg/vial**

Lot No.	Exp. Date	Product Packaging	NDC No.	Ship Dates	Total Full unit cartons (sealed)	Total Partial Units (opened cartons)
BQ0006	08/2023	500mg/ vial	0143-9299-10	10/08/2021-09/02/2022		

Company Name: \_\_\_\_\_ DEA# \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Name: *(please print)* \_\_\_\_\_

Contact Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you did not purchase the product directly from Hikma (formerly known as West-Ward) please complete the below section:**

Purchased From: Wholesaler Name \_\_\_\_\_ DEA # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- If you have any questions regarding this form or product return please contact **Inmar Rx Solutions, Inc.** at 877-540-1168 during office hours from 9:00am to 5:00pm EST, Monday through Friday.
- Please send this form to **Inmar Rx Solutions, Inc.** by FAX: 1-817-868-5362 or E-mail: [HikmaEvent@inmar.com](mailto:HikmaEvent@inmar.com).
- Please include a copy in the box with your returns to ensure proper credit.