

RECALL STOCK RESPONSE FORM

**RECALL of (AHP/BluePoint Laboratories labeled Anastrozole Tablets)
(Retail Level)
(05/08/2019)**

Please fill out this form completely. By doing so, this will acknowledge that you have read and understand 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 _____

I have checked my stock and:

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

OR

I have quarantined and listed in the box 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 needed box labels _____.

Product Description	BPL Lot No.	Expiration Date	Qty returning
Anastrozole Tablets, 1 mg, 30 count Bottles NDC#: 68001-155-04	M706675	5/31/2019	
	M711214	8/31/2019	
	M711215	8/31/2019	
	M711216	8/31/2019	
	M711217	8/31/2019	
	M802198	1/31/2020	
	M802199	1/31/2020	
	M805203	3/31/2020	
	M805204	3/31/2020	
	M805207	3/31/2020	
	M812455	6/30/2020	
	M815766	9/30/2020	
	M818633	10/31/2020	
	M818634	10/31/2020	
	M819858	11/30/2020	
Anastrozole Tablets, 1 mg, 1000 count Bottles NDC#: 68001-155-08	M819859	11/30/2020	
	M708569	5/31/2019	
	M711218	8/31/2019	
	M802197	1/31/2020	
	M805209	3/31/2020	
	M805946	3/31/2020	
	M812456	6/30/2020	
	M815767	9/30/2020	
	M818273	9/30/2020	
M819857	11/30/2020		

If you did not purchase the product directly from the Manufacturer, please complete the below section.

Purchased From: Wholesaler Name _____ DEA # _____
 City _____ State _____

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952. Office hours 9am to 5pm EST Mon thru Fri.

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