RECALL STOCK RESPONSE FORM

Product RECALL 11/9/2021 (Buprenorphine HCl Injection, 0.3 mg/ml)

VOLUNTARY RECALL – TO THE HOSPITAL/CLINIC LEVEL

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.

Returned by _____DEA #_____

**DEA Registration # 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_____

I have checked my stock and:

_____Do not have any stock of the recalled **items**.

OR

Have quarantined and listed in the box below the qty of recalled units 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.	Qty returning
Buprenorphine HCl, Injection 0.3mg/ml	42023-179-05 Cartons of 5 vials	343716	11/2021	
		350565	07/2022	
		26921	07/2022	
		36227	02/2023	

In addition, please check the appropriate response below:

_____We **HAVE** received complaints of adverse events associated with use of the product.

_____We **HAVE NOT** received complaints of adverse events associated with use of the product.

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

Purchased From: Wholesaler Name _____

City_____ State_____

If you have any questions regarding this form or product return please contact Inmar at 855-830-1180. Office hours: 7am to 5pm CDT Mon thru Fri.

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