

**RECALL STOCK RESPONSE FORM**

Lupin Pharmaceuticals Inc  
**RECALL**  
Lisinopril Tablets USP, 5mg  
Retail Level  
5/26/2020

**Please fill out this form completely.** By doing so, this will acknowledge that you have read and understand the withdrawal 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 Lupin:

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**.

**OR**

I have quarantined and listed in the box below the quantity of recalled 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 \_\_\_\_\_.

Item Description	NDC	Lot #	Qty returning
Lisinopril Tablets USP, 5mg	68180-513-03	Q900683	

If you have any questions regarding this form or product return please contact Inmar at 855-530-4639. Office hours 9am to 5pm EST Mon thru Fri.

**Please fax this form to: 1-817-868-5362 or E-mail [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)**