

## RECALL STOCK RESPONSE FORM

### RECALL of Divalproex Sodium Extended-Release Tablets (Retail Level) 01/31/2019

**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.

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

Debit Memo # \_\_\_\_\_ Original Invoice # \_\_\_\_\_

*\*DEA # and Debit Memo # is required, without it, 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 recalled units I will be returning to Inmar. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) and will need \_\_\_\_\_ # of box labels

Item Description	NDC	Lot	Quantity returned
Divalproex Sodium Extended-Release Tablets, 250mg, 100Count	55111-533-01	C802676	

#### **Wholesalers and Distributors only**

☐ I have identified my customers that were shipped or may have been shipped this product. Attached is a list of customers with their contact details who received/may have received this product.

**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) Monday through Friday.

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