RECALL STOCK RESPONSE FORM

Lupin Pharmaceuticals Inc
Recall
Gatifloxacin Ophthalmic Solution, 0.5%
Retail Level
10/18/2021

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_____

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
Gatifloxacin Ophthalmic Solution, 0.5%	68180-435-01	H002512	

If you have any questions regarding this form or product return please contact Inmar at 855-824-9449 Office hours 9am to 5pm EST Mon thru Fri.

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