

RECALL STOCK RESPONSE FORM

Lupin Pharmaceuticals Inc
RECALL
Cefixime for Oral Suspension USP, 100mg/5mL
Retail Level
4/272021

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
Cefixime for Oral Suspension USP, 100mg/5mL	68180-405-01	F900787	

If you have any questions regarding this form or product return please contact Inmar at 855-732-6072
Office hours 9am to 5pm EST Mon thru Fri.

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