

**Teva Pharmaceuticals USA, Inc.**

**URGENT DRUG RECALL – RETAIL LEVEL - INITIATED 11/04/2019**

**Valganciclovir Hydrochloride for Oral Solution 50 mg/1 mL**

**STOCK RESPONSE FORM**

**Please fill out completely**

**Date:** \_\_\_\_\_

**DIRECT CUSTOMERS ONLY:** Does this response include **all** DC locations?

☐ YES

☐ NO

Customer/Store Name: \_\_\_\_\_

DEA #: \_\_\_\_\_

*\*DEA # is required; if not provided the processing of your form will be delayed*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name (please print): \_\_\_\_\_ Telephone #: \_\_\_\_\_

Lot #	Exp. Date	Strength	Bottle Size	NDC	Quantity to Return (count partial as 1)
CBFCN	05/2020	50 mg/mL	100 mL (3.4 fl oz)	0591-2579-20	
CBHFG	05/2020	50 mg/mL	100 mL (3.4 fl oz)	0591-2579-20	

**I have checked my stock and:**

\_\_\_\_\_ I **do not** have stock of the recalled item(s) **OR** \_\_\_\_\_ I **do** have stock of the recalled item(s) listed above.

Please send me \_\_\_\_\_ shipping box labels

**NON DIRECT CUSTOMERS ONLY: Please complete the following:**

Purchased From (Wholesaler name): \_\_\_\_\_ DEA #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Please FAX this form to: 817-868-5362 or E-mail at: [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com) or mail to:  
Inmar, Attn: Recall Coordinator, Inmar, 635 Vine Street, Winston Salem, NC 27101.**

Inmar/MedTurn Use Only:

Scan	Labels	Store	Kit	D.B
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