

**URGENT DRUG RECALL  
BUSINESS RESPONSE FORM**

**12/10/2020**

PRODUCT DESCRIPTION	NDC#	LOT#	EXP DATE
Azacitidine for Injection 100mg/vial	69097-805-40	7S10182A	Sep 2021

**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 # \_\_\_\_\_

Address \_\_\_\_\_

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

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

Fax # \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ I have read and understand the recall instructions provided in the letter.

☐ I have identified and notified my customers that were shipped this product.

**I have checked my stock and:**

☐ Do not have any stock of the recalled items.

**OR**

☐ I have quarantined and listed in the table below the quantity of recall units I will be returning to QUALANEX as soon as possible. Upon receipt of this Response Form, QUALANEX will issue a Return Authorization to be included with the product.

Product Description	NDC	Lot Numbers	Sealed bottle quantity to be returned	Open bottle quantity to be returned
Azacitidine for Injection 100 mg/vial	69097-805-40	7S10182A		

**If you did not purchase the product directly from the Manufacturer, please complete the below section.**

Purchased From: Wholesaler Name \_\_\_\_\_ Wholesaler DEA# \_\_\_\_\_

Any adverse events associated with recalled/failed product? No ☐ Yes ☐ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

If you have any questions regarding this form or product return please contact Inmar Customer Service (1-800-967-5952 during the hours of 9am to 5pm EST, Monday through Friday.

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