

Rubicon Research Ltd. (formerly known as Rubicon Research Private Limited)

URGENT: DRUG RECALL – RESPONSE FORM

Acetazolamide Tablets, USP 125 mg, 100 count

Retail Level

08/27/2024

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#:
<i>DEA # is required, if it is not provided, the processing of your form will be delayed.</i>	

Address:		
City:	State:	Zip:

Contact Name (Please Print):	
Telephone#:	Email:

Contact Signature:	Date:
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DEBIT MEMO# (If unsure, leave blank):

Wholesaler Information if not directly purchased from Rubicon Research Ltd. (formerly known as Rubicon Research Private Limited):

Wholesaler Name:	DEA#:
City:	State: Zip:

I have checked my stock and:

- ☐ I confirm that all locations that received the impacted products have been notified to the retail level _____ (Initial and date)
- ☐ I 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 _____.

Product Name	Package Description	NDC#	Lot#	Expiration Date	Total Quantity of Units (full and partial bottles)
Acetazolamide Tablets USP 125 mg	(Count: 100's)	72888-047-01	30575HF1	Nov-26	

If you have any questions regarding this form or product return please contact Inmar at 866-945-0784 (office hours 9am to 5pm EST Monday through Friday).

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

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