



VOLUNTARY MARKET RECALL - RETURN RESPONSE FORM

Zatean™ -PN DHA, 30 count bottles

Please check ALL appropriate boxes:

- ☐ I have read and understood the Voluntary Market Recall letter accompanying this form.
- ☐ I have verified the quantity of my on-hand inventory of the Zatean™ -PN DHA lots.
- If your inventory is 0, please record that value in the table below.
 - If returning individual units, please complete the table below. Also, please let us know how many box labels you require _____
 - If Returning Pallets please indicate the number of pallets and the weights of each:
_____ Pallet(s) _____ Weight
Email Address for Freight Contact Person: _____

Wholesaler	
Name:	
Title:	
Tel. Number:	
Firm Name:	
Address:	
City/State/Zip	
DEA#:	
NPI:	

Lot	Expiration	Product Code	Quantity to be Returned
C1502283	09/2017	13811-580-30	
C1600399	02/2018	13811-580-30	
C1602166	09/2018	13811-580-30	

If product was not purchased directly from the Manufacturer please complete the below section.

Name:	
NPI and DEA No.	
Tel. Number:	
Address:	
City/State/Zip	
Wholesaler Name:	
Wholesaler DEA#:	

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952 Office hours 9am to 5pm EST, Mon thru Fri.

Completed response forms can be mailed, emailed or sent via fax to Inmar Pharmaceutical Services.
Attn: Recall Coordinator, 635 Vine St., Winston Salem, NC 27101. Email: rxrecalls@inmar.com. Fax: 817-868-5362.