

RECALL RESPONSE FORM

Testosterone Topical Solution 30mg/1.5ml

(Retail Level)

06/12/2019

Please fill out this form completely and return it immediately via the instructions below. By doing so, you acknowledge that you have read and understood the recall 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 _____

I have checked my stock and: (MARK ONE)

☐ Do not have any stock of the recalled drug product referenced above.

OR

☐ Have quarantined and listed below the quantity of withdrawn bottles. I will return the drug product to Inmar, as soon as possible. Upon receipt of this recall Response Form, Inmar, will issue return authorization label(s). Please indicate the number of return authorization label(s) required. _____.

| Item Description | NDC | Lot # | Qty returning |
|--|--------------|---------|---------------|
| Testosterone Topical Solution 30mg/1.5ml | 69097-363-44 | GH80480 | |
| Testosterone Topical Solution 30mg/1.5ml | 69097-363-44 | GH80481 | |

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

Purchased From: Wholesaler Name _____ DEA # _____

City _____ State _____

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