

**RECALL STOCK RESPONSE FORM**

**RECALL of GlipiZIDE Extended-release Tablets 2.5 mg, 30 count Unit Dose Blisters  
(Retail Level)  
(04/08/2019)**

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

\_\_\_\_\_ Do not have any stock of the recalled **items**.

**OR**

I have quarantined and listed in the box below the quantity of recall 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 \_\_\_\_\_.

Item Description	NDC	Lot #	Qty returning
GlipiZIDE Extended-release Tablets 2.5 mg, 30 count Unit Dose Blisters	Carton NDC#: 68084-295-21 (Individual Dose NDC: 68084-295-11)	181288	

**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 at 1-800-967-5952. Office hours 9am to 5pm EST Mon thru Fri.

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