

## PRODUCT RECALL RESPONSE FORM

### URGENT DRUG RECALL- RETAIL LEVEL

Please complete the required information and fax it to **1-817-868-5362**  
or email to [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)

**To the Attention of Drug Safety/ Recall Services-Zydus Pharmaceuticals USA Inc.**

Product	Bottle NDC Number	Lot Number	Expiry Date	No. of Bottles Purchased	No of the Bottles Consumed	No. of Bottles in Possession	No of Bottles to be returned
Venlafaxine Tablets, USP 75mg	68382-021-01	M314265	10/2025				

No. of Returns kit required: \_\_\_\_\_

Please mark as applicable

☐ We currently do not have any inventory of the above-listed Lot/bottles

☐ We are notifying our customers

☐ We have identified and notified my customers that were shipped or may have been shipped this product by \_\_\_\_\_;

☐ Attached is the list of customers who received/ may have received this product. Please notify my customers.

Any adverse event associated with recalled product? ☐ Yes ☐ No

If yes, please explain:

Please check appropriate box to describe your business

☐ Wholesaler/Distributor

☐ Retailers

☐ Repackager

**Office of Regulatory Affairs**

**Zydus Pharmaceuticals (USA) Inc.**

(A wholly owned subsidiary of Zydus Lifesciences Limited)

73 Route 31 North • Pennington, NJ 08534 | Phone: 609-730-1900 | Fax: 609-730-1999

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\_\_\_ Manufacturer

\_\_\_ Pharmacy- Retail

\_\_\_ Hospital/ Medical Facility

\_\_\_ Hospital Pharmacies

\_\_\_ Medical Laboratory

\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

DEA# \_\_\_\_\_

Address: \_\_\_\_\_

City/ State: \_\_\_\_\_

Phone number: \_\_\_\_\_

If you have not purchased, the concerned lot directly from Zydus Pharmaceuticals USA Inc.,  
then please provide details of your wholesaler: \_\_\_\_\_ (Name,  
City) DEA# \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

