



RECALL STOCK RESPONSE FORM

Product RECALL 05/15/2015 LEVALBUTEROL INHALATION SOLUTION USP 0.31MG/3ML

VOLUNTARY RECALL – Retail Level

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.

Company Name _____ DEA # _____

**DEA # is required, if not provide the processing of your form will be delayed.*

Address _____

City _____ State _____ Zip _____

Contact Name (please print) _____ Telephone # _____

Contact Signature _____ Date _____

If you did not purchase the product directly from the Manufacturer please provide wholesaler/distributor:

Purchased From: Wholesaler Name _____

City _____ State _____

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 qty of recalled units I will be returning to Inmar. Upon receipt of this Response Form, Inmar, will issue return authorization label(s) and will need _____ # of box labels

Item Description	NDC	Lot	Qty returning 25/pk
LEVALBUTEROL INHALATION SOLUTION USP 0.31MG/3ML	43598-412-25	FA4022	

Wholesalers and Distributors only

☐ I have identified my customers that were shipped or may have been shipped this product. Attached is a list of customers who received/may have received this product.(Cipla will send them notifications)

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952 Office hours 7am to 5pm Mon thru Fri.

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