

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

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
Chlorpromazine Hydrochloride Tablets, USP 10 mg	70710-1129-1	Z400069	12/2025				

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

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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___ Repackager

___ 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: _____

