LUPIN PHARMACEUTICALS, INC.

RECALL STOCK RESPONSE FORM

RECALL of Cefdinir for Oral Suspension USP, 125mg/5mL (60mL & 100mL)
Cefdinir for Oral Suspension USP, 250mg/5mL (60mL & 100mL)
(Retail Level)
(01/02/2019)

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 _____.

Product Name	NDC Number / Size	Batch Number	Expiry Date	Bottles Being Returned
Cefdinir for Oral Suspension USP 125mg/5ml	68180-722-20 / 60mL	F700329	01/2019	
		F700330	01/2019	
		F700328	01/2019	
		F700544	03/2019	
		F700545	03/2019	
		F700668	03/2019	
		F700669	03/2019	
		F700670	03/2019	
		F700958	04/2019	
		F701011	04/2019	
	68180-722-10 / 100mL	F700327	01/2019	
		F700392	01/2019	
		F700393	01/2019	
		F700663	03/2019	
		F700547	03/2019	
		F700546	03/2019	
		F700664	03/2019	
		F700967	04/2019	
		F701106	05/2019	
		F701107	05/2019	
		F701108	05/2019	
		F701109	05/2019	

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Product Name	NDC Number / Size	Batch Number	Expiry Date	Bottles Being Returned
Cefdinir for Oral Suspension USP 250mg/5ml	68180-723-20 / 60mL	F700037	12/2018	
		F700145	12/2018	
		F700163	12/2018	
		F700164	12/2018	
		F700248	12/2018	
		F700249	12/2018	
		F700321	12/2018	
		F700343	01/2019	
		F700344	01/2019	
		F700345	01/2019	
		F700346	01/2019	
		F700347	01/2019	
		F700376	01/2019	
		F700377	01/2019	
		F700415	01/2019	
		F700416	01/2019	
		F700417	01/2019	
		F700418	01/2019	
		F700419	02/2019	
		F700420	02/2019	
		F700492	02/2019	
		F700493	02/2019	
		F700508	02/2019	
		F700665	02/2019	
		F700784	04/2019	
	68180-723-10 / 100mL	F700035	12/2018	
		F700146	12/2018	
		F700322	12/2018	
		F700323	12/2018	
		F700324	01/2019	
		F700325	01/2019	
		F700326	01/2019	
		F700618	02/2019	
		F700619	02/2019	
		F700620	02/2019	

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