



Recall Return Response Form

Rasagiline Mesylate Tablets, 1mg
Lot Number: 22140903
Expiration Date: December 2024
NDC: 67877-260-30

Please check ALL appropriate boxes.

- I have read and understand the recall instructions provided in the Recall letter.
- I have checked my stock and have quarantined inventory consisting of
Lot number _____
Bottles _____ Tablets/Bottle(if opened)_____
- Indicate disposition of recalled product:
 - Returned/Held for return- Quantity: _____, Date: _____ and Method: _____
- I have identified and notified my customers that were shipped/received or may have been shipped this product by Date: _____; Method of Notification: _____

Any adverse events associated with recalled product? Yes NO

If yes, please explain: _____

Please check the appropriate box (es) to describe your business

- | | |
|---|--|
| <input type="checkbox"/> Wholesaler/distributor | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Grocery corporate headquarters | <input type="checkbox"/> Food service/restaurant |
| <input type="checkbox"/> Repacker | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Pharmacy - retail | <input type="checkbox"/> Hospital/medical facility |
| <input type="checkbox"/> Hospital pharmacies | <input type="checkbox"/> Medical laboratory |
| <input type="checkbox"/> Other: _____ | |

PLEASE CONTACT for Returns: Inmar at rxrecalls@inmar.com or toll free 877-544-4065

Firm Name: _____

Contact Person Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone: _____

Email: _____

DEA# _____