



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# _____