

PRODUCT RECALL RESPONSE FORM

RCL004-23 N130911

Calcitonin Salmon Nasal Spray, USP 200IU/0.09mL NDC# 49884-161-11

Product Description	NDC number	Lot #	Date of Expiry	Units to be returned
Calcitonin Salmon Nasal Spray	NDC# 49884-161-11	34770301	Apr-23	
		34770401	May-23	
		12981201	Nov-23	
		13037201	Dec-23	
		13037301	Feb-24	
		13647801	Feb-24	
		13722101	Mar-24	
		13980101	Apr-24	
		13980001	Apr-24	
		14461701	Jul-24	
		14461801	Jul-24	
		14706201	Aug-24	
		14935601	Oct-24	
		5500131A	Mar-25	
		5500132A	Mar-25	

Please check ALL appropriate boxes:

- ☐ I have read and understand the instructions provided in the Product Recall Letter.
- ☐ I have checked and I do not possess any quantity of
- ☐ I have checked and I do possess a quantities of the above lots as indicated in the above table
- I have listed in the box above the quantity of units currently available for returned.
- Upon Inmar receipt of this Product Recall Response Form, Inmar will issue Return Authorization Labels. Please indicate the number of labels needed: _____
- Any Adverse events associated with this product Yes ☐ No ☐

If yes, please explain: _____

Please fill out this section completely (Where Applicable):

Contact Name _____ Title _____

Telephone Number _____

Firm Name _____

DEA Number _____ Address _____

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

City _____ State _____ Zip _____

Contact Signature _____ Date _____

Non-Wholesaler customers (Retail Pharmacies) only: Please complete the following:

Wholesaler Name _____ DEA# _____

City: _____ State: _____

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

If you have any questions regarding this form or product return please contact Inmar at 855-699-2858. Hours: Monday through Friday 9am to 5pm EST.