

RECALL STOCK RESPONSE FORM
RECALL of Aripiprazole Tablets, USP 15 mg

(Retail Level)
(11/24/2020)

Please fill out this form completely. By doing so, this will acknowledge that you have read and understood the recall instructions and have taken the appropriate actions.

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 _____

Wholesaler Information if not directly purchased from Apotex

Wholesaler Name: _____ Wholesaler DEA #: _____

Wholesaler City: _____ Wholesaler State: _____ Wholesaler Zip: _____

I have checked my stock and confirm that:

☐ I do not have any stock of the recalled **lots**

☐ All locations that have received the impacted products have been notified to the retail level.

I have quarantined and listed in the box(es) 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 required box labels _____.

Product	NDC	UPC Code	Lot Number	Exp. Date (mm/yyyy)	Qty. of Full Bottles to return	Qty. of Partial Bottles to return
Aripiprazole Tablets, USP 15 mg 1000's and 30's Bottle	60505-2675-8	360505267583	PZ6716	02/2021		
	60505-2675-3	360505267538	PZ6715			

If you have any questions regarding this form or product return, please contact Inmar at 1-855-629-8666. Office hours 9am to 5pm EST Mon thru Fri.

Please return this form by fax to: 1-817-868-5362 or E-mail rxrecalls@inmar.com or by mail to Inmar, Attn: Recall Coordinator, Inmar, 635 Vine Street, Winston Salem, NC 27101