



PRODUCT RECALL RESPONSE FORM

URGENT DRUG RECALL- HOSPITAL LEVEL

Please complete the required information and fax to
or email to

1-817-868-5362
rxrecalls@inmar.com

To the Attention of Drug Safety/ Recall Services-Zydus Pharmaceuticals USA Inc.

Product Details: Ethacrynate Sodium for Injection USP 50mg/vial, NDC: 68382-246-01

Lot No.	Expiry	Pack Size	No. of Bottle Purchased	No of Bottles consumed	No. of bottles in Possession	No of Bottles to be returned
M804062	01/2020	50 mg/vial				
M804063	02/2020	50 mg/vial				
M804064	02/2020	50 mg/vial				

No. of Returns kit required: _____

Please mark as applicable

☐ We currently do not have any inventory of the above listed Lot/bottles

☐ We are notifying our customers

☐ We have identified and notified my customers that were shipped or may have been shipped this product by _____;

☐ Attached is the list of customers who received/ may have received this product. Please notify my customers.

Any adverse event associated with recalled product? ☐ Yes ☐ No

If yes, please explain:

Please check appropriate box to describe your business

☐ Wholesaler/Distributor

☐ Retailers

☐ Repackager

☐ Manufacturer

www.zydususa.com



___ Pharmacy- Retail

___ Hospital/ Medical Facility

___ Hospital Pharmacies

___ Medical Laboratory

___ Other: _____

Name: _____

Title: _____

Tel Number: _____

Firm Name: _____

Firm's DEA# _____

Address: _____

City/ State: _____

If you have not purchased, the concerned lot directly from Zydus Pharmaceuticals USA Inc., then please provide details of your Wholesaler

Wholesaler Name _____

Wholesaler DEA # _____

City, State _____

Signature: _____

Date: _____