

**PRODUCT RECALL RESPONSE FORM**  
**URGENT DRUG RECALL- RETAIL**

Please complete the required information and fax it to **1-817-868-5362**  
or email to [rxrecalls@inmar.com](mailto:rxrecalls@inmar.com)

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

Product Detail	NDC	Lot No.	Exp Date	No. of Bottle Purchased	No of the Bottles consumed	No. of bottles in Possession	No of Bottles to be returned
Estradiol Transdermal System, USP (Twice Weekly) 0.0375mg/day	7071011928	M400155	June-25				
Estradiol Transdermal System, USP (Twice Weekly) 0.0375mg/day	7071011928	M314660	May-25				
Estradiol Transdermal System, USP (Twice Weekly) 0.0375mg/day	7071011928	M310493	Jan-25				
Estradiol Transdermal System, USP (Twice Weekly) 0.0375mg/day	7071011928	M308397	Nov-24				
Estradiol Transdermal System, USP (Twice Weekly) 0.0375mg/day	7071011928	M305337	Oct-24				
Estradiol Transdermal System, USP (Twice Weekly) 0.025mg/day	7071011918	M311202	Feb-25				
Estradiol Transdermal System, USP (Twice Weekly) 0.025mg/day	7071011918	M311201	Jan-25				

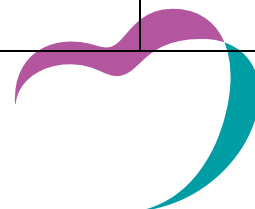
**Office of Regulatory Affairs**

**Zydus Pharmaceuticals (USA) Inc.**

(A wholly owned subsidiary of Zydus Lifesciences Limited)

73 Route 31 North • Pennington, NJ 08534 | Phone: 609-730-1900 | Fax: 609-730-1999

Page 1 of 3



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:

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Please check appropriate box to describe your business

☐ Wholesaler/Distributor

☐ Retailers

☐ Repackager

☐ Manufacturer

☐ Pharmacy- Retail

☐ Hospital/ Medical Facility

☐ Hospital Pharmacies

☐ Medical Laboratory

☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

DEA# \_\_\_\_\_

Address: \_\_\_\_\_

City/ State: \_\_\_\_\_

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Page 2 of 3



If you have not purchased, the concerned lot directly from Zydus Pharmaceuticals USA Inc., then please provide details of your wholesaler: \_\_\_\_\_ (Name, City) DEA# \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

