Qualitest
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Huntsville, AL 35811
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qualitestrx.com

Qualitest
an endo international company

RECALL RESPONSE FORM

Children's QPAP Acetaminophen Suspension, 160mg/5mL, 4FL Oz Bottle

VOLUNTARY RECALL – RETAIL LEVEL

PRODUCT DESCRIPTION	NDC NUMBER	LOT #	EXP DATE	Units Returning
Children's QPAP APAP Susp., Bubble Gum Flavor	0603-0841-54	L049J12A	9/14	
Children's QPAP APAP Susp., Bubble Gum Flavor	0603-0841-54	L067M12A	12/14	
Children's QPAP APAP Susp., Bubble Gum Flavor	0603-0841-54	L079B13A	3/15	
Children's QPAP APAP Susp., Bubble Gum Flavor	0603-0841-54	L079B13B	3/15	
Children's QPAP APAP Susp., Bubble Gum Flavor	0603-0841-54	L077E13A	5/15	
Children's QPAP APAP Susp., Bubble Gum Flavor	0603-0841-54	L010H13A	7/15	
Children's QPAP APAP Susp., Bubble Gum Flavor	0603-0841-54	L011J13A	8/15	
Children's QPAP APAP Susp., Bubble Gum Flavor	0603-0841-54	L101K13A	11/15	
Children's QPAP APAP Susp., Cherry Flavor	0603-0842-54	L084A13A	1/15	
Children's QPAP APAP Susp., Cherry Flavor	0603-0842-54	L095F13A	5/15	
Children's QPAP APAP Susp., Cherry Flavor	0603-0842-54	L027H13A	7/15	
Children's QPAP APAP Susp., Cherry Flavor	0603-0842-54	L102K13A	10/15	
Children's QPAP APAP Susp., Grape Flavor	0603-0843-54	L084G12A	7/14	
Children's QPAP APAP Susp., Grape Flavor	0603-0843-54	L097K12A	10/14	
Children's QPAP APAP Susp., Grape Flavor	0603-0843-54	L001B13A	3/15	
Children's QPAP APAP Susp., Grape Flavor	0603-0843-54	L001B13B	3/15	
Children's QPAP APAP Susp., Grape Flavor	0603-0843-54	L079D13A	5/15	
Children's QPAP APAP Susp., Grape Flavor	0603-0843-54	L102G13A	7/15	
Children's QPAP APAP Susp., Grape Flavor	0603-0843-54	L007J13A	8/15	

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

Store Name _____ DEA #_____

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

Address_____

City_____ State_____ Zip_____

Contact Name (please print)_____ Telephone #_____

Contact Signature _____ Date_____

I have checked my stock and:

_____Do not have any stock of the recalled products listed above.

(see next page)

OR

Have quarantined and listed in the box above the quantity of units the above product lots. I will be returning to CLS MedTurn, an Inmar company, as soon as possible. Upon receipt of this Response Form, CLS MedTurn, an Inmar company, will issue return authorization labels _____(please indicate the # of box labels needed.)

If you did not purchase the product directly from the Manufacturer please complete the below section.

Purchased From: Name _____DEA #_____

Address_____

City_____ State_____ Zip_____

If you have any questions regarding this form or product return please contact CLS MedTurn, an Inmar company at 1-800-967-5952

Please fax this form to: 1-817-868-5362 or E-mail at: recallnotice@inmar.com