

Teva Pharmaceuticals USA Inc.

URGENT DRUG RECALL – RETAIL LEVEL – Initiated 4/2/2012

STOCK RESPONSE FORM

Mefloquine Hydrochloride Tablets, 250mg

Please fill out completely

Date: _____

DIRECT CUSTOMERS ONLY: Does this response include all DC locations? YES NO

Customer/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 #: _____

| Lot # | Exp. Date | Size | QTY to Return (Single 1 x 5 blister pack) NDC # 0555-0171-88 | QTY to Return (5 x 5 Blister packs / Carton) 0555-0171-78 |
|-----------|-----------|-----------|--------------------------------------------------------------------|-----------------------------------------------------------------|
| 34000741A | 7/2013 | Unit dose | | |

I have checked my stock and:

___ I **do not** have stock of the recalled item(s) OR ___ I **do** have stock of the recalled item(s) listed above.

Please send me _____ shipping box labels

NON DIRECT CUSTOMERS ONLY: Please complete the following:

Purchased From (Wholesaler name): _____

DEA #: _____

City: _____

State: _____

Inquiries regarding this recall are to be directed to the following:

Recall Stock Response forms - If your return kit is not received between 7-10 business days contact Inmar at 800-967-5952, Option 1 then Option 3. Please **do not resubmit** response form.

Customer service related questions - contact Teva Customer Services at 800-545-8800

Medical related questions - contact Teva Medical Affairs 215-641-6974

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

Inmar/MedTurn Use Only: _____

Scan

Labels

Store

Kit

D.B