

RECALL STOCK RESPONSE FORM

Product RECALL 10/02/2014 (LOCOID 0.1% CREAM)

VOLUNTARY RECALL – Class TBD

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.

Distributor Name _____ DEA # _____

**DEA # is required, if not provide 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 **items**.

OR

Have quarantined and listed in the box below the qty of recalled units 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 needed box labels _____.

If Returning Pallets please indicate the number of pallets and the weight of each. _____ pallet(s) _____ weight

Email address for freight contact person _____

Item Description	NDC	Lot	Qty returning
LOCOID 0.1% CREAM	16781-382-15	13052B	

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

Purchased From: Wholesaler Name _____ DEA # _____

City _____ State _____

If you have any questions regarding this form or product return please contact Inmar at 1-800-967-5952 Office hours 7am to 5pm Mon thru Fri.

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