

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

DATA BASE _____ ST LOAD _____ SCANNED _____ RA LABELS _____ KIT _____