

Teva Pharmaceuticals USA Inc.

URGENT DRUG RECALL – RETAIL LEVEL - INITIATED 2/10/2011

STOCK RESPONSE FORM

Lansoprazole Delayed Release Capsules, USP 30 mg

Please fill out completely

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	NDC #	Qty. to Return (Bottles)
44L026	12/2011	0093-7351-56	

Customers who did not purchase the product directly from the manufacturer must complete the following:

Purchased From: Name _____ DEA #: _____

Address: _____

City: _____ State: _____ Zip: _____

I have checked my stock and:

_____ I do not have any stock of the recalled items.

OR

I have quarantined and listed in the Stock Response Forms provided the quantity of units of **Lansoprazole Delayed Release Capsules, USP 30 mg** and will be returning to Inmar. Upon receipt of this Stock Response Form, Inmar, will issue a recall return authorization and shipping label(s) _____ (please indicate the # of box labels needed)

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

Recall Stock Response forms **OR** product return information only - contact Inmar at 1-800-967-5952

Customer service related questions - contact Teva Customer Services at 1-800-545-8800

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

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

Inmar/MedTurn Use Only:

Scan	Labels	Store	Kit	D.B
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