



An AmerisourceBergen Company

RECALL STOCK RESPONSE FORM

RECALL of (AHP Desmopressin Acetate Tablets 30 count Unit Dose Blisters, 0.1 mg – Carton NDC#: 68084-606-21, (Individual Dose NDC: 68084-606-11) and 0.2 mg – Carton NDC#: 68084-604-21, (Individual Dose NDC: 68084-604-11)

(Retail Level)
(02/07/2020)

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

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.

Customer Name _____ DEA# _____

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

Address _____

City _____ State _____ Zip _____

Contact Name (please print) _____ Telephone # _____

Email: _____

Contact Signature _____ Date _____

I have checked my stock and:

_____ Do not have any stock of the recalled items. OR

_____ I have quarantined and listed in the box below the quantity of recall units and 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

Product Description	AHP Lot No.	Expiration Date	Quantity Returning
AHP Desmopressin Acetate Tablets 0.1 mg 30 count Unit Dose Blisters Carton NDC#: 68084-606-21 (Individual Dose NDC: 68084-606-11)	181109	04/30/2020	
AHP Desmopressin Acetate Tablets 0.2 mg 30 count Unit Dose Blisters Carton NDC#: 68084-604-21 (Individual Dose NDC: 68084-604-11)	180510	03/31/2020	
	181912	04/30/2020	

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 9am to 5pm EST Mon thru Fri.