AMERICAN HEALTH PACKAGING®
An AmerisourceBergen Company

RECALL STOCK RESPONSE FORM

RECALL of (AHP Ranitidine Syrup (Ranitidine Oral Solution USP) 150 mg/10 mL Liquid Unit Dose Cups)

(Retail Level)
(11/01/2019)

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 #_____

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

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Product Description	AHP Lot No.	Expiration Date	Quantity Returning
AHP Ranitidine Syrup (Ranitidine Oral Solution USP) 150 mg/10 mL Liquid Unit Dose Cups Case NDC#: 60687-260-23 (Individual Dose NDC: 60687-260-42)	183723	10/31/2020	
	184278	10/31/2020	
	187652	05/31/2021	
AHP Ranitidine Syrup (Ranitidine Oral Solution USP) 150 mg/10 mL Liquid Unit Dose Cups Case NDC#: 60687-260-69 (Individual Dose NDC: 60687-260-42)	177874	01/31/2020	
	178413	02/29/2020	
	183449	10/31/2020	
	184445	12/31/2020	
	186563	03/31/2021	

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.