



SAGENT®

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CUSTOMER RECALL RETURN RESPONSE FORM

PLEASE FAX COMPLETED RESPONSE FORM TO 1-901-368-6903 (ATTN: QA Dept). May also be e-mailed to DDNRegulatory@ddnnet.com.

Product	Lot Number	NDC Number	Distribution Dates
Oxacillin for Injection, USP, 10g	OXT515 - Exp date: July 2017	25021-163-69	November 2015 – December 2015

- I have read and understand the sub-recall instructions provided in the Customer Notification/Recall Communication letter dated June 13, 2016.
- I have checked my stock and have quarantined inventory consisting of _____ units (individual packs).

Indicate disposition of recalled product:

Disposition	Quantity (packs)	Date	Method
<input type="checkbox"/> returned			
<input type="checkbox"/> quarantined			

- I have identified and notified my customers that were shipped or may have been shipped this product and have communicated that we are conducting a sub-recall to our direct account customers.

Date of communication: _____

Method of communication: _____

Have there been any Adverse Events associated with recalled product? Yes NO

If yes, please explain: _____

Please check the appropriate box(es) to describe your business			
<input type="checkbox"/> wholesaler/distributor	<input type="checkbox"/> retailer	<input type="checkbox"/> pharmacy – retail	<input type="checkbox"/> hospital pharmacies
<input type="checkbox"/> hospital/medical facility	<input type="checkbox"/> medical laboratory	<input type="checkbox"/> Other: _____	

Please Complete Contact Information for Person Completing Response:	
Name:	
Title:	
Tel Number:	
Facility:	
Address:	
City, State, Zip:	
Date:	