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CUSTOMER RECALL RETURN RESPONSE FORM

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

Product	Lot Number	NDC Number	Distribution Dates
Fluconazole Injection, USP (in 0.9% Sodium Chloride), 200mg per 100mL	40608 - Exp date May 2017	25021-113-82	November 2014 – December 2014

☐ I have read and understand the sub-recall instructions provided in the Customer Notification/Recall Communication letter dated March 1, 2016.

☐ I have checked my stock and have quarantined inventory consisting of _____ units (individual bags).

Indicate disposition of recalled product:

Disposition	Quantity (bags)	Date	Method
☐ returned			
☐ 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

☐ wholesaler/distributor ☐ retailer ☐ pharmacy – retail ☐ hospital pharmacies

☐ hospital/medical facility ☐medical laboratory ☐Other:_____

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