



## **CUSTOMER REQUIRED ACTION**

### **1. If you have product in your possession:**

- Immediately discontinue use and/or sale of affected product lots and place in quarantine.
- Complete the enclosed Customer Verification Form, within 10 days, indicating the quantity of product to be returned from your inventory.
- Fax completed Customer Verification Form to 1-888-444-5754 or scan and e-mail to quality@drugcheck.com
- Upon receipt of your Customer Verification Form, we will initiate shipment of replacement product in the quantity indicated on the form and contact you to arrange product return.
- Return product as directed.

### **2. If you have no remaining product in your possession:**

- Complete the enclosed Customer Verification Form, within 10 days, indicating "We do not have any affected product."
- Fax completed Customer Verification Form to 1-888-444-5754 or scan and e-mail to quality@drugcheck.com

### **3. If you have distributed any affected product to other facilities or customers:**

- You are required to notify your customers/other facilities by providing them with this notice.
- Alternatively, you may provide EDI with your consignee list so that they may notify customers on your behalf (quality@drugcheck.com).

### **4. Share this information with your staff and retain this notification as part of your records.**