



SAGENT®

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CUSTOMER RECALL RETURN RESPONSE FORM

PLEASE FAX COMPLETED RESPONSE FORM TO 1-901-368-6903 or EMAIL TO DDNRegulatory@ddnnet.com

Product	Lot Numbers	NDC Number
Methylprednisolone Sodium Succinate for Injection, USP, 40mg	AJM601	25021-807-05
	AJM701	25021-807-05
	AJM702	25021-807-05
Methylprednisolone Sodium Succinate for Injection, USP, 125mg	AJN601	25021-808-10
	AJN701	25021-808-10
	AJN702	25021-808-10
Methylprednisolone Sodium Succinate for Injection, USP, 1g	AJP701	25021-810-30
	AJP702	25021-810-30
	AJP601	25021-810-30
	AJP703	25021-810-30

Please check ALL appropriate boxes.

I have read and understand the recall instructions provided in the Customer Notification/Recall Communication letter dated March 5, 2018.

I have checked my stock and have quarantined inventory consisting of _____ units.

Indicate disposition of recalled product:

Disposition	Lot	Quantity	Date	Method
<input type="checkbox"/> returned				
<input type="checkbox"/> destroyed				
<input type="checkbox"/> relabeled				
<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. This recall should be carried out to the user level.

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:	