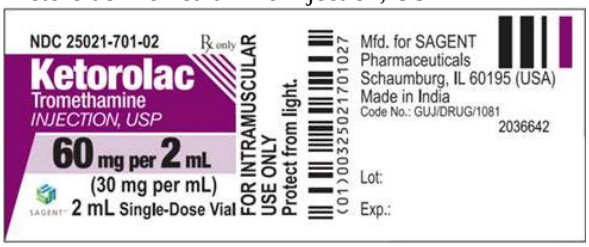
Sagent Pharmaceuticals, Inc.

1901 N. Roselle Road, Suite 450
Schaumburg, Illinois 60195
(847) 908-1600 Main
(847) 908-6999 Fax
www.SagentPharma.com

CUSTOMER RECALL RETURN RESPONSE FORM

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

Product	Lot Number	Expiration Date	NDC Number	Distribution Dates
Ketorolac Tromethamine Injection, USP 	M813513	Feb-2020	25021-701-02	January - March 2019

Please check ALL appropriate boxes.

☐ I have read and understand the recall instructions provided in the Customer Notification/Recall Communication letter dated April 30, 2019.

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

Indicate disposition of recalled product:

Disposition	Lot	Quantity	Date	Method
☐ returned				
☐ destroyed				
☐ relabeled				
☐ 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:	