|  |  |
| --- | --- |
| **Pharmacy Name** |       |
| **Telephone Number** |       |

The below form should be completed and returned to United Drug **immediately** at Fax Number + 353 1 463 2401. **Please respond, even if you do not have any stock of the affected batch.**

Should the fax fail, please phone the **United Drug Quality Department at 01 463 2300**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product** | **Batch** | **Expiry** | **Quantity quarantined** | **Quantity dispensed** |
| Epipen 300MCG Single Pack | 5FA665G | 31.05.2017 |       |       |

These units will be directly uplifted from your pharmacy by United Drug, they should not be returned by you to your wholesaler. Please retain the original copy of this fax-back form to be returned with the affected units.

Should any further units be returned from patients to your pharmacy please contact the **Quality Department at 01 463 2300** to advise on quantities returned and to organize uplift of the units with the aim of having all units returned by 30th April 2017.

Please sign below indicating that you have read and understood the recall notification and that the quantities indicated by you in the table above are accurate as on the date signed below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Pharmacist Name (Print)** |       |  | **Pharmacy Stamp** |
| **Pharmacist Name (Sign)** |       |  |
| **Date** |       |  |
| **Time** |       |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Prescriber Name(s)** | **Address(es)** | **Telephone Number(s)** |
|       |       |  |
|       |       |       |
|       |       |       |
|       |       |       |

Please complete details of the patients’ prescribers below, so that those prescribers can be informed of the recall, should patient follow-up be required.