

<b>Pharmacy Name</b>	
<b>Telephone Number</b>	

The below form should be completed and returned to United Drug **immediately** at Fax Number 01 +353 1 463 2404.

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

Product	Batch	Expiry	Quantity quarantined	Quantity dispensed
Viridal Duo 10 micrograms/ml	5692601	05/2019		
Viridal Duo 40 micrograms/ml	5678701	11/2018		
Viridal Duo 40 micrograms/ml	5678704	11/2018		
Viridal Duo 40 micrograms/ml	5678706	11/2018		
Viridal Duo 40 micrograms/ml	5683201	03/2019		
Viridal Duo 40 micrograms/ml	5683204	03/2019		

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 the end of March 2017.

P.T.O.



Fax Back Form

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.

<b>Pharmacist Name (Print)</b>	
<b>Pharmacist Name (Sign)</b>	
<b>Date</b>	
<b>Time</b>	

<b>Pharmacy Stamp</b>
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