

**PrimeZen Black 6000**

**lot numbers [NPINPB 1003] and expiration dates 08/16/2025**

**Please check ALL appropriate boxes.**

□ I have read and understand the recall instructions provided in the 2/17/2023 letter.

□ I have checked my stock and have quarantined inventory consisting of 53 units

□ Indicate disposition of recalled product:

□ returned (**specify quantity, date and method**)/held for return;

□ destroyed (**specify quantity, date and method**);

□ relabeled (**specify quantity and date**);

□ quarantined pending correction (**specify quantity**);

□ transfused – Blood or blood products (**specify date and quantity**);

□ implanted (**specify date and quantity**)

□ I have identified and notified my customers that were shipped or may have been

shipped this product by (**specify date and method of notification**);

Attached is a list of customers who received/may have received this product. Please notify my customers.

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

□ grocery corporate headquarters □ food service/restaurant

□ repacker □ manufacturer

□ pharmacy □ retail □ hospital/medical facility □ hospital pharmacies □ medical laboratory

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. number: \_\_\_\_\_\_\_\_\_\_\_\_