

Influenza Vaccine Return Form

INSTRUCTIONS:

Already have a debit memo - Request the required Return Authorization (RA) labels from Inmar in 1 of 2 ways:

- Upload a PDF copy of your debit memo https://returns.healthcare.inmar.com
- E-mail your debit memo to rarequest@inmar.com. Include the NDC# and lot# assigned to each

If you do not have a debit memo - Complete the forms below and email them to: rarequest@inmar.com

Once completed:

- One or multiple box label(s) for your return will be emailed to you from Inmar referencing the "Debit Memo/ PO#" of your choosing entered below. This will be used on your credit memo for your internal reference #.
- Include the RA box label(s) with your return. Each box requires its own RA box label placed on the outside along with a shipping label.
- Seqirus is not responsible for any return associated costs.
- Returns received without the RA box labels may cause a delay in crediting your account.
- Returns must be received by Inmar no later than June 30th or your contractual return date; whichever is later.
- Send returns to:

Inmar RX Solutions 3845 Grand Lakes Way Suite 125 Grand Prairie, TX 75050

Please keep a copy	of this for	m and the product	t return tracking	information i	for vour records.
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Customer Information						
Customer Email Address:						
Debit Memo/PO#:						
Organization's Name:						
Seqirus Sold to Account #:		DEA #:				
Seqirus Ship to Account # (or Store #):		Street Address:				
City:	State:	Zip:	Phone:			
How was product purchased?						
□ Direct from Seqirus						
Wholesaler:						

Returns Product Information						
Product Name	NDC#	Quantity (Doses)	Batch/Lot#			

All returns are subject to customer's contract or the CSL Seqirus terms and conditions. The Returning Party will pay transportation charges. CSL Seqirus shall not pay or give reimbursement for transportation, service, handling, or processing fees.