

Influenza Vaccine Return Form

INSTRUCTIONS:

Already have a debit memo - Request the required Return Authorization (RA) form 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 item.

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

Once debit memo portion is completed:

- A box label for your return will be emailed to you from Inmar.
- Include the completed RA box label with your return. Each box requires its own RA box label placed on the outside.
- Returns received without the RA 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.
- Seqirus is not responsible for any return associated costs.
- **Send returns to:**
 Inmar RX Solutions
 3845 Grand Lakes Way
 Suite 125
 Grand Prairie, TX 75050

Questions about your RA? Contact Inmar at 1-800-967-5952 (option 3) or email RXCustomerService@Inmar.com,

Customer Information Form			
Customer Name			
Seqirus Customer Account #		DEA #	
Store or Dist. Name/#		Street	
City	State	Zip	Phone
How was product purchased?			
<input type="checkbox"/> Direct from Seqirus <input type="checkbox"/> Wholesaler: _____			

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

All returns are subject to customer’s contract or the Seqirus terms and conditions.

The Returning Party will pay transportation charges. Seqirus shall not pay or give reimbursement for transportation, service, handling, or processing fees.

