Influenza Vaccine Return Form
No Debit Memo Available

Seqirus
A CSL COMPANY

Return Authorization Request Instructions
1. Complete this form, listing an estimate of all vaccine products to be returned. 2. Email this form to rarequest@inmar.com. 3. Inmar Pharmaceutical Services will reply with a box label to be used with your Return Shipment. 4. Return Shipment must be received in by Inmar no later than June 30th 2020.

Customer Information			
Customer Name:			
Store or Dist. Name/#:		Street:	
City:	State:	Zip:	Phone:
How was the product purchased?	From Seqirus Directly ☐	Through a Third Party ☐	

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

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.

For questions regarding Inmar's Return Authorization process,
please contact Inmar Customer Service.
Phone: 800-967-5952, option 3
Fax: 817-868-5343

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