

## 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](mailto: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](mailto:rarequest@inmar.com)

### Once debit memo portion is completed:

- One or multiple box label(s) for your return will be emailed to you from Inmar.
- 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 30<sup>th</sup>** 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 form and the product return tracking information for your records.

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

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

**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.

