

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

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:

- 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 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 form and the product return tracking information for your records. *Questions about your RA? Contact Inmar at RXCustomerService@Inmar.com*

Customer Information Form			
Debit Memo/PO #:			
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: _____			

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.

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