



Facsimile Reply Form:

1. First, fill in details required on this form, and fax it back to Sandoz
2. Then send a copy of this fax, together with any stock you may have which is being recalled, to your wholesaler.

To: Sandoz Pty Ltd

Attention: Maureen Prosser

Facsimile No.: (02) 9566 1458 or (02) 9660 4700

Number of Pages 1

Date 4 June, 2010

Concerning Metronidazole Sandoz IV 500mg/100mL Injection Solution Bag
Batch Number: All Batches

From:

(Name & address of Hospital/Pharmacy)

Contact Persons:

(please print)

Telephone No.:

Facsimile No.:

- We DO NOT have stock of Metronidazole Sandoz IV 500mg/100mL Injection Solution Bag which is being recalled
- We DO have stock of Metronidazole Sandoz IV 500mg/100mL Injection Solution Bag which is being recalled

Please tick the relevant box above to indicate whether you have stock of Metronidazole Sandoz IV 500mg/100mL Injection Solution Bag.

If you do have stock, please complete details of the quantity and batch numbers in the box below to indicate how many units of the product you are returning.

Batch Number(s)	Quantity (in bags) (note 10 bags in each pack)	Batch Number(s)	Quantity (in bags) (note 10 bags in each pack)
	bags		bags
	bags		bags
	bags		bags
	bags		bags

Signature: _____ Date: _____