

## 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

If you do not have a debit memo – Complete the forms below and email them to: [rarequest@inmar.com](mailto:rarequest@inmar.com)

Once completed:

- One or multiple box label(s) for your return will be emailed to you from Inmar referencing the “Debit Memo/ PO#” of your choosing entered below. This will be used on your credit memo for your internal reference #.
- 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.*

Customer Information			
Customer Email Address:			
Debit Memo/PO#:			
Organization's Name:			
Seqirus Sold to Account #:		DEA #:	
Seqirus Ship to Account # (or Store #):		Street Address:	
City:	State:	Zip:	Phone:
How was product purchased? <input type="checkbox"/> Direct from Seqirus <input type="checkbox"/> Wholesaler: _____			

