

URGENT DRUG RECALL



<i>Product</i>	<i>NDC Number</i>	<i>Lot</i>	<i>Expiration Date</i>
Pediatric Atropine Sulfate Injection, USP, 0.25 mg (0.05 mg/mL), 5 mL Ansyr™ Syringe	0409-9630-05	82-397-EV*	1 OCT 2011

* Note: the lot number may be followed by 01

August 05, 2011

Dear Valued Customer:

Hospira, Inc. is voluntarily recalling one lot of Atropine Sulfate Injection, USP identified above due to a confirmed out of specification result at the 18 month stability testing interval for total impurities.

This lot was distributed December 2009 through March 2011.

Hospira has initiated an investigation to determine the cause and preventive actions. We have not received reports of any adverse events associated with this issue. This recall is being conducted as a precautionary measure. Hospira has notified the U.S. Food and Drug Administration.

Please check your inventory and immediately quarantine any affected product. Complete the attached Reply Form and return it to the number on the form, even if you do not have the affected product. Inform healthcare professionals in your organization of this recall.

This recall is being conducted to the medical facility level. Therefore, **if you have distributed the product further, notify your accounts that received the product identified above** of this recall and ask them to fax the reply form to the number on the form and follow the instructions provided on the form for returning product.

Return affected product to Stericycle using the label provided with this letter. Call Stericycle at 1-888-889-2699 if you have not received a return label or require additional labels for returning the affected product. To ensure proper and timely credit, follow the instructions on the reply form for returning the product, include your Hospira customer number (if applicable) and information about your wholesaler/distributor from whom you purchased the affected product (if applicable), and include a copy of your PO, Debit Memo or Invoice showing the purchase price on the outside of the package being shipped (e.g. case, pallet).

Replacement product is available from other lots. Please contact Hospira Customer Care at 1-877-946-7747 or your Hospira representatives to order replacement product.

For medical inquiries, please call Hospira Medical Communications at 1-800-615-0187.

Hospira is committed to providing our customers with the highest level of service and product quality. We appreciate your cooperation, and we regret any inconvenience this action may cause.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Patwardhan", with a horizontal line underneath.

Bhalchandra H. Patwardhan
Vice President Quality - North Carolina
2467_01_01AS

Hospira, Inc.
275 North Field Drive
Lake Forest, IL 60045
(224) 212-2000
www.hospira.com

FA106-01 (6)

Urgent Drug Recall Reply Form – Response Required
Pediatric Atropine Sulfate Injection, USP, 0.25 mg (0.05 mg/mL)
NDC# 0409-9630-05 Lot 82-397-EV



Check your inventory and complete the information below, even if you do not have the affected product.
Failure to complete all sections of this page may result in improper, delayed or denied credit.

Required Information	
Business Name _____	Phone Number _____
Address/City/State/Zip _____	DEA # _____
Hospira Customer Number (ship to #) if applicable _____	Your reference # (e.g. PO, Debit Memo or Invoice #) _____
Completed by: Printed Name/Signature/Date _____	

- I have **NO** affected product (fill out and return the form to Stericycle at the fax/e-mail below.)
- I have affected product (fill out and return the form to Stericycle via the fax/e-mail below and return the product per instructions below.)

If you did not purchase the product directly from Hospira, complete the information below to receive credit:

Lot Number	Wholesaler/Distributor Name <small>If you purchased from Wholesalers/Distributors include name, address, city, state, zip, quantity from each, name, and invoice number. If you purchased directly from Hospira leave this section blank</small>	QTY	PO, Debit memo or Invoice
1.			
2.			

If affected product is not being returned, please explain:

- ✓ Have you distributed the product further to the retail level? YES___ NO___
- ✓ If yes, have you notified your retail customers? YES___ NO___ (if no, explain)

Fax the completed form to 1-866-861-2561 or e-mail the completed form to hospira2467@stericycle.com.
To obtain return labels or if you have questions about this form call Stericycle at [1-888-889-2699](tel:1-888-889-2699).

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CID/SEQ

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