

## URGENT DRUG RECALL



| <i>Product</i>  | <i>NDC Number</i>   | <i>Lot</i>        | <i>Expiration Date</i> |
|---|---------------------|-------------------|------------------------|
| <b>0.9% Sodium Chloride Injection, USP,<br/>250 mL VisIV™ Container</b> | <b>0409-7983-25</b> | <b>02-301-C6*</b> | <b>1AUG2012</b>        |

\* Note: the lot number may be followed by 01, 02 or 03

August 11, 2011

Dear Valued Customer:

Hospira, Inc. is voluntarily recalling one lot of 0.9% Sodium Chloride Injection, USP in 250 mL VisIV™ containers identified above because there is a potential for solution to leak at the port to tube interface. This can result in inadequate or inconsistent solution/medication dosing, drug wastage, and spillage. In the unlikely event that the fluid seeps back into the bag, the fluid in the bag could become contaminated.

This lot was distributed April 2011 through July 2011. No other lots are impacted by this recall and replacement product is available.

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 1-800-871-7229 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).

Please contact Hospira Customer Care at 1-877-946-7747 or your Hospira representative 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

2472\_01\_01AS

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

FA107-03 (5)

**Urgent Drug Recall Reply Form – Response Required**  
**0.9% Sodium Chloride Injection, USP, 250 mL VisIV™ Container**  
**NDC# 0409-7983-25 Lot 02-301-C6\***



\* Note: the lot number may be followed by 01, 02 or 03

**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.*

| <b>Required Information</b>                       |   |
|---|---|
| _____   | _____   |
| 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<br><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 below)

**Fax the completed form to 1-866-853-2653 or e-mail the completed form to Hospira2472@stericycle.com.**  
**To obtain return labels or if you have questions about this form call Stericycle at 1-800-871-7229.**

2472\_01\_02AS

CID/SEQ

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

FA107-03 (5)