

URGENT DRUG RECALL



<i>Product</i>	<i>NDC Number</i>	<i>Lot</i>	<i>Expiration</i>
0.9% Sodium Chloride Injection, USP 1000 mL	NDC 0409-7983-09	95-070-JT*	1 Nov 2012

**Note: the lot number may be followed by 01, 02, 03, 04, 90 or 91*

March 4, 2011

Dear Valued Customer:

Hospira, Inc. is voluntarily recalling one lot of 0.9% Sodium Chloride Injection, USP in 1000 mL flexible plastic containers identified above because there is a potential for solution to leak from the bag at the letter "L" in the "1000 mL" imprinted label copy at the top of the bag. This could result in contamination of the fluid inside the bag. This lot was distributed in December 2010 through February 2011. No other lots are impacted by this recall and replacement product is available.

The cause has been identified as a burr on the imprint plate. Corrective and preventive measures have been implemented. We have not received any reports of patient involvement, adverse events or delay in critical therapy related to 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. Please inform healthcare professionals in your organization of this recall. **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 labels provide with this letter. Please call Stericycle at 1-855-208-4045 if you have not received return labels 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 and include your Hospira customer number (if applicable) and information about your wholesaler/distributor from whom you purchased the affected product (if applicable).

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 "J. Stevens", with a long horizontal flourish extending to the right.

Janet Stevens
Vice President, Parenteral Quality Operations

2348_01_01AS
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FA102-02 (7)

Urgent Drug Recall Reply Form – Response Required
0.9% Sodium Chloride Inj., USP
NDC 0409-7983-09, Lot 95-070-JT



Check your inventory and complete the information below, even if you do not have the affected product.

To ensure proper and timely credit be sure to include your Hospira customer number (if applicable) and provide information about your wholesaler/distributor from whom you purchased the affected product. Failure to complete all sections of this page may result in improper, delayed or denied credit.

Fax or e-mail the completed form to Stericycle at 1-855-205-2628.

To obtain return labels or if you have questions about this form call Stericycle at 1-855-208-4045.

I have **NO** affected product (fill out and return the form to Stericycle at the fax/e-mail number above)

I have affected product (fill out and return the form to Stericycle via fax/email and contact them if you need return labels using the appropriate numbers above)

Quantity of stock on hand to be returned: BAGS_____ or CASES_____
(If affected product is not being returned, please explain)

✓ Did you receive this affected product from a wholesaler or distributor? YES ___ NO ___

✓ If yes, **you must** provide your wholesaler or distributor name and address below in order to receive credit.

Wholesaler or Distributor Name

Address/City/State/Zip (required for indirect customers)

✓ 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)

Required Information

Business Name

Phone Number

Address/City/State/Zip

Hospira Customer Number (ship to #) if applicable

Your reference # (e.g. PO, Debit Memo or Invoice #)

Completed by: Printed Name/Signature/Date

- Once the return labels are received, package only the *affected product*, this completed reply form, and PO, Debit Memo or Invoice showing the purchase price and then return the product to Stericycle.
- Direct Hospira customers who purchased the product directly from Hospira must supply their Hospira customer number and reference # (e.g. PO, Debit Memo or Invoice #). Credit will be issued by Hospira.
- Indirect customers who purchased the product from a wholesaler or distributor must supply their wholesaler/distributor information and reference # (e.g. PO, Debit Memo or Invoice #). Credit will be issued through the wholesaler/distributor.