

Please complete this form and fax to (302) 266-7661:

- Once we receive this form, we will fax you a Returns Good Authorization (RGA) form if you have product to return. A shipping label will be generated for the carrier to bring to your place of business to pick up the product. Please have the product ready for pick-up as the carrier will only be able to make three (3) attempts for pick-up. Cold chain transport is not required. **Please include the RGA form, this fax form, and shipping label with your return to ensure proper handling at the receiving warehouse and accurate credit on your account.**

**PLEASE FILL OUT AND RETURN**

\_\_\_\_\_ We do not have any remaining stock of the listed lots of FLUVIRIN.

\_\_\_\_\_ We are returning FLUVIRIN

Quantity in Units	Lot Number
_____	_____
_____	_____
_____	_____

Customer ID \_\_\_\_\_

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Please return this form to:

Fax: (302) 266-7661

Mail: Novartis Vaccines & Diagnostics, Inc.  
 220 Lake Drive  
 Newark, DE 19702