Pharmacy Name: _____

QUARANTINED Suspect & Illegitimate Product				
Date:	Staff Member Name:			
Product Name:		Exp. Date		
NDC:	Lot #:	Serial #:	_	
Reason for Quarantine:				
Check One:				
Counterfeit Dive	erted 🛛 Stolen 🛛	Intentional Adulteration		
Unfit for Distribution	Fraudulent Transact	ion		
<i>Notify Trading Partners ar FDA 3911</i>	nd FDA of illegitimate pr	oduct (within 24 hours of determ	nination) using Form	
Trading Partners Notified:	🛛 Yes 🛛 No	Notification Date:		
FDA Notified: Yes	🗖 No	Notification Date:		
FDA Instructions:				
Status:		Date:		
Status:		Date:		
Notes:				
Resolution Information:				
Signature		Printed Name	Date	
R Scan [®] This form is mad		cies by RxScan and R.J. Hedges & Associates. ears from resolution date.	R.J. HEDGES & Associates www.RJHedges.com	

Notes:	Date	Initials

Save on file for 6 full years from resolution date.