

## INFLUENZA VACCINE RETURN FORM

### INSTRUCTIONS:

Request the required Return Authorization (RA) labels from Inmar no later than **June 15<sup>th</sup>** in 1 of 2 ways:

- Complete the form below and email it to [rarequest@inmar.com](mailto:rarequest@inmar.com)
- Upload a PDF copy of your form to <https://hrm.reskureturns.com>

Once Return Authorization (RA) labels received from Inmar:

- One or multiple box RA label(s) for your return will be sent to you from Inmar referencing the “Debit Memo/ PO#” of your choosing entered below. This will be used on your credit memo for your internal reference #.
- Include the RA box label(s) with your return. Each box requires its own RA box label placed on the outside along with a shipping label. CSL Seqirus is not responsible for any return associated costs.
- Returns received without the RA box labels may cause delays in crediting.
- Returns must be received by Inmar no later than **June 28<sup>th</sup>** or your contractual return date. Please keep in mind to plan accordingly as Inmar is closed on weekends.
- Send returns to:  
Inmar RX Solutions  
3845 Grand Lakes Way  
Suite 125  
Grand Prairie, TX 75050

*Please keep a copy of this form and the product return tracking information for your records.*

Customer Information			
Customer Email Address:			
Debit Memo/PO#:			
Organization's Name:			
CSL Seqirus Sold to Account #:		DEA #:	
CSL Seqirus Ship to Account # (or Store #):		Street Address:	
City:	State:	Zip:	Phone:
How was product purchased? <input type="checkbox"/> Direct from CSL Seqirus <input type="checkbox"/> Wholesaler: _____		# of RA Labels Needed:	

[illegible]

All returns are subject to customer's contract or the CSL Seqirus terms and conditions. The Returning Party will pay transportation charges. CSL Seqirus shall not pay or give reimbursement for transportation, service, handling, or processing fees.

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