

INFLUENZA VACCINE RETURN FORM

INSTRUCTIONS:

Request the required Return Authorization (RA) labels from Inmar no later than **June 10th** in 1 of 2 ways:

- Complete the form below and email it to rarequest@inmar.com
- Upload a PDF copy of your form to hrm.healthcare.inmar.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 label may cause delays in crediting.
- Returns must be received by Inmar no later than **June 28th** 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:	

