URGENT PRODUCT RECALL

10/15/2013

RE: CARDINAL HEALTH NOTICE #101149 - 2nd Notice

Dear Valued Customer,

According to our records you have purchased an item that has been recalled or withdrawn by the vendor. Please examine your stock to determine if you have the following product(s) with the affected lot number(s) in your possession. See below for the product disposition instructions established by the vendor. If you have any questions, please contact Cardinal Health Customer Service.

Vendor: Hospira
Event: Recall
Class: Unclassified
Level: Retail

Return Product To: Stericycle, contact at 1-877-497-3125

Reason: This recall is being initiated due to a confirmed vial defect where spicule (glass strands) were identified as being affixed to the inside of the vial walls. Customers must contact Stericycle at 1-877-497-3125 to receive a reply form and return labels for returning the product.

RETAIL CHAINS: PLEASE FOLLOW YOUR STANDARD CORPORATE POLICY FOR RECALLED AND WITHDRAWN ITEMS

Legal Disclaimer: Cardinal Health notifications regarding product recalls and withdrawals are designed to provide information about such products that have been recalled or withdrawn from the U.S. market by manufacturers, importers, private label distributors among others (collectively referred to as "Vendors"). The information that you will receive is based solely upon information provided to Cardinal Health by the Vendors of these products, or their assigned agents, and Cardinal Health makes no representations and disclaims all express and implied warranties and conditions of any kind, including, representations, warranties or conditions regarding accuracy, timeliness and completeness. Any specific inquiries regarding the details of a particular product and the reasons for a recall or withdrawal should be directed to the Vendor of that product.

By acknowledging this recall or withdrawal on behalf of my organization, I explicitly agree to and state the following:

* I have the authority to respond to or receive product recalls and withdrawal notices on behalf of my organization.
* I have read and understand the instructions for properly handling this recall or withdrawal.
* Our organization agrees to promptly examine all product associated with this recall or withdrawal and check for any affected product.
* Our organization agrees to follow the instructions for handling of the product affected by this product recall or withdrawal.
* Our organization will follow existing Cardinal Health return goods policies and practices, including the following:
  a) Return Authorization (using return code 60) must accompany product being returned in order to receive credit.
  b) Partials of recalled/withdrawn Controlled Substances must be returned directly to the Vendor to receive credit.
  c) Partials of less than 25 percent of the original package quantity will not receive credit from Cardinal Health.
* Our organization agrees to electronically acknowledge the receipt of a recall or withdrawal notification, if this notification is received electronically via this system from Cardinal Health.
* Our organization agrees that if a hard copy notification is received from Cardinal Health, a signed hard copy acknowledgment is required to be returned to Cardinal Health.

Customer Signature / Date: ____________________________________________

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TO: Cust# 015709 715-020
V S LUKAS/ REQ CONTACT & DEPT
UCD-CENTRAL STORS REC-NON-CTL
STORES/RECVING 615 HOPKINS RD
DAVIS, CA 95616

FROM: CARDINAL HEALTH
PHARMACEUTICAL DISTRIBUTION
3238 DWIGHT RD.
ELK GROVE CA, 95758
FAX: 1-916-394-3095

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NDC: 409341401

Item Number  Product Description
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1003680        METOCLOPRAMIDE SF 5MG/ML 25X2ML

Lot Numbers
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28-104-DK  28-104-DK-01