October 22, 2014

7765118-000
UC DAVIS RESEARCH-GEN MATERIAL
STORES/RECEIVING
615 HOPKINS RD
Davis CA 95616

DRUG RECALL

HSAH Item # 049547– ANIMALGESICS FOR MICE 3ML VIAL C3

Lot #(s) B140001, B140025

Please adhere to the Return for Credit date below. Return requests received after this date will not be accepted and no credit will be issued.

We have been notified by our supplier “Animalgesic Lab” that the above mentioned product(s) with the notated lot number(s) have been placed on Recall.

Our records indicate you may have purchased Animalgesics for Mice from us with the affected lot number(s) listed above. Please check your stock immediately. If you have the affected lot number(s) please complete the included form and email/fax as indicated to make arrangements for the product to be returned. To receive credit, notification of items to return must be received by November 23, 2014.

Only the lot numbers listed above will be credited to your account. Any additional lot numbers returned will be destroyed with no credit issued.

This recall is being made with the knowledge of the Food and Drug Administration.

Reason for recall: “After review of the data from lots of this specific formulation manufactured under this specific process, we do not have full assurance that all lots involved in this recall will meet specifications throughout their shelf-life”

We sincerely apologize for any inconvenience this may cause. However, we are taking this action now to ensure you are receiving the highest quality products from Henry Schein Animal Health.

Regulatory Affairs Department
Henry Schein Animal Health
Henry Schein Animal Health Recall 921
HSAH Item # 049547 – ANIMALGESICS FOR MICE 3ML VIAL C3
Lot #(s) B140001, B140025
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<table>
<thead>
<tr>
<th>Description (Please include product strength, count and form)</th>
<th>QTY to Return</th>
<th>Lot # (Must Match Recall Notice Lot Numbers)</th>
<th>Exp Date</th>
<th>Original Invoice # (if Known)</th>
<th>To be completed by HSAH</th>
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Send call tag via (circle one): Email ____________________________ or US Mail
Number of return labels required: ____________________________
Contact Name/Phone# at Clinic: ________________________________

Upon completion of the above information, fax this form to:
1-888-329-3861
or e-mail to your Inside Sales Representative

*If additional lines are required please copy form