

**Exhibit 7-5
MODEL RECALL RETURN RESPONSE FORM**

<COMPANY LETTERHEAD>

<insert product>
<insert lot numbers>

Please check ALL appropriate boxes.

- I have read and understand the recall instructions provided in the <date> letter.
- I have checked my stock and have quarantined inventory consisting of _____ <units or cases>.
- Indicate disposition of recalled product:
- returned (**specify quantity, date and method**)/held for return;
 - destroyed (**specify quantity, date and method**);
 - relabeled (**specify quantity and date**);
 - quarantined pending correction (**specify quantity**);
 - transfused – Blood or blood products (**specify date and quantity**);
 - implanted (**specify date and quantity**)
- I have identified and notified my customers that were shipped or may have been shipped this product by (**specify date and method of notification**); <or>

Attached is a list of customers who received/may have received this product. Please notify my customers.

Any adverse events associated with recalled product? Yes NO

If yes, please explain: _____

Please check the appropriate box(es) to describe your business

- | | |
|---|--|
| <input type="checkbox"/> wholesaler/distributor | <input type="checkbox"/> retailer |
| <input type="checkbox"/> grocery corporate headquarters | <input type="checkbox"/> food service/restaurant |
| <input type="checkbox"/> repacker | |
| <input type="checkbox"/> manufacturer | |
| <input type="checkbox"/> pharmacy - retail | <input type="checkbox"/> hospital/medical facility |
| <input type="checkbox"/> hospital pharmacies | <input type="checkbox"/> medical laboratory |
| <input type="checkbox"/> Other: _____ | |

Name: _____
Title: _____
Tel. number: (____) _____

Firm name: _____
address: _____
city/state: _____

PLEASE FAX COMPLETED RESPONSE FORM TO Tel. # < >, ATTN: < >

OR MAIL TO: FIRM NAME AND ADDRESS

NOTE: This MODEL is intended to serve as guidance for recalling firms. It may not conform to your firm's recall strategy. Please make any appropriate modifications to the response form. **IT IS ADVISABLE TO SUBMIT THE PROPOSED RECALL LETTER AND RESPONSE FORM TO YOUR LOCAL FDA RECALL COORDINATOR FOR REVIEW, PRIOR TO ISSUANCE.**