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

- wholesaler/distributor
- retailer
- grocery corporate headquarters
- food service/restaurant
- repacker
- manufacturer
- pharmacy - retail
- hospital/medical facility
- hospital pharmacies
- medical laboratory
- 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.