spectrum®
CHEMICAL MFG CORP
Trusted Since 1971

FAX NUMBER: _____

ATTN: _____

Product Alert Notification & Acknowledgement

Customer #: _____ **Order #:** _____ **Spectrum Representative:** _____

	BILLING	SHIPPING
Company Name		
Address 1		
Address 2		
City, State, Zip		
Telephone		

Dear Customer: Per 21CFR 216.24, the following human drug products were withdrawn or removed from the market because such drug products or components of such drug products were found to be unsafe or not effective. The following drug products may not be compounded under the exemptions provided by section 503A(a) of the Federal Food, Drug, and Cosmetic Act.

All Drug Products Containing The Following Were Withdrawn Or Removed: Adenosine phosphate; Astemizole, Chlormadinone acetate; Chloroform; Cisapride, Cobalt, except cobalamin and its derivatives; Cobalt acetate; Cobalt carbonate; Cobalt basic carbonate; Cobalt chloride; Cobalt fluoride; Cobalt gluconate; Cobalt nitrate; Cobalt oxide; Cobalt perchlorate; Cobalt sulfate; Dipyrone; Fenfluramine HCl; Phenacetin; Phenformin HCl; Phenethylbiguanide HCl; Sparteine sulfate; Sulfadimethoxine; Terfenadine; Urethane, Zomepirac Sodium.

Strength Limitations Apply To: Diethylstilbestrol (Oral & Parenteral); Reserpine (Oral); Potassium chloride (Solid oral dose, except time-release or solution preparation forms); Tetracycline (pediatric liquid).

Uses Are Restricted For The Following: Nitrofurazone (For topical dermatalogic application only); Sulfathiazole (For vaginal use only).

Certain Dosage Forms (As Follows) Are Prohibited: Butamben (No Parenteral); Butyl-p-aminobenzoate (No Parenteral); Carbetapentane, Chlorhexidine gluconate (No tincture for preoperative skin prep. use); Gelatin (No I.V.); Methamphetamine HCl (No Parenteral); Povidone (No I.V.); Trichloroethane (No aerosol drug products for inhalation); Zirconium chloride; Zirconium silicate; Zirconyl chloride; Zirconyl nitrate; Zirconium oxide (No aerosol drug products containing Zirconium).

Use Notes:

I understand the above and agree, on behalf of company listed below, to limit use of any product, listed on this form and obtained from Spectrum, to prescription compounding in accordance with 21CFR 216.24, research, further processing, or other lawful purpose.

Company Name: _____
Authorized Agent (Name and Title) _____
Date: _____
Signature: _____

*** Form is valid for 1 year from date signed ***

Please email completed form to compliance@spectrumchemical.com or fax them to (310) 516-2014