

BUSINESS REPLY CARD
For VFC (Vaccines for Children) or CDC Adult Vaccine

VAXNEUVANCE™ (Pneumococcal 15-valent Conjugate Vaccine) Suspension for Intramuscular Injection

(Lots W037992, W027275, W036242, W039033, X004289, X005583, X011328, X011332, X012044, X011735)

NDC 0006-4329-01 (Syringe)

NDC 0006-4329-02 (1X Carton)

NDC 0006-4329-03 (10X Carton)

Please check ALL appropriate boxes.

- I have read and understand the recall instructions provided in the Customer Recall Notification Letter.
- (For Warehouse / Distribution centers only)** I have identified and notified my customers that were shipped or may have been shipped this product by - specify date and method of notification:
- _____

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

- wholesaler/distributor
- hospital/medical facility
- hospital pharmacy
- clinic
- retail pharmacy
- other: _____

- I have checked my stock and have quarantined all inventory, listed below.

VAXNEUVANCE™ (Pneumococcal 15-valent Conjugate Vaccine) Suspension for Intramuscular Injection

Merck Sharp & Dohme LLC

NDC #	PACKAGE SIZE	LOT #	EXP. DATE	Number of Full 10x Cartons or 1X Carton to be Returned	Number of pre-filled syringes from Partial Cartons to be Returned
0006-4329-01 (Syringe) 0006-4329-02 (Carton)	1 Glass Syringe, in 1X Carton	W037992	10Dec2024		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	W027275	09Jul2024		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	W036242	01Oct2024		

VAXNEUVANCE™
XXJAN2024

Sedgwick Event ID:
8681

0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	W039033	01Oct2024		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	X004289	10Dec2024		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	X005583	10Dec2024		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	X011328	01Jan2025		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	X011332	01Jan2025		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	X012044	10Jan2025		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	X011735	10Jan2025		

Your timely response to this recall notification is requested. Please fill out and return this reply card within five (5) business days, **even if you do not have the recalled product.** Thank you.

Firm Name: _____ Address: _____
 Name: _____ Phone: _____

PACKING SLIP

For VFC (Vaccines for Children) or CDC Adult Vaccine

VAXNEUVANCE™ (Pneumococcal 15-valent Conjugate Vaccine) Suspension for Intramuscular Injection

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0006-4329-01 (Syringe) 0006-4329-02 (Carton)	1 Glass Syringe, in 1X Carton	W037992	10Dec2024		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	W027275	09Jul2024		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	W036242	01Oct2024		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	W039033	01Oct2024		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	X004289	10Dec2024		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	X005583	10Dec2024		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	X011328	01Jan2025		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	X011332	01Jan2025		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	X012044	10Jan2025		
0006-4329-01 (Syringe) 0006-4329-03 (Carton)	10 Glass Syringes, in 1 Carton	X011735	10Jan2025		

Merck Sharp & Dohme LLC

VAXNEUVANCE™

XXJAN2024

Sedgwick Event ID:
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Confidential

Firm Name: _____

Address: _____

Name: _____

Phone: _____

Debit Memo:
(if applicable) _____

Merck Account Number:
(if applicable) _____

DEA Number:

340B ID Number:
(if applicable) _____

HIN Number:
(if applicable) _____

If you ordered through a wholesaler, distributor, or CDC, please indicate the name of the wholesaler or distributor below.

Wholesaler/Distributor Name: _____